“No peace…I have no peace”

Continuous Traumatic Stress and Resilience in Asylum Seekers Living in Johannesburg

By

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DECLARATION OF ORIGINALITY

I hereby declare that this work is accurately represented and that it has not been submitted for a degree at another university.

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ABSTRACT

The study sought to describe the experiential and symptomatic dimensions of ongoing traumatic stress in asylum seekers living in South Africa and explore the ways in which they managed in a context in which they were exposed to potential violence and severe stressors. Six asylum seekers were interviewed on their experiences of past trauma, the emotional and psychological impact of exposure to ongoing stress in the absence of protections in South Africa and the resources they drew upon in order to manage in such climates. The study used a qualitative design and a general descriptive exploratory approach in order to capture these experiences. Individual interviews were conducted with participants and a thematic content analysis technique was used to analyse the resulting transcripts. Findings revealed that CTS as a construct had some utility in being able to conceptualise the socio-political nature of the ongoing trauma oppressed population groups such as asylum seekers were exposed to. While the study was able to locate past as well as current stressors which contributed to ongoing traumatic stress in the form of pre-migration experiences and post-migration stressors respectively, the CTS construct was unable to fully account for the emotional and psychological impact of having to engage with stresses associated with post-migration experiences (oppression, subjugation, and marginalization), in non-facilitative contexts such as participants had found Johannesburg to be. The symptom presentation of asylum seekers appeared to not only include trauma related reactions but also further responses, including depressive and somatic sequelea, related to having to re/engage with historical and current stresses and the lack of protections associated with these. Findings suggest that if ongoing traumatic stress is to be conceptualised in certain oppressed population groups a more circular model is required which considers the inter-related impact of stressors in the past (pre-migration traumatic exposure) with stressors in the current context (which may or may not be strictly traumatic, but which heighten threat anxiety) and in which lack of social

protections gives rise to the anticipation of future maltreatment based on one's identity/position in society. The study considered the various coping strategies which asylum seekers drew on to manage in the post-migration context. It was found that marginalization forced asylum seekers into an insular position in society in which primary reliance was on themselves and intrapersonal dimensions of resilience, with only some value being gained from community related forms of support. This 'coping picture' appeared to limit asylum seekers' social capital building capacity which appeared to place the population at greater risk of developing "ongoing traumatic responses".

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CHAPTER ONE

INTRODUCTORY CHAPTER

1.1 BROAD AIMS AND RATIONALE FOR THE STUDY

The aims of this study were to:

1. Explore the utility of the construct of CTS in conceptualising the experience of stress in asylum seekers living in a context of ongoing violence.
2. Explore and describe the stressors asylum seekers living in South Africa are exposed to in relation to the background construct of continuous traumatic stress (CTS).
3. Describe the experiential, psychological and symptomatic dimensions of ongoing traumatic stress in asylum seekers living in South Africa in relation to the CTS construct.
4. Elaborate on the means by which such displaced populations appear to manage and survive in contexts of ongoing violence.

Post-traumatic stress disorder (PTSD) has been the main diagnosis which has shaped studies into trauma impact, however given that the diagnosis assesses only the impact of past trauma, current research has suggested that other supplementary frameworks be explored to account for symptom presentation in contexts of ubiquitous and ongoing violence and conflict (Diamond, Hoffman & Lipsitz, 2013; Eagle & Kaminer, 2013; Higson–Smith, 2013; Nuttman–Shwartz & Shoval–Zuckerman, 2015). Current studies have begun to explore continuous traumatic stress (CTS) as a construct in the domain of traumatic stress which could describe the impact of living in contexts characterised by ongoing violence (Eagle & Kaminer, 2013). Originally created as an over-arching concept in order to describe responses to traumatic stressors associated with collective experiences of trauma, and violence exposure

together with an absence of protections from such harms and a sense that such stressors are inescapable (Straker, 2013) current research has sought to refine this "umbrella construct" and establish continuous or ongoing traumatic stress as a condition which exists in contexts characterised by ongoing violence (Eagle & Kaminer, 2013; Straker, 2013). In this regard the burgeoning of associated concepts such as ongoing traumatic stress response (OTSR) (Diamond et al., 2013) and cumulative trauma (CT) (Kira, Ashby, Lewandowski, Alawneh, Mohanesh, & Odenat, 2013) demonstrates similar concerns with this kind of phenomenon. This suggests a need to explore the utility of the CTS construct in conceptualising the experiential and symptomatic dimensions of ongoing traumatic stress in contexts characterised by widespread violence. While some studies have been conducted into context specific trauma (Diamond et al., 2013; Higson-Smith, 2013; Kira, Amer & Wrobel, 2013) there is limited research into CTS available both globally and in South Africa. With no existing instrument to measure the impact of CTS (Eagle & Kaminer, 2013) research suggests that more inductive research is needed to further develop the construct and understand its utility in conceptualising the impact of ongoing trauma.

According to South African Police Services (2016) 2,126552 million crimes were reported in the last year with 18673 murder cases, 51895 sexual offences, and 182933 cases of assault with the intent to harm. Furthermore PTSD statistics from the South African Stress and Health Survey [SASH] as cited in Atwoli, Stein, Williams, Mclaughlin, Petukhova, Kessler & Koenen (2013) found that of the study's participants 75% had experienced one violent event and 56.1% had experienced more than one incident of violence. Research suggests that South Africa's high crime rates can be attributed to a history of Apartheid, as well as an ineffective legal system, escalating poverty (Amit & Kriger, 2014) and the number of African migrants and asylum seekers entering the country (Gordon, 2016).

According to O'Brien and Reiss (2016) refugees are displaced peoples who have been acknowledged as such by South Africa's Department of Home Affairs and are able to access certain rights relative to their status. However until such time as this status has been granted such displaced individuals are regarded as "asylum seekers". Further if compared to conventional immigrants, asylum seekers have been forcibly displaced and are not in their respective host country (in this case South Africa) by choice or for economic reasons (Schwartz & Unger, 2017). Such forcible displacement often entails having been exposed to traumatization of a range of kinds including assault, torture, rape and witnessing of murder of family members and destruction of property, amongst other incidents (Kira & Tummala-Narra, 2015). According to the UNHCR 65,6 million people were forcibly displaced around the world at the end of 2016, with South Africa hosting 309,342 people of concern of which 91,043 were refugees and 218,299 were asylum seekers in this same period (UNHCR, 2016). This suggests that asylum seekers are a prominent yet vulnerable population group who, with few rights and protections, find themselves chronically exposed to the high crime prevalence and a climate of violence which characterizes South African society, including well documented xenophobia. Asylum seekers appear to be targeted for various forms of exploitation and violence in South Africa, including xenophobically motivated attacks of various kinds (Gordon, 2016). Based on observations of people working with refugees and asylum seekers in South Africa in the NGO sector as well as some existing research (Amit & Kriger, 2014; Gordon, 2016; O'Brien & Reiss, 2016) it is evident that this population may be a group that are exposed to ubiquitous violence and are therefore worthy of study in exploring the utility of CTS as a construct in conceptualising the ongoing trauma which occurs in such contexts.

Thus, for the purposes of this study for three reasons the experiences of asylum seekers as a displaced population will be considered in order to explore the effectiveness of CTS in formulating the experience of ongoing trauma. Firstly, owing to the nature of their past traumas which include war, genocide, and oppression they are a multiply traumatized population who are further exposed to ongoing stressors which are temporal in nature (Eagle & Kaminer, 2013). Secondly, they lack the security that "refugee status" would afford them and as such were anticipated to be able to provide unique insight into the structural levels of violence associated with the experience of CTS (Kira & Tummala-Narra, 2015). Lastly, having to cope with exposure to endemic levels of violence in South African society with few safe spaces to recover from trauma means that asylum seekers may also be able to offer further insight into resilience in contexts of ongoing threat. Research suggests that recovery from traumatic exposure in contexts of ongoing violence is not always possible however, it is evident that population groups such as asylum seekers draw on various individual, environmental and community resources and coping behaviours in order to successfully manage in contexts of ongoing trauma (Mpande, Higson-Smith, Chimatira, Kadaire, Mashonganyika, Ncube, Ngwenya, Vinson, Wild & Ziwoni, 2013) and this was considered useful to appreciate. The impact of coping behaviours and the risk and protective factors associated with such behaviours have not been fully explored in contexts of ongoing threat where they may impact on an individual's resources differently compared to other settings in which ubiquitous violence is not a factor. While some studies have been conducted on resilience in contexts of ongoing violence internationally (Eshel & Kimhi, 2016; Hobfoll, Johnson, Canetti, Palmieri, Hall, Lavi & Galea, 2012; Lavie-Ajayi & Slonim-Nevo, 2016) and in South Africa (Mosavel, Ahmed, Ports & Simon, 2015) there is still a limited amount of literature available particularly on resilience in asylum seekers and displaced people. Given the prevalence of asylum seekers exposed to community violence in both South Africa

and globally, it was thought that studies into their experiences would make a significant contribution to poorly understood areas in both CTS and resilience literature in relation to populations living in contexts of ongoing violence.

In summary it would appear that there has been limited research done into CTS as a construct, including what kind of symptom picture may be associated with such conditions, the stressors which contribute to the experience of pervasive threat and how individuals cope with ongoing trauma. Thus, the present study stemmed from a theoretical need to grow the limited body of knowledge on how people experience ongoing trauma in order to explore the value of the CTS construct and understand how individuals manage in contexts of ongoing trauma as well as from an applied interest in developing knowledge as to how to better assist asylum seekers with aspects of living based on this elaborated understanding.

1.2 STRUCTURE OF THE RESEARCH REPORT

Following on the brief introduction to the research study as presented above, the report is further comprised of four subsequent chapters which will be outlined as follows:

Chapter two provides a literature study of current studies and research findings which are relevant to this study. These are discussed and expanded in relation to the experiences of asylum seekers.

The third chapter outlines the methodology which was used in this study.

Chapter four presents an analysis and discussion of the research findings from data generated in the interview process. The discussion examines the main themes identified in the

analysis process in relation to existing theory in post-migration living difficulties, CTS and managing in contexts of ongoing violence.

The final chapter of the study concludes with the researcher's self-reflexive considerations of their role in the research process and as well as limitations of the study and possible suggestions for future research.

CHAPTER TWO

LITERATURE REVIEW

The following chapter seeks to review relevant literature in the field of traumatic stress and more specifically that on continuous traumatic stress (CTS), as well as literature which highlights the post-migration experiences of asylum seekers in contexts of ongoing community discrimination and violence. The first section of this review will provide a backdrop to the study's focus on ongoing traumatic stress in relation to a particular set of life experiences by locating the population under consideration, namely asylum seekers living in Johannesburg, South Africa. This will be done in order to position this group of people as an evidently multiply traumatised population, who are exposed to ongoing violence and thus perhaps represent an appropriate grouping within which to further explore the utility of CTS in conceptualising the effects of ongoing trauma. Following this, current trauma frameworks and their limitations in being able to fully account for traumatic symptom presentations in contexts characterised by ongoing stress and ubiquitous violence will be discussed. Thereafter an outline of CTS as a preferred framework for conceptualising ongoing traumatic stress in such contexts will be presented and the broad and inclusive symptom presentation it allows for will be outlined. Subsequently, difficulties in the migration process associated with uprootedness and acculturation will be discussed in order to link ongoing traumatic stress to the post-migration stressors which asylum seekers experience. This apparent link will then be further extrapolated in a section which explores each of these post-migration living difficulties and how theoretically it is suggested that they may well give rise to and maintain ongoing traumatic stress related reactions in this population. Finally the review will conclude

with a section on ways of coping and managing in contexts characterised by ongoing stress and violence.

2.1 ASYLUM SEEKERS IN SOUTH AFRICA

Asylum seekers are often forced to flee oppressive contexts characterised by ongoing war, political violence, genocide, torture and food insecurity stemming from unequal power relations which exist between repressive political and systemic structures and some nationals within that country. Research suggests that such oppressive contexts restrict access to material resources through domination, marginalization and subordination which results in widespread feelings of fear, anxiety, and a sense of being restricted within civilians. Helpless against such oppressive systems, they are often forced to escape in search of a better life (Holmes, Facemire & DaFonseca, 2016). In many instances forced migration is related to harms sustained or immediate threats to life.

Owing to such traumatic pre-migration experiences an additional 10,3 million people were newly displaced in 2016. This figure is comprised of 6,9 million internally displaced people (displaced within the borders of their homes) and 3,4 million refugees and asylum seekers - forced to leave their homes and join millions of others already displaced across the world. According to the United Nations High Commission for Refugees, South Africa hosted 1,096,063 asylum seekers in 2015 followed in rankings thereafter by Germany, 420,625; Sweden, 157,046 and Turkey who hosted 212,408 asylum seekers in this same period (United Nations High Commission for Refugees, 2015). In the following year the asylum seeker population had grown considerably, in Germany reaching figures of 587,346, followed by the United States of America with a recorded 542,649 asylum seekers and Turkey with 245,955 however South Africa only recorded 245,955 active asylum seeker cases (United Nations High Commission for Refugees, 2016). These figures have been brought under scrutiny in 2017 by the United Nations High Commission for Refugees as the recorded figures focus on

active cases and not inactive cases of asylum seekers in South Africa – active cases encompassing only those asylum seekers who returned to home affairs to renew their asylum permits (Collins, 2017). This is an adjudication process which, according to O'Brein and Reiss (2016) can last up to five years or more. The 2016 figure suggests that there are over 877,764 people in South Africa currently who are unprotected and unassisted by the South African government and the United Nations High Commission for Refugees, and who thus in a sense are here illegally as they strive to acquire formal documentation. These figures suggest that both documented and undocumented asylum seekers in South Africa present a very real and growing concern to the country. Given the challenges experienced in renewing their documentation unrecognized asylum seekers are not entitled to certain services and rights (Amit & Kriger, 2014) and as such face ongoing harassment and exploitation, and consequently represent a considerably more vulnerable population than the population who are generally referred to as refugees (largely those who have some documentation confirming their right to stay in the host country for a period).

Within the South African context itself asylum seekers find themselves embroiled in a socio-political context characterised by pervasive xenophobic beliefs and actions. According to Solomon and Kosaka (2014) a South African Migration Project survey showed that 21% of South Africans wanted a complete ban on foreign migrants entering the country while 64% want strict limits. Such anti-immigrant sentiments have resulted in two major attacks on foreigners in South Africa, first in 2008 when xenophobic violence spread from the Alexandra township across Johannesburg, and to Durban and Cape Town leaving 56 people dead, and second in 2015 when Somali shop owners were attacked across Johannesburg after the shooting of a young South African boy in a shop robbery (South African History Online, 2015). While these two periods attracted large scale public attention it is evident that persecution of foreigners in certain settings continues on a fairly permanent basis.

Xenophobic attacks appear to be motivated in South Africa primarily by fear of economic losses and take the form of various acts of hatred which are directed at asylum seekers such as discrimination, bullying, violence and exploitative policing (Gordon, 2016), all of which are ultimately aimed at driving asylum seekers out of the country. Unable to return home and fearing persecution within South Africa many asylum seekers are forced to live on the periphery of society, where the only real protection they could gain would be from the rights associated with having the correct documentation, although even this does not guarantee protection from xenophobia and police brutality (Amit & Kriger, 2014; Gordon, 2016).

The South African government has received tremendous criticism over the length of time taken in the asylum seeker certification process, which ultimately impedes asylum seekers from renewing their existing asylum permits and furthermore from prevents them from gaining refugee status. Consequently, during this period, asylum seekers are denied access to certain rights and protections as well as basic access to employment, health care and housing (Amit & Kriger, 2014; Gordon, 2016). The length of the adjudication process raises questions about the implications which having a greater number of "certified" asylum seekers or new refugees would have on the already meagre resources in the country. Refugees live amongst South Africans as an urban-based population and as such must receive the same basic services as South Africans. Extending the number of recognised status immigrants would place local government under severe strain as service delivery to South Africans alone remains a contentious issue, as such it has been observed that delays in the certification process for asylum seekers appears to stem from broader, perhaps even politically convenient, issues related to poor management and pressures on infrastructure in the country (Amit & Kriger, 2014).

In order to manage the human rights issue which also underlies having an unsupported and continuously growing asylum seeker and refugee population in the country,

government has recently passed the Border Management Authority Bill which will see refugee camps being built on South Africa's borders to house approximately 70 000 individuals wishing to enter the country, thus denying asylum seekers entry into the country beyond these sites in the first place. While this may improve service delivery to what will be a camp-based population group it may also exacerbate experiences of exploitation and oppression and may fuel further re-traumatization amongst an already traumatized population group. Akoob (2017) has argued moreover, that a camp-based approach to dealing with asylum seekers and refugees would fuel existing levels of mistrust amongst this highly culturally and ethnically varied population group and may further impede their ability to develop the much needed social capital (social bonding capital and social linking capital) which allows asylum seekers to compensate for the resource losses (Aldrich & Meyer, 2014) which they experience on their journey into South Africa. This would in all likelihood leave them even more vulnerable to developing various mental health problems, including trauma symptomology. While the development and exacerbation of trauma symptomology under confinement (Vossoughi, Jackson, Gusler & Stone, 2016) presents an area of concern for the management of the mental health of asylum seekers wishing to enter South Africa in the near future, their current management as an urban based population, while allowing them to retain something of the lifestyle they are accustomed to in the form of housing, a day-to-day routine and the cultivation of cultural networks (including church groups or neighbourhoods which are characterised by a strong ethno-cultural identity) still presents a complex and non-optimal picture (Gordon, 2016).

