Experiences of Cultural Bereavement Amongst Refugees From Zimbabwe Living in the UK

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CONTENTS

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ABSTRACT

During the resettlement journey, refugees can experience war trauma, violence, and loss. Research has consistently linked these experiences with mental health difficulties, such as PTSD and depression. An alternative perspective is the phenomenon of cultural bereavement. Cultural bereavement is known as a type of grief reaction that can result from the considerable losses that refugees experience during displacement. Refugees come to the UK from all over the world. However, in recent years, due to decades of political upheaval, there have been a significant number of Zimbabweans seeking refuge in the UK. It is, therefore, likely that they have experienced the level of loss that may result in experiences of cultural bereavement. This qualitative study explored the experiences of Zimbabwean refugees living in the UK, and their relevance to cultural bereavement. Additionally, the study aimed to determine how the refugees' overall experiences related to a theoretical model of refugee trauma. Seven Zimbabwean refugees were interviewed about their experiences, and transcripts were analysed using template analysis. The template outlined three dominant themes arising from the research. These were 1) factors that contributed towards cultural bereavement, 2) the experiences themselves, and 3) coping and resilience factors in the UK. Each was discussed in relation to previous research and the proposed refugee model. The methodological limitations and contributions of the research are discussed, along with the potential wider relevance of the findings particularly in relation to services working with refugees. Suggestions are made for future research to investigate these initial findings further, specifically with other cultures and refugee populations.

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1. INTRODUCTION

1.1. Background

Over the past few decades, the psychological impact of war, conflict and mass violence has gained significant attention. Research has increasingly documented the experience of traumatic events that war-affected civilians are increasingly exposed to which include war, torture, and forced migration (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004) and the effects of these trauma on displaced populations, such as asylum seekers and refugees (Nickerson, Bryant, Silove & Steel, 2010; Steel et al., 2009). A refugee is someone who has been granted refuge in a host country under the terms of the 1951 Refugee Convention. The convention defined a refugee as someone who:

> Owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country. (United Nations High Commissioner for Refugees [UNHCR], 2007).

The terms ‘refugee’ and ‘asylum seeker’ can be used interchangeably in refugee literature which gives the impression that they have the same meaning. However there is a clear distinction. Similarly to refugees, an asylum seeker is someone who has left their country of origin, however they are still awaiting a decision on their application for legal protection as a refugee (Refugee Council, 2010). This study focuses on refugees only. Worldwide there are approximately 10.4 million refugees, including 193,510 in the UK (UNHCR, 2012a).

This introductory chapter will begin by presenting a brief description of the research on refugee mental health, including, posttraumatic stress disorder (PTSD), and depression. Next, the influence of the resettlement process on mental health is investigated. Concerns regarding the applicability of PTSD will then be described, followed by a description of alternative frameworks for understanding refugees' experiences. Finally, the chapter concludes by describing the rationale and aims of the study.

1.2. Refugees and Mental Health

By definition, refugees have left their home countries to escape torture, war-related trauma, violence or persecution, and thus many have been exposed to such events prior to their migration (de Jong et al., 2001; Man Shrestha et al., 1998; Mollica et al., 1993; Nickerson et al., 2010). It is unsurprising therefore that studies have examined the psychological effects of these events on these individuals. Such studies have been conducted in a range of settings, including neighbouring states of first asylum and Western resettlement countries (Nickerson et al., 2010). The findings of these studies tend to suggest variable but generally high rates of psychological disorders amongst war-affected refugee groups from diverse cultures and contexts, compared to non-refugee populations (de Jong et al., 2001; Fazel, Wheeler, & Danesh, 2005; Nickerson et al., 2010; Porter & Haslam, 2005; Steel, Chey, et al., 2009). Increased rates of panic disorder, generalised anxiety disorder, somatisation, substance abuse, and self-harm have been reported (Bhugra, 2004). Significant research has focussed on PTSD and depression, which are reported to be the two most prevalent mental disorders among refugees (Steel, Silove, Phan, & Bauman, 2002). This chapter will now review the research on refugee mental health, focussing on PTSD and depression.

1.2.1. PTSD

Refugees arriving in the UK or other host countries have typically faced significant levels of trauma, including violence, persecution, and even torture (De Haene, Grietens, & Verschueren, 2007). Due to the nature and extent of these events, researchers have been interested in their psychological impact (Burnett & Peel, 2001). As PTSD is an anxiety disorder that can develop in response to one or many traumatic events, there has been significant interest in how this disorder might relate to refugee groups, and consequently most epidemiological research exploring the mental health of refugees has focussed on the diagnosis of PTSD (Nickerson et al., 2010).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association [APA], 2000) reports that PTSD can be diagnosed when a traumatic event is experienced that elicits intense fear, horror, or hopelessness in the individual. Events considered to be traumatic are those where a threat to physical safety (including injury or death) or integrity is experienced or witnessed. Symptoms of PTSD include recurrent re-experiencing of the event (e.g. intrusive recollections, dreams); avoidance of trigger memories (e.g. avoiding thoughts and feelings, detachment, restricted affect); and hyperarousal (e.g. sleep disturbance, irritability, hypervigilance). In order to qualify for a diagnosis of PTSD, the disturbance described above must be present for at least one month following the trauma and cause clinically significant distress (APA, 2000). Typically, the onset of symptoms occurs in the first month after the traumatic event. For others (less than 15%), symptoms can appear months or years later (McNally, 2003).

PTSD is a worldwide phenomenon. Population-wide studies have identified 12-month PTSD prevalence rates of 3.5% for PTSD in Western populations (Kessler, Chiu,

Demler, Merikangas, & Walters, 2005). Research has also identified the disorder amongst refugee groups including individuals from Africa, Asia, the Middle East and the former Yugoslavia (Bhui et al., 2006; Carlson & Rosser-Hogan, 1991; Gorst-Unsworth & Goldenberg, 1998; Hauff & Vaglum, 1994; Tang & Fox, 2001). However, large discrepancies in prevalence rates have been reported. For example, studies have cited estimates of PTSD ranging from 3% (Hauff & Vaglum, 1994) to 90% (Mollica, McInnes, Pham et al., 1998). Such large differences in the figures make it difficult to establish the true prevalence of PTSD in refugee groups.

Some researchers have sought to understand how such large variations can exist. A common critique is that studies have relied too heavily on self-report measures, particularly measures that have not been validated in refugee groups. The use of questionnaires in some studies, for example, may have elevated prevalence rates of PTSD (Hollifield et al., 2002; Johnson & Thompson, 2008). As an illustration, a meta-analysis of 20 studies (n=6,743) identified PTSD using interview methods only. Overall, they reported a prevalence rate of 9% for PTSD (Fazel et al., 2005), which is much lower than the figure reported by previous studies using questionnaires (e.g. Carlson & Rosser-Hogan, 1991; Watters, 2001).

In addition to self-report measures, other methodological factors (e.g. small sample sizes, non-random sampling, and non-diagnostic interviews) are argued to result in studies identifying larger prevalence rates than more rigorous studies (Fazel et al., 2005; Johnson & Thompson, 2008). For example, such methodological factors have been reported to account for approximately 28% of the variability in prevalence rates (Steel et al., 2009). It seems, therefore, that there is a strong case for future research wishing to identify the prevalence of PTSD in refugee populations to use more rigorous methods in order to make more valid conclusions. Similar findings on the prevalence

literature on depression amongst refugee groups also exist, which will now be discussed.

1.2.2. Depression

In gaining legal status, refugees have not only had to face significant trauma, but have also, in fleeing their homeland, experienced considerable loss and the transition to a new culture and environment (De Haene et al., 2007). Researchers have been interested in the relevance of such loss and trauma to the diagnosis of depression (Craig, Jajua, & Warfa, 2009).

In the DSM-IV-TR, depression is characterised according to three different types of symptoms: behavioural (agitation, social withdrawal); cognitive (poor concentration, indecisiveness, irritability); and somatic (physical symptoms including sleep disturbance, appetite and weight problems, and fatigue). Symptoms are required to have been present during a two-week period for a diagnosis to be made (APA, 2000).

Many studies have identified depression in refugee groups (Kroll et al., 1989). However, such studies have been subject to the same criticisms about the impact of methodological factors as the PTSD studies (e.g. Hollifield et al., 2002; Johnson & Thompson, 2008). The prevalence figures of depression have also been noted to vary, with studies reporting estimates ranging from 3% (Lavik, Christie, Solberg, & Varvin, 1996) to 80% (Carlson & Rosser-Hogan, 1991), with an overall rate of 5% identified in a meta-analysis (Fazel et al., 2005).

Despite the variation in reported rates of prevalence, and criticism of the methods used in some studies, researchers have typically concluded that compared to civilian populations, refugees generally have a higher incidence of PTSD and

depression (Silove, 2004). It appears, therefore, that both disorders are relevant to refugee groups. However, prevalence rates say very little about the factors that may influence the development of mental disorders. Current literature suggests that refugees face several challenges during their resettlement journey (Miller & Rasco, 2004), which independently or collectively may result in distress. The following sections will describe how each stage of the resettlement process (trauma prior to and during displacement, post-displacement) may impact on refugees' psychopathology.

1.2.3. Trauma and Displacement

As previously reported, refugees typically experience several traumatic events before fleeing their home country. As well as the direct and indirect effects of war and civil disruption (Hauff & Vaglum, 1993), many refugees face physical and psychological torture, human rights violations, and threats to their life, are witness to murders, and experience the loss of family and friends (Davidson, Murray, & Schweitzer, 2008; Schweitzer, Melville, Steel, & Lacherez, 2006). Trauma can also continue during displacement. In neighbouring countries and refugee camps refugees may face continued persecution, rape, assault and a lack of basic amenities, such as food, water, and shelter (Hauff & Vaglum, 1993; Porter & Haslam, 2005). It is therefore more common for refugees to encounter multiple and wide-ranging traumatic experiences than to encounter a single traumatic event (Silove, 1999). This is highlighted by a study which reported that a sample of Cambodian refugees experienced an average of 16 traumatic events. The traumatic events also overlapped and included combinations of violence, torture, loss, deprivation and witnessing violence, torture, or the killing of others (Mollica, Wyshak, & Lavelle, 1987).

Research has documented the impact of experiencing multiple traumatic events. Steel, Silove, Phan, and Bauman (2002) found that in comparison with individuals with no trauma history, Vietnamese refugees who had experienced one or two traumas were twice as likely to be diagnosed with a mental health problem, and were eight times more likely to receive a diagnosis if they had experienced three or more traumas. Similarly, other studies have reported that trauma exposure is associated with elevated levels of PTSD and depression (e.g. Bhui et al., 2003; Hauff & Vaglum, 1995; Kinzie, Sack, Angell, Manson, & Rath, 1986; Matheson, Jorden, & Anisman, 2008). Consequently, some researchers have assumed that a 'dose-response' relationship between trauma and mental health symptoms exists (Mollica, McInnes, Pham et al., 1998; Mollica, McInnes, Poole, & Tor, 1998). This suggests that mental health symptoms become incrementally more severe as the number of traumatic events rises (Carlson & Rosser-Hogan, 1991; Hinton et al., 1993; Mollica, McInnes, Pham et al., 1998; Mollica, McInnes, Poole et al., 1998). To demonstrate this, Pfeiffer and Elbert (2011) examined the dose-response relationship in 72 former abductees from Northern Uganda. They found a significant association (r=0.45, p<0.001) between the number of traumas and severity of PTSD. In contrast, there is also a view that disputes the dose-response relationship. It is argued that the number of traumas and the circumstances surrounding such events is not relevant; rather it is the meaning (e.g. threat to life) that is assigned to such events that links trauma and mental health symptom development (Basoglu, 2006; Momartin, Silove, Manicavasagar, & Steel, 2003; Silove, 1999). Overall it is clear that there is a link between trauma experienced before and during displacement and psychological disorders; however, further research needs to be completed to reach more valid conclusions about the processes by which traumatic events lead to the development of mental health symptoms.

1.2.4. Autobiographical Memory

It is noteworthy at this point to briefly discuss the role of autobiographical memory (AM) in these disorders. AM is "the aspect of memory… concerned with the recollection of personally experienced past events" (Williams et al., 2007, p. 122). Autobiographical memory specificity (AMS) is the ability to retrieve specific AMs. Depression, PTSD, and exposure to trauma have been associated with having an overgeneral memory (McNally, Lasko, Macklin, & Pitman, 1995; Moore & Zoellner, 2007; Williams et al., 2007), which involves remembering more general information rather than specific elements of an event. AM is given a central role in some theories of PTSD (e.g. Brewin, Dalgleish, & Joesph, 1996; Ehlers & Clark, 2000), and accounts for some of its unique symptoms (i.e. fragmented memories, intrusive recollection of trauma, APA, 2000). Reduced AMS has also been shown to contribute to the onset and maintenance of both PTSD and depression (Klein & Ehlers, 2008). Of particular relevance within the present study is the finding that reduced AMS also exists amongst refugees (e.g. Moradi et al., 2008) and a number of theories have emerged to account for this universal phenomenon. Differences in AMS have been noted between individualistic and collectivistic cultures; collectivists recall information on collective activities and social interactions, whereas individualists focus more on individual experiences and autonomous memories (Jobson & O'Kearney, 2008; Wang & Conway, 2004). A review of the literature concerning reduced AMS within clinical populations and the role that culture may play is beyond the scope of this paper. See Moore and Zoellner (2007) for a more thorough examination.

Despite the research linking trauma and psychological distress, the research in this field in general has been criticised for minimising the role that post-migration factors have on mental health (Ryan, Dooley, & Benson, 2008). This section will now

review the research exploring how stressors in the country of resettlement can be linked to the development of mental health symptoms.

1.2.5. Post-Migration

Refugees, who have fled their home country to escape war, trauma or persecution in search of safety, do not only encounter difficulties before migrating; they can also encounter a number of difficulties in the resettlement country. Stressors can include language difficulties, which can prevent refugees from widening their social networks or seeking employment (Beiser & Hou, 2001), financial stresses (Simich et al., 2006), separation from family members, which can increase feelings of isolation (Schweitzer, Melville, Steel, & Lacherez, 2006), and prejudice and discrimination in the host country (Sundquist & Johansson, 1996).

Over the last 15 years, there has been increased research interest in the influence that post-migration challenges have on refugees' mental health (Beiser & Hou, 2001; Schweitzer et al., 2006). Researchers have highlighted the impact of post-migration stressors such as unemployment, inadequate accommodation, and social factors on mental health. For example, Porter and Haslam's (2005) meta-analysis concluded that refugees residing in unsatisfactory, temporary or institutional facilities had poorer mental health outcomes than those living in private or permanent accommodation. Additionally, refugees with limited economic opportunities (those restricted from accessing employment, unable to find work, or unable to seek employment maintaining their previous socio-economic status) also displayed an increase in psychopathology. Similarly, unemployment (PTSD: r=.32, p<.01; depression: r=.29, p<.05) (Teodorescu, Heir, Hauff, Wentzel-Larsen, & Lien, 2012), other post-displacement factors such as poor social integration (PTSD: r=.53, p<.001; depression: r=.34, p<.01) (Teodorescu et

al., 2012), and reduced social support in the host country (PTSD: r=.39, p<.001; depression: r=.40, p<0.01) (Gorst-Unsworth & Goldenberg, 1998) have been found to be associated with PTSD and depression symptoms.

Other studies have highlighted that both pre- and post-migration stressors can be linked with distress in refugees. For example, a study with Tamil refugees, asylum seekers, and immigrants found that exposure to trauma prior to displacement accounted for 20% of the variance in PTSD symptoms. Post-displacement stressors were also found to be significant, accounting for 14% of the variance (Steel, Silove, Bird, McGorry, & Mohan, 1999). This suggests that both pre- and post-migration experiences may be important; however, further research needs to explore how stressors at each stage of the resettlement journey interact in order to develop a full understanding of their psychological impact on refugees (Patel, 2003). Moreover, such research will enable further development of effective and evidence-based treatments, which will now be discussed.

1.2.6. Mental Health Treatments for Refugees

The rise in research identifying the mental health needs of refugees has also seen studies looking at treatments that can ameliorate symptoms in refugee groups (Summerfield, 2001; Watters, 2001). Research exploring treatments for refugees has largely focussed on interventions addressing PTSD symptoms (Nickerson, Bryant, Silove, & Steel, 2010), particularly trauma-focussed interventions (Crumlish & O'Rourke, 2010; Palic & Elklit, 2011). Trauma-focussed therapies such as cognitive behavioural therapy (CBT) and narrative exposure therapy (NET) have been employed to reduce PTSD symptoms in refugees and have produced promising results (Crumlish & O'Rourke, 2010; Nicholl & Thompson, 2004; Palic & Elklit, 2011), with studies

demonstrating moderate (*d*=0.5) to large (*d*=3.5) effect sizes (Nickerson et al., 2010). For example, Hinton et al. (2005) compared culturally adapted CBT with treatment as usual (TAU) for 40 Cambodian refugees. Participants were each randomly assigned to one of the two treatments. CBT was found to be more efficacious than TAU at reducing PTSD symptoms on assessment measures (*d*=2.17). In a randomised controlled trial, 43 Sudanese refugees were randomly assigned to four sessions of either NET (*n*=17), supportive counselling (*n*=14) or psychoeducation (*n*=12). NET was found to be better than the other treatments at reducing symptoms of PTSD on assessment measures at the end of treatment (*d*=0.6). Improvements were sustained when the participants were followed up 12 months later. Only 29% of those in the NET group still met criteria for PTSD, compared with 79% and 80% of the supportive counselling and psychoeducation groups, respectively (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004).

Multimodal interventions have also been explored. Unlike trauma-focussed treatments, multimodal interventions manage an array of difficulties simultaneously to address refugees' broad psychosocial needs. Psychological treatments are therefore often completed alongside other interventions, including medical care and resettlement assistance (relating to housing, language classes, education and employment, for example) (Nickerson et al., 2010). However, the research exploring multimodal interventions is reported to produce inconsistent results (Nickerson et al., 2010). For example, Carlsson, Mortensen and Kastrup (2005) found that after nine months of treatment (psychotherapy, social counselling, physiotherapy, and medical interventions) there were no significant differences between baseline and follow-up scores on self-report measures of PTSD (Harvard Trauma Questionnaire; Mollica et al., 1992) and depression (Hamilton Depression Scale; Bech, Kastrup, & Rafaelsen, 1986) amongst 55 refugees. In another study, 45 refugees were followed up 23 months after treatment had

ended. Significant improvements were noted on PTSD (Harvard Trauma Questionnaire; Mollica et al., 1992) and depression measures (Hamilton Depression Scale; Bech, Kastrup, & Rafaelsen, 1986), as 15% of the refugees were found to no longer meet 'caseness' for each disorder. However, the mental health of a further 10% of the sample actually deteriorated according to their scores on the outcome measures (Carlsson, Olsen, Kastrup, & Mortensen, 2010). Further research is needed to establish the effectiveness of multimodal interventions.

1.2.7. Summary

In summary, in recent years a large body of research has focussed on the psychological consequences amongst refugee populations of being exposed to war, trauma and other human rights violations. Despite methodological difficulties, and wide-ranging prevalence rates, there is general agreement that refugees experience more mental health problems than Western populations, with PTSD and depression being the most commonly diagnosed disorders. Both trauma encountered in the refugee's home country and post-migration stressors experienced in the resettlement country have been associated with psychological distress. Trauma-focussed interventions such as CBT and NET have been found to be effective at reducing symptoms of PTSD. However, studies exploring multimodal interventions have produced inconclusive results, and so further research is required.

1.3. Refugee Mental Health and Western Psychiatry

Refugee research has consistently demonstrated that PTSD and depression are commonly experienced mental health problems amongst refugees groups (Steel et al., 2002). Researchers have also identified a dose-response relationship between trauma and mental health outcomes (Carlson & Rosser-Hogan, 1991). These studies have been

useful, as they have resulted in psychological treatments being developed to ease distress (Nickerson et al., 2010). However, literature exploring refugee mental health has been viewed critically by some researchers in the field (Miller, Kulkarni, & Kushner, 2006). Some have raised concerns about the relevancy of such psychological constructs (Miller et al., 2006; Summerfield, 1999), whereas others have criticised the focus on mental health, arguing that the role of refugees' coping resources has been neglected (Schweitzer et al., 2007). These concerns will be discussed in the following section.

1.3.1. The Applicability of Western Diagnoses to Refugees

Despite the evidence highlighting psychopathology in refugees, some controversy has developed over the applicability of Western diagnoses to refugee populations (Miller et al., 2006; Summerfield, 1999). Several researchers have argued that the refugee mental health research is based on a Western 'trauma model' which links trauma to psychopathology (Schweitzer & Steel, 2008). They question the validity of applying diagnostic labels, particularly PTSD, to trauma survivors from non-Western countries (Bracken, Giller, & Summerfield, 1995, Silove, 1999; Summerfield, 1999). They have argued that as initial research into the psychological effects of trauma has been completed in Western populations, such effects may not be culturally relevant to refugee groups from non-Western populations (Bracken et al., 1995).

Summerfield (1999) asserted that there has been a global trend of applying Western labels to account for distress throughout war-affected areas. This has resulted in many refugees being categorised using terms such as PTSD, which he views as a "catch-all diagnosis" (Summerfield, 2001, p. 162). He argues that by diagnosing psychopathology, researchers and clinicians are pathologising normal responses to

extreme events (Summerfield, 1999). In particular, he has highlighted that the measures used to identify such symptoms (particularly measures of PTSD) may not be able to fully differentiate between normal and pathological distress, suggesting that the number of refugees being labelled with PTSD may be higher than necessary (Summerfield, 2001).

Additional concerns have been raised regarding the use of Western interventions to reduce mental health symptoms. Summerfield (1999) argues that that there has been an overreliance on Western treatments, which means that traditional methods for overcoming adversity are not considered. Additionally, psychological interventions are proposed to disregard the meaning systems, priorities, and coping mechanisms of refugees. Refugees are reported to use many coping strategies in the resettlement country, which will now be discussed.

1.3.2. Coping and Resilience in Refugees

Research focussing on symptoms, however, has also been criticised for failing to consider that many refugees positively adapt to their new environment and do not suffer any psychological distress (Schweitzer et al., 2007). A small body of research has investigated factors that may promote psychological well-being, in particular the coping strategies that refugees may use to promote their resilience (Hooberman, Rosenfeld, Rasmussen, & Keller, 2010). The following section explores the literature examining the coping strategies which promote resilience in refugee groups.

Coping is defined as the "cognitive and behavioural efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Coping strategies are reported to promote resilience in refugees (Ahmed, 2007). Resilience is "the ability to bounce

back" (Sossou, Craig, Ogren, & Schnak, 2008, p. 367) after a traumatic event and maintain healthy psychological functioning (Bonnano, 2004). There is a growing body of opinion that coping strategies such as social support and religion are important in promoting refugees' resilience and psychological well-being (Pahud, Kirk, Gage, & Hornblow, 2009). For example, a number of quantitative studies have reported that social support from friends, family, and the wider community, as well as having religious beliefs, is associated with increased psychological well-being in refugee groups (Basoglu & Paker, 1995; Halcon et al., 2004; Jasinskaja-Lahti, Liebkind, Jaakkola, & Reuter, 2006; McMichael & Manderson, 2004; Schweitzer et al., 2006; Stoll & Johnson, 2007).

The value of social support and religion has also been highlighted in the qualitative literature. Schweitzer et al. (2007) interviewed 13 Sudanese refugees and used interpretative phenomenological analysis to identify themes of coping and resilience. They found that social support was helpful both before and after displacement. Support from family and friends was found to facilitate coping with trauma in Sudan, and support from members of the Sudanese community in Australia helped refugees to manage resettlement stressors. Religion was reported to be important across the whole journey, and particularly after resettlement, as a means of building social support links. Other qualitative research has demonstrated the role of cognitive coping strategies. Khawaja and her colleagues found that participants often used cognitive coping strategies to deal with their resettlement journey. These strategies included reframing, using their inner strength, normalising or minimising their situation, and focussing on their future aspirations (Khawaja, White, Schweitzer, & Greenslade, 2008). The authors of both qualitative studies concluded that participants had faced significant trauma and post-displacement stress. However, no participant described

experiences akin to PTSD or depressive symptoms. The authors suggested that the coping strategies identified may act to protect those exposed to prior trauma or other difficulties against the development of mental health problems (Khawaja et al., 2008; Schweitzer et al., 2007).

Social support and religion can also facilitate growth after trauma. A small body of research has highlighted that refugees' experiences can be transformative (Kroo & Nagy, 2011). After coping with trauma, "some individuals may unexpectedly arrive at a new level of meaning, a changed philosophical stance that represents a renewed and valued purpose, a redefined sense of self, and a changed relationship to the world" (Sheikh, 2008, p. 85). This transformation is known as posttraumatic growth (PTG), which is the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1). PTG happens after and as a result of trauma; therefore it is reported to be a phenomenon that is more than a demonstration of resilience (Linley & Joseph, 2005). Several studies have found evidence for PTG after various traumas (Calhoun & Tedeschi, 2006), and more recently with refugees (Kroo & Nagy, 2011; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003). For example, in a sample of 53 Somali refugees, high rates of PTG were identified using the Post Traumatic Growth Inventory. PTG was also positively associated with having hope, social support and religion (Kroo & Nagy, 2011). It appears, therefore, that social support and religion can be invaluable for refugees and can promote psychological well-being and growth.

1.3.3. Summary

In summary, in contrast to the refugee mental health literature, other researchers in the field have questioned the applicability of mental health diagnoses, such as PTSD,

to refugee groups. Some critics have argued that PTSD has been over-diagnosed, and in fact, some refugees' responses are normal given the extreme events they have encountered. Refugees have also been found to demonstrate resilience in the resettlement country, particularly relying on their religion and social supports.

1.4. Alternative Frameworks Accounting for Refugee Well-being

1.4.1. Adaptation and Development After Persecution and Trauma Model

In response to some of the criticisms of focussing on mental health symptomatology in refugees, a framework has been developed to provide a more holistic explanation of the difficulties encountered by refugees. The Adaptation and Development After Persecution and Trauma (ADAPT) model (Silove, 1999, 2005; Silove & Steel, 2006) outlines several difficulties that refugees may experience (not simply mental disorders). It integrates effects of exposure to trauma with other social consequences, therefore accounting for both pre- and post-displacement periods (Silove & Steel, 2006).

Given the definition of a refugee, it is assumed that at some point during a refugee's journey they will have experienced a traumatic event, human rights violation, or torture. Silove (1999) suggests five broad systems that can be challenged during the resettlement journey: safety, identity-role, justice, existential meaning and attachment. Each is believed to hold great significance to refugees regardless of their cultural background and therefore may be more appropriate than Western psychiatric categories, as others have reported (e.g. Summerfield, 1999).

1.4.1.1. Safety

Difficulties experienced by refugees can endanger the safety of individuals or

communities, having the potential to cause distress and/or mental health problems. The safety system therefore acknowledges links between traumatic events and the development of mental health problems, particularly PTSD and depression in line with previous research (e.g. Mollica, McInnes, Pham et al., 1998). The experience of trauma or threat to one's life is reported to "trigger fundamental psychobiological mechanisms associated with the preservation of safety" (Silove, 1999, p. 204). Silove (2000) suggests that some people may be more vulnerable and at risk than others, particularly individuals with a severe mental illness intensified or triggered by the crisis, with an acute and immobilising reaction to trauma, with a psychological reaction to physical injury, or with an acquired brain injury (Silove, 2000).

1.4.1.2. Identity-Role

The underlying principle of the identity-role system is that some of the difficult experiences faced by refugees may threaten their sense of identity or role. This can occur both before and after migration (Silove 1999). Silove claims that in the home country, "indoctrination, propaganda, ostracism, and isolation are all techniques that oppressive regimes use to undermine the sense of cohesion and identity of individual dissidents as well as entire communities" (Silove, 1999, p. 205). Additionally, Silove (1999, 2000) points out that after migration identity may be threatened further. Unemployment or a lack of recognition of previous qualifications may result in refugees having to take lower-skilled jobs which may compromise individuals' previous status or social position (e.g. doctor, teacher, manager) (Beiser, Johnson, & Turner, 1993; Silove 1999). Social roles also shape identity (Heller, 1993). After migrating, refugees may feel unconnected to their community and their previous roles (e.g. parent, child, leader, caregiver, worker) (Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002). Additionally, losing valuable possessions, particularly those holding cultural value, or

personal identification can further threaten a person's sense of identity and individuality (Silove, 1999, 2000).

A recent study has explored this system amongst Zimbabwean asylum seekers in the UK. Doyle (2009) reported that the majority of the 292 Zimbabwean asylum seekers in the sample had been educated to a high level, and many had previously held highly skilled or specialist jobs (e.g. teachers, managers). Many participants (88%) reported being frustrated by their current employment status, and some expressed a desire to return to Zimbabwe if there was economic and political stability. The contrast between skills and actual unemployment levels in this study may suggest that threat to identity-role may be particularly relevant to Zimbabweans in the UK (Doyle, 2009).

1.4.1.3. Justice

Torture, violence, and other human rights violations may be experienced prior to displacement. Silove (1999) suggests that such experiences may threaten an individual's feelings of safety, and ultimately they may fear for their life. Such experiences can also leave the refugee feeling degraded or humiliated. Additionally, difficulties can persist in the post-migration environment, as refugees may be forced to live in a refugee camp, or a society which may be unreceptive to their presence (Silove, 2000). All of these experiences may contribute to refugees feeling a sense of injustice regarding their experiences (Silove, 1999).

Difficulties experienced in the justice system can result in the refugee having intense feelings of anger, being aggressive, or mistrusting others to a severe degree (Silove, 2000). A study by Abe, Zane, and Chun (1994) reported elevated rates of expressed anger amongst Southeast Asian refugees. However, anger and rage can maintain feelings of injustice (Gorst-Unsworth, van Velsen, & Turner, 1993). This can

result in “a vicious spiral in which loss of control or rage leads to enactment of the very aggression they detest, thereby intensifying their feelings of shame, guilt, desolation, and despair” (Silove, 1999, p. 205).

1.4.1.4. Existential-Meaning

Silove (1999) reports that “exposure to inexplicable evil and cruelty can shake the foundations of the survivor’s faith in the beneficence of life and humankind” (Silove, 1999, p. 205). Silove (2000) maintains that after experiencing extreme human rights violations refugees can be left with existential preoccupations, whereby the individual attempts to find meaning in the cruelties they faced. According to this system, these fixations can result in refugees having difficulties trusting others (Silove, 2000). Silove (2005) reports that a lack of trust may be particularly important for refugees in the post-displacement environment, as refugees may find it difficult to trust services offering them assistance. Additionally, existential preoccupations may also result in the refugee questioning their faith and cultural and socio-political beliefs, putting them at risk of feeling alienated and emotionally isolated (Gorst-Unsworth et al., 1993; Silove, 1999, 2000). Silove (2005) argues that helping refugees to reconnect with their religious faith and develop a sense of purpose in their new environment can repair some of the damage experienced by this system.