As previously outlined, South Africa is known to have some of the highest violence and crime statistics in the world. Moreover, the country's poverty and unemployment rates are still causing devastating effects to the population (O'Brein & Reiss, 2016). The current expanded unemployment rates reflect that 36,4% of the country is unemployed and not

actively seeking work, while the youth unemployment rate is currently at 38,6% reflecting that a very large proportion of individuals between the ages of 15 and 34 are unable to find employment (BusinessTech, 2017). Figures such as these suggest that employment opportunities to South Africans alone are scarce and that even with a certified status work opportunities for asylum seekers would be limited at best. Within this crime and stress laden context, between 2009 and 2011, the Centre for the Study of Violence and Reconciliation (CSVR) reported that 72% of their trauma exposed help-seeking population group, which consists largely of involuntary tortured migrants, met criteria for PTSD. A further 78% showed persistent signs of depression and 62% showed clinical levels of anxiety. Moreover 90% expressed that they had difficulty managing daily tasks, 96% felt that they had difficulty managing their symptoms, 65% felt that they were unable to control their reactions to others and 71% found managing their family life stressful (Bandeira, 2013). What is then clear is that this is a highly traumatised population group who are not only burdened by experiences of past trauma but are susceptible to ongoing psycho-social stressors within the South African context which makes their ability to manage within this context challenging.

Psycho-social stressors present an individual with various environmental, social and psychological strains to which they are required to adjust emotionally and behaviourally in order to survive. These take the form of *life events* (such as deportation), which require adjustment in a limited time frame and can include *traumatic life events* which are life threatening and cause lasting negative effects on an individual's mental health (Carr & Umberson, 2013). These traumatic life stressors in relation to ongoing trauma are characteristically associated with collective, community and interpersonal violence which compounds the experience of stress. Exposure to violence can include acts of self-directed violence, such as self-harm and suicide, as well as interpersonal violence in the form of

intimate partner violence and family violence. Such experience also includes exposure to community violence which may include acts of random violence and rape and also collective violence, which consists of social, political and economic violence and may include violence committed through hate crimes, mob violence, war, and violence committed with an overarching financial agenda (World Health Organisation, 2014). Carr and Umberson (2013) argue moreover that psycho-social stressors also include *chronic strains* associated with persistent demands and ongoing adjustment associated with status (such as racial and ethnic grouping and living in poverty), roles (such as having to negotiate multiple domains for example between work and family) and ambient stresses (related to living in polluted environments for instance). Lastly it is suggested that stress may also stem from exposure to *daily hassles* (for instance a lack of food) which individuals are forced to adjust to on a daily basis. While these various groups of stresses appear to operate separately it is pertinent to consider that they carry inter-related impacts where stress in one sphere does influence another, and that exposure to adversity leaves population groups like asylum seekers vulnerable to future stress.

According to Zihindula (2015) most asylum seekers endure this kind of onslaught of ongoing trauma, violence and stress and only look for help when they are in very ill health. Many asylum seekers do not seek any formal help owing to mistrust of the public health care system, possessing incorrect documentation, fear of deportation, discrimination, poor emotional support, and most prominently, a failure of health services to understand the nature of the trauma which asylum seekers endure. Thus, given the apparent complexity of the symptom picture asylum seekers present with, the impact of the range stressors and ongoing violence they endure and their history of past socio-political trauma, it appears that that this population group may perhaps be appropriate to explore the utility of the continuous

traumatic stress framework (CTS) in conceptualising the presentation of trauma that exists in contexts of ongoing violence.

In order to explore the effectiveness of CTS as a framework with which to understand the impact of ongoing trauma, related diagnostic frameworks and constructs relating to conceptualising various kinds of trauma exposure and presentation will first be considered in order to highlight most particularly why more established diagnostic frameworks may have limited application in contexts characterised by ubiquitous violence. What follows is a brief discussion on posttraumatic stress disorder (PTSD), complex posttraumatic stress disorder (CPTSD) and developmental trauma disorder (DTD), and continuous traumatic stress (CTS).

2.2 FORMULATIONS OF TRAUMATIC STRESS IMPACT IN CONTEXTS OF ONGOING THREAT

2.2.1 Post-traumatic stress disorder

Within the field of traumatic stress studies the key diagnostic framework for thinking about and researching the impact of traumatic stressors has been that of post-traumatic stress disorder (PTSD). According to Eagle and Kaminer (2013) PTSD has generally been sufficient to diagnose traumatic stress pathology associated with single, past orientated trauma exposure. Typically PTSD is associated with intrusive symptoms, avoidance, and hyperarousal, and more recently with negative cognitions. In addition, PTSD is often comorbid with other psychiatric disorders and is often accompanied by other psychological difficulties including depression, anxiety, somatisation, poly-substance abuse, feelings of sadness, guilt, and anger (Hecker, Fetz, Ainamani, & Elbert, 2015; Itzhaky, Gelkopf, Yafit, Stein & Solomon, 2017; Kira & Tumala-Narra, 2015), psychosis (Kira & Tumala-Narra, 2015), as well as pervasive feelings of loss of social identity and trust and concerns for future

safety (Hassan, Kirmayer, Mekki-Berrada, Quosh, el Chammay, Deville-Stoetzel, Youssef, Jefee-Bahloul, Barkeel-Oteo, Coutts, Song & Ventevogel, 2015). Research findings indicate that there is a reliable association between exposure to a traumatic event and PTSD as well as other stress-related symptoms and mental health problems. Full blown PTSD seems to occur in a minority of cases of trauma exposure, with varying frequencies depending upon population, type of exposure and surrounding events (Kaminer & Eagle, 2013).

Research suggests that while still useful in conceptualising an individual's experience of single past oriented trauma, PTSD as a diagnostic framework may not adequately assess an individuals' responses to prolonged ongoing trauma (Diamond et al.,2013). According to the South Africa Stress and Health Survey results cited in Atwoli et al. (2013) in a sample of 4351 adults 56.1% had experienced more than one traumatic event. This suggests high levels of exposure to multiple traumatization in the South African population. However, the same study showed that only 2.3% of South African citizens qualified for a (lifetime) diagnosis of PTSD. This suggests that symptom presentation may be taking on a different form and that existing trauma models may not be inclusive or broad enough to fully account for traumatic symptom presentation in population groups living in contexts of poly-victimization and ongoing violence, amongst other aspects. For example the findings in a study conducted in 2008 in Israel during the second Infatada by Hoffman, Diamond and Lipsitz as cited in Stein, Schorr, Krantz, Dickstein, Solomon, Horesh, & Litz (2013) demonstrated that the PTSD prevalence in a group of people living in the area that had been exposed to terror attacks and frequent bombings was 9%. However, a health and check-list survey offering a more general assessment of the impact of living in this environment conducted at the time revealed that the prevalence of PTSD in this sample was actually only 0,5%. Here it is evident that while individuals in this sample may have been exposed to a traumatic event and subsequent

traumas thereafter, existing PTSD diagnostic frameworks were perhaps too narrow to be able to fully account for their symptom presentation at the time.

Current research has acknowledged some of the limitations of the PTSD diagnosis in contexts of ongoing violence and suggests that other supplementary frameworks should be explored (Diamond et al., 2013; Eagle & Kaminer 2013; Higson–Smith, 2013; Nuttman–Shwartz & Shoval–Zuckerman, 2015). This is owing to the fact that many of the diagnostic features of PTSD cannot be applied to contexts characterized by ongoing trauma. For example Itzhaky et al. (2017) suggest that what may be seen as re-experiencing, irrational avoidance and increased arousal in PTSD frameworks maybe actually be considered to be the rational expectation of a recurrent event, adaptive evasion of ongoing danger and adaptive alertness to a real and present threat (such as bombings), in a context of ongoing danger. As such what may have previously been seen as pathology in PTSD diagnostic frameworks may actually represent a normal adaptive response in populations living in a context of ubiquitous violence, as will be further discussed in later sections.

Given the perhaps limited applicability of exiting PTSD frameworks in properly understanding the symptom presentation of individuals exposed to multiple ongoing traumas, one framework that has been put forward to capture the picture of the impact of living in contexts of ongoing threat and danger is that of continuous traumatic stress (CTS). However, before outlining this framework, it may be useful to draw a further distinction between CTS and other more complex forms of trauma such as complex posttraumatic stress disorder (CPTSD) and developmental trauma disorder (DTD), in order to fully highlight the limitations which exist in trauma frameworks at present.

2.2.2 Complex post-traumatic stress disorder and developmental trauma disorder

Complex post-traumatic stress disorder (CPTSD) tends to focus on *interpersonal* trauma that is repetitive and characterised as occurring within environments that are inescapable (Eagle & Kaminer, 2013). According to Stolbach, Minshew, Rompala, Dominguez, Gazibara and Finke (2013) PTSD diagnostic frameworks are not suitable for conceptualising chronic maltreatment within compromised caregiving systems and as such they indicate that the frameworks of complex post-traumatic stress disorder (CPTSD) and disorders of extreme stress not otherwise specified (DESNOS) were formulated in order to understand features of trauma which *extend beyond a single event in the context of close relationships*. Symptoms for CPTSD can be outlined as evident in seven categories which include: alteration in affect and impulses, somatization, alterations in attention and consciousness, alterations in perceptions of the perpetrator, alterations in self-perception, alterations in relations with others and alterations in systems of meaning (Stolbach et al., 2013).

While the category of CPTSD was developed primarily from the observation of adults, Bessel van der Kolk developed the developmental trauma disorder (DTD) model which was based on observations of the developmental impact of trauma on abused children who have experienced multiple traumatic events (Eagle & Kaminer, 2013). DTD is associated with symptoms such as disturbances in attachment patterns, impaired judgment about risk, negative self- attributions, a reduced striving for independence, emotional dysregulation and a reduced expectancy for protection from others (Stolbach et al., 2013). Both CPTSD and DTD share similar features and represent a formulation of trauma impact when an individual is exposed to more than one incident of trauma, and as such they are perhaps more suitable than existing PTSD frameworks when considering the impact of multiple traumas. However, CPTSD and DTD tend to occur in the context of intimate inter-

personal relationships and do not include the impact from exposure to the kind of wide-spread ongoing violence of unexpected and variable origin which asylum seekers and displaced communities are chronically exposed to and which are perhaps better captured by the construct of CTS as will be further elaborated.

It would appear that to conceptualise traumas experienced in a context of ongoing violence a broader more inclusive framework may be necessary which allows for the presence of some PTSD related symptoms (given the exposure to past trauma) but which also considers the range of additional psychological responses an individual experiences when under threat in a context characterised by ongoing danger, which extends beyond intimate relationships and speaks to a more general sense of feeling perpetually unsafe. With this in mind, the CTS framework is discussed below:

2.2.3 Continuous traumatic stress

Continuous traumatic stress (CTS) was introduced into traumatic stress nomenclature by Straker and the Sanctuaries Counselling team as a construct which described *contexts* characterised by protracted and ongoing threat (Straker, 2013). The defining characteristics of CTS according to Eagle and Kaminer (2013) are its *context*: often characterised by ubiquitous violence; the *temporal location of traumatic stressors*: which pose present and future threat with a focus on anticipated danger; *difficulties in discriminating between real, perceived and imagined threats*: assessing if the perception of threat is realistic or not, and finally *the absence of protections from harm*. Straker (2013) suggests the inclusion of additional criteria within the CTS scope, such as exposure to collective traumatization, pervasive violence, and problematic legal structures as further defining features of the contexts the construct describes. This then allows for alignment with concepts of traumatization associated with exposure to extreme stressors such as identity trauma, polyvictimisation, cumulative trauma and OTSR. Thus Straker argues that it may be useful

to position CTS as an overarching framework which can conceptualise the experience and impact of ongoing trauma across different contexts and populations exposed to protracted community violence.

As discussed, existing frameworks of PTSD have been viewed as limited in their primary focus on single, past trauma type situations or in the case of CPTSD intending to only describe the impact of ongoing traumas which are relational in nature (Eagle & Kaminer, 2013). Thus, both PTSD and CPTSD frameworks arguably fail to fully account for responsivity in contexts of present, future and emerging threats (usually in conjunction with past exposure) and thus have limited use in understanding trauma in environments of ongoing threat (Stevens, Eagle, Kaminer & Higson-Smith, 2013). This latter kind of contextual framework appears to apply to population groups such as asylum seekers who are multiply traumatized (as outlined previously) and who live in risky environments with little protection.

In trying to describe the condition of ongoing traumatic stress, research shows that individuals living in CTS contexts presented with 'symptoms' associated with avoidance and hyperarousal (Diamond et al., 2013). For example a study conducted by Somer and Ataria (2015) on women living in Sderot near the Israel-Gaza border found that the main reactions to CTS contexts included changes in arousal and reactivity, radical avoidance, and negative changes in mood and cognition. According to Shechner and Bar-Haim (2016) changes in arousal, such as hypervigilance, are normal and highly adaptive in contexts characterised by a high degree of danger. In such situations people develop attention biases triggered by their anxiety which allows them to detect threat and hopefully to find solutions that ensure their survival. Other symptoms may include internalizing symptoms such as fear, anxiety and withdrawal (Stevens et al., 2013) and somatization (Nuttman-Shwartz & Shoval-Zuckerman,

2015). There may also be increased feelings of paranoia and mistrust (Ni Raghallaigh, 2013), vulnerability, loss of control in life and an altered sense of reality (Eagle & Kaminer, 2013). Responses may also be associated with an anxious preoccupation with future danger accompanied by muscle tension, restlessness and fatigue as well as externalizing symptoms such as anger and aggression (Roach, 2013). Recent studies also suggest that depression is very common in the psychiatric reactions to ongoing traumatic stress (Itzachy et al., 2013). According to Almoshmosh (2016) the prevalence of psychiatric morbidities in population groups affected by ongoing trauma, particularly depression, is also thought to stem from the tendency towards 'learnt helplessness' which arises from the belief that there is no control over stressful situations which consequently results in individuals neglecting their well-being and feeling hopeless and powerless to make any changes in their lives. In fact in a study conducted by Vonnahme, Lankau, Ao, Shetty and Cardozo (2016) on 579 Bhutanese refugees who had re-settled in America it was found that 45% of the sample had depression which was also strongly associated with the presence of PTSD, anxiety and suicidal ideation and moreover underlying feelings of helplessness and a loss of agency.

2.2.3.1 Ongoing traumatic stress response

The 'symptoms' or mental health characteristics associated with CTS are echoed in the ongoing traumatic stress response (OTSR) model proposed by Diamond et al. (2013) which suggests that while non-optimal, various kinds of reactions to environments of continuous threat may be adaptive and 'normal' responses to dangerous circumstances, unlike the pathological responses associated with PTSD. For example in a study conducted in 2010 by Diamond, Lipsitz, Fajerman and Rozenblat as cited in Diamond et al. (2013) on residents living in Sderot in Israel it was found that avoidance symptoms were not linked to traumatic past memories as with PTSD, but rather to an accurate reality based assessment of having to

avoid current risk. Here findings revealed that residents in Sderot would not use public transport in Israel as it increased their chances of being exposed to missile attacks. However residents felt comfortable using public transport outside the city. This kind of finding suggests that residents have the ability to discriminate between threatening and non-threat bearing stimuli and indicates a lack of over-generalization of avoidance behaviours as would commonly be found in PTSD. In a further study conducted by Diamond, Lipsitz, Fajerman and Rozenblat in 2010 as cited in Diamond et al. (2013) it was found that that unlike PTSD symptoms, mental health conditions associated with continuous traumatic stress diminished completely when residents in Sderot were removed from their dangerous circumstances. For these kinds of reasons Diamond et al. (2013) use the term "response" as a way of signalling that behaviours and reactions are not pathological in the conventional sense of the term. CTS and OTSR appear to be describing very similar contexts and conditions, with research relating to OTSR perhaps emphasizing somewhat more strongly the non-clinical nature of mental health sequelae in such contexts, although Eagle and Kaminer (2013) also indicate that CTS should not be considered necessarily as syndromatic.

2.2.3.2 Cumulative trauma

Another concept which encompasses the types of traumatization outlined by the CTS construct is cumulative trauma (CT) (Kira et al., 2013). CT describes traumas which occur across an individual's life time in relation to past and ongoing chronic traumatic stressors or type three stressors (such as micro-aggressions as a form of identity trauma). Type three stressors are argued to stem from limited opportunities, suffering and marginalization and are associated with: identity traumas (such as discrimination), community violence and inter-group conflict (such as xenophobia) and extreme poverty. Kira et al. (2013) argue that daily hassles or non-traumatic stressors (such as having the legally recognized documentation) may

result in negative mental health effects, but do not have the same severe impacts on individuals and groups as chronic and ongoing type three traumas. Research shows that the impact of exposure to type three traumas in individuals living in contexts of protracted community conflict where there was a realistic presence of current or future threat was associated with PTSD symptoms, depression, anxiety and cumulative trauma related disorder (CTD). In this research study CTD described thirteen different symptoms which included (over and above depression and anxiety which have already been mentioned): somatization, psychosis (evidenced by the presence of auditory and visual hallucinations), suicidal ideation, self-harming ideation, deficits in memory and concentration, dissociation, paranoid ideation, avoidance behaviours associated with engaging with other people and feelings of loss of self-control. This variety of symptoms was also observed in a study conducted by Loo et al. in 2001 on the impact of exposure to racism in Asian American Vietnam veterans as cited in Holmes et al. (2016) where it was found that exposure to race related stressors accounted for 20% of the variance in PTSD symptoms over and above what was accounted for in combat exposure. Kira et al. (2013) suggest that this may be explained by the fact that exposure to type three traumas elicit feelings of subjugation and oppression anxieties, annihilation anxiety and feelings of betrayal stemming from society at large, the outcome of which is a decrease in self-sufficiency and self-esteem which results in a vulnerability to various negative mental health outcomes including that which is captured by PTSD symptomology. This suggests that there is an inextricable link between exposure to type three traumas and the complex symptom picture which emerges in individuals exposed to protracted community violence. Such findings, if taken in consideration with the fore mentioned models and symptoms presented in this discussion, serve to further shift the emphasis of CTS from context to condition.

Current research appears to be developing the construct of CTS to provide a way of conceptualising the '*symptoms,'* reactions, and impacts of living in communities where there is a realistic threat of present and future danger. This allows for an understanding of trauma that moves beyond the limitations of traditional trauma (specifically PTSD) frameworks. While there are a few studies which explore the contribution of ongoing violence exposure in low-income South African communities on individuals' trauma reactions or symptoms (Hinsberger, Sommer, Kaminer, Holtzhausen, Weierstall, Seedat, Madikane & Elbert, 2016; Kaminer, du Plessis, Hardy & Benjamin, 2013; Kaminer, du Plessis, Hardy & Benjamin, 2015) the dearth of available literature suggests that more studies are required in this area of traumatic stress.

With the fore mentioned discussion in mind, it may be useful to consider the utility of the CTS framework in conceptualising ongoing trauma in contexts characterised by wide-spread violence by firstly considering how those who live in such contexts are affected by ongoing trauma. One such population is that of asylum seekers in South Africa based on observations and research concerning their circumstances, as discussed previously. What follows is an outline of contextual experiences (post-migration stressors) which appear to maintain and contribute to experiences associated with ongoing traumatic stress in this population.

2.3 DISPLACEMENT, UPROOTEDNESS AND ACCULTURATION DIFFICULTIES IN ASYLUM SEEKER POPULATIONS

2.3.1 Post-migration experiences and ongoing traumatic stress

As a point of departure it is important to consider that asylum seekers enter host countries having had pre-existing experiences of trauma, and owing to post-migration stressors (Kira & Tummala-Narra, 2015) are more vulnerable to repeated victimisation in contexts such as South Africa, a country which is characterised by high levels of crime related violence. Research suggests that upon arriving in such a context asylum seekers often go on to experience intergroup and interpersonal traumas (Kira, Omidy & Ashby, 2014) and societal oppression, such as xenophobic discrimination (Amit & Kriger, 2014), gender discrimination (Kira, Ashby, Lewandowski, Smith & Odenat, 2012), police discrimination (Nyaoro, 2010), acculturation stress (Huack, Lo, Maxwell & Reynolds, 2014), economic difficulties and community violence (Hecker et al., 2015) and an inability to access resources to meet basic daily needs (Chu, Keller & Rasmussen, 2012). This suggests that such post-migration stressors contribute to asylum seekers' ongoing experiences of both interpersonal *and* structural violence. Some of these post-migration stressors and their impact are considered in greater detail below.

Chatty (2014) discusses the connection between one's country of origin and identity suggesting that to be displaced or uprooted relates to the loss of one's culture, homeland and national identity. This implies a loss of various identity anchors which aid in the integration process an individual undergoes in a new country, anchors which under other circumstances would ideally be drawn upon to provide asylum seekers with a sense of belonging in their new homes. The anchors from which forced migrants have become dislodged may translate into loss in social and economic status, loss of connection to social institutions and cultural practices, and isolation from sources of support (Kira & Tummala–Narra, 2015). In addition, in a review conducted by Hassan et al. (2015) on the well-being of Syrians affected by the internal crisis waging in their country it was suggested that displacement is associated with a

lack of provision for basic needs, concerns over safety, uncertainty about the future, discrimination and poly-victimisation. Furthermore, poverty was considered to be a key stressor as it increases interpersonal and collective violence as asylum seekers use survival strategies that may undermine their well-being and may lead them to resort to desperate means of income generation such as prostitution and child exploitation. In the South African context these kinds of stressors, coupled with the fact that asylum seekers are not legally allowed to undertake paid work, forces them to live on the margins of society with little access to resources.

Berry (2017) suggests that over and above uprootedness, asylum seekers also experience difficulties associated with acculturation. Here acculturation can be understood as representing the impact of cultural dynamics on the ways in which people need to put effort into behaving and adapting to a new context. Acculturation demands can be seen, for example, in the fact that asylum seekers are compelled to learn a new language, new cultural practices, new customs and the laws of their new host country. However, being willing to learn and accommodate a new way of living into one's existing mode of survival, does not mean that acculturation is necessarily achieved within a new context. Berry (2017) further suggests that acculturation is dependant on the degree of integration that is achieved by the non-dominant group into the dominant society. Given the closed orientation to some forms of diversity in South African society, a society which is highly xenophobic and does not recognize the human rights of non-nationals (Gordon, 2016), a lack of integration may also extend into the *collective violence* such as bullying, hate crimes, torture and xenophobia. This may contribute to acculturative stress - which according to Kira and Tumala-Narra (2015) is the strongest predictor of overall mental health difficulties in asylum seekers.

It appears then that uprootedness and acculturative stress are associated with feelings of uncertainty and concerns over future safety where exposure to both *traumatic and non-traumatic stressors* appear to affect mental health outcomes in asylum seekers and refugees. Here findings in a meta-analysis of 56 studies on refugees and asylum seekers in a study by Porter and Haslam conducted in 2005 as cited in Chu et al. (2012) showed that various acculturative stressors such as a lack of suitable housing and restricted employment opportunities impacted on the mental health of asylum seekers, regardless of the geographical location of their resettlement. Current economic status (the ability to work productively) as well as daily stressors (such as employment and housing) were found to have the greatest impact on the development of mental health conditions. Chu et al. (2012) argued that over and above traumatic pre-migration experiences PTSD symptomology was associated with chronic exposure to psycho-social stressors such as immigration status or being undocumented (contradicting here the Kira et al. 2013 study where CT dismissed daily hassles as having a significant traumatic impact). There have been two main sets of critiques of studies into the impact of post-migration contexts and migrant populations. Firstly the focus of such studies has predominantly been on refugees who are protected to some extent by their certified status which offers them some rights and protections and economic benefits, and who by in large are protected from challenges associated with being undocumented (such as access to adequate housing and health care services). As such they are not exposed to the same level of post-migration deprivation as asylum seekers. And secondly, such studies fail to contextualise pre-migration experiences in the hostile post-migration context which generates significant adversities in the asylum seeker population stemming from being undocumented and being exposed to past political violence. It appears then that research calls for a better understanding of the nature of the stressors asylum seekers are exposed to in the post-migration context in order to better understand the impact of such stressors on their

mental health (Chu et al., 2012).

What is clear is that the relationship between pre-migration experiences of political violence and the post-migration stressors experienced by asylum seekers is complex and multi-layered and that this population group tends to be multiply traumatized. In considering the types of post-migration experiences which appear to give rise to ongoing traumatic stress in this kind of population group, Kira et al. (2013) draw attention to dimensions of CT comprised of past exposure to trauma and ongoing exposure to chronic type three stressors such as exposure to a group to a history of oppression, discrimination and community violence (which produces marginalization and suffering). Some of these are considered below in the following subsection:

2.3.1.1Collective traumatization

Research suggests that collective trauma occurs when a traumatic event fundamentally affects the collective cultural consciousness of a group and their group identity (Kira, 2013). The Adaptation and Development after Persecution and Trauma model (ADAPT) (Tay, Rees, Chan, Kareth & Silove, 2015) provides a useful way to understand the inter-related psycho-social pillars which are disrupted or compromised by mass trauma. ADAPT suggests that significant disruptions occur to a sense of security, the maintenance of social networks, access to a legal system and the ability to assume roles and maintain a sense of identity through engagement in religion or politics. This model, developed in Australia, describes the impact of the cumulative trauma asylum seekers endure. What is more it represents a sort of backdrop which appears to mediate and influence more immediate post-migration stressors (Tay et al., 2015) which can cause harm and are closely associated with the experience of ongoing traumatic stress, for example xenophobia.

Xenophobic attacks which are characterized by intergroup acts such as violent 'hate crimes' are largely directed at driving asylum seekers out of host environments and may be linked to out-group prejudice and fears over asylum seekers' potential economic success, which is often perceived as a threat to the local population (Solomon & Kosaka, 2014). Given the historical backgrounds of persecution and oppression which displaced communities have experienced and in light of their ongoing experiences of oppression in society, displaced communities are more prone to experiencing the breakdown of social cohesion, tending to become passive and powerless in the face of ongoing structural violence (Eagle, 2015). This creates the potential for repeated victimisation which becomes part of the group's collective identity and continued oppression. For example in a study conducted by Giacaman and colleagues in 2010 on the medicalisation of the distress experienced by Palestinians under Israeli military occupation as cited in Holmes et al. (2016) it was found that western approaches to the treatment of trauma were ineffective and failed to differentiate single-incidents of trauma exposure from collective experiences and as such were found to be disempowering. It was found that they stripped the socio-political meaning from the trauma which exists amongst Palestinian people. Such findings suggest that collective trauma may be seen as contributing to ongoing traumatic stress in that it exposes an individual to current distress as a result of their collective group identity and it seems the protracted social suffering which stems from this.Thus there appear to be some overlaps between considerations of collective (as opposed to individual) traumatization and the likelihood of inescapabale current and future threats as outlined in CTS and OTSR.

2.3.1.2 Inter-personal and inter-group trauma

According to Kira et al. (2013) groups that are specifically targeted and exposed to

chronic threat may experience existential annihilation anxiety which is associated with the potential for the loss of life as well as personal and collective identity. This may in turn result in interpersonal and intergroup conflict, such as family tensions. Since living in environments characterised by CTS produces increased levels of anxiety and hyperarousal it is also likely that there may be increased propensity for family and group tension which may also contribute to ongoing traumatic stress in a circular way. For individuals living in such contexts it is challenging to discern real and perceived threats which may lead to a sense of paranoia and mistrust among individuals and groups (Eagle, 2015). This may further contribute to the possibility of more localized neighbourhood and other intergroup conflicts. Research by Diamond et al. (2013) found that in CTS contexts there were increased levels of intergroup and interpersonal conflicts and prejudices. While it is not entirely possible to distinguish forms of collective and inter-group violence, it is evident that identity characteristics of refugees, such as their ethnic identities, may place them at risk of particular forms of violent abuse, bullying or attack and also that the destabilisation related to resettlement referred to earlier may contribute to levels of interpersonal violation such as increased domestic abuse.

According to Kira, Shuwiekh, Rice, Al Ibraheem and Aliakoub (2017) such intergroup dynamics give rise to identity salience in an individual or shape the lens through which they view their context. Here identity traumas in the environment increase their anxiety and fears of total self-loss as members of the social group with which they identify are attacked. Studies have shown that various violated identities such as racial identity, Native American identity and sexual identity which are associated with discrimination can lead to negative mental outcomes associated with: depression, anxiety, internalizing and externalizing symptoms and anger, psychosis as well as reduced happiness and mastery. In such instances identity salience (emerging in relation to discrimination) is associated with anxiety, CTD and

PTSD (Kira et al., 2017). It appears then that the nature of stressors such as victimisation or potential threats in the environment are immediate in nature and are targeted at individuals owing to their identity position in society, which makes them feel unsafe and under threat of future attack, thus contributing to their experience of ongoing traumatic stress.

2.3.1.3 Witnessing violence and indirect exposure to traumatic stimuli

Research suggests that exposure to violent events may take the form of direct victimization, witnessing and/or indirect exposure, such as hearing about such events, as has been recognised in more recent diagnostic classification systems. Thus it is accepted that individuals may become vicariously traumatized through indirect exposure to traumatic stimuli (Shields, Nadasen & Pierce, 2009). These forms of exposure may take the form of chronic stressors in violent communities and result in internalizing responses including anxiety, depression and traumatic stress (Holmes et al., 2016) in many instances, as well as externalizing responses, such as increased displays of aggression, in some others. Potential reasons for this symptom presentation may be found in a study by Clark et al. (2008) which assessed the impact of violence exposure amongst 386 Latino women belonging to a historically disadvantaged low SES group in America. Findings revealed that they were particularly vulnerable to anxiety, depression and traumatic symptomology when exposed to community violence, including violence towards others, as this forced them to confront their historical stresses associated with discrimination and their marginalized status in America. Thus in the case of asylum seekers, witnessing community violence may also contribute to acculturation stress and levels of traumatization. It is evident, for example, that xenophobic attacks in one area of South Africa can quickly spread to other areas, in part due to media broadcasts and social media networks, and that witnessing any such attacks on others can contribute to immediate escalation of threat anxiety in other ‘foreigners’. This would then

contribute to their feelings of fear and vulnerability to attack which exacerbate their experience of ongoing traumatic stress.

2.3.1.4 Discrimination and micro-aggressions

Research suggests that discrimination is broadly associated with behaviours which can be characterized as maltreatment of groups or individuals such as depriving them of finding work or accommodation, or denying access to education or adequate healthcare based on underlying prejudicial beliefs. Research however, does suggest that a distinction must be made between the objective encounter of discrimination as it has been described and the subjective interpretation of that discrimination known as "perceived discrimination" (Schmitt, Brascombe, Postmes & Garcia, 2014). The fundamental difference between the two construct is that perceived discrimination extends beyond being treated poorly and affects an individuals' perception of themselves and sense of being acceptable to members of a rejecting in-group. This form of discrimination has effects on the individual's self-concept and self-worth, on their belief in their own agency, and denies them the basic need to be accepted. In many instances perceived discrimination results in victims internalising the stigma that is shown to them and moreover, in some instances even developing self-blame for the rejection that they have experienced (Schmitt et al., 2014). Examples of discrimination that may contribute to this kind of perception in the recipient are acts of micro-aggressions which are everyday slights or insults that are aligned with a society's oppressive beliefs that create the conditions in which people feel directly unwelcome or even in danger. Holmes et al. (2016) suggest that such experiences of micro-aggressions are directly associated with depression, somatic symptoms, suicide and anxiety. This suggests that micro-aggressions erode self-esteem and contribute to experiences of poor psychological outcomes and ongoing oppression (Kira et al., 2013; Ong et al., 2013). Research has also suggested that there may

be a relationship between such acts of oppression and trauma related outcomes. For example in a study by Flores and colleagues conducted in 2010 into the impact of racial discrimination against Mexican American adolescents as cited in Holmes et al. (2016) it was found that there was an explicit relationship between discrimination and PTSD symptoms measured six months later. The same study was replicated by Cheng and Mallinckrodt in 2015 on Hispanic college students as cited in Holmes et al. (2016) where it was found that experiences of discrimination were significantly associated with PTSD symptoms when measured one year later.

Studies suggests that micro-aggressions are hostile in nature and denigrate their target and serve as reminders of oppressive overarching macro-aggressions operating at a structural level (Kira et al., 2013; Ong et al.,2013). Thus there is an interrelationship between slights and smaller acts of discrimination and awareness that this signals the potential for something much more seriously dangerous, as in xenophobic attacks constituting physical assault and even murder. In this respect experiences of ongoing prejudice may carry a conscious or unconscious traumatic weight. While micro-aggressions may not be of the same intensity as traumatic stressors that pose more immediate threat of harm they are likely to be experienced on an ongoing basis by many asylum seekers and appear to contribute to ongoing traumatic stress in that they signal the very real possibility of escalation of violence and threat and also bring home the absence of social protections which such oppressed population groups are exposed to.

Thus, in considering the types of experiences asylum seekers are exposed to the ongoing nature of the threat or violence which characterises their experiences and the fact that these experiences of such threats tend to occur with an awareness that recipients do not

have access to the expectable protections offered to legitimate citizens of a well-functioning state, it is apparent that the bulk of their difficulties are contextual in nature and appear to contribute to a range of mental health difficulties, including those perhaps associated with CTS.

Lastly, given the kinds of circumstances outlined thus far and their potentially negative impact in terms of mental health sequelae it is important to consider what research suggests about coping and resilience in such contexts.