1.4.1.5. Attachment

The attachment system highlights how mass violence and displacement can impact on refugees’ interpersonal bonds (Silove, 1999, 2005). Mass violence and displacement can cause refugees to experience many separations and losses, including the loss of family members and friends through death or displacement; the loss of homes and important possessions; the loss of jobs and roles; and the loss of the culture

itself (Silove, 1999). These losses can affect a refugee's sense of belonging, social cohesion, and connection with their land, ancestors, culture, and traditions. Other reactions can include adult separation anxiety (Silove, Momartin, Marnane, Steel, & Manicavasagar, 2010); grief for the people lost (van Tilburg, 2006); nostalgia, including feelings of joy and sadness (Werman, 1977); and feeling homesick, which is defined as "the commonly experienced state of distress among those who have left their house and home and find themselves in a new and unfamiliar environment" (van Tilburg, Vingerhoets, & van Heck, 1996, p. 899). Refugees are also at risk of developing an overwhelming maladaptive combination of these experiences known as cultural bereavement (CB) (Eisenbruch 1991), which will now be discussed.

1.4.2. CB

1.4.2.1. Definition and Features

An alternative perspective on the refugee experience is CB, which has been argued to be a more appropriate framework for understanding refugees' distress (Eisenbruch, 1991). CB is as a type of grief reaction primarily caused from the uprooting and loss of one's home, cultural values, social networks, and identity (Bhugra & Becker, 2005; Eisenbruch, 1991), and can manifest in the following ways:

> The person – or group – continues to live in the past, is visited by supernatural forces from the past while asleep or awake, suffers feelings of guilt over abandoning culture and homeland, feels pain if memories of the past begin to fade, but finds constant images of the past (including traumatic images) intruding into daily life, yearns to complete obligations of the dead, and feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life. (Eisenbruch, 1991, p. 674)

Some features of CB are argued to be similar to symptoms of PTSD (Eisenbruch, 1991). For example, in CB images from the past, particularly those traumatic in nature may resemble intrusive recollections in PTSD. Additionally, emotional reactions, such as anxiety and anger, feature in both presentations. However, there are also differences, as PTSD develops in response to trauma, whereas CB develops from extensive loss (APA, 2000; Bhugra & Becker, 2005; Eisenbruch, 1991; Wojcik & Bhugra, 2010).

Due to the overlap between the two presentations, Eisenbruch (1991) has argued that many refugees may be wrongly diagnosed with PTSD, when CB may be more appropriate (Eisenbruch, 1991). However, Eisenbruch (1991) did not reject PTSD directly and instead believed that CB could complement it; indeed, he thought that in some circumstances individuals could experience CB and PTSD simultaneously.

Eisenbruch (1992) has maintained that CB can be "a normal, even constructive, existential response, rather than a psychiatric illness" (p. 9). The negative emotions associated with CB can also be alleviated if the refugee is facilitated to maintain their cultural beliefs and practices, through social support or practicing religion (Bhugra & Becker, 2005).

1.4.2.2. CB in Refugee Groups

The term 'CB' has been widely referenced in refugee literature (e.g. Bhugra et al., 2011; Bhugra & Becker, 2005; Bhugra, Wojcik, & Gupta, 2009; Cheung, 1995; Keyes, 2000; Silove, 1999; Wojcik & Bhugra, 2010). However, research assessing its validity is limited. Most of the research into CB has been completed by Eisenbruch (1991, 1992), who found that CB was a common reaction amongst Cambodian refugees in the US (Eisenbruch, 1991, 1992). Similarly, Davis, Kennedy, and Austin (2000)

found that distress amongst participants in their Southeast Asian was related to loss of country and culture (i.e. CB). CB has also been observed in an Ethiopian refugee. Several diagnoses had previously been used to explain the refugee's grief, including PTSD. However, her symptoms persisted, as she was away from her homeland and therefore unable to complete important cultural traditions. The author discussed this in relation to CB (Schreiber, 1995).

1.4.2.3. Critique of CB

The concept of CB makes a unique contribution to refugee research. It has provided an alternative explanation for refugees' distress after resettlement, and therefore addresses some of the concerns raised about previous research which has tended to focus on mental health symptoms, particularly PTSD (e.g. Summerfield, 1999). There are, however, a number of limitations of Eisenbruch's (1991) framework. First, Eisenbruch (1991) demonstrates that CB can develop as a result of significant loss. It does not, however, account for trauma experienced in the home country. Refugees are known to experience significant trauma prior to displacement (Steel et al., 2002), and extensive research has demonstrated the impact of trauma on refugees' wellbeing (e.g. Carlson & Rosser-Hogan, 1991). It is unclear how or if trauma may manifest in CB experiences, and this needs greater clarity. Second, the concept of CB usefully accounts for some difficulties faced post-migration (e.g. loss of cultural values, social support). However, research has identified a plethora of post-migration stressors that can impact on wellbeing (Schweitzer et al., 2006), including, unemployment (e.g. Teodorescu et al., 2012), inadequate housing (e.g. Porter & Haslam, 2005), and language difficulties (e.g. Beiser & Hou, 2001). It is unclear how these stressors are accounted for in the framework. It appears to assume (similarly to some of the trauma literature e.g. Pfeiffer and Elbert, 2011) that these stressors do not feature in refugees'

distress. Third, similarly to the mental health literature, CB also fails to acknowledge refugees' strengths (Ryan et al., 2008). By focussing on the impact of significant loss, the framework does not consider that refugees can positively adapt, without their well-being being compromised. Refugees may experience positive aspects of relocation (e.g. PTG); however, these are ignored as CB focusses on the losses only. Finally, Eisenbruch (1991) reports that as a framework, CB accounts for the experiences of refugees and their distress. The experiences and distress, however, appear to be limited to considerable loss and its associated grief. Other frameworks accounting for refugees' experiences have provided a more holistic view (e.g. Silove, 1999), and therefore may offer more useful explanations of refugee wellbeing.

There are also concerns about the validity of CB. To date, the only research exploring the experiences of CB amongst refugees, has been with Southeast Asian refugees in the US. There has been no research with refugees from other populations, or with refugees living in countries other than the US. Other researchers have used CB as a discussion point in relation to themes identified in their studies (e.g. Davis et al., 2000; Schreiber, 1995). These studies provide useful support for Eisenbruch's work; however, it is not clear how these researchers' conclusions were reached. Eisenbruch recommended using the CB interview to fully identify the concept in refugee research, so it is difficult to ascertain how such conclusions were reached without using this interview schedule. Further research is needed to address some of these limitations.

From the current research, it remains unclear whether there would be similarities or differences in the presentation of CB across different cultures. Further research is needed to address the question of how CB would be experienced in cultures other than Southeast Asia, as it is possible that the term is culture-bound (Wojcik & Bhugra, 2010). Finally, Eisenbruch discussed the term in relation to refugee populations only,

therefore ignoring the question of whether the term is relevant to others being displaced (e.g. migrants), or in fact whether it is an inevitable aspect of relocation.

1.4.3. Research on Loss, Grief, and Nostalgia

Given the lack of research directly exploring CB, a literature review was completed using the terms operationalising CB, including loss, grief, and nostalgia (Silove, 1999). Articles were identified using the following computerised databases: Academic Search Elite, AMED, ASSIA, Cochrane Library, Cambridge Journals Online, CINAHL, EMBASE, Medline, Ovid, PsycINFO, Science Direct, and Web of Knowledge. The search terms 'refugee', 'loss', 'grief', 'nostalgia', and 'CB' were used. These terms were chosen because they have all been previously used to describe the key features of CB (Eisenbruch, 1991; Silove, 1999). Each search was not restricted by the year of publication. The only search restrictions were journals articles that were not published in the English language. The search was supplemented by hand searching references in identified papers. Available abstracts were reviewed and suitable papers adhering to the inclusion criteria were acquired. Inclusion criteria were studies exclusively researching adult refugees whereby the search terms had been analysed and reported on, rather than merely mentioned in the article. Thirteen studies were identified, with the majority focussing on loss.

1.4.3.1. Qualitative Findings.

Eight qualitative studies were identified. A summary of the studies, including their aims, information about participants, the design, methods of data collection and analysis, and the main findings of the study, can be found in Table 1. Themes of losses in social and human capital were widespread.

Table 1. *Results of Search Protocol – Qualitative Studies*

Reference	Aim	Participants	Design & Analysis	Data Collection	Main Findings
Colic-Peisker and Tilbury (2006)	Identify employment niches and experiences of refugees in Australia	Purposive sample, 150 refugees composed of ex-Yugoslavs (predominantly Bosnians), black Africans (from Somalia, Eritrea, Ethiopia), and refugees from the Middle East (mostly Iraqi)	Mixed methodology: Unspecified qualitative and quantitative methods	Semi-structured interviews, authors' own questionnaire	Loss of occupational status. Segmented labour market, refugees allocated less popular jobs regardless of their human capital.
Colic-Peisker and Walker (2003)	Explore acculturation and identity amongst refugees in Australia	Convenience sample, 35 Bosnian refugees and 25 refugee professionals	Content analysis. Using social identity theory, acculturation theory and human capital theory.	Semi-structured interviews	Forced migration resulting in loss of social identity Difficulties with acculturation and reconstruction of identity Collective and individual strategies of acculturation and identity reconstruction

Table 1. *Results of Search Protocol – Qualitative Studies (Continued)*

Reference	Aim	Participants	Design & Analysis	Data Collection	Main Findings
Keyes and Kane (2004)	Explore experiences of refugees living in the US	Snowball sample, 7 female Bosnian refugees	Phenomenology	Semi-structured interviews	Belonging: cultural memory, identity and difference, empathy and reciprocity, perfection of speech Adapting: coping with transition and old memories, loss of friends, family, home and ways of being, culture shock, fitting into new culture, learning new language
Luster, Qin, Bates, Johnson, and Rana (2008)	Study separation, loss and reunification with parents amongst Sudanese refugees	Snowball sampling approach, 10 male Sudanese refugees separated from their parents at a young age	Grounded theory	Semi-structured interviews	Separation: becoming a transnational family Not knowing: experiencing ambiguous loss, grief, loss of emotional support Relationships within refugee camps Searching for family Reunification with family Re-establishing relationships

Table 1. *Results of Search Protocol – Qualitative Studies (Continued)*

Reference	Aim	Participants	Design & Analysis	Data Collection	Main Findings
McMichael and Manderson (2004)	Explore the loss of social relationships amongst refugees in Australia and how this may affect their well-being	Snowball sample, 42 Somali refugee women	Ethnographic Analysis	Semi-structured interviews	Remembering Somalia: nostalgia related to homeland Loss of social capital: lost social relationships and ideals War and displacement: generated mistrust, separations of families and communities Resettlement conditions: financial constraints Accessing social capital: forming new relationships, feeling sense of community
Miller, Worthington, Muzurovic, Tipping and Goldman (2002)	Examine exile related stressors affecting refugees living in Chicago. Exploring life in pre-war Bosnia, their exile journey and life in Chicago	Convenience sample, 28 Bosnian refugees attending mental health programmes	Narrative	Semi-structured interviews	Social isolation and the loss of community Loss of life projects Lack of environmental mastery Loss of social roles and meaningful activities Lack of income for basic necessities Post-exile health problems

Table 1. *Results of Search Protocol – Qualitative Studies (Continued)*

Reference	Aim	Participants	Design & Analysis	Data Collection	Main Findings
Oakes (2002)	Examine the traumatic effects of war on individuals and their coping responses	Convenience sample, 6 Bosnian refugees	Grounded theory	Semi-structured interviews	1. Loss: of place, home and way of life. 2. Recuperation: use of coping mechanisms to deal with loss
Rutherford and Roux (2002)	Explore participants' views on health and experiences of loss since displacement during the El Salvadoran civil war.	Purposive sample, 12 participants in three rural Salvadoran villages.	Ethnographic Analysis	Nine semi-structured interviews	1. Life: "It's always the same work – we rest only when we go to bed at night so we can get up and start all over again" 2. Struggle: "Poverty is all that we live", disappointment, powerlessness and frustration 3. War: "We lost everything, we had to leave running", loss of family, homes and possessions 4. Health: "It is in God's hands", only God has the power to control their health and lives

Social capital is the "social factors that contribute … to well-being" (McMichael & Manderson, 2004, p. 89), including friends, family, neighbours and communities. Loss of social capital was related to migration and losing supportive social networks (e.g. friends, family members) through bereavement or displacement. Individuals reported a loss of community and social isolation in the host country (Colic-Peisker & Walker, 2003; Keyes & Kane, 2004; Miller, Worthington et al., 2002; Rutherford & Roux, 2002). Similarly, McMichael and Manderson (2004) found that despite periods of solidarity and support in their new community, participants believed their original social networks had suffered.

Human capital refers to the educational achievements and training experiences individuals have, enabling someone to find employment, seek promotions, and improve their salary (Colic-Peisker & Walker, 2003). With regard to a loss of human capital, the studies found that, depending upon the urgency to leave their home country, refugees experienced loss of homes, possessions (including legal documents), employment (and its status), education, skills, goals, roles, and aspirations (Colic-Peisker & Walker, 2003; Keyes & Kane, 2004; Miller, Worthington et al., 2002; Oakes, 2002; Rutherford & Roux, 2002). Colic-Peisker and Tilbury (2006) explored employment and job status. They discovered vast losses to occupational status, with refugees often being employed in much lower-skilled positions than those previously held in their own country.

Luster et al.'s (2008) study identified the notion of ambiguous loss (unaware if family members were dead or alive), which was reported to result in feelings of sadness, depression, and loneliness.

Of the eight qualitative studies identified, all researchers had reviewed aspects of loss amongst different refugee populations. There were similarities in the losses

described in several articles and across different cultures. However, overall the findings suggest that the conceptualisation of loss is multifaceted and can be viewed in several distinct ways.

1.4.3.2. Evaluation of Qualitative Findings

The studies were appraised using features of the evaluative criteria for qualitative research by Elliott, Fischer, and Rennie (1999) and Yardley (2000). These include explicit identification of the purpose of the study, appropriate use of methods, sampling information, triangulation of the findings, and transparency or reflexivity.

1.4.3.2.1. Purpose of study and appropriateness of methodology. All of the articles clearly outlined the aims and purpose of the research. Different qualitative methodologies were used, including content analysis, phenomenological analysis, grounded theory, narrative, and ethnographic analysis. Each methodology was deemed appropriate to achieve the aims and objectives outlined in the article.

1.4.3.2.2. Sampling. Each article provided relevant information about participants in their sample. However, the sampling methods used varied. Two studies used purposive samples (Colic-Peisker & Tilbury, 2006; Rutherford & Roux, 2002). However, the appropriateness of this method is questionable in the study by Colic-Peisker and Tilbury (2006). They reported deliberately skewing their sample to include refugees with high human capital. Research assistants were requested to "target skilled and professional people of working age with at least a working knowledge of English who were either looking for work or were employed" (Colic-Peisker & Tilbury, 2006, p. 207). Although this was useful to research the phenomenon amongst refugees, the appropriateness of this approach can be questioned. Their results identified massive losses to occupational status, as many participants had low-paid jobs. However,

deliberately targeting highly skilled refugees (particularly those who were unemployed) would make this result inevitable. This suggests that targeting participants in this way may have caused the results to be biased. The remaining studies were vague about their samples, and it was assumed that snowball or convenience samples were used. This may mean that the populations studied may not be representative of the wider population of the particular culture.

1.4.3.2.3. Triangulation and rigour. Four studies described methods used to check the credibility of their findings. These included cross-checking findings amongst researchers (Luster et al., 2008; Miller, Worthington et al., 2002), checking findings with bicultural workers (Colic-Peisker & Tilbury, 2006), and checking findings with participants themselves as a form of respondent validation (Rutherford & Roux, 2002). Each of these is an adequate technique to ensue rigour. However, they also risk introducing bias to the research, particularly when others not involved in the research, such as bicultural workers, are consulted. Respondent validation is useful to clarify and verify researchers' interpretations. However, it also has the potential to confuse the researcher and the findings (Willig, 2001). Despite the limitations of these methods, they are all useful in ensuring the trustworthiness of qualitative data.

1.4.3.2.4. Transparency and reflexivity. Only one article included discussion of epistemology and use of a reflexive journal (Rutherford & Roux, 2002). Considering questions of epistemology can help researchers prevent their assumptions biasing results. It would have been useful for Colic-Peisker and Tilbury (2006) to focus on such issues, as the majority of those interviewing participants were refugees themselves. In cross-cultural research, using refugees in the research process can be considered good practice. However, in this study there was a lack of transparency and reflexivity, making it difficult to ascertain how the refugee researchers conducted the study, which

means the study may have been left open to bias. Other studies did not report methods ensuring transparency and reflexivity, which raises concerns about the trustworthiness of their results.

1.4.3.3. Quantitative Findings

The five quantitative studies are evaluated according to the methodologies, participants, and measures used. Table 2 offers a summary of the studies, including their aims, participants, research design, data collection, and analysis. While the qualitative research looked at the experiences of loss, grief, and nostalgia amongst refugees, the quantitative findings identified these in relation to difficulties such as PTSD, depression, and health problems. Experiencing loss was associated with depression, grief, and medically unexplained symptoms (Miller, Weine et al., 2002; Momartin, Silove, Manicavasagar, & Steel, 2004; van Ommeren et al., 2001). Grief was associated with depression (Momartin et al., 2004). A loss of control over one's life was found to result from living through war and being a refugee (Basoglu et al., 2005).

1.4.3.3.1. Methodology. The studies presented a range of different methodologies. One study was cross-sectional (Basoglu et al., 2005), which was helpful in identifying effects of loss. However, essentially this type of method only allows the researchers to obtain a snapshot of the effects present when the study is conducted. Another study used a case-control methodology (Beiser et al., 1993), which enabled comparisons with a control group. This was useful in identifying differences between groups and factors pertinent to refugee populations. The use of longitudinal methods would have been useful, allowing researchers to explore the effects of loss over longer periods of time. Three studies used a correlational design (Miller et al., 2002; Momartin

et al., 2004; van Ommeren et al., 2001), which limits what conclusions can be inferred, as causality cannot be established.

1.4.3.3.2. Participants. All studies had moderate sample sizes, suggesting good external validity. However, generalisations can only be made about the cultural groups explored. All samples were recruited via convenience methods. Random epidemiologic sampling would have been more appropriate, as it would have reduced bias. However, it is acknowledged that, given the specific cultural groups worked with, this might not always have been possible.

The majority of studies used non-clinical samples, the exception being Miller, Weine, et al. (2002). Using non-clinical samples is appropriate for this kind of research, as loss would be expected within each group. Three studies used control groups, which would have been useful in identifying features salient to refugee populations and particular cultural groups.

1.4.3.3.3. Measurement. Various psychometric measures were used; however, the reliability and validity of some of the measures is questionable. Three studies mainly used standardised tools with good reported levels of reliability and validity (Miller, Weine et al., 2002; Momartin et al., 2004; van Ommeren et al., 2001). However, only the CAPS had been reported to be appropriate for use with a wide range of cultural groups (Malekzaie et al., 1996). The remaining studies used measures about whose reliability and validity little is known, and others devised measures themselves for the purposes of the research. It is acknowledged that this is appropriate when existing measures are not available to answer research questions, but not using standardised methods still raises concerns over the validity of a study's findings.

Table 2. *Results of Search Protocol – Quantitative Studies*

Reference	Aim	Participants	Design	Data Collection	Findings
Basoglu et al. (2005)	Examine mental health and cognitive effects of trauma amongst individuals from former Yugoslavia	Target sample, 1358 refugees, 2 matched control groups	Cross-sectional	Semi-structured interviews, EBAW, EWSS, RTSQ, SISOW	79% of war survivors reported a sense of injustice. Relative to controls survivors reported a greater fear and loss of control over their life, loss of meaning relating to the war cause, stronger faith in God and higher levels of depression and PTSD.
Beiser et al. (1993)	Investigate effects of unemployment and under-employment amongst refugees	1348 Southeast Asian refugees, 319 matched Canadian residents	Case-control	Authors' own measures of mental health, care seeking, employment, English language ability, social support and living arrangements	Relationship between unemployment and depression in both groups. Income loss was the most significant factor associated with unemployment amongst refugees. Loss of self-esteem and reduced social contact were most significant amongst the resident Canadians.

Table 2. *Results of Search Protocol – Quantitative studies (Continued)*

Reference	Aim	Participants	Design	Data Collection	Findings
Miller et al. (2002)	Examine exile-related stressors of social isolation, activity levels, war experience and loss in relation to rates of PTSD and depression	Convenience sample, Bosnian refugees, 59 clinical, 40 non-clinical	Correlational	CES-D, LQLS, PSS, authors' own measure of war experience	In the community group, social isolation was significantly related to PTSD. In the clinical group war-related loss was significantly related to symptoms of depression.
Momartin et al. (2004)	Explore complicated grief and its relationship to PTSD and depression in refugees	Snowball sample, 126 Bosnian refugees	Correlational	Demographical information, authors' own trauma measure, CAPS, CBI, SCID	No association was found between grief and PTSD. A strong association was found between grief and depression. Individuals with comorbid depression and grief reported high levels of traumatic loss.

Table 2. *Results of Search Protocol – Quantitative studies (Continued)*

Reference	Aim	Participants	Design	Data Collection	Findings
van Ommeren et al. (2001)	Identify risk factors of unexplained medical illness within refugee camps	Convenience sample, 68 Bhutanese refugees, 66 controls	Correlational	CIDI, HTQ, SDQ, SPS, authors' own measures	Recent loss, early loss and childhood trauma were found to be predictors of the somatoform symptoms experienced during epidemics of medically unexplained illness amongst the refugee community

Note: CAPS = Clinician-Administered PTSD Scale (Blake et al., 1995); CBI = Core Bereavement Items (Burnett, Middleton, Raphael, & Martineck, 1997); CES-D = Centre for Epidemiologic Studies Depression Scale (Radloff, 1977); CIDI = Composite International Diagnostic Interview (World Health Organisation: WHO, 1997); EBAW = Emotions and Beliefs After War (Basoglu et al., 2005); EWSS = Exposure to War Stressors Scale (Basoglu et al., 2005); HTQ = Harvard Trauma Questionnaire (Mollica et al., 1992); LQLS = Lehman Quality of Life Scale (Lehman, Ward & Linn, 1982); PSS = Posttraumatic Stress Scale (Foa, Riggs, Dancu & Rothbaum, 1993); RTSQ = Redress for Trauma Survivors Questionnaire (Basoglu et al., 2005); SCID = Structured Clinical Interview for the DSM-IV (First, Spitzer, Gibbon, & Williams, 1997); SDQ = Somatoform Dissociation Questionnaire (Nijenhuis et al., 1996); SISOW = Semi-structured Interview for Survivors of War (Basoglu et al., 2005); SPS = Social Provisions Scale (Cutrona & Russell, 1987)

All studies were limited by a heavy reliance on self-report measures. The validity of conclusions drawn about research using such methods is questionable, as these methods can potentially be affected by numerous response biases (Bradburn, 1983). The findings on loss were also limited owing to the limitations of self-report measures, as only types of loss included as items within measures would be studied, meaning that important losses may have been missed.

Four studies described translating measures into the target language and using back-translation to resolve any ambiguities in meanings. This process contributed to eliminating potential biases arising from translation. Only the study by Basoglu et al. (2005) failed to report such methods, which is a limitation of the research.

1.4.3.4. Summary of Qualitative and Quantitative Findings

Overall, the literature review identified that refugees experience numerous types of loss, which have significant effects on well-being. The findings therefore provide evidence to support the attachment system of Silove's (1999) model, and also identify other significant types of losses not included in the original model.

Despite the inclusion of grief, nostalgia, and CB in the literature search, loss dominated the review. No additional studies on CB were identified. This further highlights the lack of research around CB; even when the definition of CB is broken down and some of its concepts are explored, a lack of research is still evident. It appears that within the refugee literature, terminology is referred to (e.g. CB, nostalgia), but in fact there is little or no research to back up the use of such terminology. This may be because the concepts are identified based on observation. However, given how often these concepts are referred to, further research needs to confirm them as valid within refugee research.

The literature review identified differences between the qualitative and quantitative studies. Qualitative studies tended to focus more on the experiences of the concepts, whereas quantitative studies focussed more on their effects in relation to psychiatric categories (e.g. PTSD, depression). This type of research therefore fits more with the previously mentioned trauma model. Both the qualitative and quantitative findings, however, were limited by the focus of the questions asked and specific items on measures. Quantitative methods may be limited in their ability to capture the richness and density of multidimensional phenomena, as the use of methods such as self-report methods may be reductionist and result in important information being missed. What is lacking in the research is a study exploring different types of loss and the effects they have on refugees, not only in relation to the trauma model, but also in terms of grief, nostalgia, and CB. Qualitative methods therefore may be better suited to investigate such issues amongst refugees.

In summary, the literature review identified the limited research exploring loss, grief, nostalgia, and CB amongst refugees. In the studies identified (which were mainly focussed on loss), differences were found between the qualitative and quantitative methods. Further research needs to address the gaps in the literature whilst ensuring the methods are sound, to obtain more reliable and valid findings.

1.4.4. Summary

Alternative frameworks have accounted for refugee distress. Silove (1999) has provided a holistic view of refugee well-being, acknowledging mental health symptomatology, as well as other likely responses. In summary, the main features of this framework are: safety, identity-role, justice, existential meaning and attachment. The attachment system describes the impact of loss on refugees, and a phenomenon

known as CB has been described. CB offers an alternative reaction to PTSD, and is described as a grief reaction that can occur in response to considerable loss, however there has been little research assessing its validity, suggesting that further research is required.

1.5. Zimbabwean Context

Years of mass conflict, violence, and economic and political instability have resulted in tens of thousands of Zimbabweans fleeing their homes to seek protection as refugees in other countries (Humphris, 2010; UNHCR, 2012b). A large number of Zimbabweans have been granted refugee status in the UK (UNHCR, 2012b), and have therefore successfully demonstrated how their situation met the terms of the 1951 Refugee Convention (UNHCR, 2007). Since 2000 there has been a significant increase in the number of Zimbabweans applying for refugee status in the UK, with trends in applications corresponding with the economic and political instability in the county (Humphris, 2010). As such, Zimbabwe (along with Pakistan, Iran, Sri Lanka, Afghanistan, Libya, Nigeria, China, Eritrea and Sudan) is amongst the UK's top ten asylum seeking nations (UNHCR, 2012a). Estimates suggest that at the end of 2011 there were 15,118 Zimbabwean refugees living in the UK and 25,048 throughout the world (UNHCR, 2012b). The large number of Zimbabwean refugees in the UK makes them a highly relevant group to explore in current research.

This section provides a brief descriptive account of the history of Zimbabwe to contextualise the difficulties that Zimbabweans have encountered over many years, some of which may have influenced the decision of some Zimbabweans to seek refuge in the UK. A thorough description of Zimbabwe's history is beyond the scope of this

thesis (see general texts by Beach, 1984; Chikuhwa, 2006; Copson, 2006; and Nyathi, 2005).

1.5.1. History of Zimbabwe

1.5.1.1. Early Zimbabwean History

There is evidence that Zimbabwe has been inhabited for over 500,000 years, over which time there have been various settlers and rulers of the country (Murray, 2010; Sheehan, 2004). Zimbabwe's earliest settlers in the 5th century were known as the Khoisan, who were hunter-gatherers and lived in a peaceful community. The Khoisan were displaced in the 10th century by Bantu-speaking people (Murray, 2010). The Shona ruled the country from the 11th century, and were reported to be a powerful and wealthy dynasty (Beach, 1984; Bucher, 1980; Sheehan, 2004). In the 1830s, descendants of Zulu culture called the Ndebele migrated from South Africa to an area in southwest Zimbabwe known as Matabeleland (Nyathi, 2005). Tensions grew between the Ndebele and the Shona people over land; however, the Ndebele defeated the Shona and defined themselves as the authority, under the rule of Ndebele chief Lobengula (Alexander, 2006; Mawadza, 2003). The first White British explorers, fortune hunters and colonists arrived in the 1850s, led by Cecil John Rhodes (Sheehan, 2004). Lobengula was overthrown, and White settlers began to move to the country (Alexander, 2006; Sheehan, 2004).

1.5.1.2. Colonial Rule

Zimbabwe became a colony of Britain in 1890 and was renamed Southern Rhodesia (Alexander, 2006; Bucher, 1980; Mawadza, 2003). During colonial rule restrictions were put in place which resulted in Black Zimbabweans being prohibited

from voting (Chikuhwa, 2004), seeking skilled employment (Murray, 2010), and accessing certain public areas (Chikuhwa, 2004). Additionally, White Zimbabweans acquired the most profitable farmland (Omer-Cooper, 1989).

The oppressive regime resulted in civil instability throughout Zimbabwe for many decades. Two nationalist groups were formed: the Ndebele-led Zimbabwe African People's Union (ZAPU) and the Shona-led Zimbabwe African National Union (ZANU). With the mutual aim of seeking independence from Britain, both groups carried out guerrilla operations against the White government (Murray, 2010). Attacks intensified in 1965 as Ian Smith became prime minister and declared independence from Britain, to uphold White rule (Lamb, 2006). The declaration was made in anticipation that Britain would renounce control of the country as they had in other colonies (Chikuhwa, 2004).

In 1976 the leaders of ZAPU and ZANU joined forces and created the Patriotic Front (PF), which aimed to defeat White minority rule through political pressure and guerrilla warfare (Alexander, 2006). The stress of guerrilla activity, combined with economic restrictions set by Britain, led the leaders of the Patriotic Front to sign a peace agreement in 1979 which sanctioned land redistribution and the first multiracial elections in the country (Alexander, 2006; Chikuhwa, 2004, 2006; Murray, 2010).

1.5.1.3. Independence

Elections were held in April 1980. Robert Mugabe and his ZANU party won the election and a new government was formed. The country was granted independence from Britain, under the name Zimbabwe (Alexander, 2006; Chan, 2003; Lamb, 2006).

Shortly after independence, however, tensions grew between the ZANU and ZAPU parties, led by Mugabe and Nkomo respectively (Alexander, 2006; Chikuhwa, 2004). Dissidents of Nkomo's former guerrillas were accused of acts of violence and terrorism, and in 1983 Mugabe's government sent a North Korean-trained Shona army (known as the 'fifth brigade') to the Ndebele heartland of Matabeleland (Chan, 2003; Chikuhwa, 2004). Reports (Catholic Commission for Justice and Peace in Zimbabwe: CCJPZ, 1999) suggest that Ndebele Zimbabweans suffered many atrocities, including public executions, rape, physical torture, and beatings (groups were forced to chant Shona mottos whilst being beaten). Individuals were forced to watch their family or friends dig their own graves and their subsequent murder, and bodies were disposed of in mass graves or mine shafts (the lack of a proper burial is known to be disrespectful in Zimbabwean culture, as the spirits of the dead would be viewed as *ngozi*: see Section 1.5.2.3) (CCJPZ, 1999). Estimates suggest that up to 20,000 people were killed during this operation (Lamb, 2006; Murray 2010). The brutality continued until the two parties agreed to merge in late 1987, becoming the Zimbabwe African National Union – Patriotic Front (ZANU-PF) under Mugabe's rule (Lamb, 2006; Murray, 2010; Raftopolous & Mlambo, 2009).

1.5.1.4. Land Reform

After independence, farmland was still disproportionately distributed, as White people owned the most profitable land (Chikuhwa, 2004; van Niekerk, 2003). In the 1990s former war veterans became impatient with the slow land reform process and launched attacks against Mugabe (Alexander, 2006; Murray, 2010). In 2000, Mugabe accelerated land redistribution through a 'fast track plan', which enabled forcible seizures of White-owned land (Alexander, 2006). War veterans invaded hundreds of

farms, resulting in significant violence, murder, and damage to land and property (Alexander, 2006; Chikuhwa, 2004, 2006; van Niekerk, 2003).

Newly acquired farms were redistributed to Black Zimbabweans (Alexander, 2006). However, allegiance to ZANU-PF was the most significant consideration in redistribution, being viewed as more important than need for the land or the skills of the new occupiers (Chikuhwa, 2004). This resulted in plummeting exports and elevated levels of unemployment throughout the country, which had a detrimental effect on Zimbabwe's economy (Chikuhwa, 2006).

1.5.1.5. Election Campaigns

Mugabe has remained in power since independence; however, his domination was threatened at the parliamentary elections of 2000, as an opposition party called the Movement for Democratic Change (MDC) was formed (Murray, 2010). The MDC, led by Tsvangirai, were considered a serious threat to Mugabe's government. ZANU-PF supporters resorted to intimidation and high levels of violence to influence voters (Chikuhwa, 2006). Despite this, the MDC gained a significant number of votes (Chikuhwa, 2006; Murray, 2010).

MDC activists faced further intimidation, violence, and torture ahead of elections in 2002 (Arnold & Wiener, 2008). Additionally, Mugabe created a law which limited the freedom of the media (including newspapers, radio, and television) (Murray, 2010). Mugabe won the election; however, the election was criticised for being flawed by both the MDC and foreign observers, who suggested the election had been rigged (Arnold & Wiener, 2008; Murray, 2010).

In 2005, Mugabe's government launched Operation Murambatsvina (also known as 'clear the filth') in the capital, Harare, and the Ndebele area of Bulawayo, both known to be MDC strongholds (Lamb, 2006). The operation demolished homes and businesses deemed 'illegal', resulting in an estimated 700,000 people losing either their home or their livelihood (Arnold & Wiener, 2008; Chikuhwa, 2006; Lamb, 2006).

The pre-election period of the 2008 elections was not free or fair either, and further intimidation and vote rigging were suspected (Murray, 2010). The MDC won the election; however, the release of these results was delayed and a second election had to be held (Raftopolous & Mlambo, 2009). Those not supporting ZANU-PF faced intense violence, resulting in Tsvangirai withdrawing from the election, and Mugabe being re-elected (Murray, 2010; Raftopolous & Mlambo, 2009). In 2009, talks were held and a coalition was formed between Mugabe's ZANU-PF and Tsvangirai's MDC; this coalition is the current government in Zimbabwe (Murray, 2010). However, this power sharing deal has been criticised for offering no real power or control to MDC members and supporters (Raftopolous & Mlambo, 2009). MDC members continue to face intimidation and oppression (Raftopolous & Mlambo, 2009).

1.5.1.6. Zimbabwe's Economy and Infrastructure

Zimbabwe's political instability has also had a detrimental effect on the country's economy. In addition, corruption, periodic drought, and a reduction in agricultural production and exports following land redistribution have been issues (Chikuhwa, 2006; Kinsey, Burger, & Gunning, 1998; Meldrum, 2008). The country lacks essential commodities including food and fuel, and there is widespread poverty (Raftopolous & Mlambo, 2009). Zimbabwe's inflation rate, 100,000%, is reported to be the highest in the world (Meldrum, 2008). As a result, staple foods are expensive and

sometimes only available to buy on the black market at an escalated price (Chikuhwa, 2006; Meldrum, 2008).

Economic pressures have also caused Zimbabwe's infrastructure to suffer (Raftopolous & Mlambo, 2009). Reports suggest that railways do not work at full capacity, roads are filled with potholes, traffic lights do not work, there are burst sewerage pipes, water supplies are inadequate, and household waste is no longer collected due to a lack of fuel or equipment (Chikuhwa, 2006). There are also widespread problems with medical facilities: wards and hospitals have been closed; there is a lack of medicines and equipment (Truscott, 2009); equipment does not always work properly or is not repaired (Chikuhwa, 2006); and facilities need to be refurbished (Truscott, 2009). Health facilities are also reported to be understaffed, as medical staff have been on strike on several occasions over low pay, and a large proportion of professionals have migrated to seek work (Truscott, 2009).

1.5.1.7. Health Status

The decline in Zimbabwe's healthcare system has coincided with widespread disease in the country (Chambers, 2009; Meldrum, 2008). A cholera epidemic has affected the capital city (Chambers, 2009), and throughout the country there are significantly high rates of HIV/AIDS (Chikuhwa, 2006; Meldrum, 2008). Estimates suggest that up to 3,400 Zimbabweans die from the disease each week, leaving 1.3 million children orphaned (Tick, 2007). With widespread disease affecting the country, it now has one of the world's lowest life expectancies, averaging 37 years for males and 34 years for females (Meldrum, 2008).

1.5.2. Anthropology

On moving to a new country and gaining status as a refugee, an individual may lose the day-to-day familiarity of their culture and its practices (Keyes & Kane, 2004). Some researchers have argued that refugees may experience difficulties in the host country which can impact on mental health (Gorst-Unsworth & Goldenberg, 1998), and others have reported a phenomenon known as CB (Eisenbruch, 1991). Zimbabwe has a rich and diverse culture (Owomoyela, 2002). In order to develop an understanding of the cultural transition that Zimbabwean refugees in the UK may face, this section provides a brief description of the anthropological literature on Zimbabwean culture. The section focusses on the Shona people; however, other groups such as the Ndebele are referred to where possible (see texts by Bourdillon, 1993; Lan, 1985; and Owomoyela, 2002, for further information).

1.5.2.1. Ethnicity

Due to displacement of citizens, Zimbabwe's population has changed over recent years. Reports suggest, however, that 71% of the population are Shona, 16% Ndebele, 11% other (Tonga, Shangaan, Venda), 1% mixed or Asian, and less than 1% White (Owomoyela, 2002).

1.5.2.2. Religion

The main religion in Zimbabwe (40% to 50% of the population) is reported to be Christian (including Catholic, Anglican, and the Apostolic Churches) (Moyo, 1988). However, Zimbabweans also follow traditional religions and believe in the 'Supreme Being' (Owomoyela, 2002). The Supreme Being is known as *Mwari* in Shona and as *uMlimu* amongst the Ndebele people (Moyo, 1988). Zimbabweans communicate with the Supreme Being via 'spirit elders', known as the *midzimu* (Shona) or the *amadhlozi*

(Ndebele) (Owomoyela, 2002). 'Spirit elders' are important features of Zimbabwean culture and are reported to be departed ancestors who are present in the community, care for members of their family and share experiences with them whilst remaining invisible (Moyo, 1988).

Despite the distinctiveness of Christianity and traditional belief, Zimbabweans often believe in elements of both religions. For example, it is reported that "it is not unusual to hear African [Zimbabwean] Christians refer to Jesus as universal *mudzimu*" (Moyo, 1988, p. 202). Following a syncretic religion enables individuals to preserve the traditional practices of their culture and honour their ancestors (Owomoyela, 2002).

1.5.2.3. Lineage, Chieftaincy, and Spirits

In Zimbabwean culture, 'ownership of the land' is considered to be of great importance. Each community in the country has a 'chief' who is the head authority and responsible for ensuring that there is rain, fertile land, and good crops for their community (Bourdillon, 1987; Lan, 1985). The chief's predecessors (known as *mhondoro*) are buried in the land and are believed to be able to control harvests; therefore the current chief is expected to keep good relations with ancestral spirits on behalf of the community (Bourdillon, 1987; Owomoyela, 2002). The community prays to the *mhondoro* for rain, and honours them through ceremonies when there are good harvests (Lan, 1985; Muir, 2001). If there is drought or a bad harvest, blame is placed on a member of the community who is disobeying the *mhondoro*'s laws by committing murder, incest, or witchcraft (Lan, 1985).

Spirits are called on not just to ensure good harvests, but also for individual guidance. Zimbabweans seek guidance from the *mudzimu*, calling in particular on the spirit of their mother, father or grandparents (Owomoyela, 2002). Most people can

become *mudzimu*, the exception being the *ngozi* spirits, which are believed to cause harm (Lan, 1985). The *ngozi* are thought to be the vengeful spirits of a murdered person seeking revenge, an unmarried or childless person, or someone who had not received an adequate burial (Muir, 2001).

1.5.2.4. Gender Roles, Family Structure, and Marriage

Since independence, Zimbabwe has attempted to promote gender equality and remove discrimination by introducing several declarations and policies (Chabaya, Rembe, & Wadesango, 2009). However, despite these efforts, inequality persists (Chabaya et al., 2009; Hindin, 2000), particularly in rural areas (Duffy, 2005). Many women are unaware of their legal rights, and how the national policies affect relationships between men and women in the household remains unclear (Hindin, 2000).

After marriage, all authority is given to the husband (Muir, 2001), resulting in an unequal balance of power and decision-making (Hindin, 2000). As women age, they obtain power and respect, and their housework and work in the fields is taken over by younger women in the family (Muir, 2001). A woman's role is traditionally family orientated, whereas for men it is important to seek vocational and academic pursuits (Mhloyi, 1998).

The traditional practices of bride prices, polygamy, and inheritance laws highlight inequalities between genders (Muir, 2001). Prior to marriage, the groom pays a bride price or *lobola* to the bride's parents. This gives the husband the rights to the woman, allowing her to be his wife and bear his children (Lan, 1985). Within a marriage, procreating and continuing the bloodline is imperative. If a wife fails to bear children, the husband has the right to request the *lobola* back from her father or even

request another daughter as a replacement (Owomoyela, 2002). In customary law, Zimbabwean men can have more than one spouse (Lan, 1985; Owomoyela, 2002).

Zimbabwe's inheritance laws state that men hold the rights to property and upon their death their male relatives obtain their estate and inheritance (Lan, 1985). Women are able to keep possessions related to their domestic role only (e.g. kitchen utensils) (Muir, 2001). According to the practice of widow inheritance, a widowed woman can also be inherited by one of the male relatives of her husband on his death, to ensure that she can still access her inheritance (Lan, 1985; Owomoyela, 2002).

1.5.2.5. Kinship and the Extended Family

The extended family is very important in Zimbabwean culture. However, groups organise their kinships in different ways. Patrilineal systems (adopted by the Shona and Ndebele groups) are characterised by descent through the male figures in the family. Wives coming into the family therefore have to become part of their husband's kin. Matrilineal systems (adopted by the Tonga group) require the husband to move in with his new wife's kin, as claims to land come from the mother in the family (i.e. the mother's brother) (Bourdillon, 1993; Owomoyela, 2002).

In an extended family, the siblings of the person's mother and father are also referred to as mother and father instead of aunt and uncle (Bourdillon, 1993). Within a patrilineal system the children belonging to the brother of a person's father are referred to as their brothers and sisters, whereas in a matrilineal system the same applies but to the children of the sister of the mother. The extended family requires responsibilities of those within it, but also provides security, as members are required to financially help each other. In rural areas it is typical for the extended family to live, socialise and work together on the land (Bourdillon, 1993).

1.5.2.6. Arts and Music

The ruins of Great Zimbabwe and Victoria Falls are the country's biggest tourist attractions (Mawadza, 2003). The Great Zimbabwe site also houses sculptures of the Zimbabwe birds, which were created using an ancient skill (Owomoyela, 2002). The ancient rock paintings found throughout the country were created by the original inhabitants of the country (Mawadza, 2003; Owomoyela, 2002). Zimbabweans enjoy various forms of art, including sculptures; carved wooden figures, drums, bowls, headrests, staffs, and snuffboxes; and ironwork. Women enjoy making pots for cooking or water storage, and various fabrics. These types of art are thought to dominate the decoration of homes in Zimbabwe, and are important possessions for the inhabitants (Owomoyela, 2002).

Western music is popular and has an influence on artists in Zimbabwe. However, most music is traditionally inspired and made using instruments used by ancestors, such as the finger piano, known as *mbira* (Muir, 2001). Being accomplished at this instrument is described as a gift from the ancestors. This instrument, and music in general, plays an important role in rituals and ceremonies (Owomoyela, 2002).

1.5.3. Healthcare in Zimbabwe

Health services across Zimbabwe have been influenced by the country's cultural and spiritual beliefs, as well as a Western medical view of illness introduced into Zimbabwean culture whilst Zimbabwe was a colony of Britain (Waite, 2000). In the following section, an outline of the changes in healthcare practices across the country is presented, followed by an outline of current treatment options for both health and mental health problems. This will provide an idea of how, according to tradition, Zimbabweans may choose to seek care when they are unwell.

1.5.3.1. Changes in Healthcare Practices across Zimbabwe

Over the last century there have been many changes to the healthcare practices across Zimbabwe. Under Shona and Ndebele rule, Zimbabweans used traditional treatments to ameliorate illness (further information on traditional treatments is provided in Section 1.5.3.2) (Waite, 2000). Shortly after Zimbabwe became a colony of Britain, Western medical practices were introduced and hospitals were established across the country (Patel, Simunyu, & Gwanzura, 1997; Waite, 2000). This resulted in traditional health practices being undermined and criticised as unscientific and pagan (Waite, 2000). Additionally, restrictions were put in place to discourage individuals seeking such treatments over Western medicine (Patel, Simunyu et al., 1997). For example, people could lose their job if they missed work whilst receiving traditional treatments, but not if they missed work whilst receiving treatment from a Western practitioner (Waite, 2000).

After independence there was a revival of traditional medicine, and restrictions were lifted, enabling individuals to choose the care they wanted (Waite, 2000). A primary health care approach was adopted across the country (Sikosana, 2009; Woelk, 1994). This was government funded and incorporated primary, secondary, and tertiary services (including psychiatric facilities), and hospitals (Sikosana, 2009). Zimbabwe's healthcare system was successful, and was viewed as an asset that distinguished the country from other regions in Southern Africa (Meldrum, 2008; Truscott, 2009). However, in recent years there has been a steep decline in the healthcare system due to the economic crisis (Meldrum, 2008) (see Section 1.5.1.6).

1.5.3.2. Treatment Options in Zimbabwe and Help-Seeking

As reported above, present day Zimbabwe permits its residents to choose the care they want, whether it is Western or traditional in form (Patel, Simunyu et al., 1997; Waite, 2000). On traditional views of health, spirits are thought to have an important influence on an individual's health, and are reported to cause illnesses rather than disease (Mutambirwa, 1989). Treatment is provided by practitioners known as the *n'anga* or *profita* (Lan, 1985). The *n'anga* identify the spirit responsible for an illness (Bucher, 1980; Lan, 1985; Patel, Mutambirwa, & Nhiwatiwa, 1995) and treat it by either calming the spirit through rituals or using herbal treatments to attack the spirit and removing the power it holds over the patient (Bucher, 1980; Patel, Simunyu et al., 1997). The *profita* use prayer and holy water as part of the healing process (Patel, Simunyu et al., 1997). In choosing their treatment, Zimbabweans are reported to seek traditional treatments to offer a spiritual explanation for how their illness developed, and Western medicines to reduce symptoms (Patel, Simunyu et al., 1997). However, treatment costs also influence the choice of health practitioner (Patel, Abas, Broadhead, Todd, & Reeler, 2001). Private GPs, hospital services, and *n'anga* have been reported to be the most expensive, whereas health clinics and *profita* have been reported to be the cheapest (Patel, Simunyu et al., 1997).

1.5.3.3. Mental Illness in Zimbabwe

Zimbabwean culture has different ideas from Western culture about the causes of mental illnesses and how they are recognised. For example, a person is believed to suffer from a mental illness if "his behaviour changes and he is unable to look after himself or his family in the way he used to" (Patel, Musara, Butau, Maramba, & Fuyane, 1995, p. 491). Additionally, mental health problems are believed to be caused

by spirits (see Section 1.5.2.2), particularly the vengeful *ngozi* and the *mudzimu* (who are believed to cause mental illness if they relinquish their protective role) (Patel, Musara et al., 1995).

The factors associated with the development of common mental disorders (CMD) and treatment-seeking in Zimbabwe have been explored. Patel and his colleagues found that being older in age, female, and infertile (significant given the importance of procreating in Zimbabwe) were significantly associated with a diagnosis of CMD. After adjusting for these factors, economic stressors such as recent unemployment, having no money, and a history of stress were also significant. However, those suffering from a CMD believed that economic stressors, 'thinking too much', spirits, and witchcraft were all causal factors. Finally, in terms of help-seeking the majority of patients opted to seek help from medically trained professionals; however, traditional practitioners were often consulted in the year prior to this. This suggests that patients may use culturally meaningful ways of explaining their distress and how it developed. However, medical practitioners may be approached for treatment, particularly when symptoms become severe (Patel, Todd et al., 1997). This study is invaluable in understanding help-seeking and mental health issues in Zimbabwe, but there are limitations to the research, as it focussed on individuals in urban settings. The pathways to health and help-seeking may be different in rural areas of Zimbabwe, particularly where deprivation levels are more severe. The research was also completed prior to the effects of the economic crisis. It would be useful if further research were to explore mental health issues and help-seeking in the current economic climate, and acknowledging the additional comorbid factors of the HIV/AIDS pandemic.

1.5.4. Summary

In summary, Zimbabwe has a complex history which has been marred by mass violence both during colonial rule, as Black Zimbabweans protested against oppression and White leadership, and after independence, as land was redistributed and elections were held. As a result Zimbabwe's economy and infrastructure have suffered, resulting in widespread disease and poverty throughout the country. Both violence and the poor economic conditions in the country are likely to be factors in Zimbabweans fleeing the country and seeking protection as refugees. However, upon fleeing their homeland, aspects of the person's culture are left behind. The Zimbabwean culture is important to its residents, who believe religion, spirits, kinship and the extended family are all important. This therefore may cause difficulties in the host country, and previous research has reported that refugees may experience mental health difficulties such as PTSD and depression, or a phenomenon known as CB. If such difficulties are encountered, refugees may choose to seek help from healthcare services. The healthcare practices in Zimbabwe have been significantly influenced by both the history and the culture of the country and have seen many changes over the last century. Zimbabweans are able to choose the care they want, and rely on both Western and traditional methods.

1.6. Rationale for Current Study

Early refugee research has demonstrated the prevalence of mental health disorders such as PTSD, and depression in refugees, and made links with trauma prior to displacement, and stressors in the resettlement country. The focus on concepts such as 'PTSD', however, has received criticism amongst researchers favouring a less trauma-focussed view. Conversely, Silove (1999) proposed a model, suggesting that pre- and/or post- displacement stressors may affect one of five adaptive systems. One of

these accounted for mental health conditions, whereas the other four differed and attempted to overcome some of the criticisms within the literature. Previous research has been linked to several of the systems, with the exception of the attachment system. This system suggested that refugees can experience grief, nostalgia, homesickness or a combination of these known as 'CB'. CB is a grief reaction experienced from considerable loss. Despite being commonly referred to in the literature, it appears to have been accepted rather than explored further. CB was originally developed 20 years ago, and since has been under-researched. It therefore appeared useful for this research to explore the concept further with a different refugee population than originally researched. Additionally, it was decided to explore Silove's (1999) model given its links to CB and explore how well the model captured the experiences of refugees in the UK.

Refugees in the UK come from all over the world, however, due to the economic and political instability in Zimbabwe over recent years, a significant number of refugees live in the UK (Humphris, 2010; UNHCR, 2012b). Therefore, it seems highly relevant to attempt to understand some of the experiences of this refugee population in the UK.

1.6.1. Aims and Research Questions

The primary research question is 'what are the experiences associated with moving from Zimbabwe and living as a refugee in the UK?' This question aimed to identify whether these experiences related to CB and other factors related to positive well-being. Additionally, interview data were used to reflect on the usefulness of Silove's (1999) model to answer the second research question, 'how do the Zimbabwean refugees' overall experiences fit into Silove's (1999) model?'

2. METHOD

2.1. Overview

This chapter starts by describing the study design, presenting a rationale for using a qualitative approach and offering a description of the epistemological position. Information on participants is then presented, followed by a discussion of ethical considerations and the development of the interview schedule. The study procedure and plans for data analysis are outlined. Finally, the question of quality in qualitative research is considered.

2.2. Qualitative Design

2.2.1. Rationale for Qualitative Approach

Qualitative research aims to "understand and represent the experiences and actions of people as they encounter, engage and live through situations" (Elliott et al., 1999, p. 216). It can be used to explore intricate details such as thought processes, emotions, and behaviours, as well as social and cultural issues (Strauss & Corbin, 1999). Qualitative researchers attempt to "develop understandings of the phenomena under study based as much as possible on the perspective of those being studied" (Elliott et al., 1999, p. 216). Therefore, it is important they are transparent about their assumptions and how they may impact on the research process (Elliott et al., 1999).

Qualitative approaches have been used in refugee research (e.g. Khawaja et al., 2008), including previous research on CB (Eisenbruch, 1991). It is argued that such methods are well placed to explore the experiences of refugees in depth, providing a rich source of information on different aspects of their journey (Schweitzer & Steel,

2008). As such, qualitative methods are particularly suited to the exploratory nature of this study.

2.2.2. Ontological and Epistemological Position

In qualitative research there are a number of ontological and epistemological positions which the researcher can adopt. The position adopted drives the research process and choice of method (Carter & Little, 2007). The position of this study can be described as critical realist. Critical realism argues that "the way we perceive facts, particularly in the social realm, depends partly upon our beliefs and expectations" (Bunge, 1993, p. 231). As such, in research it is not possible to reveal 'objective reality', as 'reality' can only be known indirectly. This is because the researcher will have had different experiences and developed different beliefs about the world (Madill, Johnson, & Shirley, 2000).

The position taken in this study is that through interviewing refugees, the researcher can attempt to obtain knowledge about their experiences in Zimbabwe and life as a refugee in the UK. However, this knowledge is never perfect, as the researcher has had different experiences of life and culture compared to that of participants.

2.2.3. Rationale for Using Template Analysis

Epistemology guides the choice of method to analyse data (Carter & Little, 2007). Template analysis can be used in research adopting a range of epistemological positions (King, 2012). It is suited to the critical realist position of this study as the researcher is required to be systematic in attempting to uncover 'reality' whilst also being reflexive by acknowledging their own views and assumptions and thinking about how they impact on the process of analysis and template development (King, 2004).

King (1998) describes template analysis as sitting between the qualitative methods of content analysis (Weber, 1985) and grounded theory (Glaser & Strauss, 1967). In content analysis themes are determined before data analysis takes place, making it a fixed and rigid method. In comparison, the use of predetermined themes in template analysis is not as restrictive, as these themes are seen as "provisional" and "open to modification" as data are continually reviewed (King, Caroll, Newton, & Dornan, 2002, p. 334). The emphasis in template analysis on the constant exploration of data is similar to that of grounded theory. However, grounded theory analyses data without acknowledging pre-existing theory (King, 1998). It would have been difficult to analyse data using this approach, as previous research with refugees has identified a number of theories.

Several qualitative methods were considered to analyse data. Template analysis was deemed preferable for meeting the aims of the research because of its level of flexibility (King, 1998). A template approach encompasses both a deductive approach, allowing researchers to explicitly state their assumptions and include 'a priori' ideas about data based on existing knowledge, and an inductive approach, which is characterised by a degree of openness and allows themes to emerge and templates to be modified (King, 2012). Data analysis in template analysis is systematic and transparent, as comparisons can be made between the a priori and final template to demonstrate how understandings developed (King, 1998).

2.2.4. Rationale for Interviews

Template analysis can be used to analyse various types of textual data and is particularly suited to interview data (King, 2012). Interviews are useful for exploring the experiences of individuals and complex processes that would otherwise not be easily

identified using questionnaires (Burman, 1999). Semi-structured interviews were selected for data collection as they enable a specific series of questions to be asked to make comparisons between participants (Robson, 2002) whilst also accommodating unexpected information (Grix, 2004).

2.3. Participants

2.3.1. Sample Size and Selection Criteria

Participants were sampled from attendees of the Refugee Council (RC) and British Red Cross (BRC). Seven adults took part in the study, which was considered an adequate sample size to gain multiple perspectives and a broad representation of views. It would have been desirable to interview more participants and achieve saturation of data; however this was not possible due to time limitations.

Project workers at the RC and BRC contacted individuals matching the selection criteria to gain informed consent. The following criteria determined whether potential participants were included or excluded from the study:

Inclusion criteria:

1. Aged over 18 years.

2. Black Zimbabwean (from any region). White Zimbabweans were excluded as they may have had different experiences and reasons for leaving Zimbabwe.

3. Granted refugee status. Asylum seekers were not included. The asylum process is known to be distressing (see for example Ryan et al., 2008); therefore it may have been inappropriate to interview people who were at risk of being returned to Zimbabwe. Migrants were not included, as the

circumstances leading to their moving to the UK may have been different from those of refugees.

4. Resident in the UK for at least six months. A time limit was specified to ensure sufficient time had been spent in the British culture. Upper limits to time spent in the UK and time frames for holding refugee status were not specified.

Exclusion criteria:

5. Thought to be experiencing a serious mental health problem (e.g. PTSD, severe depression, psychosis, substance misuse).

To implement the exclusion criteria project workers only approached refugees believed to have good overall functioning who were not known to have been accessing mental health services or have a mental health diagnosis. To ensure this, notes at the RC and BRC were reviewed and project workers checked with potential participants that their information was up to date before giving them an information pack. The researcher also asked participants about any mental health issues before interviews were completed.

2.3.2. Sampling

Participants were selected according to the principles of purposive sampling. The recruited participants were therefore of different ages, genders, and religions, came from different geographical regions, had made different journeys, had spent different amounts of time in the UK, and had been displaced for different reasons. A similar selection approach has been adopted in other qualitative research with refugees (e.g. Warfa et al., 2006). Recruiting a wide range of participants rather than using more

specific criteria (e.g. specific age range or gender) was necessary to complete the research. Recruitment was limited to East Anglia, according to the conditions for the research set by the University of East Anglia (UEA). As there is limited access to diverse populations (including refugees) in East Anglia, the criteria were not limited to ensure that enough participants would consent to take part.

2.4. Ethical Considerations

Ethical approval for the study was sought from and established by the Faculty of Health Research Ethics Committee at UEA (Appendix A). Additionally, permission was granted from both the RC (Appendix B) and BRC (Appendix C) to recruit participants from their services.

2.4.1. Informed Consent and Confidentiality

Potential participants identified by the RC and BRC were given an information pack containing an invitation letter (Appendix D), an information sheet outlining the nature of the research (Appendix E), a consent form to agree to be contacted about the study (Appendix F), and a stamped addressed envelope to return the forms to the researcher. The information sheet provided the name and contact details of the researcher so they could be contacted if there were any queries about the study. The contents of the pack were produced in English. There was the option to have them translated into Shona, if either a participant requested this or the RC or the BRC thought this would be more appropriate. However, this was not required.

The collaborators (RC, BRC) ensured that interested participants did not feel coerced into participating by emphasising the voluntary nature of the study and explaining that choosing to participate, or not to participate, would not impact

(positively or negatively) on any support they received at the time of the research or in the future. This was reiterated by the researcher before the interview commenced.

Before interviews began, the researcher explained that interviews would be audio-recorded and that the recording would be transcribed shortly after the interview and deleted from the recording device. Participants were informed that any personally identifiable information (names, addresses) would not be included on their transcript or in the write-up to ensure confidentiality. They were also notified of their right to withdraw from the study at any point. If they decided to withdraw during the interview, the audio-recorder would be switched off and its contents deleted immediately. If they decided that they did not want something they had shared documented in the transcription or write-up of the research, then this wish would be respected at all times. The participants were told that if, after the interview, they wanted to remove some information from the transcript, they would be sent their transcript and could return this to the researcher with any information they did not want included crossed out. However, this was not requested at any time during the research by any of the participants.

A ‘confidentiality policy’ was read out to the participants, stating the limits of confidentiality and procedures the researcher would follow under exceptional circumstances. For example, if the researcher became aware that the participant or any other individual was at risk, or that a crime had been committed, the researcher would be required to report the act by law. Once participants were aware of all the considerations relating to the research, they were able to ask any additional questions. If they still wanted to participate they were then asked to sign a consent form to take part in the research (Appendix G).

The interviews took place either in a private room at the RC (n = 2) or the BRC (n = 1) or in the participants' homes (n = 4). Conducting interviews in the RC and BRC rooms ensured that confidentiality and privacy were maintained. For those interviewed at home, a convenient time was arranged to ensure interruptions were kept to a minimum and privacy was maintained. To minimise risks to the researcher the Cambridgeshire and Peterborough NHS Foundation Trust policy on lone working was followed (CPFT, 2008).

2.4.2. Managing Risk and Distress

Although interview questions did not directly ask about traumatic or distressing events, participants could have shared stories which may have caused them distress. Therefore, the researcher was aware of ways of managing distress if it occurred. This included being sensitive to the topics discussed and using her skills as a trainee clinical psychologist to manage any distress. If a participant had become significantly distressed during the interview then the referral pathways into mainstream mental health services would have been adhered to. The project workers from the service would have been approached and would have supported the participant in accessing services. The researcher ensured that all interviews were completed during the opening hours of both the RC and the BRC to ensure project workers were available to follow up with participants in distress. Interviews completed at participants' homes were also arranged within the working hours of the collaborators to ensure that project workers could be contacted in the event of any significant distress. However, no participant became distressed during the interview.

If the researcher became distressed from completing the interviews, then plans were in place for the researcher to have supervision from her professional training course. However, this was not required.

2.4.3. Data Protection and Anonymity

Data from the study were stored in accordance with the Data Protection Act (1998). Interview data were recorded onto a digital audio recorder and later transferred onto a password-protected memory stick. Interview transcripts were produced immediately after the interview and were given a participant number to ensure anonymity. Data were stored at UEA in a locked cabinet and will be kept for five years in accordance with university policy. Only the researcher and supervisor had access to the raw data. Consent forms were held separately and securely away from interview data.

2.5. Interview Guide

A semi-structured interview guide was used for data collection. It was developed using the Cultural Bereavement Interview (CBI: Eisenbruch, 1990) and with support from the research supervisor, Zimbabwean consultant, and project staff at the RC and BRC.