2.4 MANAGING IN CONTEXTS OF ONGOING VIOLENCE

In order to manage in contexts which are characterised by ongoing levels of violence and few safe spaces to heal, it has been suggested in literature that asylum seekers draw on certain individual and/or community resources in order to facilitate their adaptation to harsh and at times hostile contexts (Mpande et al., 2013). Research on coping and resilience shows that such coping behaviours emerge not only in relation to having to manage potentially *traumatic life stressors* (such as ongoing community violence), but also in having to manage the *chronic life stressors* and *daily hassles* (Carr & Umberson, 2013) outlined earlier which in the case of asylum seekers emerge in relation to their overarching struggle to integrate into their host society. In this respect Ager and Strang's (2008) conceptual model on understanding of integration in migrant populations may be useful as a model for assessing the degree to which asylum seekers have successfully integrated into their host society and moreover may provide this study with a framework within which to locate asylum seekers' coping behaviours relative to the context in which they find themselves. What follows is an outline of conceptualisations of coping and resilience and Ager and Strang's conceptual model on integration which will be discussed in relation to studies on coping and migrant

integration.

2.4.1 Conceptualisations of coping and resilience

According to Carr and Umberson (2013) coping is considered to be associated with a variety of cognitive and behavioural efforts (compartmentalizing thoughts or praying respectively, for instance) to manage the internal and external demands which arise in a stressful situation. The theorization of coping is further associated with the idea that coping falls into two main strategies, namely problem focused coping and emotion focussed coping, where problem focussed coping is reflected in an individual's attempt to manage a stressful encounter by altering the situation causing the stress, and emotion focussed coping is associated with managing stress by changing one's reaction to the stressor. Research suggests that problem focused coping is associated with reduced psychological distress and fewer psychological disorders when compared to emotion focussed coping which is associated with more distress and helplessness and poorer mental health outcomes. However, in contexts which offer individuals little opportunity for mastery and control and where there is little hope of being able to resolve the stressful situation, research suggests that emotion focussed coping is the most appropriate coping strategy (Carr & Umberson, 2013).

Resilience, while associated with various coping behaviours, is more broadly used to define a state of adaptation and is commonly associated with a trajectory which reflects a brief period of disequilibrium followed by continued health (Sippel, Pietrzak, Charney, Dennis, Mayes & Southwick, 2015) which suggests an absence of pathology and a "bouncing back" in the face of traumatic exposure (Sleijpen, Boeije, Kleber & Mooren, 2016). However, research suggests that in a population group such as asylum seekers and refugees the presence of pathology should be considered a normal response to extreme

circumstances and not necessarily as indicative of a lack of resilience. Resilience in this instance is positioned not as a personal trait, but a dynamic process of adaptation in the face of extreme adversity in which the individual utilises biological, psychological and environmental resources in order to adapt to trauma exposure. Research also suggests that this state of resilience is captured in particular domains such as "educational resilience" or "cultural resilience" and as such resilience in one area should not be seen to be indicative of an individual's positive adaptation across all areas of their functioning (Sleijpen et al., 2013).

In this study resilience will be emphasized in the exploration of what individual and situational resources asylum seekers drawn on in order to *manage* in contexts of ongoing violence, although some aspects of coping may also be referred to both here in the literature review and in the later discussion of findings.

2.4.2 Dimensions of resilience

According to Sousa, Haj-Yahia, Feldman and Lee (2013) there are certain individual and collective dimensions which promote resilience in environments of ongoing violence. These include dimensions such as *individual resilience* which is associated with religious conviction, maintaining one's self-esteem, a sense of hope, optimism, engaging in pro-social and self-enhancement behaviours and the ability to make meaning from one's experiences of trauma. In addition, there are also *environmental resources* which promote resilience, including: family resilience such as unity and positive functioning; social resources such as school and work; access to social support; and opportunities to promote cultural ceremonies and values. Resilience can also be fostered by the *community* through a collective sense of hope, agency, identity and hardiness arising from collective experiences of transcending trauma, as well as trust in others and the world more broadly. The coping resources central to

each of these dimensions will be elaborated upon in more detail:

2.4.2.1 Individual dimensions of resilience

Religious conviction

Bryant-Davis and Wong (2013) suggest that religious coping is associated with beliefs and behaviours (such as praying and attending church services) which facilitate the development of supportive relationships between individuals and faith communities associated with various institutions such as churches or mosques. Through religious rituals and processes individuals are able to gain a sense of support and control in their lives from an external source (a god or priest-like figure). Moreover they are able to build/strengthen their social connections to other members of their religious/ethnic group and they can ascribe meaning to their traumatic experience through spiritually-based positive reframing and/or pastoral advice (Bryant-Davis & Wong, 2013). Research also suggests that religiosity can provide asylum seekers specifically with a sense of continuity in uncertain and precarious circumstances and act as a source of distraction from otherwise untenable conditions (Sleijpen et al., 2016). Findings in a study by Hutchingson and Dorsett conducted in 2012 on the coping behaviours used by Somali and Oromo refugees resettled in the United States of America as cited in Hartley, Fleay and Tye (2017) suggest that the most common strategies utilised to combat sadness and stress were praying (55,3%), sleeping (39,9%) speaking to friends (27,8%) and physical activity (10%). This emphasis on religiosity was also found in a study by Shakespeare-Finch, Schweitzer, King and Brough (2014) on coping and post-traumatic growth in Burmese refugees in Australia, where religion was similarly viewed as the most accessible option to a population group who felt otherwise disempowered by their circumstances. Here Buse, Burk and Bernaccio (2013) draw attention to the role of meaning which is ascribed to trauma through an individual's religious belief systems where the

emphasis on the spirt world/God is often used in collectivistic cultures to alleviate the anguish and shame of unchangeable circumstances and the psychological effects of trauma-related resignation, denial and fatalism. Moreover, research suggests that the interpretation of trauma in displaced population groups is shaped by an individual's socio-cultural and historical context (Puvimanasinghe, Denson, Augoustinos & Somasundaram, 2014). Overall research suggests that religious conviction contributes to a reduction in depressive symptomology, increased self-esteem, a greater sense of belonging to one's community and improved life satisfaction (Bryant-Davis & Wong, 2013; Buse et al., 2013).

Self-enhancement

According to Kelly and Pransky (2013) self-enhancers construct inflated and unrealistic positive distortions of themselves and their level of control over external conditions following a traumatic experience. Research suggests that these self-biases assist self-enhancers to adjust to the effects of trauma and are associated with reduced psychopathology, improved physical health and increased motivation and task persistence. To this effect Kelly and Pransky (2013) cite research which suggests that self-enhancers were rated as being better adjusted in the immediate aftermath of the Balkan civil war and self-reported greater levels of adjustment after the World Trade Centre bombings in 2011. However, in normal day-to-day life such behaviours have been shown to have maladaptive effects which include poor social functioning as self-enhancers tend to evoke negative perceptions from others owing to their high degree of narcissism, and moreover such positive self-illusions contribute to poor overall psychological adjustment stemming from the long-term effects of inaccurate perceptions of reality. Buse et al. (2013) further argue that self-enhancement may not hold the same degree of emphasis in collectivistic cultures where the adoption of a self-effacing stance and perpetual striving to better the group may stand in

opposition to individualistic self-enhancement and its correlation with resilience in a Western context. Thus research suggests that behaviours associated with resilience may vary between cultures.

Maintaining a positive attitude

According to Donaldson, Dollwet and Rao (2015) optimism operates under a larger framework of positive psychology which looks at the role of factors such as self-determination and subjective well-being, for instance, in enhancing happiness and optimal health related outcomes in people. Research suggests that the framework is founded on the understanding that people want to lead healthy, happy, meaningful lives in which they strive for their personal best. In a study by Edge, Newbold and Mckeary (2014) on the determinants of health in refugee youth it was found that self-determination and agency, a positive self-identity, emotional well-being, and feelings of belonging, ranked as the most salient factors in refugee youths' ability to cope with adversity. Research suggests that this may be attributed to the role of optimism and positive emotions in broadening an individuals' perspective on their situation and consequently the range of coping strategies utilised, thus enhancing their resilience against present and future adversity (Gloria & Steinhardt, 2014).

Altruism

According to Puvimanasinghe, Denson, Augoustinos and Somasundaram (2014) altruism is applicable to both individual and collective dimensions of resilience and is associated with the desire to engage in prosocial behaviours (which include helping, sharing, comforting and community service for instance)
that benefit others. Smith (2017) argues that various motives underlie altruistic behaviour over and above acting in the interests of another individual such as acting in the interests of oneself, of one's community or acting in response to a moral principle – as such altruistic

behaviours may benefit both the individual and those around them. Research suggests that there are various drivers for altruism including cultural norms, kinship, moral beliefs (including a heightened awareness of social justice and responsibility), identification with others' suffering, and situational demands (Puvimanasinghe et al., 2014; Smith, 2017). In a study by Smith (2017) on employment and altruism in asylum seekers it was found that the opportunity to perform meaningful work was associated with improved life satisfaction, positive affect, a greater sense of purpose and was associated with generating social interaction and ultimately social capital (elaborated upon below). These findings were further supported in a study by Hartley et al. (2017) on the importance of meaningful work and physical engagement on the mental health of asylum seekers in Australia where it was found that meaningful employment reduced social exclusion and ultimately resulted in improved mental health outcomes. Thus, research suggests that there is a link between harnessing the drivers of altruism into opportunities for meaningful work, the result of which would be improved mental health related outcomes in asylum seekers.

2.4.2.2 Environmental dimensions of resilience

Management of the environment

According to Lyytinen (2017) refugee and asylum seeker communities are characterised by the often temporary occupancy of micro-spaces (such as churches, condemned buildings and refugee camps) where asylum seekers from various ethno-cultural backgrounds are found. Research suggests that spatial practices within these locations are central to the creation of trust amongst migrant populations as the 'communities' which allow for refugees and asylum seekers to feel safe and protected stem from occupying such shared spaces (Lyytinen, 2017). This suggests that asylum seekers and refugees gain a sense of protection from being around others members of the migrant diaspora, where safety appears

to be derived from the homogeneity of the group and the belief that no harm will arise within such settings. However Ni Raghallaigh (2013) cites research by Voutira and Harrell-Bond conducted in 1995 into the social world of refugee camps, where it was found that such shared spaces were characterised by competition for resources, deception, manipulation and mistrust. In such cases asylum seekers and refugees made the deliberate decision not to trust. As such research appears to suggest that there are perhaps nuanced means by which asylum seekers mange themselves in relation to their environment and their social context (Lyytinen, 2017) and that while these may lead to some immediate social connections the underlying presence of pervasive mistrust may limit the level of inclusion which can be achieved in both in-group and out-group settings and thus leaves asylum seekers and refugees vulnerable to poor mental health related outcomes (drawing here on Smith (2017)'s study cited just earlier).

In order to elaborate on the inter-related connections between the afore mentioned individual and environmental dimensions of resilience and broader collective dimensions of resilience, the conceptual framework of integration by Ager and Strang (2008) will be outlined in an attempt to conceptualize how individuals and groups may build resilience in the face of extreme adversity and to further elucidate the struggle they face in trying to integrate into a host country such as South Africa.

2.4.2.3 Collective dimensions of resilience

Ager and Strang's conceptual model of integration

Ager and Strang's model consists of four inter-related domains which provide a framework by which to conceptualise the requirements for a successful integration process into a host society for population groups such as asylum seekers and refugees (and moreover a conceptual breakdown of the dimensions which are associated with collective resilience).

These domains include: the *markers and means of integration* which outlines the role of employment, housing, education and health in the integration process; the *process of social connection* outlines the development of community resilience through social capital building; the model also outlines the role of language and cultural knowledge as well as safety and stability which act as *facilitators of integration;* and finally the *foundation* domain emphasises the role of citizenship and rights in the integration process. These domains are discussed in more detail below:

Markers and means of integration

Employment is considered to be one of the key markers of integration for asylum seekers and refugees. Research suggests that access to employment opportunities promotes the development of economic independence and self-reliance, and also facilitates the development of language skills and social connections with host nationals (Ager & Strang, 2008). Bemak and Chung (2017) further argue that access to appropriate working opportunities is a significant factor in the adjustment process of asylum seekers and refugees as many struggle to find work opportunities which match their level of education and in which their previous qualifications and work experience is recognised. In addition to these struggles, asylum seekers and refugees in the South African context also struggle to renew their asylum permits (Amit & Kriger, 2014) and as such cannot legally access work. For those with valid permits accessibility to work remains a challenge given the country's high rates of unemployment discussed earlier. What is more, asylum seekers with valid permits who are self-employed as street hawkers are often threatened by local traders who challenge their right to trade. In these instances research suggests that asylum seekers and their goods are not protected by local authorities (Amit & Kriger, 2014), thus driving them out of the informal-working sector and limiting their employment options even further. Research also

shows that female refugees and asylum seekers may be forced to work as a consequence of their husbands' or partners' experiences of underemployment which may elevate instances of domestic violence as traditional cultural values and gender roles are challenged (Bemak & Chung, 2017). As such this population group struggle with underemployment and downward occupational and socio-economic mobility which contributes to their experience of trauma and stress.

Ager and Strang (2008) suggest that the physical and socio-cultural impacts of *housing* contribute to refugees' and asylum seekers' overall health and well-being. Here the integration model highlights not only the size, quality, accessibility to services (such as electricity and water) and security of the home in relation to dangerous/violent neighbourhoods, but also the role of the home/space in facilitating the development of social connections more broadly (re-iterating here Lyytinen (2017)'s research cited just earlier). Research shows that given asylum seekers' challenges in obtaining/renewing their asylum permits they are often forced to live in impoverished and underserviced crowded spaces, as they are unable to lease an apartment of their own legally (O'Brein & Reiss, 2016). Within such under-resourced areas asylum seekers are exposed to competition for basic resources including electricity, education and health care which results in an escalation in anti-immigrant sentiments and consequently discrimination (such as xenophobic attacks and micro-aggressions discussed earlier) between asylum seekers and host nationals (Gordon, 2016). As such barriers to accessing adequate housing appear to result in asylum seekers being exposed to traumatic life stressors (xenophobic attacks), chronic stress (poverty) and daily hassles (poor access to electricity for instance), which increases their experiences of stress and leaves them vulnerable to developing trauma symptomology (as supported by earlier research findings).

Ager and Strang (2008) suggest that *educational opportunities* build skills competencies, increase an individuals' level of employability, and provide an important source of connection between asylum seekers' children and host nationals. However, the degree of integration achieved in schools is often limited owing to isolation and exclusion stemming from an inability to speak a host language (which makes it difficult to build social connections), racism and bullying (including xenophobic attacks). Studies show that in the South African context approximately 23% of asylum seekers' children do not attend school which may be attributed to discriminatory placement practices, as well as asylum seekers not possessing birth certificates or immunisation cards for their children. Moreover children may be unable to successfully pass language admission tests at schools (Crush & Tawodzera, 2014) which further impacts their admittance into the South African schooling system. As such research shows that the education of children within this population group has significant implications for their post-migration adjustment and moreover may expose them to potentially life threatening stressors at school itself which appears to contribute to their experience of traumatic stress (Bemak & Chung, 2017).

Engagement with *health* services and corresponding improvement in health status are considered to be pertinent factors in marking the degree of integration of asylum seekers and refugees into their host country (Ager & Strang, 2008). However, a study conducted by Zihindula (2015) in South Africa into the help seeking behaviours of refugees revaled that there is in fact limited use of public health services owing to experiences of xenophobia and discrimination, miscommunication, not possessing the correct permits, and unmet cultural expectations, as well as mistrust in health care workers. Language barriers were cited in supporting research as being the primary reason for asylum seekers avoiding public health

services, resulting in fewer follow-up visits, utilisation of the incorrect services, and a greater number of visits to private health care facilities which resulted in added stress owing to affordability issues (Zihindula, 2015). Thus it seems that any benefits which could be gained from access to health care services are circumscribed by discrimination, language difficulties and poor cultural knowledge of asylum seekers (by host health care services).

Process of social connection

Social capital

According to Pittaway, Bartolomei and Doney (2015) developing social capital with a community facilitates access to resources such as housing and employment and develops social connections which foster greater community solidarity and social cohesion more broadly. Research positions social capital as a collective resource (comprised of community resources, social networks and relationships characterized by trust and reciprocity) that can enhance a community's capacity to solve problems and support the well-being of its members thus shaping the community's social and economic survival (Pittaway et al., 2015). Social capital theory suggests that when community members work together there is an accumulation of social capital which strengthens and satisfies the needs of individuals and the community as a whole (Pittaway et al., 2015). This improves the living conditions for all involved and as such is integral for groups such as asylum seekers whose existing social connections are compromised owing to relocation and the traumatic nature of their journey. Research shows that experiences of displacement and past trauma have a corrosive effect on existing levels of social capital which results in the collapse of social connections, norms, trust, cooperation, community solidarity and social networks. In addition past trauma fragments social bonds and community cohesion, leading to mistrust and suspicion (Pittaway et al., 2015). Research acknowledges social capital as being an important resource for this

population group to attain as mobilizing such capital allows individuals to revitalize previous links and resources to build and strengthen social cohesion which facilitates greater integration (Pittaway et al., 2015). According Ager and Strang (2008) social capital is built in three ways namely through bonding (social bonds), bridging (social bridges) and linking social capital (social links):

According to Pittaway et al. (2015) social bonds may exist between family members, with individuals from one's own community, or from one's own country, or between individuals who share the same religious affiliation, and they serve to provide a voice to isolated members of a marginalized community as they can participate in social, religious and cultural activities. However, research also suggests being an asylum seeker compromises previous levels of *social bonding* which may lead to exclusion and exploitation, as already discussed, and there is a further danger that insular ethnic communities may be created which can further serve to create a sense of disconnection from society at large. In the latter instance social capital may be limited to particular locations and the degree of insularity may mean that social capital cannot be generated or deployed beyond this (Pittaway et al., 2015). A study conducted by Pittaway et al. (2015) on refugees' experiences of social capital found that while social capital is conceptualised as a collective resource various social capital enablers operate at an individual, community and socio-political level which impact the extent to which an individual accesses and utilizes available social capital in their environment. Here individual capacities such as education, self-confidence and self-esteem, a sense of autonomy, feelings of belonging and cultural self-esteem (amongst others) were found to influence the development of more complex forms of social capital.