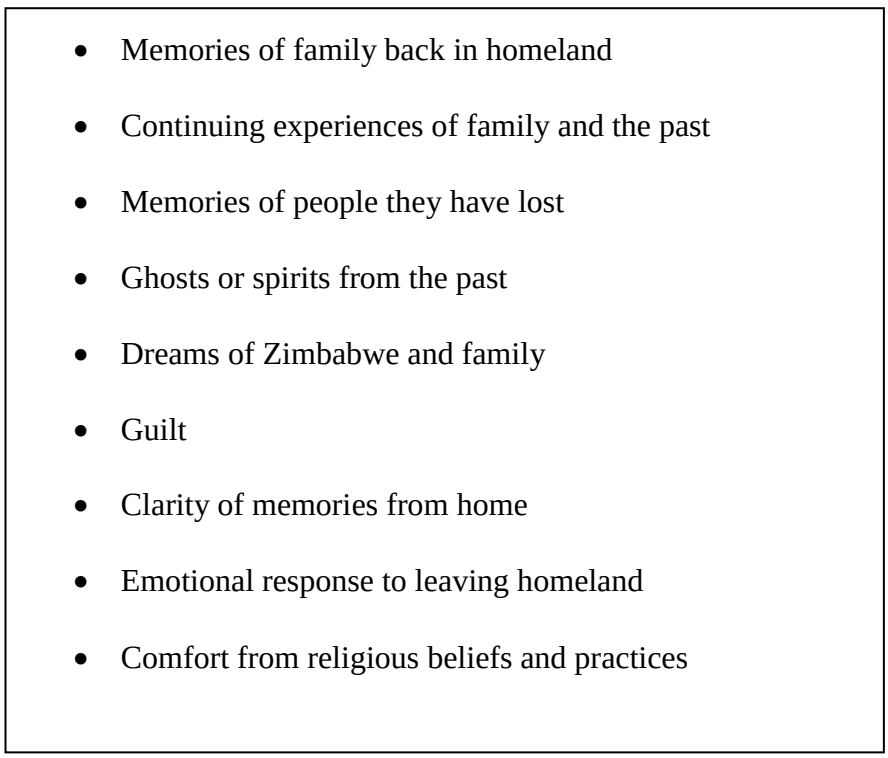
2.5.1. CBI

The CBI (Appendix H) was developed by Eisenbruch (1990, 1991, 1992) as an interview schedule to be used in both clinical and research settings. The CBI was created as a result of Eisenbruch's (1990, 1991, 1992) research on CB and work with Southeast Asian refugees living in Australia and the US. To the researcher's knowledge it had not previously been used with Zimbabwean refugees or other populations in the

UK. Eisenbruch (1990) did, however, state that as CB was thought to be relevant across cultures, the interview schedule was designed to be used with various cultural groups. It was therefore deemed to be the most comprehensive method to explore the vague concept of CB amongst Zimbabweans. Figure 1 outlines the broad areas explored in the CBI.

In consultation with the research supervisor, staff at the RC and BRC, and the Zimbabwean consultant, some concerns emerged about using the original CBI with the Zimbabwean participants. Particularly, it was thought that it was too lengthy, as each area explored consisted of several questions, and a number of these were closed questions. A new interview guide was therefore developed which included items from the CBI that had been adapted in the following ways.

Figure 1. Areas explored in the CBI



2.5.2. Development of Interview Guide

In discussion with others involved with the study it was agreed that the interview guide (see Appendix I) would commence with a standard question encouraging participants to talk freely about their experiences whilst also promoting neutrality in their responses (Smith, 1995). The standard question, "What has been your experience of moving from Zimbabwe to the UK?" was asked to encourage participants to begin to describe their experiences and also in the hope that participants would begin to discuss experiences of CB. If experiences of CB were not discussed, then prompt questions would follow (Smith & Eatough, 2007). During some interviews, discussion of topics related to prompts flowed naturally in participants' answers (and therefore these topics did not need to be asked about).

Prompt questions in the interview guide were adapted from the original CBI. Each area of the CBI (see Figure 1) was covered; however, questions were reworded to be more concise and open-ended. Adapting established interview schedules in this way has also been a feature of other research using template analysis (e.g. McCluskey, Brooks, King, & Burton, 2011).

Within any research, the questions asked by the researcher may be perceived as leading participants and influencing data. To avoid this, the interview guide was developed to be flexible enough to cover key areas but also to allow participants to share experiences that the researcher might not have expected the participant to discuss. This also reduced the likelihood of the research being limited by the researcher's assumptions and focusing too much on the questions, thereby missing ideas that had not been anticipated.

The flexible approach also suited the method of data analysis. In template analysis researchers are guided by existing literature and experience, and test a priori ideas about what they expect to find. The interview guide therefore needed to be structured enough to test the assumptions and a priori ideas. The researcher drew on ideas from the CBI (Eisenbruch, 1990, 1991, 1992) in order to meet this requirement. However, using a flexible interview method ensured that it was possible for emerging information to shape data. This is consistent with template analysis, in which data are continually revised in consideration of new information.

2.6 Procedure

2.6.1. Development of Information Packs and Interview Schedule

To ensure that all aspects of the study were relevant to Zimbabwean culture, a consultation took place with a resident of the UK who was originally from Zimbabwe, as recommended by Patel (1999). The contents of the information packs and questions in the interview guide were discussed to ensure their relevancy.

The consultant was a 29-year-old black Zimbabwean man who had lived in the UK for 11 years. He grew up in Harare, the capital of Zimbabwe, and thus comes from an urban background. He speaks fluent English and Shona. At 18 years of age he moved to the UK to study, and he is now a qualified mental health nurse working in mental health services in East Anglia. He is the youngest of five children. While two of his siblings also live in the UK, the remainder of his family still live in Zimbabwe.

Information packs were examined to ensure the use of language was suitable. Specifically, examination ensured that the packs were sufficiently informative for

participants from a Zimbabwean cultural background to be able to give informed consent. No amendments needed to be made to the information packs.

As previously discussed in Section 2.5, the consultant was also involved in the development of the interview guide. The finished guide, including the prompt questions adapted from the CBI (Eisenbruch, 1990), was discussed again with the consultant to ensure its usefulness for Zimbabwean refugees in the UK and its relevancy to the Zimbabwean culture. No changes needed to be made to the interview schedule.

2.6.2. Gaining Access to Participants

There were several obstacles to recruitment which were worked through to gain access to participants. At the outset, agencies and services in East Anglia providing support to refugees were identified and enquiries were made about the number of Zimbabwean refugees in their service. Information about the research was provided to these services. Multi-Agency Asylum and Refugee Forums were contacted in Norwich, Cambridge, Peterborough and Suffolk. Each forum comprised local community, voluntary and statutory services that met regularly to discuss issues associated with refugees. Additionally, other services were contacted, including the RC in Ipswich, the Norwich, Cambridge, and Peterborough branches of the BRC, the Cambridge Refugee Support Group, the Suffolk Refugee Support Forum, the Peterborough African Community Organisation, the Refugee Orientation Project (Norwich), Great Yarmouth Outreach and Support, King's Lynn Area Resettlement and Support, the Zimbabwe Women's Network (Huntingdonshire) and the Zimbabwe Peterborough Association.

After speaking to various services, it became clear that the RC based in Ipswich could access the largest number of Zimbabweans in East Anglia. There was also an

opportunity to access a smaller number of participants from the BRC in Norwich. Several discussions were then held with staff at each of these services.

The RC in Ipswich is the base for refugee services in regions across the East of England, including Norfolk, Cambridgeshire, Suffolk, Bedfordshire, Hertfordshire, and Essex. During meetings it was agreed that recruitment would focus on areas in the East Anglia region only (Norfolk, Cambridgeshire, and Suffolk), in accordance with conditions set by the Doctoral Programme in Clinical Psychology at UEA. This service covered the whole of East Anglia, and, along with the BRC, this appeared to be the best way to access participants. Both services were linked with local health (and mental health) services in the area. These services also had good referral pathways in place to manage distress, which was important for ethical reasons.

2.6.3. Recruitment

Once ethical approval had been granted and the consultation had been carried out, project workers at the RC and the BRC gave information packs to suitable participants who met the selection criteria. Approximately 40 information packs were sent out in total. Upon receipt of the consent forms, the researcher contacted participants to arrange an interview. This was done via either telephone or letter, according to the preference of the participant. All participants chose to be contacted via telephone.

2.6.4. Interview Process

Participants were interviewed according to their preference at either their home or a private room at the RC or BRC. Confidentiality was discussed, as highlighted in Section 2.4.1.

All interviews were audio-recorded and lasted for approximately one hour. The semi-structured interview schedule (Appendix I) was used as a guide for the researcher; however, the researcher also remained flexible throughout the interviews in case anything new came to light. Questions were asked in an open-ended style to ensure that participants were not led in any way and had the opportunity to provide as much detail as they wanted.

At the end of the interview, all participants had the opportunity to ask the researcher any questions they had about the research. Interview data were then transferred onto a password-protected memory stick for transcription, and the original interview was deleted from the audio-recorder.

2.6.5. Transcription of Interviews

Interviews were transcribed verbatim by the researcher as soon as possible after the interview was completed. This was to ensure the researcher remained immersed in the data and would be able to draw on any thoughts they had whilst the interview was conducted. Each participant was given a number to ensure their confidentiality. Additionally, any personally identifiable information or references which could have led to the participants' identification were made anonymous.

2.7. Data Analysis

This study used template analysis to analyse data. Template analysis is described as a "group of techniques for thematically organising and analysing textual data" (King, 2004, p. 256). It is a well-established qualitative method for exploring people's experiences (e.g. Kent, 2000; King, 2004; King et al., 2002).

Template Analysis is completed in six stages (King, 1998, 2012), which are outlined below.

1. Development of a priori template. A preliminary template is created based on previous research and theory on the subject. A critical realist epistemological position assumes that information is influenced by prior beliefs and ideas (Seale, 1999). In line with this position, the a priori template makes explicit the researcher's initial assumptions about the study.

2. Familiarisation. Interview transcripts are read in depth several times. Initial ideas about themes start to emerge.

3. Preliminary coding and development of initial template. Initial coding is completed as the a priori template is applied to a selection of transcripts. The researcher searches the transcripts for 'themes' which reoccur and are of relevance to the study. A priori codes are attached to index the themes (King, 2012). If relevant themes emerge that do not relate to the a priori template, then codes can be modified or new codes created. The initial template is created from the emerging themes. The template is organised hierarchically, grouping similar themes together.

4. Revision and creation of final template. The initial template is applied systematically to all transcripts. Coding and modifications to the template are repeated as necessary. Revision of the template may include adding or deleting items, redefining a theme, or changing the higher-order classification of a code. Once the researcher is satisfied that the template adequately analyses the data, and all appropriate revisions have been made, the final template is complete.

5. Interpreting the final template. The final template guides the interpretation of findings (King, 2004). Examples of how each code fits the template are provided using quotations from all transcripts in an equitable manner. Additionally, King (2004) recommends that researchers are open about codes included and excluded from the template, and about overlap between codes.

6. Quality Checks. To ensure data are not biased by the researcher's assumptions, quality checks are completed. These can be implemented at any stage. The quality of the research is demonstrated in the following section.

2.8. Quality and Trustworthiness

As in quantitative research, methodological issues in qualitative research need consideration. To ensure that their work is of a high quality, researchers need to be creative and use methods other than traditional quantitative methods. Several guidelines have been published on what represents good qualitative research (e.g. Elliott et al., 1999; Henwood & Pidgeon, 1992; Stiles, 1993; Yardley, 2000). However, how these guidelines are used within qualitative research is dependent on the epistemological position of the research and the methodology used.

In this research, the guidelines by Elliot et al. (1999) and Yardley (2000) were followed. Despite being separate guidelines, they share distinct features; therefore, the common criteria discussed by the two sets of guidelines will be considered below.

2.8.1. Context

The *context* is acknowledged by outlining relevant literature and sociocultural issues in Zimbabwe, in addition to relevant theoretical positions on refugees. To *situate the sample*, it was made explicit who participants were, where they were recruited from

and what some of their life circumstances were. Attempts were made to ensure that the details about the setting and procedure were clear, enabling the reader to assess the validity of the findings.

2.8.2. Credibility and Inclusiveness

To ensure the *credibility* of research findings, comprehensive accounts of how data were collected, analysed, and reported were included. This ensured the inclusiveness of the research process was evident. King (2010) reports that the most common methods to ensure the *credibility* of research using template analysis are the completion of an audit trail and either independent scrutiny or respondent validation.

2.8.2.1. Audit Trail

An audit trail provides "clarity about the reasons for theoretical, methodological and analytic choices so that others can understand how and why decisions were made" (Johnson & Waterfield, 2004, p. 127). It is a record of the pathways and decisions taken when progressing from data collection to the final interpretation of data (King, 2010), enhancing the research's quality and trustworthiness (Koch, 1994).

Wolf (2003) describes three essential elements to be included in an audit trail. These include raw data with transcribed interviews prior to any coding taking place; analysis and interpretations of data, encompassing familiarisation with data and identified codes and themes; and finally, research findings such as narratives and figures. Additionally, King (2010) describes several features to be included in an audit trail in template analysis. Different versions of the template should be included, along with changes made to each template and decisions underlying these changes. The audit

trail for this study (based on recommendations by Wolf, 2003 and King, 2010) can be found in several sections, outlined in Figure 2.

Figure 2. An outline of the different elements of the audit trail

- Examples of raw data after transcription (Appendix J and L)
- Example of familiarisation with the data (Appendix J)
- Development of the a priori template (Section 3.3.1 and Appendix K)
- Development of initial template (Section 3.3.2 and Appendix K)
- Development of final template (Section 3.3.3 and Appendix K)
- Research findings presented as templates, and described using narratives (Figure 8, Section 3.4 and Appendix L)

2.8.2.2. Independent Scrutiny

Both independent scrutiny and respondent validation were considered as additional methods to demonstrate credibility. Some researchers argue that respondent validation is useful in qualitative research to establish validity (Lincoln & Guba, 1985). However, it is questionable whether validity can be achieved, and other researchers have criticised the approach. Difficulties that have been highlighted include participants changing their views, poor recall, and new experiences occurring between the time of the interview and of the member check task (Angen, 2000; Bloor, 1997; Johnson & Waterfield, 2004; Long & Johnson, 2000). Others argue that researchers and participants will construct accounts based on different objectives; therefore they would be expected to differ, but this does not compromise validity (Bloor, 1983; Emerson & Pollner, 1988). Additionally, respondent validation is criticised for implying that a fixed

truth or reality can be captured using such an approach (Angen, 2000; Sandelowski, 1993). This study, which takes a critical realist position, does not assume that reality can be known so directly.

Independent scrutiny was used to demonstrate *credibility* and enhance *reflexivity* for several reasons. First, it was deemed preferable to respondent validation, given the criticisms outlined above. Second, it is consistent with the epistemological stance of the study. Third, it is an approach traditionally used in studies using template analysis (e.g. King & Ross, 2004) and helps aid the researcher during template development. Finally, it encourages the researcher to make explicit, reflect on and question their assumptions as the template develops.

In this study, independent scrutiny took the form of checks by the research supervisor, who randomly selected and coded two interview transcripts alongside the initial template. This prompted a discussion about the similarities and differences in themes, how well they applied to the template (e.g. themes difficult to follow in the template, codes not covered by the template, or other problems with the data), and any necessary revisions to the template, as recommended by King (2010). Amendments made to the template as a result of independent scrutiny are outlined in Section 3.

2.8.3. Commitment and Rigour

Commitment and rigour in the study were ensured through the choice of data analysis. Template analysis is a thorough method, involving reviewing transcripts on several occasions and the researcher being immersed in the data. This enables the researcher to make claims about findings, given the comprehensiveness of the method.

2.8.4. Transparency, Coherence and Reflexivity

To ensure the *coherence* of the research, it was made explicit at the outset what the researcher's epistemological position was and how this drove the choice of method and data analysis. This ensured consistency in methodology and thus enhanced the clarity of the findings. This is considered good practice in qualitative research (Carter & Little, 2007).

To ensure *transparency*, the researcher disclosed her interests, perspective, and assumptions relating to the research topic, thereby meeting the criterion of *owning one's perspective* (Elliot et al., 1999). This helped to ensure that the researcher considered her perspective in relation to how it may impact on the interviews and data analysis. Additionally, in defining codes and providing examples of quotations from the interview data, the study meets Elliot et al.'s (1999) requirement of *grounding in examples.* The use of examples also enables readers to make links between the transcripts and results, allowing them to further assess the value of the claims made.

Linked to transparency is *reflexivity*. This is an important consideration, as in qualitative research there is a danger that researchers can bias interviews and research findings (Hewitt, 2007). To overcome this, the researcher was clear about her role in the research and was explicit about her assumptions and how these may interfere with decisions made. To achieve reflexivity, attempts were made to ensure that the aims of the study, as well as the decisions made during coding and the write-up of the research, were clear. This was done through the use of a reflective journal, which was used to document and rationalise all decisions made. This is considered good practice in qualitative research (Mauthner & Doucet, 2003).

Additionally, *reflexivity* was enhanced through the template analysis method. This method requires the researcher to look over the data several times, beginning with initial familiarisation and moving on to more in-depth line-by-line coding. The researcher is continually comparing within and between themes, resulting in the template being continually revised, which is a very thorough method.

2.8.5. Impact and Importance

Yardley (2000) discussed the impact and importance of research findings in terms of their theoretical, socio-cultural, and practical wider applicability. The standard by which qualitative research is judged is based on its contribution to the development of a greater understanding of the research area and its conversion into clinical practice. For this study, it was anticipated that findings relating to the experiences of Zimbabwean refugees could add to the understanding of professionals. This then may have further implications for Zimbabwean refugees' on-going care and support.

2.8.6. Researcher's Position and Assumptions

I am a trainee clinical psychologist in my twenties studying in East Anglia. I would identify my ethnicity as 'White British'. I moved to East Anglia following a period of travelling. I enjoyed visiting and travelling around new countries (Australia, Canada, China, Fiji, Japan, and the United States) and learning about new cultures. I have lived in three of the most culturally diverse cities in the UK: London, Birmingham, and Manchester. I completed my undergraduate degree in psychology in Birmingham and studied with people from various cultures and backgrounds.

My interest in refugees stems from my time working as an Assistant Psychologist in Manchester. Attached to the service I worked at was a service

specifically dedicated to the mental health needs of refugees and asylum seekers, and some of my working time was dedicated to this service. During this time I received training from the Medical Foundation for Care of Victims of Torture. I learnt about some of the experiences refugees faced prior to displacement, the traumatic effects of the refugee journey and the difficulties that can be experienced post-displacement. More specifically, I was able to see how these experiences created difficulties for refugees in relation to their mental health.

Whilst on my clinical training adult placement, I worked with a client who had moved to the UK from Nigeria. It was at this point that I realised the importance of incorporating an individual's culture and background into psychological formulations. As part of this work we discussed the gains and losses she had experienced in moving to the UK. I became interested in hearing about the differences between the two cultures and the way these differences had affected her. In hearing and learning about the culture in Nigeria, I became interested in African culture. My interest developed when one of my friends got engaged to a Zimbabwean man, and consequently I heard about the different views in Zimbabwe of marriage and cultural practices.

Both my background and my review of the literature influenced my initial ideas about what I anticipated finding in the interviews. I expected some participants to report experiences of CB, and I anticipated that all the features of CB according to Eisenbruch's (1991) definition (e.g. loss, grief, nostalgia, homesickness) would be evident from their accounts.

With my prior knowledge of the traditional religion and cultural practices in Zimbabwe, I imagined that experiences of spirits would be discussed to illustrate aspects of CB. Additionally, I expected that there would be a sense of resilience and

coping, and, in particular, that Zimbabweans would use their faith and religion as a source of support in the UK.

3. RESULTS

3.1. Overview

This chapter begins with a description of the participants and a detailed account of how the templates were developed. This is followed by a summary of the results, including the ‘a priori’, initial and final template. All codes are then discussed in greater detail, using quotations from the interview transcripts to demonstrate why the codes for the final template were chosen.

3.2. Description of Participants

A description of participants is presented in Table 3.

3.3. Development of Coding Template

Analysis of the qualitative data aimed to address the first research question: What are the experiences associated with moving from Zimbabwe and living as a refugee in the UK?

To demonstrate transparency and enhance credibility, the process of developing the template and the decisions made throughout this process are reported, forming part of the study’s audit trail. Additional information about this process, along with notes and excerpts from the reflective journal which informed some of the decisions, can be found in Appendix K.

Table 3. *Description of participants, including demographics and details related to refugee status*

Participant number	Age	Gender	Length of time in UK	In the UK alone or with family members	Areas lived in Zimbabwe	Languages spoken	Religion	Refugee status	Time since refugee status attained
1	42	Female	8 years	Alone, applying for her daughter to come to the UK	Masvingo Gweru Harare	English Shona	Christian	Indefinite leave to remain	5 months
2	31	Female	11 years	Alone, other family members scattered around the UK	Harare	English Shona	Christian	5 years	13 months
3	33	Male	3 years	Alone	Harare	English Shona	Christian	5 years	1 month
4	48	Female	3 years	Initially moved alone, now husband and children have joined her	Bulawayo Mutare Bindura	English Shona Ndebele	Christian	5 years	12 months
5	54	Female	2.5 years	Alone	Harare	English Shona	Christian	5 years	10 months
6	43	Male	8 years	With wife and children	Bulawayo Harare Norton	English Shona Ndebele	Christian	5 years	15 months
7	39	Female	10 years	With husband and children	Harare Rusape	English Shona	Christian	5 years	10 months

3.3.1. Development of A Priori Template

An analysis of interview data using template analysis begins by identifying several a priori codes to form an a priori template (King, 2004). As recommended by King (2004), this was based on previous research with refugees. A decision was also made to develop this template in light of the theory of CB (see for example Eisenbruch, 1990, 1991). This was because this theory could account for experiences prior to moving as well as experiences of being in the UK. However, it was recognised that the template would be developed as other important factors became apparent.

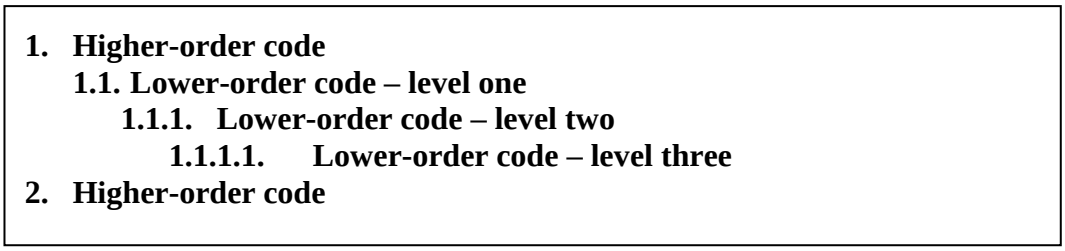
The a priori coding template can be found in Figure 3. It was anticipated that transcripts would outline two higher-order codes. These were information about factors that may contribute to developing CB experiences and the experiences themselves. Each of these also had several level-one lower-order codes to give further examples of these factors and experiences.

For an overview of the distinction between higher and different levels of lower-order codes, see Figure 4.

Figure 3. A priori template

1. **Factors contributing to CB**
   - **1.1. Loss**
   - **1.2. Refugee journey**
2. **Experiences of CB**
   - **2.1. Grief**
   - **2.2. Nostalgia**
   - **2.3. Guilt**
   - **2.4. Continuing experiences of past**
   - **2.5. Anger**

Figure 4. Overview of the distinction between types of codes used



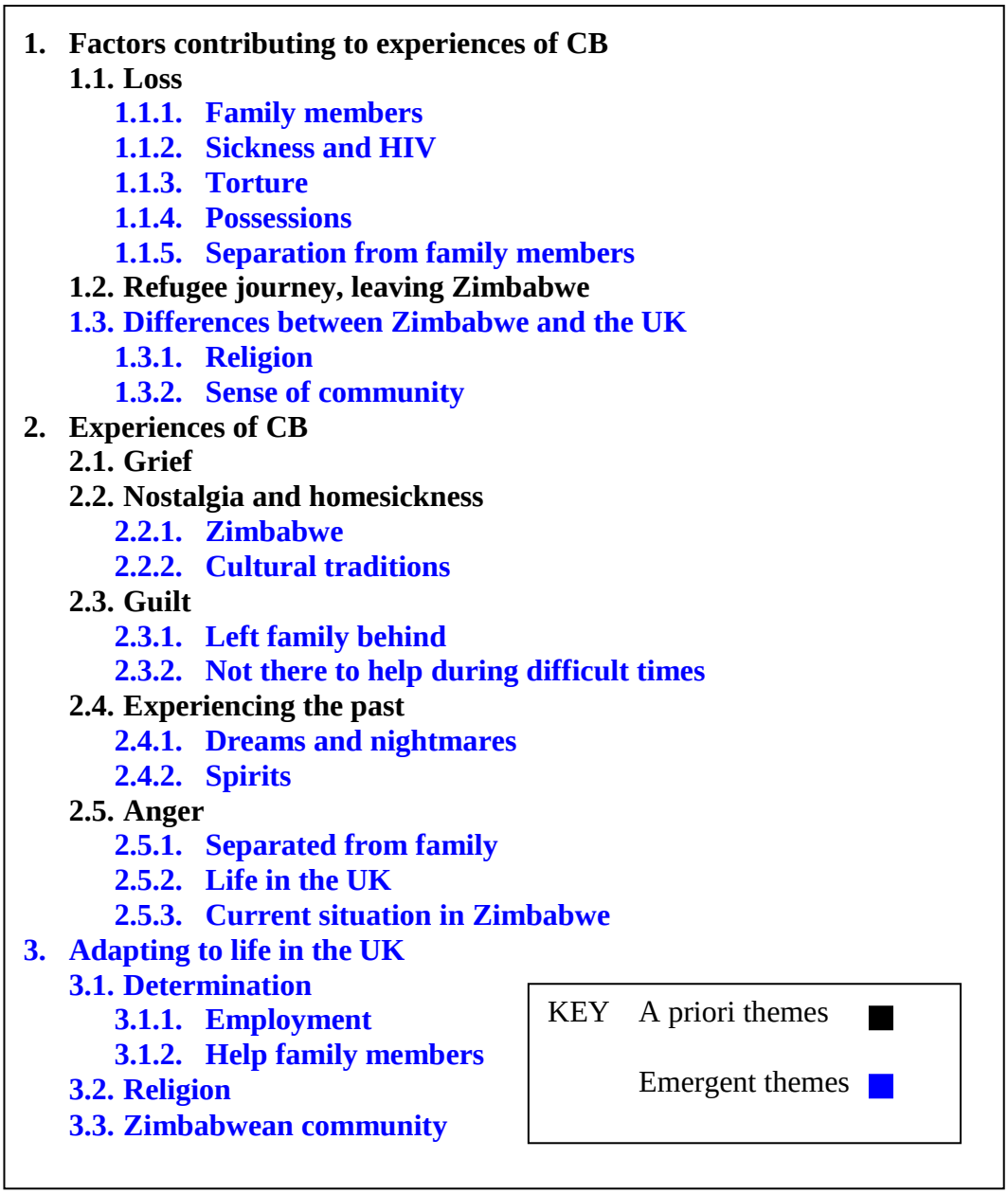
3.3.2. Development of Initial Template

The a priori template was applied to three transcripts, and each was coded in accordance with the template. In light of this, several changes were made and the initial template was created. This can be found in Figure 5. The computer package HyperRESEARCH was used to code each of the transcripts.

King (2004) describes four types of alterations for revising templates, these being insertion, deletion, changing scope and changing the higher-order classification. The main alterations made to the a priori template came in the form of insertion and changing scope.

After coding three transcripts it became apparent that some codes, although relevant, did not fully capture participants' experiences. To address this, level-two lower-order codes were inserted to make the following level-one lower-order codes more comprehensive: *loss* (*family members, sickness and HIV, torture, possessions, separation from family members*), *nostalgia and homesickness* (*Zimbabwe, cultural traditions*), *guilt* (*left family behind, not there to help during difficult times*), *experiences of the past* (*dreams and nightmares, spirits*), and *anger* (*separated from family, life in the UK, current situation in Zimbabwe*) (see Figure 5 for more details).

Figure 5. Initial template



An additional level-one lower-order code, *differences between Zimbabwe and the UK*, was added under the higher-order code *factors contributing to experiences of CB*. Even though this was not part of the interview schedule or identified in previous research, it featured heavily in different participants' transcripts, which suggested it was imperative to include it in the template. Finally a new higher-order code, *adapting to life in the UK*, with additional one- and two-level lower-order codes, was inserted. This

appeared relevant, as although participants were not asked about this as part of the interview schedule, participants described things they did in the UK to adapt. This also appeared to help overcome any potential experiences of CB.

3.3.3. Development of Final Template

The final template (see Figure 6) was developed by using the initial template across the entire dataset. During this process, notes were made in the reflective journal to determine how well the template fitted and whether additional codes needed to be added. Although the three higher-order codes remained the same, several lower-level codes were added. Reasons for these changes will be discussed in relation to the three higher-order codes.

3.3.3.1. Changes to Code, Factors Contributing to Experiences of CB

For the higher-order code *factors contributing to experiences of CB*, within the *loss* code, further level-two and three lower-order codes were added to create codes specifically about loss related to *death* and who had died (*family members* and *friends or colleagues*). *Ambiguous loss* and loss relating to *profession and status* were deemed to be additional important types of loss, so they were also added as level-two lower-order codes. Finally, the original level-two lower-order code, *possessions*, was expanded and renamed as *property and possessions.*

The code *refugee journey* was expanded to account for information being relayed by participants about *how they left* and *why they left.* Each was made a level-two lower-order code. Additionally, a further level-two lower-order code, *cultural practices*, was found to be relevant and was included in the *differences between Zimbabwe and the UK* code.

Figure 6. Final template

1. **Factors contributing to experiences of CB**
   - **1.1. Loss**
     - **1.1.1. Death**
       - **1.1.1.1. Family members**
       - **1.1.1.2. Friends or colleagues**
     - **1.1.2. Cause of death**
       - **1.1.2.1. Sickness (and HIV)**
       - **1.1.2.2. Torture**
     - **1.1.3. Ambiguous loss**
     - **1.1.4. Property and possessions**
     - **1.1.5. Profession and status**
     - **1.1.6. Separation from family members**
   - **1.2. Refugee journey**
     - **1.2.1. How they left**
     - **1.2.2. Why they left**
   - **1.3. Differences between Zimbabwe and the UK**
     - **1.3.1. Religion**
     - **1.3.2. Sense of community**
     - **1.3.3. Cultural practices**
2. **Experiences of CB**
   - **2.1. Grief**
   - **2.2. Nostalgia for home**
     - **2.2.1. 'Home is best'**
     - **2.2.2. Memories fading**
     - **2.2.3. Memories of things as left Zimbabwe**
   - **2.3. Homesickness**
     - **2.3.1. Zimbabwe**
     - **2.3.2. Cultural traditions**
   - **2.4. Guilt**
     - **2.4.1. Left family behind**
     - **2.4.2. Not there to help during difficult times**
   - **2.5. Experiencing the past (dreams, nightmares, spirits)**
   - **2.6. A 'sixth sense' for the future**
   - **2.7. Anger**
     - **2.7.1. Separated from family**
     - **2.7.2. Things that have happened in the UK**
     - **2.7.3. Situation in Zimbabwe**
     - **2.7.4. Zimbabwean government**
3. **Coping and resilience in the UK**
   - **3.1. Determination**
     - **3.1.1. Employment**
     - **3.1.2. Education**
     - **3.1.3. Help family members**
   - **3.2. Religion**
   - **3.3. Zimbabwean community**
   - **3.4. Feeling lucky**
   - **3.5. Desire to return to Zimbabwe**

KEY A priori themes ■

Emergent themes ■

3.3.3.2. Changes to Code "Experiences of CB"

It was found that the content recorded under the previous *nostalgia and homesickness* code under the second higher-order code, *experiences of CB*, could be coded under more specific headings. Therefore *nostalgia and homesickness* was separated into two distinct level-one lower-order codes: *nostalgia for home* and *homesickness.* Within the *nostalgia for home* code, the following level-two lower-order codes were inserted: *home is best*, *memories fading* and *memories of things as left Zimbabwe.* Previous lower-order codes remained for the *homesickness* code.

The next significant change was to the *experiencing the past* code. Previous lower-order codes were deleted, as the content of the previous codes *dreams and nightmares* and *spirits* overlapped significantly, suggesting that distinct codes were not necessary. Additionally, it was observed that several notes were made in the reflective journal in relation to this code. Participants were recalling things that they were not asked about and did not appear to quite fit within the *experiencing the past* section. For this reason, a decision was made to create an additional level-one lower-order code, *a 'sixth sense' for the future*, which was inserted into the template. A further level-two lower-order code, *Zimbabwean government*, was added to the code *anger*, as this seemed to be more appropriate as the analysis was carried out.

3.3.3.3. Changes to Code "Adapting to Life in the UK"

A decision was made to rename this code *coping and resilience in the UK*. This was because the lower-order codes within this code seemed to relate to the refugee well-being literature, and it was therefore more appropriate to view these codes in terms of refugees' strengths rather than simply how they were able to adapt. Additionally, there were a few additions to this higher-order code following independent scrutiny by the

research supervisor. These included a determination to get a better *education*, a feeling of being lucky (*feeling lucky*) and having a *desire to return to Zimbabwe.*

3.3.3.4. Comprehensiveness of Template Revisions

After the new codes were inserted, the transcripts were reviewed again to ensure the new codes were relevant. Excerpts from the interview transcripts showing how coding took place and how templates were developed is provided in Appendices J, K and L as part of the audit trail. Extracts and notes made in the reflective journal are also given to provide evidence for changes made and the rationale underlying these decisions. An overview of the final template, including definitions of each of the higher-order and lower-order codes, can be found in Appendix M.

3.4. Summary of Higher- and Lower-order Codes

Quotations from transcripts are used to demonstrate findings from the template. Several indicators are used in quotations. These include:

… = words missed out between a sentence

(1:23) = (interview number: transcript line number)

[text] = words used to clarify sentence further

3.4.1. Factors Contributing to CB (Code 1)

3.4.1.1. Loss (Code 1.1)

All participants reported experiencing losses during their refugee journey. Most participants reported losses due to death; therefore this was made into a separate level-two lower-order code.

3.4.1.1.1. Death (Code 1.1.1). A loss from death was reported by many participants. Loss of *family members* (Code 1.1.1.1) was reported particularly frequently. All identified a situation wherein a family member had died (mothers, fathers, aunts, uncles, brothers, sisters, brother-in-laws, mother-in-laws, cousins, nieces, nephews). Family members had passed away whilst still in Zimbabwe and also whilst living in the UK: "my auntie passed away and … my mum's sister also passed away and I couldn't go there" (4:183). Not being in Zimbabwe during these times appeared to cause distress to the participants, because they were not there for the deceased person: "when I lost my cousin you feel like, if I was back home I was meant to be there for him" (2:290). Additionally, being in the UK caused distress due to the limited support: "it is very difficult … because as we grew up, it is instilled in us that when you lose a family member you have a shoulder to cry on, you do it together as a family" (4:189).

Participant 1 spoke about being a child in a polygamist family. She described how being a member of such a large family meant that she had previously experienced numerous losses of family members. She was the only child remaining: "in my extended family, my father had five wives, of those five wives we were 27 children … I am the last one" (1:554).

Four participants discussed losing *friends and colleagues* (code 1.1.1.2). Participant 5 described what was happening before they left Zimbabwe and the losses they experienced: "people just disappeared, or you hear they are dead, they were picked up dead somewhere. A lot of my friends who I used to teach together with, colleagues, yes they died" (5:412). These experiences were reported to be "really painful" (4:635). Another participant described how he witnessed the death of a colleague:

> I witnessed one of the secretaries … she was laid down on the floor and they picked up one big bunch of stone … two people actually carried the stone and it went into the secretary's head just like that. I won't forget that because it happened, you know it was a political thing. (6:541)

Losses of friends and colleagues were reported to have occurred whilst participants were still living in Zimbabwe. These deaths were difficult for participants and were reminders of difficulties in Zimbabwe. This code, therefore, appeared to overlap with the code related to the refugee journey *why they left* and with *anger*, which was related to *situation in Zimbabwe.* What was distinctive about this code was its focus on the death that had occurred and the resulting feelings associated with it.

3.4.1.1.2. Cause of death (Code 1.1.2). When discussing deaths, several participants discussed the ways in which their family members, friends, and colleagues had passed away. The most common causes of death included illness and torture.

Four participants described deaths resulting from people being 'sick'. Reported illnesses include cancer, malaria, and AIDS. Participant 1, for example, stated: "I lost quite a few brothers through AIDS" (1:564). They discussed this further in relation to being part of a polygamist family: "we are a fairly extended family, so whatever is happening, if there is a disease like AIDS … If there is an outbreak one of us will be affected it's obvious because we are all over Zimbabwe" (1:566).

Three participants discussed losing people because of the political situation in Zimbabwe. Participant 3 recalled how his brother died: "he was tortured … he just died an unexplainable death" (3:220). Others described people passing away at a later stage: "some of them were … due to injuries they sustained, some of them had injuries for

long and one had a broken leg and then somehow they said he developed embolism and then just all of a sudden died" (4:653).

Two participants described witnessing people after they were tortured: "you would see people being beaten when you are hiding in the bush and then people left for dead" (4:667). Participant 3 described witnessing someone die whilst they were being interrogated: "someone was in the room that I was taken in. They actually pulled out someone who was motionless and the floors was stained with blood" (3:684).

3.4.1.1.3. Ambiguous loss (Code 1.1.3). Another form of significant loss for three participants was related to uncertainty. One participant reported, "I have lost a lot of friends … some disappeared we don't know even now where they are" (5:668). With regard to members of their extended family, another participant recalled, "I don't know if they are still alive or if they are dead" (1:594). Participants reported this to be particularly difficult because they were in the UK rather than Zimbabwe.

3.4.1.1.4. Property and possessions (Code 1.1.4). It was clear that in moving to the UK, all participants had left behind property and possessions. One participant reported, "I was well established in Zimbabwe and now I am living in this one room. When I left a four-bedroom house in Highlands" (5:785). It appeared that the loss of this property was heightened due to the conditions in which they were living in the UK.

Participant 7 spoke about her family being victims of a 'clean up' operation whereby properties and businesses were destroyed. She reported, "the whole area, the houses were destroyed because the government was against it, because the government didn't approve" (7:162). She talked about its effects: "if we go back to Zimbabwe now we have got no home to go to, nothing, because everything was destroyed, everything was taken, things that we had, properties that we had … it's all gone" (7:130).

Another participant described difficulties resulting from having left behind personal possessions with cultural meaning:

> I really feel hurt because … some of them I was given by my Grandmum … I left them because I couldn't carry them with me … in our culture we believe when my Grandma died there were certain items that I was given, the pots and wooden spoons which I was supposed to keep … pass on to the next generation but I have since left them behind. (4:609)

The pain caused by losing these items was heightened by the cultural and family meaning attached to them.

3.4.1.1.5. Profession and status (Code 1.1.5). Loss of profession and status was also significant. Professions included headmistresses, teachers, company directors, and charity workers. One participant discussed their occupation in Zimbabwe, and how they had worked hard to provide for their family:

> I had planned during the era when Zimbabwe was stable. I had a business … I was a teacher but I used to do clothing manufacture in Zimbabwe, then the children, you know we had given them a very good standard … (5:101)

Participant 4, who was a headmistress with many qualifications, recalled the difficulties she experienced owing to her professional qualifications not being recognised in the UK:

> I really fought hard to get the qualification but then in the end that qualification didn't matter at all because … when I came here ... I have been making applications here and there but then it has always been well you have to do the PG whatever [PGCE]. (4:408)

They went on to discuss their current employment: “now I am doing care work which I never thought maybe I would be doing because I thought … my next level is to rise up … get promoted and work above there but then it all crumbled” (4:716).

In particular, teaching professionals remarked on the status of their profession in Zimbabwean communities:

> I was a school head the whole community would worship, would believe if I stand in front of them at a village meeting or when there is a gathering, they would always believe in what I say … we were very trusted. (4:345)

Moving to the UK appeared to be paired with a loss of the status that this profession brought, as well as of their future aspirations. Participants had been to university and held many qualifications. However, these were not recognised in the UK, which added to participants’ difficulties.

3.4.1.1.6. Separation from family members (Code 1.1.6). All participants talked about missing family members remaining in Zimbabwe. Therefore, this separation was seen as another type of loss. For those leaving a lot of family members in Zimbabwe, this appeared more significant: “I miss everyone, especially my daughter, I am missing her so much” (1:92). Participant 5 reported missing her parents:

> … My parents, they are old. I really wish I was there just to be with them … to look after them because they are old, especially my Mother, I really miss my Mum a lot. I miss my children, but at least my children are out [of Zimbabwe]. (5:77)

Another participant spoke about whom she missed and the things she did to alleviate her distress:

> When you think of your parents and your family and your other relatives and friends, you really think well I miss them but there is nothing I can do. The only thing maybe is just to call them and talk to them and maybe feel them a little closer … you feel you miss them and by missing them you should be able to give them gifts to compensate my missing them. (4:223)

Most participants talked about experiencing these feelings daily: "I miss them every day, every day" (3:137). Others mentioned times when these feelings were worse: "I miss being with them for family gatherings like Christmas and birthdays … we used to hold Christmas dinners, the whole family from my side and from my husband's side be together, I miss that" (4:148).

This code appeared to overlap with the code *separated from family*, under *anger*. However, as participants were discussing their separation in relation to feelings of loss, a decision was made to keep these codes separate.

3.4.1.2. Refugee Journey (Code 1.2)

All participants outlined different explanations of how and why they left Zimbabwe.

3.4.1.2.1. How they left (Code 1.2.1). Four participants originally came to the UK on work visas. Once these had expired, they reported claiming asylum because the political situation in Zimbabwe at the time made it difficult to return. One participant recalled:

> We were on a visa until … it expired so to renew it they wanted us to go back home … and then apply from there but it was so difficult … going back home at

> that time … that's why we decided to claim asylum but we didn't want to at first. (7:94)

Another participant described why returning to Zimbabwe was so difficult:

> When I came here I wanted to study and then maybe go back home, but with the situation and everything that is happening … it would be difficult … if I was coming from here, because of things between here and my country … they would think that maybe I was a spy. (2:351)

The remaining participants fled from Zimbabwe and claimed asylum on arrival in the UK: "… it was a quick decision, I had no alternative … it was actually life or death … I just had got to leave" (5:683). Others recalled the circumstances behind their move to the UK:

> I just told my wife, guys for us to be here now it is too hard … I am taking you to your Mum … and then I drove my family in the early morning … I just came straight from there, on my way to the airport England here I came. (3:537)

It appeared that fleeing to the UK was not something that was planned to any extent. One participant recalled:

> You don't prepare you just leave … especially when you are coming to countries like the UK because the government in the UK are not in good books … it was a question of slipping away … I just disappeared. My family only knew. (4:680)

It appeared that those fleeing only told a limited number of people, to reduce the likelihood of the government finding out about their plans to leave.

3.4.1.2.2. Why they left (Code 1.2.2). The participants reported different reasons for leaving Zimbabwe. The teaching professionals reported consistent views of how their profession was targeted by the government during the elections, which influenced their decision to leave. One participant recalled the difficulties of being a teacher due to their status in the community: "we were very trusted … they used to listen to our views so that is when the government thought teachers as educators, we were more influential in … talking to the people and inciting the people to change … their political opinions" (4:351). It was reported that in areas where ZANU-PF parties lost, teachers were targeted and blamed: "teachers were said to be MDC" (5:401). These participants went on to discuss what happened because of the government's beliefs: "they started targeting teachers … beat up the teachers … you would be accused of inciting the people to vote against the government" (4:356). Another participant recalled, "… teachers were being tortured … if you were caught as a teacher in that time and place the next thing you know is you are raped by people you don't know … you are killed or your children are" (5:401).

Others talked about the difficulties in Zimbabwe influencing their decision to leave: "people used to be beaten up because of the party, whichever party they used to believe in, and also the economy was beginning to take another turn" (6:378). They went on the report, "… they were going around beating everyone … not too many people knew exactly what really happened … you see the reports that come up are totally different … that again is very upsetting" (6:564).

Another participant talked about personal experiences of the troubles in Zimbabwe: "… I was not a political activist … when they [ZANU-PF] approached me and they wanted me to dance to their tunes and I didn't want to do it, automatically I became an enemy of the state" (3:406). They continued to discuss things that happened

to them in Zimbabwe: “I was taken and tortured and they threw me out and they promised me that this time if they come back my head will be off my neck … I was not going to wait for that” (3:429).

3.4.1.3. Differences Between Zimbabwe and the UK (Code 1.3)

Although participants were not asked about differences between the UK and Zimbabwe, several were discussed. Common differences included religion, sense of community, family life, and cultural practices.

3.4.1.3.1. Religion (Code 1.3.1). Four participants described differences in religious practices and beliefs in the UK. Participant 1 reported, “the way it is conducted here is different from back home by far” (1:185). They went on to say, “… you can go to church but you might not find someone to confess with …” (1:797). Participants described religion as an important part of Zimbabwean culture. Therefore, the way in which religious services are conducted in Zimbabwe (in contrast in some ways to the way in which they are conducted in the UK) appeared to be something that was missed by participants.

Another participant discussed differences related to the sociable element of religion:

> Church here and the church back home is slightly different because when we are at home after church we would then gather outside and socialise and do a variety of activities as church members but when you go into church [here] you go in, pray, and out you go on your own. (4:784)

Another participant recalled:

> There are women's meetings we used to go to, church events we used to go to, which we can't do here. You know I miss those things especially when I hear they are going, that time of year when they go out, I miss those times a lot. (5:154)

It appeared that there were many differences between religious practices in Zimbabwe and the UK. However, the support that churches provided in Zimbabwe was the most commonly reported difference, and the lack of support from religion in the UK appeared to be difficult for participants.

Due to the social element of religion in Zimbabwe, the *religion* code also overlaps with the *sense of community* code, which is also under *differences between Zimbabwe and the UK*. However, it was decided to keep these codes separate, as the *sense of community* code was more specific to the feelings of community within towns or villages than within church services.

3.4.1.3.2. Sense of community (Code 1.3.2). Several participants discussed differences in community life between Zimbabwe and the UK. Participants reported communities being united and sociable: "the neighbourhood that I grew up in, we were all close together, so at weekends and in the holidays we would all sit around until maybe about ten in the evening" (2:416). When comparing life in Zimbabwe to life in the UK, Participant 5 reported:

> It is a lonely life. Culturally here I cannot go next door … In our culture, I can go there and spend the day there without making an appointment, here you cannot do that, people will tell you that you are … invading their privacy. (5:127)

Another participant talked about how neighbours are viewed as family:

> My neighbours … they might not be next of kin as such, but back home I think that they are … because when I am ill they automatically know what is wrong with me, they come in, knock at the door and find out what is happening. (1:462)

They also discussed how supportive members of the community could be, particularly in times of adversity: "when … my mother died … people came to support me, my neighbours … It's not like here where people they don't come to the house … people will bring food and cook and be there for everyone" (1:472). Lack of support from communities in the UK appeared to be something participants found difficult, particularly as the process of applying for asylum and being a refugee brought about much stress.

3.4.1.3.3. Cultural practices (Code 1.3.3). Other differences were noted in terms of the cultural practices in both countries, particularly around celebrations: "… Easter holidays we really celebrate Easter, it's very different from here" (1:168). They went on to describe in more detail how Easter is celebrated in Zimbabwe: "we will be celebrating … there from Thursday, Friday, Saturday, Sunday after the service people will disperse back to their homes. People will come … there will be food enough for everyone, actually people share, bring and share" (1:174). Another participant talked specifically about how Christmas was celebrated:

> Christmas time business goes on as usual you can go to this house, you can visit your grandparents, you know even to go to town you can go to town on Christmas day, you know public transport is there, it's different from here [the UK] … the town would be like a ghost town. (7:243)

3.4.1.4. Summary

Several factors were found that may contribute to Zimbabwean refugees' experiencing CB. Most significant were participants' experiences of loss since coming to the UK. Losses took the form of deaths of family members, friends, and colleagues through sickness and torture (sometimes participants did not know if someone had passed away or not). Additionally, loss of property, possessions, professions, and status also had a great impact. The refugees' journey – how and why they left Zimbabwe – was also important, and resulted in some cases in feelings of stress and uncertainty. Finally, several differences between the UK and Zimbabwe were noted, including differences in religion, sense of community and cultural practices. These appeared to cause difficulties in terms of how participants adapted to life in the UK. They also caused participants to miss various aspects of life in Zimbabwe.

3.4.2. Experiences of CB (Code 2)

3.4.2.1. Grief (Code 2.1)

Several participants discussed things which appeared to be grief reactions. Feeling 'sad' or 'hurt' were often reported. Participant 3 in particular appeared to be suffering from grief. Since living in the UK, he had not been able to contact his family for fear of being traced, which appeared to be extremely difficult for him. He reported:

> This is more than torture. When I think of my family … I can't go to them, they can't come to me. It's like I have got a flame in my heart, inferno, a blast furnace is burning in my heart. When I think of my family, I think of my people back home, I think of my situation in this country, I tell you I wouldn't want one

> of my children, or one of my relatives to go through what I am going through. (3:94)

3.4.2.2. Nostalgic Memories of Home (Code 2.2)

3.4.2.2.1. Home is best (Code 2.2.1). All participants recalled missing home, and three specifically reported that 'home is best'. This was nicely articulated by one participant, who said, "wherever you go, east or west, home is best" (1:80). Missing home appeared to occur regularly, but some participants reported situations making this worse: "if someone you know is going home … you start envying them that they can afford to" (7:234). Another participant discussed situations making them miss home: "… when I am really feeling low, when I'm ill or when I come across problems … that's when I think oh I am missing home" (1:133).

3.4.2.2.2. Memories fading (Code 2.2.2). Participants reported that their memories of home had faded. Participant 6 stated, "… at the moment it is beginning to fade off … it's been a long time, and I have been living in [city] for the past eight to ten years … you tend to forget a lot of things" (6:131). Another participant described her difficulties remembering places in Zimbabwe:

> I have forgotten a few of the things but I am just imagining [area in Zimbabwe] and I don't seem to have a clear picture … sometimes I get family sending me photographs and sometimes I get so surprised … but having that picture is still there but it is now very faint, it is fading away. (4:446)

Other participants reported how photographs and videos helped to prevent memories fading: "… some people they normally put photos there, and I think I remember that place and it wasn't like that before" (2:402).

3.4.2.2.3. Memories of things as they left Zimbabwe (Code 2.2.3). Memories of how Zimbabwe was, and how their family and friends looked the day they left, were discussed by several participants. One participant talked about her daughter who still lived in Zimbabwe:

> If I don't look at the current pictures which they send me, usually I just see [her] the day I left her, she was going to school and I was coming to the airport, in a uniform just a tiny little girl, that is what I see. (1:453)

It appeared that this participant found her daughter still being in Zimbabwe difficult, as her daughter was growing up and she was missing out on being a part of this. Another participant talked about this happening with his niece:

> You don't know when you leave some people grow up … my niece … when I left Zimbabwe she was only nine and now she is 22 and she is married … I have got a memory of her as a child … she is not a child any more she is grown up. (6:471)

Participants had similar kinds of memories of areas in Zimbabwe: "I only see Zimbabwe the way it was when I left it" (6:484). Another participant recalled, "… if anyone showed me photos you know [area in Zimbabwe] I can't even remember what place this is … because it's a long time now" (7:403). It appeared that participants often found it difficult to see changes to areas in Zimbabwe, and even if they had seen many photographs or videos they would still view the area as being how it was when they left.

3.4.2.3. Homesickness (Code 2.3)

Many reported feeling 'homesick'. However, homesickness was reported in different contexts, such as missing things about the country or cultural traditions.

3.4.2.3.1. Zimbabwe (Code 2.3.1). Participants reported missing many things in Zimbabwe, including specific places, weather, and food. Thinking of these things triggered feelings of homesickness. Participant 2 stated that she missed "the sunshine, the weather and like all the stuff going on" (2:63). They went on to discuss how they missed certain foods, because they could not get them in the UK: "We've got like sweet potatoes, they are not the same [here] as the ones we get back home and again sugar cane" (2:77).

3.4.2.3.2. Cultural traditions (Code 2.3.2). Another significant aspect of homesickness appeared to be missing cultural traditions. Four participants talked about how this affected them. One participant in particular spoke at length about important cultural practices she has missed out on by being in the UK:

> My second daughter is expecting and according to our culture when your child is expecting their first kid they have to be with their mum … they give birth with their mum … so it is assumed the mother gives all the necessary support, and I am not there to give that support … I feel bad and it really hurts. (4:159)

She also spoke about other traditions she missed:

> When she got married it really hurt me … as the mum … I was supposed to be there … I was supposed to receive my gifts, my bride price as the mother but I couldn't go there … which emotionally it really drained me. (4:169)

3.4.2.4. Guilt (Code 2.4)

Participants were asked about any feelings of guilt over leaving Zimbabwe. It appeared that there were two things participants felt most guilty about: having left family members behind and not being there to help during difficult times.

3.4.2.4.1. Left family behind (Code 2.4.1). Some participants described feeling guilty about having left family members in Zimbabwe. Participant 1 reported, "I was feeling guilty when I left … my husband had died … my mother died … I was really feeling guilty I had left my daughter …" (1:399). Another participant spoke about the guilt he felt trying to live a normal life in the UK. He described the way that he experienced guilt whenever he took part in an activity he enjoyed: "… the first thing that comes back to me is a guilty conscience, 'Do you want to go out? What about your family? Are they enjoying the way you are?'… everything pulls me down" (3:160).

3.4.2.4.2. Not there to help during difficult times (Code 2.4.2). All participants reported feeling guilty that they were not in Zimbabwe to help family members during difficult times, such as when family members were ill, had passed away, and were struggling with the economic and political situation in Zimbabwe.

One participant talked about family members who had passed away whilst she had been living in the UK:

> When I lost my cousin, you feel like if I was back home, I was meant to like be there for him … there was also my auntie … she passed away … if I was there at least maybe I'd have forced her to see the doctors, get the proper medication, but not, you're not there, then you would be blaming yourself. (2:290)

Another participant stated, "… if there is anything that happened over there whilst you are not there you feel the guilt, you can't go back and fetch those people who have suffered" (6:324).

Another participant described feeling guilty over no longer being in a financial position to help other people out:

> When I was back home my family used to depend on me … we were supporting family back home, but now … we can't afford to, so I feel guilty … because a lot of people back home are struggling, they are, some of them are just going hungry for days, and we can afford to eat, it's not fair. (7:351)

3.4.2.5. Experiencing the Past (Code 2.5)

Participants were asked about times they had re-experienced things from the past. All participants reported having had these experiences. However, these experiences had come to participants in different ways: by spirits, dreams, or nightmares.

Not all participants believed in or had experienced spirits. One participant described how Zimbabweans view the spirit world:

> In African culture … it is a belief … culturally it depends on how you grew up. I grew up in a very strict Christian family, which believes that the dead are asleep, they are dead, they don't come to you … in African culture … you either believe that or that … (5:182)

Therefore the cultural beliefs of participants would impact on their experiences of spirits.

One participant stated that she believed in spirits and spoke about her experience:

> It was Monday night … I woke up … my mother was sitting on the bed, there she was … I was wide awake, she was talking to me, she was instructing me about everything, about the funeral … her will and everything … then she just faded all of a sudden. Automatically I knew she was dead. (1:251)

Others described experiencing spirits through their dreams: "… dreaming of someone that is also seen as a spirit anyway" (3:255).

All participants reported dreaming of their old life in Zimbabwe, family members still in Zimbabwe, or family members who had died. One participant spoke about dreaming of their old life: "… I do dream about Zimbabwe, sometimes I dream about my workplace, where I used to work, my life at home" (3:340). Another participant stated that they never dreamed whilst in Zimbabwe but that, since leaving, they dreamed about their past:

> When I was in Zimbabwe I never dreamed … now I am beginning to have those dreams, you know as a youngster, even my teachers at school, even some assignments that I didn't do I will dream about, you know about the teacher when I go back to school they will scream at me, then I wake up. (6:231)

Although he appeared confused by these dreams, he suggested that remembering things from his past was comforting.

Several participants recalled dreaming of people. One participant recalled dreaming of friends:

> I'll be dreaming of back home, and I'll be seeing like most of my friends, and some of them I have even lost contact with … some of my relatives, both of them like those that have passed away, and those that are still alive. (2:228)

Another participant spoke about those she dreamed about and the triggers for her dreams: "… I have dreamt of my brothers and my sister and my friends … good dreams … maybe at that time I will be homesick" (7:322). Other participants identified feeling 'tired' and 'low' as triggers for dreams.

Participants recalled having nightmares of past experiences. Participant 3 spoke about having nightmares about what happened to him in Zimbabwe. He also recalled viewing dreams about his family as nightmares: "I do have nightmares about what happened to me in my country but as far as family is concerned when I think of them too much sometimes they don't come back as good dreams … it comes back as nightmares" (3:312). For this participant, dreams about his family were viewed as nightmares, because was separated from his family and unable to contact them.

3.4.2.6. A 'Sixth Sense' for the Future (Code 2.6)

When participants were asked about their experiences of the past, several recalled sensing that something was going to happen. It seemed important that this was given a separate code. One participant stated:

> There is nothing which will happen at home which you don't know … if someone is really ill you will know it, if somebody is dead in the family you will know it, before they ring you, before anything you will know it, definitely. (1:339)

They went on to describe how they become aware of these things:

> You can have a vision … just the feelings, and you know no something is wrong … I just want to cry but I don't know what I am going to cry for … then all of a sudden you receive a message. (1:369)

Another participant spoke of similar feelings: "… those things I strongly feel them, when something is going to happen it might be … a death in the family … or something unpleasant, that I know, I feel it" (5:337).

Participant 1 offered an explanation as to why they may sense things that are going to happen: “Maybe it’s because of the closeness we have got, family ties and all those things” (1:355).

3.4.2.7. Anger (Code 2.7)

All participants reported feeling angry about what had happened to them. Common things participants were angry about were being separated from family, things that had happened to them whilst being in the UK, the current situation in Zimbabwe, and the Zimbabwean government.

3.4.2.7.1. Separated from family (Code 2.7.1). Some participants emphasised that they felt anger over being separated from family members: “… you feel angry because you have been deprived of a lot of things, of being with your parents, of being with your children” (5:755). For some, this anger was directed at the Zimbabwean government: “… if they [the government] were not doing these things I would be with my family” (1:662).

3.4.2.7.2. Things that have happened in the UK (Code 2.7.2). Participants also recalled feeling angry about events occurring in the UK. One participant recalled the anger he experienced whilst waiting for a decision about his asylum application:

> When you sit and wait to hear from the government to tell you that you have got legal right to stay or to take you off and for eight years you can’t do anything, you can’t, the only thing you can do is just to breathe, and nothing else you can’t go to school, you can’t go to work, you can’t do anything, and it is really hard. (6:635)

Another participant recalled what life was like when they were an asylum seeker:

> I am thankful that I have got a roof over my head but … I am just like a prisoner because I am given vouchers, I am supposed to walk to town, I am supposed to walk to the nearest shop … I am just like a prisoner who is slightly different from those who are in cells because I can get into my house at any time I want, the difference is the freedom … my life is on hold, there is nothing I can do, I can't go to college, I can't work, I can't do anything … it's hell. (3:973)

Another participant spoke about her anger about being a victim of prejudice as an asylum seeker in the UK. The participant reported being attacked by a man she trusted. She reported the incident to the police, but she was not believed:

> I can't just create all of a sudden from nowhere just to say he wanted to kill me … and you know what he said when he got to the police station, oh because she is an asylum seeker, she is trying to get a way of staying in this country, then I said so asylum seekers must be abused? But the police just left the case like that … I am still angry about it. (1:754)

3.4.2.7.3. Situation in Zimbabwe (Code 2.7.3). All participants reported feeling angry about the current situation in Zimbabwe. This appeared to be worse for those who still had family in Zimbabwe. One participant stated:

> You feel … very angry … especially when you see that things are not changing … each time you read the news of Zimbabwe you are hoping that things will change … a lot of children who are supposed to be in school are not … you go into the streets and you see poverty … it makes you angry … because it shouldn't be. (5:750)

Others expressed anger about the current conditions in Zimbabwe:

> … Sometimes they [citizens] even live on the streets. For you to go to hospital you have to pay for the ambulance and you have to pay like for the … hospital bed, you have to pay for the medication, everything. You can't even afford. (2:801)

They went on to report, "… I heard from a friend of mine … and he was saying like now they don't have any postmen, companies have to deliver letters, and the rubbish doesn't get collected any more, you have to dispose of your own rubbish" (2:859).

Another source of anger appeared to be the reality of the current situation, and not being able to return home:

> You are angry … because you still hope that oh maybe things will be okay and we will be able to go back home, but as it is from what we hear when we talk to our relatives and friends things are still very bad, even getting worse. (4:742)

They went on to discuss their anger at the current situation in Zimbabwe further:

> There's been a widening of the gap between poor and rich … those who are rich, yes they are enjoying life back home but those who are down there are struggling to survive … some of my colleagues they have just crumbled and they are living from hand to mouth, highly educated people … you see you are bound to be angry. (4:756)

3.4.2.7.4. Zimbabwean government (Code 2.7.4). All codes relating to anger (*separated from family, things that have happened in the UK* and the *situation in Zimbabwe*) overlap with an additional code describing feelings of anger towards the *Zimbabwean government*. For some participants the anger they were experiencing was anger at the government, and they were to blame. Despite these overlaps, it was decided

that it would be appropriate to give this a distinctive category, as anger at the government triggered other feelings of anger.

All participants reported feelings of anger towards the Zimbabwean government over their current situation. One participant stated, "… the only one that you can blame for bringing the country down, the government" (2:577). Another stated, "If it wasn't for them I wouldn't be in this situation … if the country was peaceful, I would not be here I could be conducting my businesses … going on with my normal life" (3:788). Participant 7 said something similar, and was also angry at how the situation worsened:

> I just blame the government … if it wasn't for our government we wouldn't be here at all, we wouldn't be here and things started to get worse within a few years, then within a year and then that was it and so I am really angry. (7:494)

Others were more specific about which parties in the government they were angry at: "… I was angry at the government, the ZANU-PF mostly. I am still very angry" (4:702). Others specified particular members of the government: "… I think I am angry at Mugabe, I am angry that he has let us down. We supported him when he came along, when he was our first black president, but he turned his back on us …" (5:770). Another participant reiterated this: "… here I think the government here really puts its people first whereas in Zimbabwe I think Mugabe puts himself first, rather than his people" (2:853).