Bridging social capital serves to connect members from different communities which prevents marginalization of minority communities as the host community removes social, cultural and language barriers to assist minority communities with integration and access to

resources (Ager & Strang, 2008; Pittaway et al., 2015). In the Pittaway et al. (2015) study cited just earlier it was found that community capacities related to cultural capital (positive in-group relationships), cultural fluency (cultural knowledge) and effective community leadership (centred on conflict management and trust building between asylum seekers and the host country) affected the development and utilization of social capital in refugee communities.

Social linking capital builds vertical relationships between individuals and state structures which provides asylum seekers with access to individuals and groups with access to power and resources to facilitate growth, social participation and integration (Ager & Strang, 2008; Pittaway et al., 2015). Here the Pittaway et al. (2015) study found that respect and acceptance for diverse cultures, recognition of skills and previous qualifications, provision of appropriate re-settlement services by policy makers and opportunities for the reunification of families were significant enablers in the development of social capital and social cohesion more broadly.

Research suggests that these forms of social capital are interrelated and work together to build integration and provide minority groups with social status, rights and opportunities for growth. However, acquiring social capital as an immigrant is not easily achieved without the development of the various enablers which allow social capital to flourish (Pittaway et al., 2015). The impact of low social capital (and poor integration) on the mental health of asylum seekers is captured in a systematic review by De Silva and colleagues in 2005 as cited in Johnson, Rostila, Svensson and Engstrom (2017) where it was found that bridging and linking social capital reduced psychological distress as they facilitated greater access to information and resources. However individuals only accessing bonding social capital were

found to be more prone to mental disorders. For example in a study by Dickstein et al. (2012) on coping with terrorism conducted with an Israeli population revealed that social support seeking may be detrimental to mental health related outcomes and may in fact promote the development of traumatic symptomology. The study drew attention to the fact that individuals are less able to comfort and reassure others if they are equally at risk and trying to cope with chronic stressors. In addition sharing thoughts and feelings related to ongoing stress may exacerbate anxiety amongst already traumatized individuals, producing a kind of contagious effect. As such relationships which are emotionally draining may be avoided as a means to reduce stress. It must, however, be acknowledged that asylum seekers' social networks are severely compromised on their journey into their host country as discussed, and that it may take a considerable amount of time before they are able to establish social bridging or social linking capital. As such the establishment of social bonding capital is essential to their integration process. However, asylum seekers are often forced to live in ethnically segregated and under-serviced communities which limits their development of this foundational level of social bonding capital (Johnson et al.,2017) and leaves them vulnerable to exposure to traumatic stressors, chronic stressors and daily hassles leaving them vulnerable to developing trauma symptomology as previously established. This appears to position the development of social capital as both a potential risk and/or protective factor against ongoing traumatic stress.

Facilitators of integration

Language proficiency is considered to be a key component of being able to effectively integrate into a host society, where language facilitates greater social engagement (social integration), employability (economic integration) and enhanced cultural knowledge through shared informational resources (such as key information about a host country's laws, culture

and available services) translated into the main foreign languages spoken by asylum seekers and refugees. Research suggests that the process of learning a new language is frustrating and adds to the experience of acculturative stress in asylum seekers which exacerbates traumatic stress (Bemak & Chung, 2017) as asylum seekers are seen to be vulnerable targets and are consequently subjected to exploitation and abuse which they are then unable to report to authorities (owing here to the language barrier *and* discriminatory policing).

According to Ager and Strang (2008) the integration of asylum seekers and refugees into a host country at a societal level must be supported by clear government policies which outline the process of *citizenship, and the rights* which can be afforded to the migrant population while they apply/wait for a certified status. For example in the South African context, a certified asylum status allows forced migrants to live freely in the country, seek employment, open bank accounts and access basic services (Amit & Kriger, 2014). However, Amit and Kriger (2014) further argue that institutions (such as banks, schools and hospitals) fail to recognize these permits as official legal documents (owing to racism, xenophobia or at times unfamiliarity with the law) and moreover that asylum permits are destroyed, ignored by local authorities or are unable to be renewed timeously at the Department of Home affairs. To this effect findings in a study by Landau and Duponchel into the determinants of effective protection in African cities conducted in 2011 as cited in Gordon (2016) revealed that legal status for asylum seekers is not necessarily an effective means by which to achieve integration and that for some living illegally in the country is experienced as being a more useful means of building a life in a post-migration context.

According to Nurullah (2012) distinctions must be made between concepts such as social integration, social network, social capital and social support. For example research

suggests that having an established social network or a high degree of social capital does not necessarily translate into available support (characterised by strong, willing, responsive relationships) in stressful situations. Nurullah (2012) further argues that an individual's degree of social integration (characterized by the quantity and frequency of interaction with individuals who perform a number of social roles) also does not necessarily translate into the kinds of social support an individual may require under situations of adversity and may even lead to reduced agency and heightened feelings of dependency. In a study conducted by Deelstra and colleagues in 2003 into the impact of 'imposed' instrumental social support in temporary workers as cited in Nurullah (2012) it was found that received social support heightened stress in the study's participants. Supporting research also linked received social support to increased levels of depression and poor mental health outcomes. Such negative outcomes may be attributed to a perception of support as an invasion of privacy and moreover may contribute to heightened feelings of indebtedness and lowered self-esteem (Nurullah, 2012). However, in a study conducted by King and colleagues in 2006 as cited in Nurullah (2012) it was found that received social support reduced life strains and resulted in greater individual resilience. The importance of the functional elements of social support in relation to concepts such as integration and collective resilience were also recently outlined by Baker (2017) in an article which explored the integration of a Syrian refugee family in Estonia. Other research (for example, Baker, 2017) suggests that there are limits to the perceived benefits of collective resilience and integration and that there are nuances between providing and receiving social support which have significant impacts on asylum seekers' mental health and the success of asylum seeker and refugee integration.

What is clear is that coping and its potential risk and ameliorative factors do not apply across all settings and that there needs to be careful consideration given to how individuals

manage in contexts of forced migration and of ongoing threat. As outlined there are some studies which have been conducted into resilience in environments of ongoing trauma. However, there is limited research available either in South Africa or globally and even less from the perspective of asylum seekers. This presents an opportunity to explore how asylum seekers manage in such contexts from the unique perspective of victims who have to manage in a context of ongoing threat where few safe spaces are available for recovery.

2.5 CONCLUSION

In conclusion it would appear that the number of asylum seekers living in South Africa who are exposed to ongoing community violence and who are most likely experiencing traumatic stress related symptoms and other mental health related sequelea is significant, and that further studies are necessary to understand what appears to have been a relatively unexplored and consequently misunderstood presentation of trauma. Literature suggests that additional studies may serve to explore the utility of CTS in conceptualising ongoing trauma and provide unique insights into the kinds of stressors which contribute to and maintain ongoing traumatic stress. The literature demonstrated that stressors (traumatic stressors, chronic stressors and daily hassles) appeared to occur in the form of various post-migration stressors which are associated with living circumstances of displaced population groups who have endured forced migration. One problem in attempting to understand and intervene in relation to the mental health difficulties of such populations appears to be that the impact of these post-migration stressors cannot be adequately conceptualised within current narrow trauma frameworks. This presents an opportunity to explore what appears to be a complex symptomatic picture consisting not only of traumatic stress symptoms but also perhaps possible responses to historical and contextual factors such as oppression, subjugation, marginalization and discrimination which may result in trauma symptomology,

as these historical and socio-political factors come to hold what appear to be potentially life threatening consequences in a context of ongoing community violence. Moreover studying the experiential impact of living in such conditions, as described by asylum seekers themselves, may perhaps allow for exploration of the additional sequelea associated with CTS such as depression, somatisation or anxiety, as stemming at least in part, from a history of learned helplessness or having to live in non-responsive environments. Considering the dearth of literature available on context specific trauma, exploration of reported post-migration stressors/experiences and their relationship to ongoing traumatic stress in posing both current and future threats warrants further study. It was also considered important to explore some of the ways in which asylum seekers manage in contexts of ongoing violence. A reading of related literature revealed the importance of social capital building and the processes of integration amongst displaced population groups in establishing access to resources in the host country. However, it was clear that what was considered helpful or supportive was not uniformly experienced by all individuals, suggesting perhaps an opportunity to further explore what it means to manage effectively in contexts of ongoing trauma from the victim's perspective.

Ultimately, this selective literature review aimed to provide an overview of the existing theory and research surrounding the CTS construct, ongoing traumatic stress, and resilience in displaced people and served to identify several gaps in current research, some of which are engaged with in the current research study as outlined in the aims at the outset of the report.

CHAPTER 3

METHOD

3.1 INTRODUCTION

As mentioned in the introduction, the current study aimed to explore the utility of the CTS construct in being able to describe and explore the stressors Johannesburg based asylum seekers are exposed to, the impact of these symptomatically and more generally psychologically, as well as to explore their experiences of resilience in a context of ongoing community violence. Therefore, it was decided to select a research method which was in line with these aims, allowing the researcher to capture the richness of the lived experience of ongoing traumatic stress and managing in the South African context. The present chapter provides a detailed description of the methodological approach employed in the study. An outline of the broad research approach will be provided, followed by a description of the sample, data collection and data analysis methods, ethical considerations, and steps taken to ensure the trustworthiness of the research study.

3.2 RESEARCH APPROACH

Qualitative research is concerned with non-statistical methodologies which seek to describe and explain an individuals' experiences, interactions and social contexts and the meaning associated with these (Fossey, Harvey, McDermott & Davidson, 2002). Since this study sought to convey the participants' subjective experiences of living and coping in a context of traumatization, including anticipated exposure to ongoing violence in an authentic manner, a qualitative approach appeared appropriate to utilize. The qualitative nature of the study was in line with the orientation towards an interpretative paradigm which places

emphasis on particular philosophical and methodological ways of understanding social reality and generating accounts of this social reality from the perspectives of those involved (Rossman & Rallis, 2011). Given the dearth of research focusing on victims' subjective experiences of context-specific trauma in environments of ongoing violence a general descriptive exploratory approach to this study allowed for greater depth and understanding of the nature of such experiences. What is more, the broad aim of this research was to generate rich data to allow for investigation into a poorly understood area of traumatic stress related research in an attempt to generate new insights into a particular phenomenon, in this instance ongoing traumatic stress and resilience related experiences of asylum seekers in South Africa. The study fitted the inductive approach predominantly and sought to generate new theory, drawing primarily upon the accounts of the participants to generate themes and understandings. However, after the organising and thematic analysis of the data the themes that were generated from the interviews were also examined through the lens of the construct of CTS and that of resilience, in so far as these have been developed theoretically and empirically and as such the study also employed a deductive approach.

3.3 RESEARCH QUESTIONS

1. What forms of past, present and anticipated future stressors do asylum seekers describe being exposed to living within an urban South African context?
2. How does exposure to past, present and anticipated future threat appear to impact asylum seekers' symptomatically and more broadly psychologically?
3. What resources do asylum seekers report that they draw upon to manage traumatic stressor exposure in this context?

3.4 SITE SELECTION AND RECRUITMENT OF SAMPLE

3.4.1 Site selection

Initially Pastoral Care for Migrants and Refugees (PMCR), an organization falling under the Catholic Archdiocese of Johannesburg based in Berea, was approached in order to gain access to asylum seekers living in South Africa who were anticipated to have had exposure to past trauma and ongoing exposure to current traumatic stressors. PMCR runs various initiatives which offer migrants, refugees and asylum seekers spiritual support, skills development, community integration and counselling, the latter through alliances with the Centre for the Study of Violence and Reconciliation (CSVR) and Sophiatown Community Psychological Services. However, during the course of the data collection it became apparent that language barriers, logistical challenges with travelling to the interview venue and difficulties with trusting the research process meant that it was not possible to interview a large enough sample of participants if drawn from one service organisation. The decision was thus taken to approach a second service organisation, namely The African Diaspora Forum (ADF), a NGO based in Yeoville, Johannesburg, which serves as a body representing the interests of asylum seekers and refugees living in South Africa. The organisation aims to promote unity amongst various cultural groups, petition for the rights of displaced peoples and create awareness about the refugee crisis through advocacy work with various media platforms and organisations.

Entry into both sites was confirmed (for permissions from gatekeepers, please see appendix A and appendix B) and the staff of the participating organisations felt that they would benefit from the proposed study, firstly to understand the possible impact of ongoing traumatic stress on political refugees and asylum seekers and secondly to further understand

the supportive role they play as organizations as it was thought that these might articulate with discussions of coping and resilience in the context.

3.4.2 Recruitment of participants

The participants for this study were recruited using purposive and convenience sampling methods. Purposive sampling relates to the needs of the study in that the researcher selected participants who were able to provide detailed rich information (Patton, 2002) and met specific inclusion criteria. It was anticipated that convenience sampling would allow the researcher to work with participants who were easy to access and available for the study (Durrheim, 2011), however, as will be elaborated below the 'convenience' aspect of the sampling proved more difficult than expected. Inclusion criteria for the recruitment consisted of the following: adults over 18 years of age, self-categorized as asylum seekers, reasonably fluent in English, having experienced past trauma (and therefore forced rather than economic migrants), free of signs of psychosis, substance abuse or high suicidality.

Recruitment of the sample for the study presented various challenges. Initially the sample was approached at PMCR where a month end assembly was held and potential participants were invited to partake in the study, the participant information sheet (see appendix C) was read out to the group and a box was left at the organisation. PMCR members were asked to place their names into the box if they were interested in participating in the study. The initial collection of names revealed the difficulty with the language barrier between the participants and the researcher, with most potential participants speaking French and with limited grasp of the English language. A second briefing was held at PMCR where organisation members were invited to approach the researcher directly after the briefing if they were interested in the study. This immediate meeting was held in a private office at

PMCR and potential participants were screened for their suitability on site in order to expedite the selection process. The second briefing yielded eight participants who were suitable for the study, however only three successful interviews were conducted as the remaining five participants did not attend arranged meetings for undisclosed reasons. It was however brought to the attention of the researcher that members of the PMCR often attended gatherings only if there were specific hand-outs such as food or clothing parcels from which they could benefit, and that with no incentives being offered the initial interest that was expressed in the study could be expected to dwindle. A third briefing was conducted at the sister church to PMCR, namely the St. Francis of Assisi Catholic Church in Yeoville. The congregation was briefed on the study using the participant information sheet during the announcements made in mass and a box was again left in the church for interested participants to leave their names if they wished to be contacted. The box was collected a week after the invitation to participate in the study was made and yielded no interested participants.

It was brought to the researcher's attention that the research process may be unfamiliar to the population group and that given their legal status in the country some individuals might be afraid to participate for fear of being deported. It was suggested that the community leaders representing the country of origin of each group of asylum seekers be contacted to act as intermediaries in the hope of ensuring a greater response to the study. The names of the various community leaders were obtained and each leader was called and the participant information sheet for the study was provided in order that they do the briefing on behalf of the researcher. The briefing was conducted with smaller groups of asylum seekers in order for the community leader to answer questions about the study and ease anxiety over participation. This process yielded three participants for the study, all of whom were refugees

with refugee status and as such did not fit the inclusion criteria set out for the study as the study was specifically aimed at exploring the experiences of the most vulnerable migrant population members, i.e., asylum seekers.

At this stage of the process the second service organisation was contacted and the names and telephone numbers of ADF members was collected. From this list potential participants were contacted and screened for suitability over the phone. Interviews were conducted over a three week period and three successful interviews were completed, with a seventh participant being motivated and willing to give his account of living in South Africa as long as it was not recorded or considered as a formal interview. This 'informal' discussion yielded invaluable information which is elaborated within the self-reflexivity section of the research report. The recruitment efforts described thus far brought the total number of interviews conducted for the present study to six with the seventh unofficial interview adding depth to the understanding of CTS in being able to formulate and conceptualise ongoing traumatic stress. The material also assisted in generating a better understanding of managing in the context of South Africa.

3.4.3 Description of sample

The sample consisted of five male (including the 'informal' informant) and two female asylum seekers between the ages of 32 to 42. Two participants ran small street side vendor businesses while the other five were unemployed or engaged in short periods of informal employment. Only two of the seven participants were able to articulate themselves well in English, however, all other inclusion criteria were met by the sample as previously discussed.