3.4.2.8. Summary

There appeared to be several experiences of CB amongst Zimbabwean refugees, and these were consistent with previous research (e.g. Eisenbruch, 1990, 1991). Grief was evident, as was nostalgia, whereby home was viewed as best. Participants reported

memories of home and people fading. They described remembering Zimbabwe as it was the day they left and not recognising changes shown in recent photographs. Homesickness was expressed in terms of what the participants missed about Zimbabwe, being in the UK. The things that were missed included family members, Zimbabwe as a country, and finally Zimbabwe's cultural traditions. Guilt featured in the transcripts, specifically guilt over leaving the family behind and being in the UK and so being unavailable to help during difficult times at home. Participants also described having experiences of the past through dreams, nightmares, and spirits. Experiencing spirits was dependent on the cultural beliefs of the participant, and discussions of these experiences did not feature as heavily as they had in previous research (e.g. Eisenbruch, 1990, 1991). An additional code which was defined and appears to be relevant to Zimbabwean refugees in terms of CB was *a 'sixth sense' for the future*. Participants recalled being aware when something bad had happened before being told about it. Finally, anger was found to be prevalent amongst Zimbabwean refugees. This anger resulted from a number of different things: being separated from family, things that had happened to them whilst living in the UK, and the current situation in Zimbabwe. Related to anger stemming from these things was anger directed at the Zimbabwean government for causing these difficulties.

3.4.3. Coping and Resilience in the UK (Code 3)

To cope as a refugee in the UK, participants used several strategies. These were determination, religious beliefs, socialising with other Zimbabweans, believing they are lucky and having a desire to one day return home to Zimbabwe.

3.4.3.1. Determination (Code 3.1)

3.4.3.1.1. Employment (Code 3.1.1). Several participants described their determination to work and earn money in the UK. One participant reported:

> You have to work, even if you have to work 24 hours a day … and the type of work that you do, you have no choice, you can't choose to say oh well I don't want to do this, or do that, you have no choice you have to do whatever is there, so that you get the money. (4:727)

Another spoke of wanting to pay their way in the UK: "I don't want to claim benefit … I must at least appreciate, I must give back to the community, so since I started working I have just had maybe two days off since February up to now I work every day" (1:926).

3.4.3.1.2. Education (Code 3.1.2). Others were determined to improve their education. Three participants were attending courses at college or university to improve their skills. One participant believed it was important to improve skills so he could provide for his family more: "… this is something that is affecting me now, which has actually caused me to go back to school and try to achieve what I didn't achieve at the time I was supposed to have achieved that" (6:334). Another participant spoke about how it was easier to improve their education in the UK than in Zimbabwe: "It is better … I have got my refugee status … I am at college now, I am a student I don't have to pay lots of school fees … whereas back home for you to go to school I need fees" (2:847).

3.4.3.1.3. Helping family members (Code 3.1.3). Four participants described their determination to help family who were still in Zimbabwe. Participant 5 reported, "when my mother wants something … at least I can spare a few pounds to give them"

(5:378). They went on to discuss other things they do to help people struggling in Zimbabwe:

> I have come from a place where I know poverty and here people throw away clothes … I collect, put them in the washing machine, and send them home through the church … somebody is going to wear a nice jersey that maybe he could not have bought all his life. (5:386)

Another participant described financially supporting family members back home: "… since I have started getting paid I have already sponsored about two children, one is my nephew, he is doing A-levels, then the other one is my niece …" (1:202). They went on to report, "whenever I am doing my budget … I will do budget [for] … my daughter and this other girl and this nephew of mine, then my sister who is looking after my daughter" (1:225). They also spoke about things they did to help their daughter come to the UK: "… so I am just trying to work hard, I am just working every day so that I can manage to have the requirement, statements and all those things then I can apply for a visa for her to come" (1:100).

Another participant spoke about how they support family back home economically and also emotionally: "… financially and then maybe morally or emotionally when I talk to them because I do call them at least once every week" (4:133).

3.4.3.2. Religion (Code 3.2)

Religion was important to participants. All described themselves as Christian. However, not all found their religion helpful during their refugee journey. Five

participants reported that religion had helped them whilst being in the UK, whereas two participants reported that it had not helped them.

When asked if religion was helpful during their refugee journey, one participant stated, “Oh yes … and praying has helped us especially the past year, it has helped us a lot, a lot, and we believe in God … anything you ask from God, he will provide, so yes we are very strong Christians” (7:570). Another stated:

> I think my Christian beliefs and my church has really helped me a lot … I believe in the Bible, I believe in Christ, I believe in prayer … I strongly believe God leads me every day, and if it was not for that faith for God I believe … I would be dead, I would have gone mad. (5:797)

Another spoke of the times religion helped the most: “… it is helping me because whenever I feel low I kneel down and pray to my Lord God” (3:938).

Another participant reported not finding their faith helpful because of difficult experiences related to the church they attended: “… instead of like comforting you and telling you things are going to be better, they say oh, your country is this and that. It is rude” (2:627). Another participant spoke about how the uncertainty of not knowing what was happening with their asylum application resulted in them not being able to focus on their faith:

> I wouldn’t say spiritually it has helped but because we were so stressed with not knowing what is going to happen … we were not going to church … if you ask me why we did not go before, the door was just shut we could not think of it. (6:691)

3.4.3.3. Zimbabwean Community (Code 3.3)

Participants were asked whether socialising with other Zimbabweans in the UK was helpful. Four participants stated that this had been helpful, whereas one participant stated that it had not.

One of those who found socialising with other Zimbabweans helpful stated, "Oh yes very [helpful] … there are lots of Zimbabweans now living in [city] so any times we get … we visit each other, when there is a party … we laugh, we dance, we play all sorts of music" (7:590). Another participant spoke about how she found it helpful to organise events:

> We organised one last year, when everyone from Zimbabwe from all over the country could come and we had a nice day with a barbeque … I have a feeling of community … if I see an opportunity or if there is anything that I can do, I want to be involved. I like to be seen helping the community as much as I can. (6:718)

Another participant spoke about why this was helpful: "it's far much better experiencing with people from Zimbabwe because you have got nearly everything in common, because you have got your way of life in common, the way you live in common, food in common, language in common" (1:826). Participant 3 described how gathering with other Zimbabweans had been difficult for them, as others did not understand their situation: "… 95% of Zimbabweans who are in [city], they came … a long time ago … with their own qualifications, they didn't escape persecution from our country, so they don't understand the situation which I am going through" (3:952).

3.4.3.4. Feeling Lucky (Code 3.4)

Several participants discussed feeling lucky or blessed that they left Zimbabwe. This appeared to be a healthy view adopted to overcome difficult feelings. One participant stated, "I feel as if I am just lucky because I am here" (5:378). Another participant reported:

> We were blessed to come over here because what is happening now … yes you know I have had to wait for so long, but … you are not worried about what is going to happen to you in terms of being threatened with your life. So coming here … I look on it as a blessing. (6:656)

3.4.3.5. Desire to Return to Zimbabwe (Code 3.5)

Several participants mentioned a desire to return to Zimbabwe. Being unable to travel to Zimbabwe appeared to be frustrating for some participants: "… since I came here there's been no chance of like going back home" (2:227). One participant stated:

> One day I hope I will get home, even if I am too old to work but I want to go back home at some point because when you look at this place it is always like, it's busy it's always working to earn a living, I am hoping that one day honestly I will get back home and just retire and just enjoy being at home with friends and family. (4:856)

Others spoke about their wish that the situation in Zimbabwe would improve so they could return: "… we are just hoping and praying that things will change for the good and then we can just go back home" (7:497). The one participant with indefinite leave to remain reported planning to visit home: "if I have got money, by next year I am expecting to visit Zimbabwe" (1:905).

3.4.3.6. Summary

Although they were not directly asked about it during the interview, participants spoke of the positive side of life in the UK. Positive aspects were viewed as things that helped them to cope with any difficult experiences they had as a refugee. The most significant code was *determination*. This appeared to be linked to employment and education in the UK, as well as to a need to help others back in Zimbabwe as much as possible. Having the feeling that they were lucky to be in the UK appeared to help, as did having a long-term desire to return home one day. Others found participating in religious activities and events within the Zimbabwean community to be helpful. However, others, by contrast, reported not finding participation of this kind particularly helpful.

4. DISCUSSION

4.1. Overview

This chapter discusses the research findings in relation to the research questions and current theory. The first research question is: what are the experiences associated with moving from Zimbabwe and living as a refugee in the UK? To explore this question, the template is discussed alongside theory and current research findings in the area. The second research question is: how do the Zimbabwean refugees' overall experiences fit into Silove's (1999) model? This is explored directly through discussion of the template in relation to the five systems outlined in the model. Strengths and limitations of the research are reviewed. Finally, the clinical and theoretical implications are considered and suggestions for future research are made.

4.2. Research Question One: What Are the Experiences Associated with Moving From Zimbabwe and Living as a Refugee in the UK?

To answer this question, the template in Figure 6 will be referred to. Additionally, the template will be discussed in relation to findings from previous literature and Eisenbruch's (1991) definition of CB.

4.2.1. Factors Contributing to Experiences of CB

The research found several themes which appeared to be contributory factors to experiencing elements of CB. These included loss, the refugee journey, and differences between Zimbabwe and the UK. These will be explored in detail to provide some context to how experiences developed amongst Zimbabwean refugees.

4.2.1.1. Loss

Participants experienced many losses both pre- and post-displacement. Reported losses included deaths of family members, friends, and colleagues from sickness or torture. This finding seems connected to ideas of social capital (i.e. the importance of social networks for overall well-being) and the effect on well-being when social capital is limited. McMichael and Manderson (2004) reported losses to social capital from separations or loss through death, which elevated levels of distress and sadness. It may be that ideas of social capital are relevant to this study and in fact contribute to experiences of CB, in addition to well-being. Interestingly, some participants reported being uncertain whether someone was alive or dead. This was referred to as ambiguous loss, as it was consistent with research by Luster et al. (2008), who identified this type of loss and feelings of uncertainty amongst Sudanese participants.

In this study, participants emphasised loss of homes and possessions, some of which had cultural value. One participant recalled how their property and its contents had been destroyed by the government. This was distressing as they no longer had a home to return to in Zimbabwe and had lost culturally meaningful items. Operation Murambatsvina, or 'clear the filth', has been discussed in the literature; several researchers, for example, have described the distress this operation caused to thousands of people left homeless (Arnold & Wiener, 2008; Chikuhwa, 2006; Lamb, 2006). However, importantly, this operation also had wider effects for this participant, causing them distress even though they are not in Zimbabwe. This contributes to feelings of loss relating to not being able to return home. The themes of loss of property and possessions in this study are consistent with the themes identified in previous refugee research (Oakes, 2002; Rutherford & Roux, 2002). Researchers emphasised participants' distress over assets being left in their home country and subsequently

hearing that they had been destroyed. The experiences of CB can be viewed as a form of distress (Eisenbruch, 1991). Therefore, the findings of this study are consistent with previous research.

A significant finding was that participants spoke about their difficulties relating to discovering that their qualifications were not recognised in the UK. This resulted in them being unable to continue their previous employment in the UK and in further loss of profession, skills, status, and aspirations. Participants had to either return to education to repeat qualifications or find alternative employment (often in a lower-skilled job) to earn money. Interestingly, this was consistent with the findings of Colic-Peisker and Tilbury (2006), who reported how refugees can lose occupational status and become employed in lower-skilled positions. This has also been found in a sample of Zimbabwean refugees (Doyle, 2009). Loss of income has been considered an important factor for refugees (Beiser et al., 1993). These factors are known as loss of human capital, whereby education, training, and employment experiences are not recognised. This can threaten an individual's sense of identity and well-being (Colic-Peisker & Walker, 2003). The findings of this study appear to show further support for loss of human capital amongst refugees.

4.2.1.2. Refugee Journey

The journey of refugees (how and why they left Zimbabwe) varied and was related to individual situations at that time. The political and economical difficulties in Zimbabwe were reported in Section 1.5.1, which outlined the history of Zimbabwe (e.g. Bucher, 1980; CCJPZ, 1999; Chan, 2003; Chikuhwa, 2006; Lamb, 2006; Mawadza, 2003; Meldrum, 2008; Sheehan, 2004; van Niekerk, 2008). Importantly, the specific reasons some participants gave for leaving Zimbabwe matched those given in previous

reports. For example, often references were made to violence and intimidation tactics used by the government during election campaigns (Murray, 2010).

4.2.1.3. Differences between Zimbabwe and the UK

Religion, sense of community, and cultural practices were all considered to be different in the UK. Participants were not asked about differences during interviews, and differences were not considered in the researcher's assumptions. However, differences appeared pertinent to participants and were included. Research exploring differences between cultures and how refugees adapt was not explicitly explored. However, one study reported how Bosnian refugees felt isolated owing to differences relating to sense of community after moving from their home country (Miller, Worthington et al., 2002). The differences relating to sense of community in the UK identified in this study are consistent with these findings.

4.2.2. Experiences of CB

Interview data supported an exploration of experiences and themes of CB amongst Zimbabwean refugees living in the UK. These can be summarised as grief, nostalgic memories of home, homesickness, experiencing the past, a 'sixth sense' for the future, and anger.

4.2.2.1. Grief

Experiences of grief were evident amongst participants. Previous research found that grief was common amongst refugees experiencing traumatic events (Momartin et al., 2004) and loss (Schreiber, 1995). In the case of the refugee described by Schreiber (1995), grief was complicated as they were unable to complete cultural traditions to alleviate their grief as they were away from home. This study found that reactions of

grief appeared to be more significant amongst participants who were separated from members of their family. Support from family may therefore be an important factor in overcoming grief amongst Zimbabwean refugees. However, this was not formerly explored as part of this study, and needs to be investigated in future research.

4.2.2.2. Nostalgia and Homesickness

Feelings of nostalgia were evident, as many participants held a favourable view of Zimbabwe, stating that 'home is best'. Others were nostalgic, as memories were beginning to fade, and some spoke about nostalgia in terms of having memories of things from the day they left. Interestingly, this is consistent with findings from McMichael and Anderson's (2004) study, which identified a recurring theme of participants presenting nostalgic recollections of their homeland, which brought pleasure and sadness to participants. Similarly, Keyes and Kane (2004) identified nostalgia amongst its Bosnian refugee participants.

Previous research identified feelings of homesickness amongst individuals moving from home (van Tilburg, 2006). This was reiterated in this study. Participants reported feelings of homesickness, and particularly missing Zimbabwe as a country and its cultural traditions. One participant discussed the difficulty of not being in Zimbabwe to collect her bride price when her daughter got married. This has been reported to be an important cultural tradition in Zimbabwean marriages (Lan, 1985; Muir, 2001).

4.2.2.3. Guilt

The results highlighted that participants experienced guilt over having left members of their family behind, and also over not being able to help in times of adversity. In Eisenbruch's (1991) definition, guilt is mentioned as a key factor: "[the

person] suffers feelings of guilt over abandoning culture and homeland" (Eisenbruch, 1991, p. 674). Guilt did not appear to be linked to abandoning Zimbabwe and its culture amongst participants. Instead, it was connected more to relationships with family, especially those who remained in Zimbabwe and required support. This suggests that the concept of guilt in Eisenbruch's (1991) definition needs to be broadened to accommodate different forms of guilt. Although it could be argued that CB relates to the culture that is lost, this research has found that family life is an important aspect of Zimbabwean culture; therefore, guilt related to leaving behind family members would also be relevant to the definition. However, expanding the definition would clarify this.

4.2.2.4. Experiencing the Past and Future

Experiences of the past in the form of dreams, nightmares, and spirits were noted. Importantly, experiencing the past was reported to be a significant factor of CB. In Eisenbruch's (1991) definition this factor is described as follows: "the uprooted person … continues to live in the past, is visited by supernatural forces from the past while asleep or awake" (Eisenbruch, 1991, p. 674). Whilst Zimbabwean refugees reported experiencing the past, particularly whilst asleep, it did not seem as though their presence was abnormal and meant they were continuing to live in the past in the way Eisenbruch's definition suggests. Belief in spirits amongst Zimbabweans is reported to be subjective and dependent on religion, whether Christian, traditional or syncretic (Moyo, 1988; Owomoyela, 2002). Therefore, depending on religious practices, experiencing the past may not be a significant experience of CB within this population. The information on demographics in Table 3 showed that all participants considered themselves to be Christian. Therefore, as no participant followed traditional religions, it is unsurprising that experiences of spirits did not feature heavily in the research. However, this goes against the original assumptions of the research, as it was thought

that spirits would be a significant factor in this population. This suggests that this section of Eisenbruch's definition may be more relevant to the Southeast Asian populations and may not necessarily be applicable to other cultures, including Zimbabwean culture. Further research with Zimbabwean refugees should explore experiences of the past, and particularly spirits, to identify whether they are really not a significant factor within the population or whether this was just the case in this sample. Exploring the experiences of Zimbabweans from more rural areas of the country may be useful in further investigating this issue.

When discussing experiences of the past, several participants discussed having a 'sixth sense' for something bad happening in the future, which is a new finding within this type of research. Although this was not a topic covered in the interview or included in Eisenbruch's definition, it seemed important to include. These experiences were not found in the literature reviewed. Future research is needed to explore this further. Particularly, the relevance of this sixth sense to experiences of CB needs to be established. Additionally, the effect of experiences relating to a sixth sense on individuals (e.g. anxiety, depression) needs further consideration.

4.2.2.5. Anger

The study highlighted participants' anger in relation to separation from family members, things that have happened to them in the UK, the continuing difficult situation in Zimbabwe, and finally the Zimbabwean government. Interestingly, feelings of anger have been reported by refugees from other countries, such as Southeast Asian refugees (Abe et al., 1994). This suggests that the findings match those of other research. The definition of CB includes anger as an important concept: "[the person]

feels stricken by anxieties, morbid thoughts, and anger that mar the ability to get on with daily life" (Eisenbruch, 1991, p. 674).

4.2.3. Coping and Resilience in the UK

The research also found a third higher-order code, labelled *coping and resilience in the UK*. This relates to how participants attempted to either overcome difficulties they were experiencing or positively adapt to their new environment. Participants reported a significant degree of determination to find employment, further their education, and help family members remaining in Zimbabwe, which is consistent with findings in other refugee research (Hatoss & Huijser, 2010; Sutton et al., 2006). Additionally, feeling lucky and desiring to return to Zimbabwe also appeared to be significant states relating to how participants coped with their experiences. Interestingly, a desire on the part of refugees to return home was reported as a cognitive coping strategy in Doyle's (2009) and Khawaja et al.'s (2008) studies. While participants were not asked about these issues during the interview, they seemed extremely important for them.

Other factors that participants were asked about, and that seemed to be relevant to participants, were religion and the Zimbabwean community in the UK. This is consistent with a finding that Somalian refugees attempted to overcome sadness and distress by accessing social capital by forming new relationships with other Somalis – whether through social events, celebrations, or religious gatherings – to feel a sense of community (McMichael & Manderson, 2004). This suggests that in the case of Zimbabwean refugees in this study, being around other Zimbabweans helped to overcome some difficult feelings associated with being a refugee. This is consistent

with other studies reporting the positive effects of social support (Basoglu & Paker, 1995; Schweitzer et al., 2006).

Religion was important amongst participants. However, not all participants thought it was helpful in the UK. As previously mentioned, Zimbabweans follow different religions (Moyo, 1988; Owomoyela, 2002); therefore, depending on their faith, there may not be services (including Christian services) available in the area in which they live.

Most participants did find attending religious events helpful. This activity appeared to help participants overcome difficulties they had experienced in the past and to act as a means of support in the UK, as similarly described by other studies (Colic-Peisker & Tilbury, 2003; Halcon et al., 2004). Interestingly, other participants did not find religion helpful. This may be related to a previous finding describing differences between religious practices in Zimbabwe and the UK. Alternatively, it may be evidence of participants questioning their faith. This finding refutes an original assumption of the research, as it was expected that participants would rely on their faith in the UK.

4.2.4. Summary

The CB experiences amongst refugees in this study included grief, nostalgia, homesickness, guilt, experiencing the past, a 'sixth sense' for the future, and anger. These were consistent with experiences identified in Eisenbruch's (1991) research, with the exception of experiencing the future through a 'sixth sense' that something bad was going to happen. Additionally, the experiences of the past of Zimbabwean refugees differed from the experiences of the participants in Eisenbruch's study. This was largely a result of the participants following different types of religion, and of the different emphasis placed on spirits within the religions. This suggests that there may be some

differences in how CB is experienced in different refugee populations, particularly populations of different religions. The results also highlight the importance of discussing the context of CB: of understanding how CB developed and how refugees attempt to overcome it.

4.3. How Do the Zimbabwean Refugees' Overall Experiences Fit into Silove's (1999) Model?

No attempt was made to create an additional template to address this research question. Instead, the themes from the final template (Figure 6) were discussed in relation to Silove's (1999) model. A similar approach has been adopted in other qualitative research using a template approach to avoid overlap (e.g. King, Thomas, & Bell, 2003). King (2010) recommends that additional templates are necessary if researching different groups, if distinct analyses need to be completed on the same data, or if the template does not sufficiently reflect the experiences of participants to address the research's aims. In consultation with members of the qualitative research forum at UEA and the research supervisor, it was agreed that the original template fully captured participants' experiences and could also address the second research question.

The study found evidence for four of the five adaptive systems in Silove's (1999) model: the *attachment system*, *identity or role system*, *existential meaning system*, and *justice system.* The only system that did not resonate with the findings was the *safety system*.

The *attachment system* of Silove's (1999) model describes the disruption to interpersonal bonds as a result of trauma and refugees' experiences. These bonds can be disrupted as a result of loss of and separation from family members and also loss of homes and possessions. These were all found to be relevant factors amongst

Zimbabwean participants. Silove (1999) reported that common reactions to these losses include grief, nostalgia, homesickness, and a combination of these, CB. Importantly, this study found evidence for each of these reactions, as they were all found to relate to the experiences of CB amongst Zimbabwean participants. CB can therefore be concluded to be a key component of the *attachment system*.

Although CB is only mentioned in the *attachment system* of Silove's (1999) model, this study found that experiences of CB overlap with a number of the systems described in the model. The research found that in identifying experiences of CB, the factors that may contribute towards it are also relevant and cannot be ignored.

The *identity or role system* describes threats to an individual's sense of identity or role following life as a refugee. This study partly provides evidence for this system. Silove (1999) describes such threats as relating from "indoctrination, propaganda, ostracism, and isolation" (Silove, 1999, p. 205) in the homeland. Additionally, they can also be related to "physical injury, mutilation and subsequent disability" (Silove, 1999, p. 205) resulting from torture. The study found no evidence of threat to identity from these factors. However, these were not directly explored in the interview, or brought up by participants. Silove (1999) further reported that threats to identity and role could occur as a result of previous roles, status, and qualifications being unrecognised in the country of refuge. This was found to be the case with participants in this study, who also reported that they sought lower-skilled and lower-paid employment positions, as previous employment and qualifications were not recognised in the UK.

The *justice system* relates to refugees fleeing their home country who also experience trauma, feeling a sense of injustice at their experiences. These feelings have been found to result in feelings of anger and aggression. Interestingly, this study found

support for feelings of anger but not aggression. Participants were not asked questions about being aggressive, and no participant recalled incidences of performing aggressive acts. It is possible that participants had not acted aggressively. However, it is also possible that there was a reluctance to discuss them due to feelings of "shame, guilt, desolation, and despair" (Silove, 1999, p. 205) that can accompany aggressive acts amongst refugees. However, none of these feelings were identified as being linked to anger in this study. There were several themes of anger related to a sense of injustice amongst Zimbabwean participants. Anger was reported in relation to separation from family members, difficulties occurring whilst living in the UK, and the current situation in Zimbabwe. Anger was also directed at the Zimbabwean government for causing the difficulties. A sense of injustice here is evident in relation to having had no choice but to leave Zimbabwe. As a result of the difficulties in Zimbabwe and the oppressive regime of the government, participants were not able to be with their family; at the same time, they were experiencing difficulties in the UK. Additionally, participants expressed anger about the current situation in Zimbabwe. This appeared to be a new finding. This was a different sense of injustice, related more to the injustice of the situation of the people living in Zimbabwe and to the decline of the country. It is unclear whether this is a factor specific to Zimbabwean refugees, especially since they would have been witness to the decline of the country, or whether this would be relevant to other cultures. Further research therefore needs to be completed to determine whether this is an important factor to include within the *justice system* of the model.

The *existential meaning system* relates to refugees questioning their faith and beliefs as a result of their experiences. Support for this system was found in the comments relating to religion, which was reported to be an important part of Zimbabwean culture, helping to guide Zimbabweans during difficult times. However,

some participants reported not finding religion helpful in the UK. It is possible that the reasons behind this were a loss of faith as a result of their current circumstances, or a difficulty following their faith given the differences in religion between Zimbabwe and the UK. Future research needs to be completed to explore this further.

Additionally, further support for this system comes from participants' discussion of their beliefs and changes to their beliefs, and particularly discussions fitting the anger codes. Post-independence, participants felt their beliefs had been challenged. Changes to participants' beliefs were related in particular to feelings of being let down by Mugabe and his government, and to the socio-political and economic difficulties experienced in Zimbabwe. These feelings and difficulties may have resulted in existential dilemmas. Furthermore, the cultural differences between Zimbabwe and the UK may have exacerbated such dilemmas.

4.3.1. Critique of Silove's (1999) Model

At this stage, after the research has been completed, it is possible to note several strengths and limitations of Silove's (1999) model. One strength is that it accounts for difficulties experienced by refugees at numerous time points (Silove, 2000). These include events in the home country, the refugee journey (including time spent in refugee camps and detention centres) and life in the country of refuge. Silove (2000) reports that the model allows "a more systematic examination of the transition points that lead from normative responses to pathological outcomes" (Silove, 2000, p. 346). This is useful in determining specific points of intervention for refugees experiencing distress or other difficulties. The terminology used in the model also appears to be more appropriate for use with refugees. Silove (1999) notes that the concepts used, such as grief, faith, safety,

and injustice, are more meaningful to refugees, regardless of their culture, than Western psychiatric labels such as PTSD or depression.

A limitation of the model is its focus on the way refugees experience difficulties as a result of their experiences. It does not include protective factors (for example, support from social networks) or resilience (Ahmed, 2007). It would be useful if these were included when the model is used in the future, as in this study it was observed that those participants with family members around them in the UK appeared to experience less grief and distress than those who were living in the country alone.

Additionally, the empirical validity of the model has been criticised, and it has been reported that it "requires empirical testing" (Silove, Brooks et al., 2010). There has been no research exploring the model in relation to Zimbabwean refugees, or refugees in the UK. Further research is needed to assess the model's validity in relation to different refugee groups.

4.3.2. Summary

The study provided evidence for four of the five adaptive systems of Silove's (1999) model (attachment, identity/role, justice, existential meaning). The only system which was not observed was the *safety system*. Additionally, the systems were found to overlap rather than being distinct. Silove's (1999) model appeared to be a useful framework for understanding and conceptualising refugees' experiences.

4.4. Methodological Contributions and Critical Appraisal

The findings of this study highlight the relevance and importance of considering the experiences of CB in refugee populations. To date, considerations of such experiences have focussed on refugees from Southeast Asia in the US (Davis et al.,

2000; Eisenbruch, 1990, 1991). This study has explored the experiences of CB amongst Zimbabwean refugees in the UK. Experiences of CB had not been researched before in relation to Zimbabwean refugees or to any other refugees who had moved to the UK. The following section will critique the methods used in this study. Specifically, this section will examine the literature, the recruitment process, the interview schedule, the epistemological position, and the methods used to analyse the data.

4.4.1. Literature Review

Eisenbruch's (1990, 1991, 1992) work on CB, and in particular his definition of the phenomenon, was useful for this study. However, discrepancies were noted between the definition and the research findings. It was unclear whether this was because they were not relevant to Zimbabwean refugees or because there were difficulties with the definition. Eisenbruch has reported that CB can vary between people and can be "a normal, even constructive, existential response, rather than a psychiatric illness" (Eisenbruch, 1992, p. 9). This suggests that there can be variability in how CB is experienced. However, the definition does not account for this variability and instead appears to focus on extreme forms. It would be helpful if further work were to incorporate more flexibility into the definition, including the ranges of certain aspects of CB. Furthermore, it was also difficult to identify what constituted someone 'suffering from CB'. Eisenbruch's (1990, 1991, 1992) work does not identify the extent to which CB should be viewed as a problem. This made it difficult to identify whether participants were suffering from CB or whether they were just experiencing it. Further research needs to be completed to address this problem.

4.4.2. Recruitment and Participants

Project workers at the RC and BRC implemented the study's selection criteria. Attempts were made to exclude individuals with mental health problems; however, it is acknowledged that as project workers were not clinicians, there is a risk that this criterion was hard to implement, and that individuals with mental health difficulties may have participated in the research. The study did not carry out a thorough screen to identify mental health difficulties, which is a limitation. Future research should use culturally appropriate measures to ensure that mental health difficulties are sufficiently identified during recruitment.

Participants were included in the study if they had been living in the UK for at least six months. No upper time limit was specified in the selection criteria, which is a limitation of the study. This is a limitation because it is possible that the length of time participants had spent in UK culture and away from Zimbabwe may have influenced the findings. Specifically, differences in experiences between participants may have resulted from spending different amounts of time in the UK. For example, those living in the UK for several years would have had a longer time to adapt to the UK culture, and therefore CB or other experiences outlined in Silove's (1999) model may have no longer been felt very keenly by the participants, or have been seen as being relevant. Future research should aim to specify upper limits to the amount of time spent in the host country in the selection criteria to overcome this limitation.

Project workers distributed 40 information packs to potential participants; however, only seven people participated in the study. The intention was to continue purposive sampling until saturation was reached. However, this was not possible given the constraints of the project timetable, and the result was a relatively small sample size

(n = 7). The small sample size and local nature of the research, with its focus on the East Anglia region, limit the wider relevance of the results. However, the sample size was similar to other qualitative studies exploring the experiences of refugee populations (Keyes & Kane, 2004), and was necessary given the difficulties in recruiting participants in the East Anglia region.

There are several possible reasons for the low recruitment rate (n = 7). Potential participants may not have wanted to have any further contact with either the RC or the BRC, given that they had obtained their refugee status. Receiving information packs from these associations may have brought back memories of distress related to waiting for a decision. Others may have been put off by the prospect of having to tell their story again, something that they may have had to do several times, sometimes under scrutiny, to obtain refugee status. The text in the packs made it clear that only refugees were requested to take part in the research. It was found that several people contacted did not want to take part in the study because they did not consider themselves to be refugees any more. The stigma attached to being a refugee could have possibly influenced decisions to take part in the research (the refugee identity is one people are quite eager to shed once they have obtained status). Future research should therefore consider the wording of the information sent out to potential participants and reconsider using terms such as ‘refugee’. Additionally, Zimbabweans may have been reluctant to participate because of the impact of power differentials, particularly as the researcher was of a different ethnicity (white British) and immigration status (Patel, 1999).

A further limitation was the gender imbalance of the participants (five female, two male), which may have affected research data. Given the inequality and difference between genders in Zimbabwe (see Section 1.5.2.4), situations, including displacement, may be viewed differently (Hindin, 2000). This may have impacted on answers given

during interviews. Zimbabweans have traditionally been members of patriarchal societies, with women having a central role in the family, and men committed to vocational pursuits (Owomoyela, 2002), which may impact on experiences of being in the UK. For example, men may have focussed more on their experience of employment in Zimbabwe and the occupational status this gave them in comparison to their experience and status in the UK (Mhloyi, 1998). In contrast, women whose traditional role would be to care for the family may have focussed more on missing family members. Particularly, women may have faced additional difficulties in the UK because of limited transferrable occupational skills, or conflicting expectations of their gender and role (Mhloyi, 1998).

It is difficult to ascertain why the gender imbalance occurred. It could be hypothesised that social isolation was a factor, as several women in the sample were in the UK alone (Schweitzer et al., 2006). In keeping with the traditional gender roles in Zimbabwe, women may have had more free time and therefore have been able to participate in the research, while the men approached may have been reluctant to participate due to work commitments (Mhloyi, 1998). Power differentials may have also been significant for men, as the researcher was a white British female linked to a university (Patel, 1999). This may have impacted on participation, as the researcher's role would be different from that which would be expected in male Zimbabweans' culture. Future research should attempt to recruit even numbers of each gender, or focus specifically on one gender to overcome these difficulties.

To ensure that consent from participants was valid, several procedures were implemented. The aim of informed consent procedures is to "fully disclose to research participants all relevant aspects of a research study" (Birman, 2005, p. 165). This was achieved by providing participants with detailed information. In cross-cultural research

it is recommended that information is provided to participants using non-technical language (Birman, 2005), and this was attempted as far as possible. Participants had to be active in the process and contact the researcher directly by returning a consent form allowing the researcher to contact them. This was appropriate to ensure that the researcher was not pressuring people to consent.

Despite the lengths gone to in order to obtain informed consent, cross-cultural differences relating to consent may have impacted on why people chose to participate or not. Zimbabweans are not accustomed to being asked for their consent. Instead, their experience is of a coercive government and repression (Chikuhwa, 2006). With this in mind, some Zimbabweans may struggle to say no to external requests, and might therefore participate due to a fear of ramifications. Another possibility is that power issues may have arisen in the study (people might have felt obliged to participate to please the researcher or refugee service) (Patel, 1999). Official letter headings of the RC, the BRC and UEA were attached to the information packs, which may have further reinforced this. Other factors may have been significant. For example, some participants may have consented only because they expected to gain something from taking part.

Some of those who chose not to participate may have been concerned about confidentiality, given that they had to sign consent forms and provide contact details, which eliminated anonymous participation (Birman, 2005). Despite the information sheet stating the contrary, potential participants may have feared that other people would be able to access their views and that there would be repercussions. This is particularly important, given what has previously been discussed in Section 1.5.1.5, in the case of participants disclosing information that the Zimbabwean government did not agree with (Raftopolous & Mlambo, 2009). The collectivist nature of Zimbabwean culture may have also impacted on the consent process. As reported in Section 1.5.2.5,

the extended family and community (i.e. chiefs) are extremely important and assist in making decisions on behalf of individuals (Bourdillon, 1993). This can make it difficult for researchers to obtain direct consent from an individual. As decisions are dependent on others, this also makes it difficult for the potential participant to consent independently.

4.4.3. Interview Schedule

Before interviews took place, a consultant (a former resident of Zimbabwe) reviewed the interview schedule. This was useful in ensuring that the interview guide was relevant to Zimbabwean culture and that the researcher's assumptions were not influencing the research process. Using only one consultant, however, may have biased the consultation process, which is a limitation of the study. Future research could address this by interviewing more than one consultant or arranging a focus group in order to obtain a wider range of views.

In completing the interviews, it was clear that using adapted items from the CBI (Eisenbruch, 1990) was useful in identifying refugees' experiences. However, it may have been useful to think about the wording of some of the prompt topics. For example, the template highlighted differences related to whether participants believed in spirits or not. Beliefs about spirits were thought to be dependent on religion and family values in Zimbabwe. If the CBI was to be used with Zimbabweans again, this could be further reiterated in the interview, so as not to assume people would believe in spirits and also so as not to offend people who do not believe in them as part of their religion.

In any interview schedule, the questions asked may be viewed as leading participants. In this study, prompt questions from the CBI (Eisenbruch, 1990) were found to feature in the template; however, additional lower-order codes were also

identified (e.g. anger codes), even though participants were not asked about these topics during the interview. Additionally, the interview was open enough to allow other unforeseen themes to be raised by participants. Having a 'sixth sense' and other themes in the refugee well-being literature (e.g. determination, feeling lucky, a desire to return home) were identified in the transcripts, meaning that the data revealed less of a focus on loss and difficulties. As these new or expanded themes emerged even though the researcher did not ask about them, this is evidence that the interviews allowed for unpredicted information to emerge.

4.4.4. Epistemology and Data Analysis

The study adopted a critical realist philosophical position. This position assumes that knowledge of a topic such as CB can be acquired. However, this knowledge can only be acquired indirectly, as both the researcher and participants will have had different experiences which would have influenced how they viewed things (Madill et al., 2000). The epistemological position shaped the research, and guided the methodology and techniques used to ensure trustworthiness, for coherence (Carter & Little, 2007). It meant that even though the researcher and participants had different experiences, the phenomenon of CB could still be explored.

In line with the epistemological position of the study, template analysis was used to analyse the data. This approach uses the research questions asked during interviews and information obtained from previous research to inform analysis and construction templates (King, 1998). It is therefore possible that the analysis will be influenced by bias on the part of the researcher. There is a risk that prior assumptions and expectations of researchers will influence decisions made and ultimately the overall findings. To address this, several strategies were employed. First, the decision making

process was detailed in the reflective journal to create an audit trail (Wolf, 2003). Second, assumptions held about the research were made explicit. These were compared and contrasted during the research process; some were confirmed and others were disputed. Third, one of the research supervisors coded and applied the final template to a selection of interview transcripts. Additionally, the qualitative research forum at UEA was also used to discuss templates and how they were created. The aim of these forms of independent scrutiny was to reduce the potential for assumptions to influence and bias the overall findings.

Template analysis also allows the researcher to be flexible and include information not predicted from previous research or add items not included in an 'a priori' template (King, 1998). While the analysis did find that elements of the a priori template were relevant, many of the codes were expanded and other unpredicted ideas were included in revisions of the template. The changes to the template indicate that the researcher did not solely rely on their predetermined ideas and assumptions, and was open to discovering additional and new ideas not previously stated in other studies. Although template analysis was useful, it can be criticised for being too linear, as the layout of the templates makes it difficult to explore the relationships and overlaps between the different codes. To attempt to overcome this, codes which overlapped were explored and discussed as far as possible in Section 3.4.

Following guidelines for qualitative research (Elliott et al., 1999; Yardley, 2000), commitment was demonstrated by reviewing data several times. In-depth coding was carried out on transcripts until recurrent themes arose, enhancing quality and trustworthiness. Throughout the study, attempts were made to demonstrate transparency, reflexivity, coherence, and rigour (see Section 2.8).

4.5. Clinical Implications

This study has increased understanding of some of the multifaceted experiences and difficulties Zimbabwean refugees can face, both pre- and post-displacement. The findings can be used to assist clinicians working with refugees in either specialist or mainstream services.

The current study makes some initial findings about the experiences of Zimbabwean refugees living in the UK and the usefulness of Silove's (1999) model. The study highlighted that refugees can experience elements of CB. However, there appear to be some variations in the levels experienced. To explore this clinically and distinguish between normal and pathological levels of CB, further research is required.

As previously discussed in Section 1.4.2, since its introduction 20 years ago CB has been frequently referred to and recognised in refugee research (e.g. Bhugra & Becker, 2005; Bhugra et al., 2009; Keyes, 2000; Silove, 1999; Wojcik & Bhugra, 2010). However, since Eisenbruch's (1990, 1991, 1992) work there has been an absence of research backing up the concept, especially research with different refugee populations. Particularly, although CB has been frequently cited, it is unclear whether the authors fully understand the dimensions of CB (e.g. living in the past, importance of spirits); therefore it may be poorly used in the literature. Additionally, because of the lack of research and the dominance of studies focussing on the mental health of refugees, it is unclear how the concept of CB has been translated from research to clinical practice. It would be useful if clinicians had greater awareness of the concept of CB to ensure it is considered when working with refugees, as recommended by Bhugra et al. (2011). This would encourage clinicians to think carefully about the appropriateness of using Western diagnostic labels such as PTSD (Summerfield, 1999). As a result, the

possibility of refugees being wrongly labelled with a mental illness, and consequently the likelihood of them receiving inappropriate interventions, would be reduced (Eisenbruch, 1991). Greater awareness of CB would also assist clinicians with the identification of factors contributing towards distress, as CB has also been found to contribute towards distress.

Further recognition of the term would encourage clinicians to consider cultural issues relating to refugee clients. When thinking about CB as a concept, the context of the refugees' culture and situation in their homeland has to be considered. Consideration of these issues promotes culturally driven practice, whereby clinicians would be encouraged to have an awareness of the culture of the client they are working with and the important issues for them. This is particularly important in the context of the current NHS, where resources are stretched.

The CBI (Eisenbruch, 1990) appeared to be a useful tool for the research, and it may also be a good tool to use within clinical practice. It could be used as part of the assessment process to identify additional information that might not ordinarily be identified through diagnostic criteria and measures. It could therefore help to improve diagnostic accuracy. The CBI would also allow clinicians to identify to a greater extent the meaning of the refugees' experiences and would assist with the identification of the extent of their loss, grief, and other factors related to CB. The interview could also be used to assist in the identification of appropriate interventions for use with refugee clients. For example, it may become apparent during interview that a refugee may be experiencing a large amount of guilt as a result of moving to the UK. Part of their intervention may involve specifically addressing this in therapy.

The study also looked at the usefulness of Silove's (1999) model and its five adaptive systems. Evidence was found for the *attachment system*, *justice system*, *existential meaning system*, and *identity or role system*. Clinicians may find it helpful to use this model as a basis for treatment interventions when working with refugees. Each system brings with it specific challenges to well-being and difficult responses. Identifying the specific system or systems that appear to be most affected may be useful when treating refugees, ensuring that clinicians address the most appropriate issues. For example, after completing an in-depth assessment it may be evident that a challenge had been made to the *safety system*, with symptoms of PTSD. In this case it would be appropriate to consider a psychological therapy such as CBT for PTSD (e.g. Resick, 2001) or eye movement desensitisation and reprocessing (EMDR: Shapiro, 1995). EMDR has been recognised as an effective treatment within the general population (e.g. Bisson & Andrew, 2004; NICE, 2005), and some studies have reported it to be an effective treatment for PTSD in refugees (Oras, de Ezpeleta, & Ahmad, 2004). However, at present there have been no randomised controlled trials exploring EMDR in relation to refugees, which has been recommended (Crumlish & O'Rourke, 2010). Alternatively, the experience of individuals of extreme levels of anger about their situation may relate to the *justice system*. Interventions aimed at reducing their anger, such as anger management (Novaco, 1975), may be beneficial in this case.

By definition, the *attachment system* relates to individuals who have been separated from their family, friends or culture through death and displacement. In such cases, several intervention points may be appropriate, including supporting individuals in completing appropriate rituals for grief over lost family or friends (Eisenbruch, 1991); assisting with tracing and reuniting missing relatives; and strengthening

community bonds by linking the individual with other members of their community or local support services (Schweitzer et al., 2007).

Silove's (1999) framework could also be usefully employed as a guide when completing assessments in clinical settings. This would ensure that assessments would fully capture the multifaceted difficulties experienced by refugees. Used in conjunction with the CBI (Eisenbruch, 1990), this system would ensure that a thorough account of refugees' experiences and difficulties could be given.

The coping and resilience factors identified in the template may also have significant implications for clinical practice. For refugees experiencing distress, building on these factors may help to improve well-being and facilitate PTG (Kroo & Nagy, 2011). *Religion* and the *Zimbabwean community* were factors of coping and resilience amongst participants. It may be useful for services to think about engaging refugees with voluntary community organisations or Zimbabwean churches in the local area to help improve well-being. Using support workers in teams may be helpful in this instance. Engagement with the Zimbabwean community may also provide access to traditional healers and other people Zimbabweans associate with a healing role (Tribe, 2002), thus helping to overcome distress linked to the *safety system*, which may be more appropriate or helpful for refugees than Western interventions.

Additionally, refugees presenting to services may benefit from additional support beyond traditional psychological therapy. Particularly, *employment* and *education* were important factors in how Zimbabweans cope with their life in the UK. This corresponds with the national Improving Access to Psychological Therapies (IAPT) programme. This aims to increase the provision of psychological therapy for depression and anxiety disorders, to diminish long waiting times, and to reduce the

number of people on incapacity benefit and get them back into work (Department of Health, 2008; Layard, 2004). Some IAPT services have employment advisors attached to the team to assist with getting people back into employment. Encouraging refugees in services (particularly those from Zimbabwe) to engage with these may be helpful in improving their overall well-being.

Overall, the clinical implications of the study may inform in some ways the provision of services for refugees. Previous research has reported the usefulness of psychological interventions in addressing mental health difficulties (Crumlish & O'Rourke, 2010); however, given the wide range of stressors faced by refugees both pre- and post-displacement, psychological interventions alone may not be sufficient to enhance refugee well-being (Watters, 2001). The findings of this study support the need for clinical services to take a more holistic approach to refugee care to ensure that the refugee's needs are met. In addition to psychological treatments, other interventions may include employment and educational opportunities, resettlement assistance, language classes, access to culturally specific ways of understanding and responding to psychological distress (e.g. traditional healers), family reunification, and community engagement (Nickerson et al., 2010). Where services are not able to provide such a multifaceted approach, partnership working with other mainstream services would be encouraged to ensure that good links are in place.

4.6. Theoretical Implications

The study found support for Eisenbruch's (1991) explanation of the experiences of CB, as grief, nostalgia, homesickness, guilt, experiencing the past, and anger were prominent themes in the final template (Figure 6). CB had previously only been explored amongst Southeast Asian refugees (Eisenbruch, 1990, 1991); therefore this

study finds support for the concept within an additional refugee group. Some flaws or gaps, however, were identified in Eisenbruch's (1991) view of CB. Amongst the Zimbabwean refugees, having a 'sixth sense for the future' was of relevance. This has implications for Eisenbruch's work. Future research exploring CB should investigate this further to determine whether this theme is specific to Zimbabwean refugees or is relevant to other refugee groups and therefore needs to be considered for inclusion in the definition.

Eisenbruch's (1991) framework emphasised the role of spirits in CB. This study, however, established that participants experienced or did not experience spirits depending on their religious beliefs. This suggests that, contrary to Eisenbruch's (1991) definition, there may be discrepancies in how the key features of CB are experienced by refugees. In order for CB to be more accurately understood, Eisenbruch's (1991) definition may need further consideration to demonstrate how or if variations in experiences fit into the theory.

Despite the fact that the study identified several themes demonstrating contributing factors and experiences of CB, it was unclear to what extent a refugee should be labelled as experiencing CB, and also to what extent experiencing CB should be seen as a problem. For Eisenbruch's (1991) theory of CB to be of greater use with refugees, this problem needs to be addressed.

In regard to Silove's (1999) model, the experiences of Zimbabwean refugees corresponded with four of the five adaptive systems. The specific experiences of CB were found to be more widespread, as in addition to the *attachment system*, these experiences also related to the *justice, identity or role,* and *existential meaning* systems. This may suggest that these systems are not distinct and in fact overlap and interlink.

Further research should investigate how these systems overlap and the effects of this on refugee populations. Overall it appeared that Silove's (1999) theoretical model was a useful framework for understanding and conceptualising the different ways refugees were affected and the associated trauma in the Zimbabwean participants. The findings of the present study therefore support Silove's (1999) model.

4.7 Future Directions

To further determine the relevance of CB to refugees living in the UK, more research is needed with larger sample sizes and with participants living outside of East Anglia. CB should also be explored with refugees from cultures other than those already researched (Southeast Asia, Zimbabwe). Additionally, further research should be completed with refugees residing in different countries and with refugees residing in different situations, for example those living in refugee camps.

The majority of the refugees interviewed for this study had only fairly recently acquired their refugee status. It was unclear whether the amount of time that had passed since acquiring their refugee status affected any experiences of CB. Further research could address this by looking at the experiences of CB throughout the different stages of the refugee journey, for example from first arriving and seeking asylum to several years after obtaining refugee status. Additionally, it would be interesting to complete more in-depth research on the experiences of asylum seekers, to determine whether uncertainty due to their situation interacts with experiences of CB.

The findings of this study suggest that individuals may experience aspects of CB following a move away from their homeland. It could be hypothesised that populations other than refugees, such as migrants, may have similar experiences, and this needs to be researched further. As migrants have the option to return home to visit, and may have

not experienced trauma during their journey, it would be interesting to compare the different experiences of CB amongst these two groups. Additionally, involving refugees more in the design and implementation of the research by employing them as co-researchers would ensure that all aspects of the research would be culturally relevant.

Qualitative methods are useful as they provide a rich understanding of the experiences of participants. However, with qualitative studies the generalisability of the findings is not the main aim. Therefore results need to be viewed cautiously. To produce more generalisable findings about the experiences of CB amongst refugees from specific cultures and refugees living in the UK, more quantitative methods need to be employed in future research. It may be helpful to develop the CBI (Eisenbruch, 1990) into a self-report measure, so that larger numbers of participants can be recruited to determine its relevancy. This would also help researchers to discover the ranges of the experiences of CB, and so to identify the severity of different experiences.

It has been reported that CB "[gives] meaning to the refugee's distress, clarifies the 'structure' of the person's reactions to loss, frames psychiatric disorder in some refugees, and complements the psychiatric diagnostic categories" (Eisenbruch, 1991, p. 673). It therefore follows that in some cases refugees may have CB whilst also meeting diagnostic criteria for mental health conditions. However, in order to develop a full understanding of how CB and mental health conditions can complement each other, further research needs to look at the impact of each. For example, could CB be a precipitating factor to developing depression?

In this study all participants spoke English and therefore interpreters were not required. For the main research completed on CB, the researcher spoke the native language of his participants (Eisenbruch, 1991), and so it was not necessary to use

interpreters. Future research on CB in different cultures may require the use of interpreters as part of the research process. The implications of this in terms of power may therefore need to be addressed.

Refugees under the age of 18 were excluded from this study. It would be useful for future research to explore issues of CB with children and adolescents to determine whether this is relevant also.

4.8. Summary and Conclusion

In summary, the qualitative analysis revealed three specific codes relevant to Zimbabwean refugees in the UK: 1) factors contributing to CB, 2) the experiences of CB, and 3) how refugees attempt to adapt to life in the UK and overcome these experiences. The findings also provided evidence for four of the five adaptive systems of Silove's (1999) theoretical model. This suggests that this is a useful framework when working with refugees.

This study set out to explore the experiences of CB in a sample of Zimbabwean refugees living in the UK. Based on the research findings with Southeast Asian refugees, it was anticipated that the same experiences of CB would be observed in this study. The findings indicate that Zimbabwean refugees did largely report the same experiences (e.g. grief, anger, nostalgia), therefore this study finds support for the CB phenomenon in a new refugee group, and a new resettlement country. There was, however, some variability in responses. It is unclear whether this variation has any bearing on the CB field (i.e. was the variation specific to Zimbabwean refugees, or does the definition need revision?), and this needs further research.

The study also aimed to explore the value of Silove's (1999) model. Four of the five systems were observed. It is concluded that Silove's (1999) framework is substantial enough to account for the multifaceted experiences of the Zimbabwean refugees, and therefore is considered a useful framework to use with refugees.

5. DISSEMINATION OF RESEARCH FINDINGS

The study's main findings were sent to both the BRC and RC, who circulated the findings to participants involved in the study (see Appendix N).

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APPENDIX A

Letter outlining ethical approval was granted for the study from the Faculty of Health Research Ethics Committee at the University of East Anglia.

Faculty of Health Research Office

University of East Anglia

Miss Lea Kendrick
School of Medicine
Health Policy and Practice
Elizabeth Fry Building
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Web: http://www.uea.ac.uk

14 January 2010

Dear Lea

Cultural Bereavement amongst Refugees from Zimbabwe living in the UK – 2009/10-010

The amendments to your above proposal have now been considered by the Chair of the FOH Ethics Committee and we can now confirm that your proposal has been approved.

Please could you ensure that any amendments to either the protocol or documents submitted are notified to us in advance and also that any adverse events which occur during your project are reported to the committee. Please could you also arrange to send us a report once your project is completed.

The committee would like to wish you good luck with your project.

Yours sincerely,

Maggie Rhodes
Research Administrator

APPENDIX B

Permission from the Refugee Council to recruit participants from their service

From: "Julia Treharne" <Julia.Treharne@RefugeeCouncil.org.uk>
Subject: RE: Research consent
Date: Fri, November 20, 2009 2:27 pm
To: L.Kendrick@uea.ac.uk

November 20, 2009

Dear Lea:

Thank you for contacting the Refugee Council for the East of England regarding your research entitled "Cultural Bereavement amongst Refugees from Zimbabwe living in the UK". I am writing to inform you that I have read the details outlined for your research and give consent that participants matching your selection criteria can be recruited, if they give their consent via the services provided from the Refugee Council.

Yours sincerely,

Julia Treharne (Project Worker) on behalf of Tom Daly, OSS Manager.

Julia Treharne
Project Worker
The Refugee Council
4 - 8 Museum Street
Ipswich, Suffolk
IP1 1HT
Direct Line: 01473 297 901
Switchboard: 01473 297900
email: **julia.treharne@refugeecouncil.org.uk**

APPENDIX C

Permission from the Refugee Council to recruit participants from their service

BritishRedCross

East Anglia Area
British Red Cross
Coronation Road
Norwich
Norfolk NR6 5HD

Telephone 01603 426361
Fax 01603 788343
redcross.org.uk

Refugee Orientation Project
44-46 St Augustine's Street
Norwich
NR3 3AD
Tel: 01603 623 041
Fax: 01603 622 927

Lea Kendrick
Trainee Clinical Psychologist
Doctoral Programme in Clinical Psychology
School of Medicine, Health Policy & Practice
University of East Anglia
Elizabeth Fry Building
Norwich
NR4 7TJ

20th November 2009

Dear Lea,

Thank you for contacting the British Red Cross in Norwich regarding your research entitled "Cultural Bereavement amongst Refugees from Zimbabwe Living in the UK". I am writing to inform you that I have read the details outlined for your research and give consent that participants matching your selection criteria can be recruited, if they give their consent via the services provided from the British Red Cross.

Yours sincerely,

Jo Foster

Jo Foster
Service Coordinator

APPENDIX D

Invitation letter to participate sent to potential participants

School of Medicine, Health Policy and Practice
Doctoral Programme in Clinical Psychology

University of East Anglia

Doctoral Programme in Clinical Psychology
School of Medicine, Health Policy and Practice
Elizabeth Fry Building
University of East Anglia
Norwich
NR4 7TJ

Telephone: 01603 593310
Fax: 01603 593604

"Cultural Bereavement amongst Refugees from Zimbabwe Living in the UK"

Dear [INSERT NAME]
I am a trainee clinical psychologist on the Doctoral Programme in Clinical Psychology at the University of East Anglia. As part of the programme, I am required to undertake a research project, which may result in a publication. I am writing to ask whether you would be consider taking part in my research.
I am interested in finding out more about what life is like for refugees living in the United Kingdom, and the experiences they may have had since moving away from their home country. In particular, I am interested in speaking to adult refugees from Zimbabwe aged over 18 years, who have lived in the UK for at least six months.
If you think this may be something you are interested in taking part in then please read the information sheet carefully which is enclosed in this pack.
Once you have read this, if you are still happy to participate, please complete and sign the enclosed agreement form and return it to me in the stamped addressed envelope provided.
Thank you for taking the time to read this.
Yours sincerely,

Lea Kendrick
Trainee Clinical Psychologist

APPENDIX E

Information Sheet

This information sheet provides you with some details about the research I am completing. Please read all of the information carefully, to be sure that you are aware of what the research involves and why it is being done.

If there is anything you are not clear about, or something you would like more information about, please feel free to contact the researcher using the details at the bottom of the sheet.

The information will now be presented in the form of twelve questions and answers.

What is the purpose of the study?
I am interested in finding out more about what life is like for refugees living in the United Kingdom, and the experiences you have had since moving away from your home country.

Why am I being asked to take part?
I am interested in speaking to adults from Zimbabwe aged over 18 years, who have lived in the UK for at least six months.

What does the research involve?
The research involves completing an interview with the researcher which will last between 60 and 90 minutes. It will be recorded onto an audio digital recorder. You will have the option to have an interpreter present to translate between the English and Shona language throughout the interview.

Do I have to take part in the study?
No, you are under no obligation to take part. If you decide not to take part it will not affect the support you will receive from any services for refugees.

What happens to the information you have about me?
The interview will be recorded onto a digital audio recorder. This will then be transferred on to a storage device and deleted from the audio recorder. To access the storage device a code word will be required, which only the researcher and her supervisor will know. The code word will be random, and will not be in any way linked to any information held about you.

Shortly after the interview, the audio recording of the interview will be typed up. Your name and other personal details will not be included on this. Both the typed information and the audio recordings will be stored in a locked cabinet at the University of East Anglia. A record sheet will be stored separately with any information that would let people know who you are.

Will my details in the study be kept confidential?
Things you say during the interview may be used in the write up of the results. Your name and other identifiable information will not be used. You are also able to request

that things you say are not included in the write up of the interview or study, and you do not have to give me a reason for this.

Any contact information you give me such as your address or telephone number will be destroyed as soon as the research has been completed.

Everything you tell me and the interpreter (if requested) will be confidential and we will not repeat the information to any other person. The only time I would need to tell someone about something you said would be if I thought you or another person were at risk of harm. In that case I would need to tell someone to make sure you were safe.

What would happen if I said yes then changed my mind?
You can decide to no longer take part in the study at any stage. In this case, I will safely destroy all the information I had gathered from you up to that point. You will not have to give me any reason for this, and this will not affect any support you receive from any service for refugees.

Is there a disadvantage to me taking part?
I understand that you may have experienced difficult or upsetting events during your life. I understand that it may be difficult for you to talk about some of these things, however you will not be forced or encouraged to talk about anything that you do not wish to. I am interested in hearing your story and whatever you choose to talk about is ok. If you feel upset and wish to leave the interview at any point that is ok.

Are there any advantages of taking part?
The results of this study will help us to understand more about the experiences of being from the Zimbabwe culture and your new life in the UK. This may be used to help us to understand more about other people in a similar situation.

What will happen to the findings of the study?
The results of the study will be written up and will count towards a research project the researcher has to complete as part of their course requirements for the doctoral programme in clinical psychology. It will be submitted to the University of East Anglia. There is also a possibility that the findings could be published in academic journals.

What will happen next?
If you would like to take part in this study please sign the enclosed consent/agreement to contact you form. A stamped addressed envelope has been provided to return the forms to me.

If you do not wish to take part you need not do anything else.

Who do I contact if I have any questions?
If you have any comments, questions or queries you can contact me via the email address provided.

This study received approval from the Faculty of Health Ethics Committee at the University of East Anglia, and is being supervised by Dr Laura Jobson, Chartered Clinical Psychologist (01603 591158, L.Jobson@uea.ac.uk).
Lea Kendrick

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Phone: 07866 226210
e-mail:L.Kendrick@uea.ac.uk

Thank you for taking the time to read this information sheet!

APPENDIX F

Participant consent/agreement to be contacted form

Research Title: Cultural Bereavement of Refugees from Zimbabwe Living in the United Kingdom

Researcher: Lea Kendrick **Research Supervisor**: Dr Laura Jobson

I ……
agree to take part in the above study

		Please Initial
1	I have received and read a copy of the information sheet regarding this study	☐
2	I am aware that taking part in the study will not affect any service I receive	☐
3	I understand that all information shared will be treated confidentially	☐
4	I am aware that I can change my mind about taking part in the study at any stage, And that my information will then not be used	☐
5	I am aware that the interview will be audio recorded	☐

6	Preferred means of contact (please circle)	Letter / Telephone
7	Preferred location of interview (please circle)	Refugee Council or Red Cross / own home
8	Interpreter (Shona) required? (please circle)	Yes / No

Address …… Tel no.: ……
……
……
……

Signed …… Date: ……..

Many thanks for agreeing to be contacted.

APPENDIX G

Participant Consent/Agreement Form

Research Title: Cultural Bereavement of Refugees from Zimbabwe Living in the United Kingdom

Researcher: Lea Kendrick **Research Supervisor**: Dr Laura Jobson

I ……
agree to take part in the above study

		Please Initial
1	I have received and read a copy of the information sheet regarding this study	☐
2	I am aware that taking part in the study will not affect any service I receive	☐
3	I understand that all information shared will be treated confidentially, however I am aware that if I tell you that myself or others were at risk of harm you have a duty to speak to somebody about this	☐
4	I am aware that I can change my mind about taking part in the study at any stage, And that my information will then not be used	☐
5	I am aware that the interview will be audio recorded	☐

Signed …… Date: ……..

Many thanks for agreeing to take part.

APPENDIX H

Original Cultural Bereavement Interview

Memories of family in the homeland

- What do you imagine/remember when thinking about your family back in Zimbabwe?
- Who and what is missed?
- Are they missed more at certain times?
- Events that trigger memories (anniversaries, religious ceremonies, weather)

Continuing experiences of family and past

Many people can feel that members of their families they left behind (or those who died) are still with them, sometimes they can hear, see, feel, touch or even smell them, or feel a 'sense of presence' as if they are around.

- Have you had any of these experiences?
- What did you experience?
- Have they found this frightening or comforting? In what way?

Ghosts or spirits from the past

Some people who have lost someone close to them, experience ghosts or spirits of the person visiting them.

- Have you had any of these experiences?
- What is the purpose of this? Are they urging you to do something (join them, acculturate, make good)
- Does anything trigger these encounters?
- Have you found the ghosts/spirits frightening or comforting, in what way?

Dreams

Many people who have moved away from their home country have dreams about their family and their country.

- Do you ever have any dreams about your family or Zimbabwe?
- Is there any trigger to dreaming? (Worries, nostalgia)
- Who is in the dream?
- What happens in the dream?
- What was the outcome of the dream? (Loss of contact, reunion, saved from death, catastrophic end)
- What is the purpose of the dream? Do you feel you are being urged to do something in the dream?
- Have you found the dreams frightening or comforting, in what way?

Guilt

Sometimes if refugees do not think about their homeland, friends or family as much as before they can feel guilty. Others can feel guilty that they got out, and started a new life.

- Has this happened to you? *(Empathic – it must have been hard to leave)*
- What were the reasons you decided to leave Zimbabwe? *(Empathic – it must have been an incredibly hard decision to make)*

- Do you regret leaving, or ever think it was wrong to have left the country and loved ones behind?

Clarity with which appearance of relations is recalled
After being away from home for a while, some people find it hard to remember what their homeland, family or friends look like.

- Do you have any difficulties remembering what people or places look like?
- Do you do anything to stop the memories fading?

Structuring of the past in the homeland
People often think about what their lives were like in their homeland.

- What are your memories?
- How do you remember life in your homeland? (Before and during the troubles)

Sometimes people are able to bring personal things with them from their families like photographs or pictures, which remind them of their family and country.

- Were you able to bring any personal things with you before you left?
- How does it feel to have/or not have them?