According to Mason (2010) the sample for a phenomenological study should consist of at least 6 people, while Gutterman (2015) suggests that saturation for a qualitative study is achieved sufficiently at 12 people. Owing to the fact that qualitative analysis can be time consuming and labour intensive the sample for this study was intended to consist of approximately 8 people as it was anticipated that this sample size would provide sufficient data for a credible study. However, given the precarious nature of the population and the trust issues and unfamiliarity with the research process as described at some length above, only six official interviews were ultimately conducted after considerable effort had gone into recruiting this group. However, the sample size still meets the minimum requirements for a valid phenomenological study and as will be evident in the subsequent chapter the interviews produced interesting findings with points of commonality across interviews in many instances.

3.5 DATA COLLECTION

Following the recruitment of the participants as outlined above, the researcher contacted each of the willing candidates and set-up interview times with each individual. The interviews lasted between 30 – 90 minutes and were conducted on premises in a secure and private venue at PMCR on the 9th September 2016 and ADF on the 7th October 2016 and 2nd November 2016. These venues were relatively easily accessible to the participants. However, transportation costs to the value of R80 were also covered to ensure that no additional costs were incurred by the participants.

On the day of the interview participants were briefed again on the study using the participant information sheet and received two additional consent forms namely the verbal consent to interview and record form and a demographic questionnaire. The participant

information sheet and consent forms are outlined in greater detail under the ethical considerations section of this chapter.

Given the general descriptive exploratory approach of the study data collection methods needed to allow for open and detailed expression. A semi-structured interview format which used an open-ended style was employed to collect the data. This method of data collection has the power to provide rich, meaningful and culturally salient narratives while still being flexible enough to allow the researcher to use prompts and adapt subsequent questions if necessary (Mack et al., 2005) depending on the experiences of the participant and as such was considered to be the most appropriate method for this study. The interview schedule (please see appendix D) was guided to some extent by a previous protocol developed for interviewing refugees (Shannon, 2014) but was focused in such a way as to address the main research aim/s, i.e., to collect data about asylum seekers' experiences about trauma (and more particularly ongoing trauma exposure) and resilience. Shannon's protocol was devised with the help of refugees who provided insights into the manner in which they preferred to be questioned about mental health problems and the sensitive nature of their experiences. Given the vulnerable nature of the population group adapting this protocol for part of the interview ensured that the schedule for the study was not overly intrusive and that participants were addressed sensitively and ethically in order to attempt to ensure that no harm came to them in the interview process. The interview schedule was carefully discussed and developed in collaboration with the research supervisor to further ensure the safety of the participants and explored three main areas namely: ongoing impact of past trauma, current and anticipated future stressors and the impact of these emotionally and psychologically, and lastly, managing in the South African context. As mentioned previously a short demographic

questionnaire (please see appendix E) was also administered so as to be able to offer a descriptive picture of the participant group.

All of the formal interviews were transcribed after completion and formed the data corpus of the study. In addition detailed notes of impressions generated within each interview and of what emerged in the non-recorded interview with the seventh asylum seeker who chose to engage in a lengthy discussion about his experiences in this context and gave permission for the discussion to be used in the study as long as he was not recorded also provided a basis for the findings generated.

3.6 DATA ANALYSIS

The present research study employed the thematic content analysis technique (TA) to analyse the data set. This form of qualitative analysis focuses on identifying, analysing and reporting themes in the data set (Braun & Clark, 2006). The analytic process in qualitative research involves developing initial groupings and analyses and routinely comparing data in an ongoing manner against the emerging analysis. Thematic content analysis was the most suitable method of data analysis for this study as it allowed for this emergent and recursive process. Furthermore, the key strengths of this method are firstly that it can be used to highlight differences and similarities across a data set, summarize key features in a large data set, as well as allow for rich interpretations of the data. Secondly, given the specific aims of the study, TA allows the researcher to report on experiences and distil meaning in the experiences of participants, thus working to reflect reality (Braun & Clarke, 2006) and in this instance to capture the lived experience of ongoing traumatic stress and managing in the South African context. The process of analysis was carried out using the following five steps:

Step 1: Firstly, I needed to familiarize myself with the data. This involved reading the transcripts repeatedly and documenting initial notes and ideas about the emergent patterns and meanings in the transcripts which gave rise to the preliminary coding (Braun & Clark, 2006) in the data set. At this stage each transcript was sent to my research supervisor and meetings were held where the pertinent themes and preliminary coding was discussed in order to deepen the analysis and understanding of the data.

Step 2: The second step involved generating the initial coding as it arose in the data (Braun & Clark, 2006). This involved systematically identifying possible codes which corresponded with the study's research questions. This was done by highlighting and grouping similar "code families" together across the data set and organising them in a spreadsheet.

Step 3: The third step involved searching for themes across the initial groupings of codes (Braun & Clark, 2006) in order to refine the analysis and to verify if the preliminary coding was correct or if segments of the data set needed to be recoded. This stage provided the opportunity to become immersed in the data and with supervisory input to continue to verify if the coding was appropriate. For example, at this point it was decided to combine some of the sub-themes given some of the overlaps in content.

Step 4: The fourth step of the TA process involved reviewing the themes in the data set (Braun & Clark, 2006). This involved verifying if the themes in the data set related to the research questions and highlighted the lived experience of ongoing traumatic stress and resilience in the South African context. In addition, it was decided to organize the themes according to the core research aims and broad interview structure as this allowed for a

coherent sorting of material. However, within each of these broad areas theme headings were data derived based on the previous steps outlined.

Step 5: The fifth step involved producing definitions and specifiers for each theme (Braun & Clarke, 2006). This was undertaken and subsequently reviewed to ensure that the themes extracted accurately reflected the data. For examples of coding please see appendix F. The specifiers were decided upon through a process of joint decision making between me and my supervisor.

3.7 TRUSTWORTHINESS

Shenton (2004) outlines three main criteria for trustworthiness in qualitative research, which include credibility, confirmability and dependability. The achievement of these criteria was aimed for through the use of appropriate, well recognized research methods and regular consultations between me and my supervisor in order to establish credibility in the data analysis process. An in-depth description of the method employed to conduct the research study has been provided to allow for scrutiny of how the results were generated and for a degree of replicability. Given the language barrier that existed between the researcher and the participants there was the potential for the researcher to guide the participant to answer some questions in a pre-determined direction which could have posed validity threats (Leung, 2015). In order to guard against such threats as far as possible I have attempted to describe my potential influence on the research process in the self-reflexivity and process sections of the research report. I also utilised supervision to consider what additional meanings may have arisen from the interviews as a means to further evaluate the data collection. Furthermore, direct quotes have been used as far as possible in the discussion and analysis of the data in

order to embed the analysis in the data. These aspects hopefully have assisted with the confirmability and dependability of the study.

3.8 ETHICAL CONSIDERATIONS

Given the history of traumatic exposure amongst asylum seekers the population group was considered to have a vulnerable status. Thus prior to commencing the study ethics clearance was sought from the University of the Witwatersrand Ethics Committee for Research into Human Subjects (non-medical) in order to gain permission to work with the population group (For the ethics clearance certificate, please see appendix G) and moreover, deliberate measures were taken to ensure that no harm came to the participants during the course of the study, these are outlined below:

Firstly, permission was sought from both participating service organisations to gain access to their members. Given the challenges with participant recruitment the participants were also approached and briefed by the gatekeepers in order to capitalise on their already existing relationship and trust in order to secure participation. Every care was, however, taken to prevent any potential coercion or sense of obligation to participate in the study. This was achieved by emphasising the voluntary nature of the study and it was made clear that the relationship with the relevant service organisation and access to services from the organizations concerned would not be affected in any way whatsoever if the participant declined to participate. Both during the initial recruitment process and once the participants had arrived for their interviews as outlined above, a participant information sheet was used to brief them on the details of the study in order to gain informed consent. This form explained the aim, procedures, potential risks and benefits, issues of confidentiality and anonymity, the voluntary nature of the study and that transport money would be provided for transport fare

(up to a maximum of R80) to and from the interview venue by the research team, if necessary.

Furthermore, participants received a consent to interview and record form (please see appendix I) to which they could give verbal consent. This form ensured their confidentiality and anonymity and did not require signatures or names to be recorded in order to protect the legal status of the participant. The form outlined the rights and responsibilities of both participant and researcher and informed the participant that pseudonyms would be used in the writing up of the final report. Although there would be use of direct quotations these would also be employed in such a manner as not to personally identify any participant. Information pertaining to the dissemination and publishing of the research report was also provided. It was acknowledged that the nature of the research questions and recounting past experiences of trauma might elicit uncomfortable feelings for the participants and they were informed of these risks as well as their right to stop the interview if they felt uncomfortable at any time. Every care was taken to ensure that participants were not currently in a mental condition that required the receipt of ongoing trauma counselling. However, in many instances participants were encouraged to seek counselling at the CSVR following their interview as it became apparent that many of them did not know of the existence of this free service. It was explained to the participants that there were no direct benefits to them to being involved in the study, but that their interview would be used to give a voice to marginalized asylum seekers living in South Africa. Lastly it was explained that a summary of the research report would be made available to each service organisation and that a psychoeducational talk will be given in May 2018 to inform the participants and participating organisations of the general results of the study.

Finally it is also pertinent to consider the ethical issues which occurred during the course of the study and the manner in which these were addressed. Despite having stated that there would be no direct benefits to participating in the study participants nevertheless made personal requests for the researcher to assist with a variety of issues such as to locate family members, source school placements for their children and assist in gaining help from home affairs with their visa certification process. It was understood that to provide assistance in these respects would be outside the research scope and assistance was thus provided in the form of information linking participants to the CSVR where they would be able to receive trauma debriefing and extended assistance in the matters of managing in their current context. This level of assistance was thought to be in keeping with the aims of the research project and the ethical requirement of non-beneficence and fairness to all participants involved.

Also the interview process itself revealed power dynamics which existed between the researcher and the research participants with the researcher being seen as an extension of the South African government with the power to assist the participants or even to be implicated in having them deported to their country of origin. This was a challenge to overcome and was approached by adopting an open stance with participants in order to enhance the transparency of the study. This was achieved by revealing the researcher's credentials, providing contact details for the research supervisor and overseeing ethical body to be reached in order to verify the research process was in fact an ethical and approved research process, allowing participants access to a full version of the report on request and agreeing to conduct a presentation of the findings on completion of the study. Moreover, the voluntary nature of the study was highlighted and the broader purpose of the study as contributing to amplifying the voices of asylum seekers was emphasised. Ultimately every measure was taken to focus on empowering the position of the participants.

In closing, careful consideration was given to the use of the seventh non-official interview/discussion which was conducted with an asylum seeker “David” who attended the interview process and specifically stated that he did not want to be recorded, but still wanted to share his ideas in order to benefit the development of the research report. Given that David did not give formal consent to be interviewed a verbal agreement was made to protect his identity and anonymity using a pseudonym and to only provide details of the discussion with him which would contribute added depth to appreciating the lived experience of CTS. David seemed particularly invested in conveying something about the desperation of people living in his kind of condition and eager to communicate this to me as the researcher. It therefore seemed important to acknowledge some aspects of his input as will be evident particularly in the reflexive discussion section.

CHAPTER 4

FINDINGS, ANALYSIS AND DICSUSSION

Chapter four presents the main findings that were generated in this study. These are presented in conjunction with interpretations from the analysed data that was generated in the thematic analysis of the interview material. Moreover the findings and analysis are discussed in relation to the experiences of asylum seekers and current literature in order to ground the study's findings in an existing body of work. Three main themes were identified namely: post-migration experiences and their relationship to ongoing traumatic stress; experiential and symptomatic dimensions associated with ongoing traumatic stress and lastly, managing ongoing trauma. These themes are each discussed in further detail and extrapolated upon in various sub-themes presented below. Following the discussion of these themes will be the process observations and reflexive considerations from the researcher's perspective, which aim to provide some elaboration of the experiential understanding of the lived experience of ongoing traumatic stress, beyond what is articulated through the findings, analysis and discussion.

4.1 THEME ONE: POST-MIGRATION EXPERIENCES AND THEIR RELATIONSHIP TO ONGOING TRAUMATIC STRESS

Asylum seekers entering Johannesburg face numerous challenges which undermine their attempts at building their lives in their new host country. These not only include a potentially hostile host country but also inadequate national policies and discriminatory policing, which intensify the plight of asylum seekers, resulting in constraints and difficulties in moving around the city freely, meeting basic needs and building their livelihoods (Gordon,

2016; O'Brein & Reiss, 2016). The findings suggested that these kinds of contextual challenges could be understood to fall under two broad categories of experience, namely *displacement and uprootedness* the experience of which is exacerbated by difficulties presented in further sub-themes, namely *daily stressors* and *documentation*. And secondly through *acculturation* stresses. The findings showed that these fore mentioned post-migration experiences were associated with various post-migration stressors namely *identity, collective traumatization and xenophobia; micro-aggressions, bullying and perceived discrimination* and *witnessing community violence and accompanying feelings of paranoia and mistrust*. The discussion which follows will aim to capture that these post-migration stressors make it extremely difficult for asylum seekers to adequately integrate into the socio-cultural and political context of their host country and furthermore contribute to and maintain the experience of ongoing traumatic stress - as will be elaborated upon further below.

4.1.1 Displacement and uprootedness

The thematic content analysis revealed that displacement and a sense of uprootedness informed the experience of all of the research participants, the impact of which was seen primarily in aspects of the daily stressors participants encountered; often seeing them experience a drop in the standard of living they were accustomed to. They also experienced a sense of abandonment and isolation, a loss of social support and a lack of being able to provide for their basic needs, as a consequence of their illegal migration to South Africa.

In the extract below participant P5 conveys a sense of loss and longing for a former life and a standard of living which offered him the opportunity to live comfortably:

P5: "It's been three or four years and I don't catch the same life I had before. Even now I am doing my N3 in electrical engineering then I'll do my N4 and N5. Then I'll catch my national diploma and then see for a better job. That paper will give me a way to catch a life here."

P5 uses the word *"catch"* repeatedly to describe the experience of trying to build a life in South Africa. Beyond perhaps some colloquial use of the term, there is a sense that a life here, beyond a mere existence, is elusive and not easily had. When asked to expand on this experience of living in South Africa P5 explained, *"we don't have people who is going to care for us in life. We are like people who sleep along the way….we are abandoned*". Here *"people who sleep along the way"* refers to those who are homeless and who sleep on pavements, who very much like asylum seekers are *"abandoned"*. This sense of abandonment suggests that asylum seekers feel forgotten possibly by the structures of government which are meant to protect them and moreover by society who fails to hold their plight in mind.

The experience of being displaced and uprooted from one's country of origin appears to be primarily characterised by feelings of isolation and neglect, which appears to have left the research participants feeling psychically vulnerable and physically exposed while living in South Africa.

In the extracts below participants 3 and 4 further acknowledge the feelings of isolation which arriving in South Africa elicited for them:

P3: "Me and my children we stay here. We try and we try to live here. But we are alone."

P4: "I live here, but I must do everything for myself because I am alone here. I am alone."

The phrases *"we try to live here, but we are alone"* and *"I live here but I must do everything for myself, because I am alone here"* illustrate the paradox which underlies the journey of many asylum seekers in that they find themselves surrounded by societal structures but the lack of access to the resources embedded within these structures results in what appears to be ongoing exposure to systemic neglect and the devastating awareness of how alone and unsupported they are. There is a strong sense of being ruptured from social support and of having to take responsibility on one's own for managing the demands of everyday life. Feelings of isolation and abandonment were associated with the experience of having been displaced which came with further burdens.

A thematic content analytic reading of the interview transcripts suggested that these feelings were most closely associated firstly with an individual being unable to provide for their basic needs, and secondly by the lack of access to relevant legal documentation, both of which appeared to have impinged upon this population's ability to thrive. These are discussed below:

4.1.1.1 Daily stressors

Three of the six participants acknowledge the challenges they experienced in not being able to meet their basic needs and the sense of accompanying defeat that was associated with this:

P1: "It's difficult to get started. It's difficult to live. To get food. To get a job is difficult. Life is hard here in South Africa. We are suffering."

P3: "No food, no clothes. We get not job. We get not food, no money. Difficult too much mama. I don't have a job, no husband, no help. Like this I live like someone lost in the forest. My life is died."

P4: "Now you come to South Africa. You are alone now. You don't have a job. No food. It's difficult. You have made it not again."

Each of the participants acknowledge that they lack basic access to some or all of the following: food, money, employment and clothing. The impact of this is captured in the phrases *"it's difficult to get started. It's difficult to live"* and *"you have made it not again"* which convey an overwhelming sense of despondency and defeat, which characterise the experience of daily life for these asylum seekers. While an inability to meet one's basic needs may not be classically acknowledged as a traumatic stressor, living in such a precarious manner is severely stressful and the cognitive and emotional effects of constant exposure to such deprivation results in marked distress as seen in the phrase *"like this I live like someone lost in the forest. My life is died"*. Here P4 suggests that the inability to sustain one's every day basic needs results in an emotional and psychological starvation and death and the terminology s/he uses does suggest that such circumstances have the potential to escalate into a life threatening situation (for example not being able to access food on an ongoing basis) if exposed to chronically.