Personal experiences of death and funerals
Many people, especially refugees have lost relatives in their homeland

- Have you lost any relatives? Who?
- Causes of death - Were they sick, had an accident, or were they killed?
- Are there any relatives with whom you are unsure if they are alive or not?
- Did you witness any deaths yourself? Whose fault were they?

Anxieties, morbid thoughts and anger in response to separation from the homeland

- Was there enough time to understand what was going to happen before fleeing from Zimbabwe?
- What was happening at the time?
- Who instigated the move to the UK?

Sometimes when people have to leave their homeland they can feel angry.

- Is this true of you?
- If so, with who, and what did you do with the anger?

Sometimes people continue to feel angry because they have been separated from their families

- Is this true of you?
- If so, who are you angry at, what do you do with this anger?
- Do you wish you were able to do certain things with your family before you left?
- What sort of things do you wish you could have done?

Comfort derived from religious beliefs

- Do you follow a religion?
- Has your religion helped you through your move to the UK? (Feel less upset about losing your family and homeland)
- Which beliefs have been helpful?

Comfort derived from participation in religious gatherings
Sometimes people feel better when the community is gathered together.

- Have you been able to attend any gatherings since moving to the UK?
- Do the gatherings help them or not?

APPENDIX I

Interview Guide

Below are a few examples of the type of questions that will be used within the interview. The interview may be modified during the research to add in topics that have not originally been included or to drop those that are incomprehensible and repeatedly fail to elicit responses relevant to the question (King, 1994).

Introduction

Thank you very much for letting me talk to you today and for helping me with my study.

I want to talk to you about your experiences of moving from Zimbabwe and living as a refugee in the UK. I am also interested in any experiences you may have of cultural bereavement, which is a form of grief for your homeland and culture.

You don't have to talk about anything that you don't want to. What you say will be kept private. The only exception to this is if you talk about wanting to hurt yourself or someone else. I would need to pass this information on but would let you know first.

If you have any questions, at any time, please ask me. If you don't understand what I have said please let me know and I can explain in a different way.

Please tell me as much as you can about your experience of moving from Zimbabwe to the UK

- (prompt question to be used if necessary) Please tell me about any thoughts/memories you have of family back in Zimbabwe.
- (prompt question to be used if necessary) Can you tell me about any experiences you may have had where you have felt their presence?
- (prompt question to be used if necessary) Can you tell me about any experiences of ghosts or spirits you may have had in the UK.
- (prompt to be used if necessary) Can you tell me about any dreams you have had about Zimbabwe? Your family?
- (prompt question to be used if necessary) Can you tell me about any feelings of guilt you have had in the UK
- (prompt question to be used if necessary) Can you tell me about any feelings/emotions you have noticed whilst being in the UK
- (prompt question to be used if necessary) Can you tell me about anything you do in the UK that you get comfort from. For example, religion?

Please tell me about anything else that we haven't spoken about that you think is important. Are there any areas you think are important that have not been asked about?

Please tell me a bit about how you have found this interview today?

Finish: Thank you very much for talking to me today.

APPENDIX J

Audit trail – providing evidence of the raw data, and familiarisation of the transcripts prior to any coding taking place (as recommended by Wolf, 2003).

Italics highlight key ideas identified by the researcher, which may or may not contribute to codes further in the research process.

Excerpt from Participant 4 (lines 131 to 173)

I: Is that financially? [Participant had previously talked about helping family]
P: Yes financially, because financially and then maybe morally or emotionally. When I talk to them because I do call them at least once every week, yes I do call my Dad and my Mum and my children, I do call them, and also sometimes my friends, but those very close to me I do call them at least once a week. *Wanting to provide emotional support to others who still in Zimbabwe*
I: Do you have any specific memories of your friends, family, or life in Zimbabwe?
P: Like what?
I: Do you have any images of people, family or friends back home? Or is there anything or anyone that you specifically think about? Any situations that you think about?
P: Yes I miss being with them for family gatherings like Christmas and birthdays. You know we used to hold Christmas dinners, the whole family from my side and from my husband's side be together, I miss that. *The participant seems to be missing being with family for special occasions*
I: Right
P: And I also miss my children so much. One of them is expecting.
I: Oh right, is she the first one to have children?
P: Yes. My second daughter is expecting and according to our culture when your child is expecting their first kid they have to be with their Mum, they are sort of taken back to their Mother so that the Mother looks after them and they give birth with their Mum because it's the first child. So it is assumed the Mother gives all the necessary support, and I am not there to give that support. *Missing cultural traditions in the UK*
I: Right. How has that left you feeling?
P: I feel bad and it really hurts, but then there is nothing I can do. Even when she got married it really hurt me, because I had to, as the Mum when she was getting married I was supposed to be there and when my in-laws came we were supposed to like, I was supposed to receive my gifts, my bride price as the Mother but I couldn't go there and I had to find a relative to stand in on my behalf. Which emotionally it really drained me. *Reference to bride price reflects the cultural tradition of marriage in Zimbabwe. Participant seems to be missing out on cultural traditions by being in the UK.*

Excerpt from Participant 1 (lines 905 to 947)

P: Well the only thing I can say is if I get the chance of meeting you again, or if I have got money, by next year I am expecting to visit Zimbabwe I would invite you.
I: Ah thank you very much. So you are planning to go back next year then?
P: Yes because the visa which I was given, is an open visa, it is not refugee status
I: Right, so you have had the status but that is now turned into indefinite?
P: Yes indefinite and resident permit. So it is not refugee status, that is why I am finding it difficult to bring my daughter in because I contact Red Cross, and Refugee's in 'city' and since you were not given refugee status they can't help me for this application, so we have to follow all what they want, like money in the account, four months pay slips, proof of accommodation which your daughter can manage to live as well and all those things. So that is what I am working on right now. *The participant seems to be determined to do everything she can to help her daughter come over to the UK*.
I: And is that going to be your first time back in Zimbabwe since 2002?
P: Yes, it will be next year actually, because I moved into a flat, its just a blank thing, and I didn't want to claim benefits, I said no I don't want to claim benefit, even just a community grant I said no I am not disabled, I must at least appreciate, I must give back to the community, so since I started working I have just had may be two days off since February up to now I work everyday, I have two jobs and go from one to the other, so I am trying to finish my house, and to save at the same time for my daughter to come, so I am doing two things at the same time, paying rent because I had already two or three weeks before I started to work so I need to cover my rent and council tax and everything. So just doing three things at one time which is difficult actually. *The participant appears to be determined to not live off benefits and pay her way as far as possible in spite of this being a financial struggle.*
I: I bet it is. You must be extremely tired with everything you are doing?
P: Yesterday I worked nights, then I had to come home because I had some things which had to be delivered from Tesco's, after they had delivered it I thought let me go and see my sister, I haven't seen her since she came back from Zimbabwe. When I came back I did some house chores, then I only slept for one hour, and went to work at night, I had an appointment I came here, these people are calling me I am doing the afternoon shift but they wanted me to do nights, I can't do nights, because tomorrow I have got a long day, long day tomorrow, long day Sunday, long day Monday, and then earlies and nights in a row. It's a busy life, and my friend was the same, totally existing, because you have stopped existing, because you just awake, eat, sleep. But that's life. *Appears to be determined to work as many hours as she can.*

Excerpt from Participant 7 (lines 128 to 172)

P: I miss home but you know things are very very bad because the way we left you know our country we were like in a hurry and then now we have nothing, if we go back to Zimbabwe now we have got no home to go to, nothing because everything was destroyed, everything was taken, things that we had properties that we had, you know it's all gone so it's now like, we wanted to go back home but you know before we claimed asylum but we were like if we go back home, where are we going to stay, so it was so difficult you know, it was so difficult. But home is best, home is best, you can live with family but you know it's like a burden to them if you don't have work because employment in Zimbabwe is terrible, so you can't live with family especially if you have got children of your own, it's so difficult so surviving back home you would need to have money, loads of it, loads of it, and most of my family now they are not in Zimbabwe, my brothers are in South Africa, my sister and my other brother they are in Namibia, yes it's only my youngest brother he is in the army he is the only one back home, and things are not that perfect. The US dollar is so difficult for you to get hold of it as an ordinary person so they are really struggling, most people back home. *Participant expresses missing home and home being best. Described losses and property being destroyed, and current difficulties in Zimbabwe*
I: I can imagine they are!
P: Yes they are, they are.
I: You said your house was destroyed, how did that happen?
P: Yes, yes
I: Was that with the political problems that were going on?
P: Yes there was this you know, the new operation they started because they wanted to clean up, they wanted to remove all the houses without proper plan and or sometimes you can like, the council can allocate land for houses to be built, the houses were built because this small town we were living in, there was like a new area, so the whole area the houses were destroyed because the government was against it, because the government didn't approve that and my Dad had some cottages at his house because he had a big yard he had some cottages that had lodgers in, all that was destroyed and he had a small tuck shop in front of the house and that was destroyed as well, so you know things you know for the first time for that to happen to most people in Zimbabwe it was so difficult, it was so difficult, because my Dad had retired at that time, so his retirement money he decided to build a small shop in front of the house and then another three bedroom house for the lodgers so that he can have money at the end of the month, but all that was destroyed. *Accounts of the losses incurred through property being destroyed appear familiar to 'Operation Murambatsvina'*

APPENDIX K

Audit trail – process and decisions taken to revise the templates, including notes and excerpts from the reflective journal (as recommended by King, 2010).

A priori template

This was informed by the interview schedule and findings from previous research. The a priori template was used to code the first three transcripts (Participant 1, Participant 2, and Participant 3).

- Factors contributing to cultural bereavement
  - Loss
  - Refugee journey
- Experiences of cultural bereavement
  - Grief
  - Nostalgia
  - Guilt
  - Continuing experiences of past
  - Anger

Excerpt from the reflective journal:

The interview schedule has been useful to structure the a priori template. It appears to be important to have the code about what contributes towards cultural bereavement to give some context to the experiences and how they may have developed, rather than just look at the experiences.

Suggested changes to the a priori template that were noted in the reflective journal

Changing the scope of the following codes, to include further lower-order codes:

- Factors contributing to cultural bereavement
  - Loss – *need to include different types of losses that have been identified e.g. loss of family members through sickness and torture, loss of personal belongings and the loss experiences just from being separated from people who are still in Zimbabwe*.
  - Refugee journey
- Experiences of cultural bereavement
  - Grief
  - Nostalgia – *it may be better to include homesickness in this code as well. Participants appeared to feel nostalgic to the country as a whole and*

also the cultural traditions in Zimbabwe. These differences should be made more explicit.

- Guilt – *this code is not explicit. Participants experienced different kinds of guilt which should be acknowledged e.g. guilt that family had been left behind, and guilt that they were no longer in Zimbabwe, particularly during difficult times.*
- Continuing experiences of past – *participants talked about dreams, nightmares and spirits. Dreaming and experiencing spirits are different things, therefore it may be better to separate this code to incorporate this better.*
- Anger – *three dominant themes of anger have been noticed from the transcripts (separation from family, being in the UK and the situation in Zimbabwe). Each of these should be given its own separate code as they are too distinct to include under the one code.*

Excerpts from the reflective journal:

From the three transcripts I've looked at, the a priori template appears to be quite limited at fully capturing the experiences of the participants. I had expected participants to talk about loss in relation to family members, however I had not fully anticipated the effects of other losses, such as losing personal items too. I'm wondering whether it may be better to include additional lower-order codes so the different types of losses identified can be included. This may be useful for the other codes also.

All of the participants so far have talked about the differences they have noted between the UK and Zimbabwe. Some of them appear to struggle with the differences, and this does not help their situation, given all of the other difficulties experienced by being a refugee. Perhaps this should be highlighted in the template.

Some participants have discussed positive things about life in the UK. It appears that their faith in God, and help from other members of the Zimbabwean community in their area has really helped them whilst being here. I think this needs to be included in the template, as although each participant has recalled the difficulties they have experienced, it seems important to include things that counteract these, and help them being over here.

Suggested insertions to the template:

- Include the differences between Zimbabwe and the UK as the three transcripts talked about the differences in terms of religion, and feeling a sense of community in the UK.
- Include how participants adapt to life in the UK. This can be separated into the determination acknowledged (at finding employment, and helping family back

in Zimbabwe) and other sources such as religion and the Zimbabwean community – later renamed to coping and resilience factors in the UK.

Initial template

- Factors contributing to experiences of cultural bereavement
- Loss
    - Family members
    - Sickness and HIV
    - Torture
    - Possessions
    - Separation from family members
- Refugee journey, leaving Zimbabwe
- Differences between Zimbabwe and the UK
    - Religion
    - Sense of community
- Experiences of cultural bereavement
- Grief
- Nostalgia and homesickness
    - Zimbabwe
    - Cultural traditions
- Guilt
    - Left family behind
    - Not there to help during difficult times

The initial template was then applied to all of the transcripts (including the three that were previously coded). Following this, additional comments were made in the reflective journal, and suggestions for amendments to the template.

Suggested changes to the initial template that were noted in the reflective journal

Changing the scope of the following codes, to include further lower-order codes, changing the higher-order classification, and deletion of codes:

- Factors contributing to experiences of cultural bereavement
    - Loss - *this code needs to be made more explicit as losses were reported in relation to death and their causes, but also other losses. These need to be made more separate, and the higher-order classification changed.*
        - Family members - *change higher-order classification.*
        - Sickness and HIV – *change higher-order classification.*
        - Torture - *change higher-order classification.*
        - Possessions – *loss of properties appears to be significant also. This is spoken about in relation to possessions, therefore this needs to be renamed to include both.*
        - Separation from family members
    - Refugee journey – *it has become apparent that the journey is important in relation to both how the participant had to leave and why they left. These need to be acknowledged in the template. Put into further lower-order codes.*
    - Differences between Zimbabwe and the UK
        - Religion
        - Sense of community
- Experiences of cultural bereavement
    - Grief
    - Nostalgia and homesickness – *this needs to be separated into nostalgia and homesickness, as these are actually separate things. This code should be renamed to homesickness only.*
        - Zimbabwe – *change higher-order classification. This code should be under homesickness only.*
        - Cultural traditions – *change higher-order classification. This code should be under homesickness only.*
    - Guilt
        - Left family behind
        - Not there to help during difficult times
    - Experiencing the past – *dreams, nightmares and spirits were often used interchangeably, therefore it does not appear to be necessary to have these codes a separate ones. The level two lower-order codes should change scope and be included within this code only.*
        - Dreams and nightmares – *delete this code.*

        - Spirits – *delete this code.*
    - Anger
        - Separated from family
        - Life in the UK
        - Current situation in Zimbabwe
- Adapting to life in the UK – *this should be renamed to coping and resilience in the UK to reflect the refugee well-being literature.*
    - Determination
        - Employment
        - Help family members
    - Religion
    - Zimbabwean community

Excerpts from the reflective journal:

Three of the participants have talked about not knowing whether someone they knew was alive or dead. This relates to a finding from an article I have read about 'ambiguous loss'. It seems important that this is included in the template as this is a form of loss in itself, and one that caused distress to the participants.

There has been hardly any mention of spirits amongst the participants. This finding is unexpected and goes against the original assumptions I made about the research. I'm wondering whether such an emphasis needs to be placed on spirits within the template, given that not many of the participants believe in them?

It is interesting that when participants are asked about experiencing the past through spirits etc… a number of participants have talked about what sounds like they have experiences of the future. Some participants have described that they know something bad is going to happen, or that someone has died before the event itself. It appears that some of the participants have a 'sixth sense' whilst being in the UK. This is an interesting finding but it does not fit with any of the codes in the template, however it seems important to include.

Suggested insertions for the final template:

- Ambiguous loss needs to be included in the final template.
- Loss of profession and the status that came with their employment appeared to be relevant for many participants, therefore this should be included as a further level two lower-order code under loss.
- From reading all of the transcripts again, another difference between Zimbabwe and the UK emerged, which should be included and named cultural practices.
- As nostalgia will have been removed from its original code. A new nostalgia code should be inserted which includes additional lower-order codes. it has emerged from the transcripts of dominant codes related to nostalgia including participants viewing ‘home as best’, memories fading and also them only having memories of places and people as they left Zimbabwe.
- A new lower-order code should be inserted which accounts for the participants experiencing a ‘sixth sense’ for things happening in the future..
- Further codes should be inserted into the renamed coping and resilience in the UK code, as other lower-order codes have emerged including feeling lucky, a desire to return home to Zimbabwe one day and a sense of determination to improve their education whilst they have the opportunity in the UK.

APPENDIX L

Audit trail – providing evidence of how the relevant codes from the final template are identified within the transcripts. The corresponding code number is identified in italics

Excerpt from Participant 5 (lines 746 to 788)

I: Sometimes people feel very angry that they had to leave their home, is this true of you do you think?

P: Yes, you have all sorts of, yes very angry, you feel very, very angry, you feel how do I put it? You feel, I think angry is the best word, you feel very, very angry because you are sort of routed out of your place, out of your loved ones, out of everything *(2.7.1.)* and you sort of, especially when you see that things are not changing, things they go on and on, each time you read the news of Zimbabwe you are hoping that things will change *(2.7.3.),* you know you feel very angry, you feel angry because you have been deprived of a lot of things, of being with your parents, of being with your children *(2.7.1.),* people, a lot of children who are supposed to be in school are not in school – that makes me very angry *(2.7.3.).* It is not very nice and especially when you go there and you see the situation, I mean I think children touch me the most, you go into the streets and you see poverty a lot of poverty, it makes you angry, very, very angry because it shouldn't be, it shouldn't, it is not necessary *(2.7.3.),* if people just decide not to be greedy, I think a lot of things would be, a lot of problems would be solved. But yes it makes you very angry. Yes. It makes you angry because those in government keep on lying, lying, lying *(2.7.4.).* Its anger, yes I think that's the word angry. Very angry.

I: Is there anyone you are angry at in particular, or anything you are angry at?

P: Yes I think I am angry at Mugabe, I am angry that he has let us down. We supported him when he came along, when he was our first black president, but he turned his back on us. You understand? *(2.7.4.)*

I: Yes

P: We are out in living without our children *(1.1.6. + 2.7.1.)*, he has got his children who are going to good schools. I think the government is, I am very angry with the government, the way it has just sold people out and the way it has just turned out to be, you know you get angry yes, you get angry to the government of Zimbabwe *(2.7.4.).*

I: I can understand that definitely. Some people are angry that they have been separated from their family and friends

P: Yes I should be with my Mum *(1.1.6.)*, you understand. I was well established in Zimbabwe *(1.1.5.)* and now I am living in this one room, when I left a four bed roomed house in Highlands *(1.1.4.)*. It is sad, you never understand until you are in this situation.

Excerpt from Participant 6 (lines 655 to 701)

P: Erm. I will tell you one thing, whenever we discuss about that subject we look at it this way, we were blessed to come over here because what is happening now *(3.4. + 2.7.3.),* if my kids were in the same situation, I look at myself and how would I have felt if my kids were like that and I was in that situation not being able to help or do anything. Here, yes you know I have had to wait for so long, but no one came and smacked me on my face, no one came and insulted me, no one came and did anything like attacked me, you see? So if you are not attacked you feel the security, you feel secure, even though nothing is moving, you will have a hope and hope is centred on one thing - I am going to get it, you are not worried about security, you are not worried about what is going to happen to you in terms of being threatened with your life *(2.7.3.)*. So coming here was like, I look on it as a blessing. I don't know how other people think but I look at is as a blessing *(3.4.)*
I: That is a really positive way of viewing it.
P: That's right
I: That's nice
P: I look at it as a positive thing, I have friends who are grew up with, some of them who I left there, probably more than half have died and may be I would have been one of them, you know so that kind of thing gives me the blessing part, you see *(3.4. + 1.1.3.)*.
I: I can see why you would. Do you follow a religion at all?
P: Yes, we go to church actually.
I: What religion are you?
P: Catholics, Christian meeting,
I: And has that helped with moving over here with the stress you have had?
P: No I wouldn't say, spiritually it has helped but because we were so stressed with not knowing what is going to happen tomorrow we were not being focussed we were not going to church. We only started going to church when we had our status approved. That was when we started going to church and we go to church every week now. *(3.2.)*
I: Okay
P: And we are participating in church and all those things, but I don't know why, if you ask me why we did not go before, the door was just shut we could not think of it. *(3.2)*

Excerpt from Participant 3 (lines 353 to 410)

P: It was good because I had the best of my life, it was the best I tell you because I owned a house, I had cars, various of cars, I would choose and pick which one I choose, I had a company car. I was living, okay I cannot say luxurious but it was alright for me, it was a decent life because I could provide a decent meal for my family every day, so it was alright for me *(1.1.4. + 1.1.5.)*
I: I am sorry that you had to leave that behind, it must have been very difficult.
P: I had do to because life is too superior, life is just too superior and no one has the right to switch you off like a television, so I had to run away with my life *(1.2.1. + 1.2.2.)*. Those are material things anyway, maybe when my country is safe one day I can go back and then start again *(3.5.)*.
I: What were some of the reasons you decided to leave Zimbabwe, unless that is a difficult topic to talk about?
P: It was just about escaping with my life, yes escaping with my life *(1.2.2.)*.
I: Is this related to what you mentioned earlier about being threatened?
P: Threatened is not enough. I have gone through thick and thin, you see? If they were threatening me, may be sending texts messages saying well we want to kill you, we want to torture you or something like that, those are feeble words, they mean not much harm, I would just say "oh they are bluffing". Not when they do come to your place, they abduct you, they take you they torture you until you are half dead, they just throw you somewhere out along the road as if you are just trash or garbage or something *(1.2.2.)*.
I: And did that happen to you?
P: Yes, it happened to me.
I: I am sorry to hear that.
P: It did happen to me. And if you know the situation in our country, the government agencies, they are not there to mess around, they can bulldoze anyone who stands in the government's way. It's either you are with them, or you are against them *(1.2.2. + 2.7.3.)*.
I: And were you viewed as against them then?
P: First of all actually I was not a political activist, right, but for the fact that when they approached me and they wanted me to dance to their tunes and I didn't want to do it, automatically I became an enemy of the state. So for me to be an enemy of the state, I had to join the enemies for them, which they call enemies which are the opponents *(1.2.2. + 2.7.3.)*.

APPENDIX M

Final template including definitions of each code.

- **Factors contributing to experiences of cultural bereavement** – *SECTION HEADING ONLY (DO NOT CODE). Sections in the transcript that identify things that may contribute towards experiences of cultural bereavement*
    - **Loss** – *SECTION HEADING ONLY (DO NOT CODE). Experiences of loss*
        - **Death** – *SECTION HEADING ONLY (DO NOT CODE). Experiences of other people dying*
            - **Family members** – *comments about loss through death of members of the participants family*
            - **Friends or colleagues** – *comments about loss through death of the participants friends or work colleagues*
        - **Cause of death** – *SECTION HEADING ONLY (DO NOT CODE). Causes of death for the people that had passed away*
            - **Sickness (and HIV)** – *statements identifying that people died due to an illness, including HIV*
            - **Torture** – *statements identifying that people died as a result of torture*
        - **Ambiguous loss** – *statements where the participant was unsure whether someone was alive or dead*
        - **Property and possessions** – *comments in relation to the loss of property and personal possessions since moving to the UK*
        - **Profession and status** - *comments in relation to the loss of their profession and the status they had from this,*
        - **Separation from family members** – *comments in relation to the loss experienced at being separated from family members who are still living in Zimbabwe*
    - **Refugee journey** – *SECTION HEADING ONLY (DO NOT CODE). The decisions and journey of how the participant got to the UK*
        - **How they left** – *the explanation given by the participant for the circumstances related to how they left Zimbabwe*
        - **Why they left** – *the explanation given by the participant for the circumstances behind why they left Zimbabwe*

- **Differences between Zimbabwe and the UK** – *SECTION HEADING ONLY (DO NOT CODE). The differences noted by participants between Zimbabwe and the UK*
  - **Religion** – *statements that suggest there are differences in how religion is practices between Zimbabwe and the UK*
  - **Sense of community** – *statements that suggest there are differences in the feeling of being part of a community between Zimbabwe and the UK*
  - **Cultural practices** – *statements that suggest there are differences in the cultural practices of Zimbabwe and the UK*

- **Experiences of cultural bereavement** – *SECTION HEADING ONLY (DO NOT CODE). The experiences of cultural bereavement amongst the Zimbabwean participants*
  - **Grief** – *comments that suggest that the participant is experiencing grief*
  - **Nostalgia for home** – *SECTION HEADING ONLY (DO NOT CODE). Sections in the transcripts that identify nostalgia for home*
    - **'Home is best'** – *comments describing home or Zimbabwe as being the best*
    - **Memories fading** – *comments describing memories of places in Zimbabwe beginning to fade since being in the UK*
    - **Memories of things as left Zimbabwe** – *comments suggesting that the participant has memories for people and places as they left Zimbabwe, and these are not open to change*
  - **Homesickness** – *SECTION HEADING ONLY (DO NOT CODE). Sections in the transcripts that describe feelings of homesickness*
    - **Zimbabwe** – *statements describing homesickness for Zimbabwe as a country*
    - **Cultural traditions** – *statements describing homesickness for the cultural traditions that they have left behind in Zimbabwe*
  - **Guilt** – *SECTION HEADING ONLY (DO NOT CODE). Sections in the transcripts describing the guilt experienced by participants since moving to the UK*
    - **Left family behind** – *comments describing guilt that members of the participants family are still in Zimbabwe*
    - **Not there to help during difficult times** – *comments describing guilt that they are not in Zimbabwe to help during difficult times, e.g. someone being ill*

- **Experiencing the past (dreams, nightmares, spirits)** – *statements outlining incidents whereby the participant has experienced the past through their dreams, nightmares or contact with spirits*
- **A 'sixth sense' for the future** – *comments identifying incidents whereby the participant has had experiences of something happening in the future*
- **Anger** – *SECTION HEADING ONLY (DO NOT CODE). Sections in the transcripts that describe feelings of anger*
  - **Separated from family** – *statements identifying anger in relation to being separated from members of their family*
  - **Things that have happened in the UK** – *statements identifying anger in relation to things that they have experienced whilst living in the UK*
  - **Situation in Zimbabwe** – *statements identifying anger in relation to the continuing difficult situation in Zimbabwe*
  - **Zimbabwean government**– *statements identifying anger in relation to the Zimbabwean government for causing the difficulties*

- **Coping and Resilience in the UK** – *SECTION HEADING (DO NOT CODE). Sections in the transcripts that describe things the participant does to try to adapt to life in the UK and overcome any experiences of cultural bereavement*
  - **Determination** - *SECTION HEADING (DO NOT CODE). Sections in the transcripts that describe a level of determination*
    - **Employment** – *comments identifying a determination to find employment and earn money whilst living in the UK*
    - **Education** - *comments identifying a determination to improve their education whilst living in the UK*
    - **Help family members** - *comments identifying a determination to help family members back in Zimbabwe whilst living in the UK*
  - **Religion** – *statements outlining whether religion has been helpful or not since being in the UK*
  - **Zimbabwean community** - *statements outlining whether meeting other members of the Zimbabwean community has been helpful or not since being in the UK*
  - **Feeling lucky** – *comments suggesting that the participant feels lucky that they are in the UK*
  - **Desire to return to Zimbabwe** – *comments suggesting that the participant has a desire to one day return home to Zimbabwe*

APPENDIX N

SUMMARY OF RESEARCH FINDINGS

CULTURAL BEREAVEMENT AMONGST REFUGEES FROM ZIMBABWE LIVING IN THE UK

Purpose of the research.

This study investigated people's experiences of cultural bereavement upon moving to the UK. This involved exploring people's expectations and experiences of Guided Self-Help. It was hoped this would help us to better understand how people respond to Guided Self-Help. The aim is to use the information gained from this study to adapt and improve Guided Self-Help treatment for people with anxiety.

Participants.

Seven people were interviewed in total. Of these, five of you were female and two of you were male.

Findings from the research.

This study had two questions. A summary of the findings from each of the questions is outlined below.

What are the experiences of moving from Zimbabwe and living as a refugee in the UK?

To answer this question, your experiences of cultural bereavement were identified. Cultural bereavement is a type of grief reaction that some people experience after moving to a different country, due to the losses they may have encountered (Eisenbruch, 1991).

Factors that may contribute towards cultural bereavement.

Most of you had experienced difficulties that may act as contributory factors to cultural bereavement. 1) Loss - All of you described experiencing loss upon moving to the UK. For some of you a significant loss had occurred including the death of family, friends or colleagues. Others spoke about how in moving to the UK you had to leave behind your valued property and possessions. For some, loss of previous profession in Zimbabwe and the status this gave was described. 2) Journey - some of you described your journey to the UK, and the difficulties relating to how and why you left Zimbabwe. 3) Some of you described the differences you had noted between Zimbabwe and the UK. These included differences in religious practices, a sense of community, and cultural practices. Overall these differences were linked to missing Zimbabwe.

Experiences of Cultural Bereavement

You all reported experiences that could be relevant to cultural bereavement. There appeared to be seven main areas which were relevant: 1) grieving for your current situation; 2) feeling nostalgic about Zimbabwe; 3) feeling homesick; 4) feeling guilty that family are still in Zimbabwe and you are not there to help them; 5) experiencing things from your past e.g. through dreams; 6) having a 'sixth sense' for things happening back home; and 7) anger at your current/past situation.

Coping and Resilience

You all described several important things that helped you to cope with your situation in the UK, and therefore helped with any aspects of cultural bereavement. Some of you described how your current employment was really important for you in the UK. Similarly, some of you were attending college, which you reported was with the view that you wanted to seek employment at a later date. Most of you described helping family members who were still in Zimbabwe (financially and emotionally), and this helped you to feel better about your situation in the UK.

For some of you, religion was important and helped you to cope with life in the UK (however, others did not find religion helpful due to the differences in services between Zimbabwe and the UK). Additionally, being able to socialize with other members of the Zimbabwean community where you lived helped you to cope with like in the UK. Finally, most of you described feeling positive about your situation, and feeling lucky. You also described a desire to one day return to Zimbabwe.

Summary

Overall, most of you had experienced a number of factors that Eisenbruch (1991) would view as contributory factors to cultural bereavement (e.g. loss). You also reported aspects of what Eisenbruch (1991) describes as cultural bereavement (e.g. grief, nostalgia, homesickness, guilt, dreams, anger). However, these appeared to be healthy responses to your situation, and did not appear to be causing any distress. Finally, you all had a number of resources that helped you cope in the UK (e.g. employment, religion, Zimbabwean community).

How do the Zimbabwean Refugees' overall experiences fit into Silove's (1999) model.

To answer this question, the above findings were discussed in relation to Silove's (1999) model. Silove's model reports that your experiences as a refugee can affect one of five systems: 1) safety; 2) identity-role; 3) justice; 4) existential meaning; 5) attachment.

Your experiences provided evidence for 1) identity-role – some of you had described difficulties in the UK because your previous status in Zimbabwe was no longer recognized, particularly when prospective employers did not recognize your previously held qualifications; 2) justice – all of you described feeling angry about being a refugee (e.g. having to leave Zimbabwe, the current situation in Zimbabwe); 3) existential-meaning – this was not relevant to most of you, however, some of you described that

you had lost your religious faith since moving to the UK; 4) attachment – the losses already described appeared relevant to this system.

Further information.

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