According to Li, Lidell and Nickerson (2016) various daily stressors are experienced in the adjustment process for asylum seekers which take the form of socioeconomic stressors, social and interpersonal stressors and stressors which are associated with the asylum seeker

certification process. Such difficulties include challenges in finding employment, reliable housing and health care, as well as obtaining the correct documentation (Gordon, 2016; O'Brein & Reiss, 2016) as elaborated further in the next sub-sections. These stressors create ongoing levels of pressure for asylum seekers which have far reaching effects on their ability to adjust in their new host country (Gordon, 2016) and which moreover prevent them from achieving physical and psychic safety. Research suggests that daily stressors have potentially traumatic effects (as discussed previously) (Chu et al., 2012) and thus may contribute to the development of trauma symptomology and prevent an individual from adjusting psychologically to their environment. Moreover, as will be evident in some of the comments, living under these kinds of oppressive circumstances may well produce more depressive related conditions, such as hopelessness, helplessness and despair. Daily stressors may *also* serve as a catalyst for existing underlying historical issues related to oppression, for instance (Holmes et al., 2016). This will be elaborated upon below:

Documentation

Most interestingly the thematic content analysis revealed that the lack of access to the correct legal documentation was experienced by all of the research participants as being greatly distressing and served to further entrench their experiences of oppression, discrimination and social marginalization. According to O'Brein and Reiss (2016) the application for a South African ID document can take up to five years to certify, without which asylum seekers and refugees cannot claim their rights to education, health, work or protective services. The implications for not having the correct documentation often included detainment, deportation and exposure to discriminatory policing (Gordon, 2016) which ultimately creates a population which is vulnerable to developing traumatic symptomology, owing to the clear lack of protections in their environment.

Based on the fact that previous interviewees had raised concerns in this area some enquiry into this issue was deemed pertinent. When asked, *"how does your legal status and documentation affect your experience in an environment of ongoing trauma?"* participants 3 and 6 felt that having the right documentation would provide them with a sense of protection and moreover that it could legitimise their experiences and suffering as asylum seekers:

P3: "Because of my status I can't go to the hospital or open a bank account. It's all very difficult for me to do that. The way I see it is I don't have a future. Because even now I don't have the right document. It's like I don't have anything. I have nothing. If I can have the right document I can have a future. Otherwise I am nowhere."

P6: "Status is important. With status and the right papers you are untouchable. Without it, you become uncomfortable. You feel unsafe and undocumented and that puts you in some kind of nowhere place. You feel you don't belong here."

P3 associates not having the correct documentation with being completely bereft as a human being which is captured in the phrases, *"it's like I don't have anything. I have nothing"* and *"I don't have a future"*. What is also expressed here is a deep sense of feeling helpless, anxious and repressed which appears to be connected with being undocumented, and moreover appears to reflect the ongoing experience of being oppressed. However, the correct documentation offers a sense of safety, certainty and freedom as seen in the phrase *"if I can have the right document I can have a future".* This sentiment is supported by P6 who associates the right status with being *"untouchable"* and thus protected and socially empowered. Most notably both P3 and P6 acknowledge that without the correct documentation they are *"nowhere".* P6 extends this notion locating this experience to *"some*

kind of nowhere place" which appears to be a place which is devoid of social, cultural and legal structures and rights, and thus precludes asylum seekers from the opportunity to derive meaning from their experiences or to have any sense of being a citizen of any kind within a state. What is also evident from the participants' use of the word *"nowhere"* are feelings of underlying emptiness, powerlessness and isolation which appear to reflect their oppressed status in society.

As previously stated being undocumented does serve as a traumatic stressor, and participants' responses seem to suggest that the absence of a legitimate status certainly seemed to leave asylum seekers at greater risk of victimization and causes this population group to live in constant fear of possible death. However, what is also apparent is that access to recognised legal status would offer asylum seekers some access to rights and protections and may act as a means through which to legitimise and validate their experiences of ongoing trauma and suffering and what appears to be a history of oppression and as such might in turn serve a containing function. This suggests that being undocumented acts not only as a traumatic stressor but also as a trigger for something more historic in nature.

According to research conducted by Li et al. (2016) restrictive asylum policies and the prolonged asylum seeker determination process contributes to increased levels of uncertainty and elevated trauma symptomology in the asylum seeker population. This may be attributed to the fact that temporary rather than permanent permits cause asylum seekers to be exposed to prolonged periods of distress owing to an inability to access health care, employment or living subsidies, reliable housing and government protection (Amit & Kriger, 2014; O'Brein & Reiss, 2016) where chronic exposure to a lack of protections and being unable to access such services (defining here acculturative stress) may have life threatening consequences and

more over contribute to asylum seekers feeling uncertain and unsafe. The result of which is negative mental health outcomes associated with PTSD and depression as well as increased levels of stress and anxiety. While, a reduction in the fore-mentioned mental health problems is associated with a permanent visa or definite refugee status Li et al. (2016). This suggest that there is a correlation between negative mental health outcomes and the inability for asylum seekers to access basic resources and most importantly to access the protections and legal rights associated with a certified refugee status. Moreover it is important to consider the impact that the certification process itself may have on the mental health of asylum seekers. Research shows that the certification process is associated with well documented instances of discrimination and exploitation (Amit & Kriger, 2014; Gordon, 2016; O'Brein & Reiss, 2016) and that asylum seekers are aware of this. As such the certification process may bring asylum seekers into contact with historical experiences of oppression and marginalization (as communicated through the feelings of anxiety, helplessness, isolation, powerlessness as found in the participants' earlier responses) resulting in what may perhaps represent more generalised emotional responses to what may be a familiar experience of the abuse of power within government systems (Holmes et al., 2016).

Thus, being undocumented not only serves as a traumatic stressor but also serves to create a general sense of being unsafe. Moreover it communicates to asylum seekers that given their historical position in society they are indeed vulnerable, without protections and can expect to be exposed to continued abuse/exploitation. As such the absence of the correct documentation appears to contribute to and maintain the experience of ongoing traumatic stress.

4.1.2 Acculturation

As discussed in the literature review asylum seekers experience acculturative stress as a consequence of being a displaced and uprooted population group seeking acceptance amongst an often unwelcoming and dominant in-group.

Acculturative stress appeared to be a concern for two out of the six participants. This is seen in the extracts below where participants 1 and 6 suggest that as asylum seekers are exposed to a rejecting and inhospitable environment:

P1: "They don't accept. No love here. In our country we accept all people."

P6: "You are our neighbours you are meant to be taking care of us. There is no acceptance here."

P1 and P6 express clearly that here in South Africa there is no recognition of or tolerance for foreigners which is seen in the phrases, *"they don't accept"* and *"there is no acceptance here"*. Here both statements seem to reflect the deep underlying anger which the participants feel in response to the rejection and abandonment they have experienced in South African society. Moreover, responsibility is levelled at South Africans for the lack of care that is show to asylum seekers as implied in the phrase *"in our country we accept all people"* and more explicitly by P6 who expresses *"you are our neighbours you are meant to be taking care of us"*. When asked to expand on the experiences of living in South Africa and what it was that made living here difficult P6 responded:

P6: "I'm lacking a sense of belonging really. Even just the fact that I am in a new country where I was not born, leaving home and coming to a new environment and dealing with all

the things happening in a new country, like violence and robberies and poverty. It makes me feel like I am on the edge and I am tired of living my life on the edge."

Here P6 describes the experience of acculturation and having to negotiate the unfamiliar as seen in the repetition of the word *"new".* From within this experience of being displaced and uprooted P6 expresses that there is a struggle present in *"lacking a sense of belonging"* the impact of which places him *"on the edge".* This suggests that acculturative stress may place asylum seekers on the fringes or *"edge"* of society where they feel helpless, rejected and abandoned. These feelings appear to speak to the *"lack of belonging"* which P6 feels which may speak more broadly to asylum seekers' marginalized position in society. It is on the outskirts of the South African context where asylum seekers live with few rights or protections and as such are vulnerable to continued exposure to chronic and traumatic stressors and a greater number of daily hassles. In this instance P6 also suggests that the stressors of "*violence and robberies and poverty"* make the process of integrating into South African society even more challenging and are associated with underlying feeling of being unsafe. However, P6's use of the word *"tired"* suggests that this marginalized an unprotected state is something that asylum seekers may be accustomed to.

According to Schwartz and Unger (2017) asylum seekers are forced to leave their homes under threatening circumstances which makes their adjustment into a new host country particularly difficult owing to pervasive levels of mistrust within the population group. As an ethnic minority in their respective host countries they are often labelled as foreigners and given their undocumented status are often the recipient of ongoing micro-insults intended to demean the population group, as a form of social backlash against the

threat they pose during challenging economic times, which according to Holmes et al. (2016) may result in increased anxiety, somatism and depression.

While research suggests that the distress that is caused through difficulties in acculturation appears to be mediated by individual characteristics such as level of education, health and language proficiency, as well as cultural intangibles such as being able to position oneself amongst asylum seekers from similar cultural backgrounds in order to assist in building social support and community protection (Lo et al., 2014), the poor success of asylum seekers to successfully acculturate within the South African context (Fassin et al., 2017) raises questions about the impact of ongoing experiences of oppression and marginalization (in this instance being forced to live in neighbourhoods with increased exposure to violence, discrimination and poverty as noted by P6) on the mental health of asylum seekers. Comments about non-receptivity/discrimination by host communities (captured in P6's experience of *"lacking belonging"*) resonate with earlier descriptors of isolation and abandonment which appears to link acculturative stressors and feelings of helplessness (as a depressive response) with broader issues related to oppression and marginalization.

With this in mind the findings then appear to suggest that failures in acculturation contribute to the ongoing experience of oppression amongst asylum seekers. This appears to re-affirm historical and familiar feelings of helplessness (as suggested by P6's comment on being *"tired of living life on the edge"*) in similar contexts where they were perhaps unable to effect any change in their lives, the consequence of which may possibly then be anxiety (from having to live in constant fear), depression (as a result of learnt helplessness) and also

ongoing traumatic stress (given the lack of protections and resultant exposure to daily hassles and chronic and traumatic stressors).

Thus chronic exposure to individual acculturative stressors are traumatic in nature as just explained and moreover failure to acculturate forces asylum seekers to occupy impoverished and dangerous spaces (associated with discrimination, violence and xenophobia for instance), thus re-enforcing their oppressed status and the likelihood of experiencing violence as a result of this. And what is more, such exposure results in depressive responses, as asylum seekers re-engage with their feelings of helplessness and the lack of agency associated with living in such contexts. Thus, the findings reveal that oppression appears to contribute to and maintain ongoing traumatic stress, and moreover appears to account at least in part for traumatic sequelea associated with depression.

The various acculturation stressors or post-migration experiences (functioning to further re-inforce the oppressed and marginalized status of asylum seekers) and their role in contributing to and maintaining ongoing traumatic stress is elaborated upon in the next sub-section, recognizing most importantly that all of the features discussed thus far are inter-related with this these dimensions.

4.1.3 Post-migration stressors and their related historical stresses as contributing and maintaining factors of ongoing traumatic stress

The present and anticipated future stressors which are associated with ongoing traumatic stress are expanded upon in this sub-section in order to provide a picture of the daily experiences which perpetuated the feelings of being under constant threat in this group of interviewees. As will be discussed the thematic content analysis revealed that *past*

stressors which affected asylum seekers primarily pertained to political upheaval and war, while *present stressors* took the form of the severe everyday stressors just discussed, as well as *traumatic stressors* or directly threatening attacks on asylum seekers themselves or their loved ones. While *anticipated threat* appeared to emerge in relation to asylum seekers having to re-engage with *historical stresses* stemming from having to live in a post-migration context. Based on a thematic content analytic reading of the interview material the post-migration experiences which gave rise to the stressors which contributed to and maintained ongoing traumatic stress were categorised as falling under the three headings of: identity, collective traumatization and xenophobia; micro-aggressions, bullying and discrimination; and witnessing community violence and accompanying feelings of paranoia and mistrust – the relationship of each of the stressors to ongoing traumatic stress will be described below:

4.1.3.1 Identity, collective traumatization and xenophobia

All of the research participants reported having experienced acts of violence owing to their identity as non-nationals, foreigners and asylum seekers. This appeared to have created marked feelings of fear, anxiety and helplessness in the participants.

In the extracts below participants 3,5 and 6 provide accounts of experiences in which they were targeted owing to their identity:

P3: "As a foreigner you can't live in Alexandra or Soweto. You can't live there, it's only for citizens. If you are a foreigner in the night people can come to harm you. They can kill you."

P6: "You must understand firstly you are not at home and so you are always in danger, because you are a foreigner and as a foreigner you can do nothing. If my father was president of the state or a minister that would be different. But I… am a nobody."

P5: "They throw me out of a train because I am a refugee and I can't do anything because they are a citizen."

Here participants 3,5 and 6 express explicitly that *"if you are a foreigner you can't live in Alexandra or Soweto", "you are always in danger because you are a foreigner"* and in the case of participant five *"they threw me out of a train because I am a refugee"*. All of these observations indicate that the violent and threatening treatment which asylum seekers endure appears to be directed at them owing to their identity as foreigners and asylum seekers. Moreover, deep underlying feelings of being constrained (stuck) and helpless are expressed by both participants 5 and 6 as seen in the phrases *"as a foreigner you can do nothing. If my father was president of the state or a minister that would be different. But I… am a nobody"* and *"I can't do anything because they are a citizen".* Here both P5 and P6 express a somewhat defeatist position, reflecting perhaps the impact of the continued experience of subjugation in society, which appears to have become part of the collective identity and collective trauma of asylum seekers. What is more there is an underlying feeling of anxiety and anticipation of potential harm connected to identity trauma, as though one's identity may elicit future threats and moreover that the potential to attract violence and trauma is carried in the skin and is thus inescapable.

The thematic content analysis revealed that the interpersonal violence which participants experienced related to their experiences of xenophobia, i.e., violence targeted at

certain individuals owing to their ethnic and identity characteristics and to being foreign, and appeared to activate historical anxieties relating to their collective trauma associated with discrimination.

Here P1 and P6 provide accounts of their experiences of xenophobia:

P1: "They don't accept me. There is a xenophobia and they don't accept. We are living a xenophobia here. They don't accept. No compassion for us in South Africa."

P6: "Poverty and crime. The perception is that people from the outside make things like this. And there are those who take the law into their own hands to solve 'the problem' and so there is always the potential to be driven out."

In the above extract P1 repeats *"they don't accept"* three times, perhaps to emphasise the extent to which asylum seekers are excluded from South African society. P6 expands on the experience of a hostile environment trying to provide possible reasons for such treatment, namely that foreigners are viewed as "*the problem"* and cause *"poverty and crime"* in the country and as such must be kept out even if by violent means. The phrase *"there is always a chance to be driven out"* suggests that asylum seekers experience an underlying level of anticipation and anxiety associated with xenophobia, which appears to make them targets for discriminatory behaviours, and elicits feelings of fear over their tenuous station in South African society, and moreover their oppressed and subjugated position historically. As such xenophobia appears to be a salient present threat which is a feature that characterises the experience of ongoing traumatic stress in this population group.

According to Solomon and Kosaka (2014) xenophobia refers to discriminatory behaviour or attitudes towards foreigners or strangers and is associated with displays of minor and major acts of violence and aggression which represent hatred towards another individual. Studies on xenophobia suggest that these kinds of discriminatory attitudes towards foreigners generally stem from perceived economic threat, needing to protect one's national identity during times of national crisis, feelings of fear and/or of superiority, and poor knowledge of other cultures. Research suggests that inadequate knowledge about others fuels this fear of the "unknown" or what is "different" in others and promotes the notion of foreign nationals as a threat (Gordon, 2016).

According to Holmes et al. (2016) (a phenomenon like xenophobia) functions on several inter-connected political/social and psychological levels to re-inforce oppression in historically marginalized communities. Inter-personally it represents a threatening act which intersects with broader social acts (dehumanizing acts), systemic acts (such as civilian protests calling for asylum seekers to return home or discriminatory policing respectively) and larger international acts (such as Brexit, which shape foreign policies and ultimately the standards with which asylum seekers and refugees are treated) to re-inforce learned helplessness and internalized oppression on an intrapersonal level. Thus, acts of violence against specific groups targeted by virtue of out-group identification can contribute to collective traumatization (Kira, Amer & Wrobel, 2014). Beyond the traumatic effects of acts such as xenophobia are the historical stresses related to past experiences of discrimination and more overt oppression and marginalization which asylum seekers are forced to confront (as identified in the feelings of anxiety, fear, helplessness and being stuck as identified in participant responses). Thus xenophobia as a stressor is pervasive in nature firstly in its ability to cause widespread environmental threat which is traumatic in nature, and secondly in

that it operates inter-personally, inter-systemically and intra-personally to create ongoing engagement with feelings of being unsafe (*historically and in the current context*), thus contributing to and maintaining ongoing traumatic stress in asylum seekers.

Thus, it appears then that the xenophobia related threat to which asylum seekers are exposed is likely to give rise to ongoing traumatic stress responses which reflect the traumatic nature of the immediate context, and moreover appear to include emotional and psychological responses which serve to reflect something of the feeling of being unprotected and marginalized and thus vulnerable to attack - which appears to be more historical in nature and socio-politically driven.

4.1.3.2 Micro-aggressions, bullying and perceived discrimination

The thematic content analysis also revealed that micro-aggressions, bullying and discrimination strongly characterised the experience of ongoing traumatic stress for the study's participants.

In the extract below P1 describes a 'quiet xenophobia' which operates as a sort of undercurrent in South African society:

P1: "Ja. But there is another xenophobia that happens under. Quietly. When people don't accept you. 'You? Where you come from' it's like this."

When asked to expand on this sentiment P1 provided the following account of an experience in which he was accosted:

P1: "The other day in the street I pass a man and he say 'oh, why are you here' and he pick me like this [lifts shirt collar], an old man like me. You see how is the mental of people of South Africa? No love for us here."

P1's experience of bullying appeared to have generated feelings of denigration which suggests that at the root of acts of micro-aggressions is a fundamental denying of another's search for acceptance which is seen in the phrase *"no love for us here"* which appears to capture the lack of empathy and malice which seems to lie at the core of such acts. Moreover, he appears very troubled by the degree of intrusion into his personal space. When asked, *"how do you feel when you are treated this way by South Africans?"* Participant 5 expressed that *"we don't get treated as human beings."* This sense of being dehumanized was reiterated by participant 6 who said *"they don't look at us like we are human beings".* These phrases suggests that the experience of not being recognized as a human being by other people and more broadly by government (as an extension of "*South Africans*") and being treated as worthless has deeply invalidating consequences that reinforce fear, and subjugation in this population group, where the intersecting levels of oppression (inter-personal and inter-systemic as outlined previously) work insidiously to confirm an internal and entrenched sense of being something less than human.

The fear which appeared to characterise the daily interactions of the participants was reflected back to them by the researcher and they were asked to expand on what made them afraid to live in South Africa. Two of the six participants expressed that they were afraid of South Africans:

P4: "*The people…they don't treat us well you see. They treat us like rubbish. Like trash because we are not from the same country as them. We are refugees."*

P5: "*I am scared of the citizens. And when I see citizens talking in their language I think they are talking about me and that makes me scared. I think maybe they are talking about me and they can do whatever they want to do to me and I will be in trouble."*

In the extracts above both P4 and P5 express their fear of South African citizens and experiences of being made to feel worthless -*"they treat us like rubbish. Like trash"*. Here the use of words such as *"rubbish"* and *"trash"* suggest that micro-aggressions relegate whole lives to the waste bin which results in asylum seekers internalising something about their experience and themselves in which it may feel as if nothing good can be salvaged, leaving them stripped of agency (re-enforcing here again oppression at in intrapersonal level). A sense of helplessness and feelings of being stuck in relation to being the object of prejudice was evident in P5's comment that *"they can do whatever they want to do to me and I will be in trouble*", a statement suggestive of the opinion that South Africans are experienced as being an omnipotent force whose micro-aggressions leave asylum seekers feeling exposed and at risk. And moreover whose behaviour may perhaps reflect to asylum seekers that a similar disregard for their lives and safety may be shared at higher levels of state structures (confirmed for instance in political rhetoric inciting violence against asylum seekers). Thus references to "*rubbish"* and "*trash"* resonate with the observations about dehumanization raised just previously and moreover suggest that the feelings of fear which participants experience in relation to South Africans perhaps reflects a fear of having to re-engage with historical stresses related to discrimination and how little value has been placed on their lives even by their own people/despotic political systems.

With this in mind feelings of being stuck and helpless (as noted above in participant responses) appears then to position depression in this population group as a sort of psychological numbing or death, as a possible means to cope with such repressive, dangerous and stifling conditions. Thus while the experience of ongoing traumatic stress amongst the asylum seeker population appears to be somewhat intangible in nature it is markedly corrosive in its effects, as experiences of bullying, hostility and exclusion expose asylum seekers to what appears to be constant emotional attacks which not only make them feel physically unsafe, but also psychically unsafe.

In the extracts below P4 elaborates on the experience of micro-aggressions and the insidious manner in which they fuel the experience of being made to feel physically and psychically unwanted and in danger:

P4: "You will notice when you live in a flat you will find citizens and you will find that you are not welcome there. They will treat you bad until you are going to move and you go in another flat or in another place."

R: How does being treated badly look. Can you describe it?

P4: "Treat you bad like they don't want you in the flat. So when they see you maybe they start to gossip about you and say "she is not a good one she wasn't supposed to come here" and they speaking their language. Now you can't understand but they are gossiping about you and it makes you feel unsafe. Because they don't want you."

In the above extracts P4 uses the phrase *"they will treat you bad until you are going to move and you go in another flat"* which speaks to an undercurrent of hostility and rejection in which host nationals appear to starve asylum seekers of acceptance until they drive them out of shared spaces suggested by the phrase *"treat you bad until you are going to move*" which eludes to a purposeful killing off of human connection. The thematic content analysis revealed that one of the primary mechanisms by means of which people are made to feel unwelcome is through language as seen in the phrase "*and they speaking their language. Now you can't understand but they are gossiping about you and it makes you feel unsafe.* This sense of being spoken about in a way that one cannot comprehend in one's presence but understands to likely be hostile was also evident in P5's phrase presented earlier "*and when I see citizens talking in their language I think they are talking about me and that makes me scared."* Thus, both P4 and P5 acknowledge the associations which exist bewteeen language and feelings of threat.

Moreover, it appears that not being able to understand a language places people on the outside of an experience and makes them feel as though they are being deliberately excluded, plotted against and are possibly in danger. Such experiences make it very difficult for asylum seekers to discriminate between what is real and what is fantasized threat since in such circumstances there is no way of checking what is actually being said or conveyed and is likely to heighten feelings of fear and paranoia which appear to stem from feeling unsafe.

This sense that one may be in danger is seen in P4's use of the phrases *"gossip about you", "she wasn't supposed to come here"* and *"they don't want you"* which suggest that the opposition which asylum seekers experience is targeted at them as an individuals, because of their 'foreign' identity.

The fact of active discrimination was confirmed by two of the six participants who expressed having experienced acts of discrimination owing to who they were. In the extracts below participants 4 and 5 suggest that asylum seekers are singled out and treated unfairly by various factions in South African society:

P4: "When you go look for a job they won't give you a job like they are giving to the others."

P5: "If the police find a citizen fighting they interfere, but if they find citizens and foreigners they just pick up the foreigners to the cells and release the citizens."

The phrases *"won't give you a job like they are giving the others*" and *"they just pick up the foreigners to the cells and release the citizens"* suggests that there is a level of unjust and unequal treatment which characterises the experience of asylum seekers living in South Africa which appears to imbed a degree of resignation to what appears to be the characteristic maltreatment in South Africa.

Elaborating on the discrimination which is associated with the kinds of acts described by participants, Li et al. (2016) suggest that the process of forced migration carries significant social and interpersonal challenges for asylum seekers related to discrimination from within the host country. As discussed in the literature review there is a difference between objective acts of discrimination and the more damaging category of perceived discriminatory acts. Research suggests that perceived discrimination communicates to an individual that they and others like them are unworthy and reinforces that the maltreatment that they have experienced is associated with their "spoiled identity". Based on participant responses this

appears to have extremely isolating effects (associated with feelings of anxiety, fear and paranoia as noted in participants' responses). This results in individuals feeling unsafe owing firstly to the potential for their identity to elicit violence and secondly from lacking accepting relationships with others (inter-personal and structural) from which a sense of protection is derived (Schmitt et al., 2014).

Findings suggest that while micro-aggressions in themselves may not necessarily be traumatic it appears that they serve to starve vital connections between host nationals and broader political structures (seen in particular in responses such as "*they don't treat us like we are human beings*, "*they treat us like trash like rubbish*" and "*they treat you bad until you move*") which appear to inhibit human growth and limit the potential for a productive life According to Holmes et al. (2016) such features are characteristics of inter-group violence, and socio-political oppression and marginalization. Thus, micro-aggressions appear to inform the pervasive disregard which asylum seekers have become accustomed to being treated with, and which they are unable to protect themselves from, leaving them vulnerable to such future treatment. In this manner micro-aggressions appear to contribute to and maintain ongoing traumatic stress. Findings also suggest that re-engagement with historical stresses related to discrimination, appear to activate anxious responses, which appears to account, at least in part, for the appearance of somatic sequelea in this population group.

4.1.3.3 Witnessing community violence and accompanying feelings of paranoia and mistrust

Two participants reported being exposed to witnessing community violence. In the extracts below P1 and P6 allude to the vicarious effects of witnessing others being attacked:

P1: "I was in attacks and my neighbour was in attacks. You always think what if it was me?"

P6: "Some of my friends passed away from the xenophobic attacks and I have seen a couple of times when my friends have been terrorised by people from Ekasi (slang for 'the township'). *They rob people even during the day. I am afraid I can't even walk really."*

The phrases *"you always think 'what if it was me'"* and *"I am afraid I can't even walk really"* suggest that witnessing other asylum seekers being hurt or injured results in feelings of fear and anticipation of threat to the self and may be associated with increased anxiety and possible avoidance behaviours for those who witnessed or heard about the attacks on a significant other. What also appears to emerge from these extracts is that both of the participants' experience underlying feelings of mistrust, suspicion and threat anxiety in relation to the environment around them. Given that the asylum seekers are exposed to dangerous living conditions, chronic exposure to xenophobia and the threat of discriminatory policing owing to their illegal status in the country, it appears that the paranoia and mistrust they exhibit in their daily lives is understandable.Their estimation of the threat they face in some instances is very real and moreover appears to reflect something of their expectation of being targets for such attack, given their past exposure to discriminatory and oppressive regimes in which their identities were similarly paired with denigration and maltreatment.

According to Ni Raghallaigh (2013) feelings of mistrust and paranoia may stem from watching violent killings in communities and from living in conditions which generate feelings of fear of being deported or killed. These experiences cause people to feel as though they have no control over their environment and that they are unable to predict the behaviour of the people around them. However, feelings of fear and paranoia may stem not only from

unpredictable and dangerous host communities but also from resonances with past experiences of trauma, those pre-migration experiences that drove people to leave their countries of origin in the first place. Given that many refugees have become accustomed to feeling mistrustful owing to living under totalitarian regimes in their home countries (Li et al., 2016) it is likely that the impact of witnessing violence and discrimination perpetrated against other members of this displaced population group exacerbates historical stresses, which serves to amplify existing feelings of fear, anxiety and paranoia (as seen in participant responses). Mistrust, anxiety and paranoia may also result from witnessing violence as such events raise concerns within asylum seekers about their own safety in the present moment (Clark et al., 2008). As such witnessing violence in itself does not necessarily present as a traumatic stressor, however it does appear to contribute to and maintain ongoing traumatic stress in that it signals the possibility of immediate danger to one's personal integrity and secondly it serves to reaffirm asylum seekers' historically oppressed and unprotected status in society.

In conclusion the findings show that post-migration stressors function in two ways: firstly as traumatic stressors which signal a very real threat of current danger and the potential for loss of life and secondly as non-traumatic stressors in the present but as stressors that force asylum seekers to engage with past events and historical stresses.

It appears then that post-migration stressors (such as xenophobia, discrimination/micro-aggressions and having to witness community violence) do not only signal the potential for realistic danger in the present moment but also, as demonstrated by the findings in this study, contribute to and maintain ongoing traumatic stress as they reaffirm something within the individual about their oppressed position in society (synonymous with a

historical lack of rights and protections). They remain aware that owing to this historically disenfranchised position, they are unprotected and unsafe and can thus expect to be the recipients of future abuse/exploitation. The findings then appear to suggest that the development and maintenance of ongoing traumatic stress is associated with a historically oppressed population group exposed to stressors which are socio-political in nature, including those located in the past (pre-migration traumatic exposure to political violence); in the current context (stressors associated with threat anxiety), and those related to re-engagement with *historical stresses*, all of which can contribute to anticipation of future maltreatment. Lastly the findings also revealed that ongoing oppression may in fact re-affirm historical feelings of anxiety, helplessness and feeling unsafe resulting in somatic and depressive traumatic sequelea and ongoing traumatic stress.

When the experience of ongoing traumatic stress is considered against the backdrop of CTS, it appears that the construct of CTS has some utility in being able to conceptualise the condition associated with this presentation of traumatic stress but may need to be elaborated or refined to encompass the kinds of experiences described by the participants. There is perhaps a need for a more nuanced appreciation of the relationship between the individual's position in society and the exact nature of the stressors they are exposed to, evidenced here by the need to be able to comprehend the nature and presence of ongoing traumatic stress even outside of a context of protracted threat and inescapable stressors.

Ultimately these findings illustrate that there is an inextricable link between the socio-political context of a host country and the development of this presentation of traumatic stress in historically oppressed populations, where the condition of ongoing traumatic stress appears to emerge in a dynamic relationship between individual *and* context.

4.2 THEME TWO: EXPERIENTIAL AND SYMPTOMATIC DIMENSIONS OF ONGOING TRAUMATIC STRESS

This theme will describe the experiential and symptomatic dimensions of ongoing traumatic stress as experienced by the research participants in the present study. This will be done in order to further locate past, present and anticipated stressors which appear to contribute to the experience of ongoing traumatic stress and to understand how these stressors were reported to affect the interviewees' thinking, feelings, perceptions and general psychological responses. The thematic content analysis revealed that the experiences which were characteristically associated with ongoing traumatic stress included recollections of: past trauma and ongoing feelings of being choiceless, limited and trapped; experiences of ongoing pervasive threat, anticipated future threats; and an absence of protections. This last mentioned aspect will be discussed under sub-themes which capture the origin from which this lack of protection extends, namely the government and the police. The exacerbating factors or risk factor for ongoing traumatic stress namely: *identity* is also presented here. Following the discussion of the broader experiential aspects that appear to contribute to this presentation of traumatic stress in this asylum seeker group the symptomatic dimensions found here will be described. Given that all the research participants had been exposed to some form of political violence/trauma prior to coming to South Africa it was expected that exposure to a context characterized by crime and violence would yield various psychological and emotional effects. The thematic content analysis revealed 7 sub-themes of symptoms associated with ongoing traumatic stress, namely: feelings of fear, anxiety and paranoia; somatization; suicidal ideation; psychological death; hyperarousal (which includes: sleep disturbance; hypervigilance and concentration problems); and avoidance. There was also evidence that some of the participants' symptomology could best be understood as an

adaptive response to their environment which will be described under OTSR. Each of the fore mentioned experiential and symptomatic dimensions will be further elaborated upon in order describe the experience of ongoing trauma in this Johannesburg based population of asylum seekers. What is more the experiential and symptomatic dimensions will be considered against the CTS framework to consider its utility in conceptualising the impact of ongoing trauma.

4.2.1 Aspects of ongoing traumatic stress evidenced

4.2.1.1 Prior trauma and ongoing feelings of being choiceless, limited and trapped

All the research participants who participated in the present study had experienced a form of past trauma prior to coming to South Africa. In the excerpts below participants 1, 3, 5 and 6 express their reasons for leaving their country of origin:

P1 "I was in politics and I was afraid to be killed because many persons were killed under our political leader. And they wanted to kill me. I had to leave. I was not safe."

P3 "There was a kind of war there. I was not safe, so my parents sent me here."

P5 "I was a soldier in my country. And I was captured and terribly beaten and I put many days in prison. Then I escaped. That was the big reason I left my country was because of that war. I can say it was not safe in my country."

P6 "All hell broke loose around 2002 when the government decided to take the land back from the white commercial farmers. So I had to leave. I was not safe."

Four of the six participants refer to instances of political upheaval and war which were the past stressors which posed a threat to their personal integrity and their ability to live free from harm and ultimately informed their decision to leave their homes. This is seen in phrases such as *"I was afraid to be killed….I had to leave. I was not safe"*, *"there was a kind of war there. I was not safe*", "*that was the big reason I left my country was because of that war. I can say it was not safe in my country"* and *"all hell broke loose…. So I had to leave. I was not safe."* While the reasons for leaving their country of origin vary between participants, what appears to be common in their experience is that unlike economic migrants, asylum seekers appear to have been forced into leaving their homes under traumatic circumstances and that their former lives placed them in precarious circumstances as seen in the repetition of the phrase *"I was not safe."* This suggests that the lives of asylum seekers prior to leaving their homes were characterized by a pervasive sense of threat, a historical lack of safety and feelings of being unsafe as a consequence of oppression (as a traumatic stressor).

During the course of the interviews participants were asked to expand on their experiences. In the excerpts below participants 1, 2 and 3 attempt to describe their lives back home:

P1: "I was afraid to be killed because many was killed under our political leader. Many persons killed, it was difficult, I could not live there."

P2: "There was too much difficult there was too much war. To live there is to die"

P3: "Then there is a fighting. So I jumped. No place to stay. No job. No money. The difficult is coming too much. We could not live."

The thematic content analysis revealed that participants' past lives were characterized by experiences that were *"difficult"*, a word used by all three participants. This difficulty appeared to be associated both with experiences of marginalization seen in the phrase "*no place to stay. No job. No money. The difficult is coming too much"* and real life threat seen in phrases such as "*many persons killed under our political leader"* and *"there was too much war"* which both appeared to contribute to underlying feelings of being restricted as seen in the phrases *"I could not live there"*, *"we could not live"* and *"to live there is to die".* Such feelings appear to suggest that participants' move between countries was motivated not only by intense fear and feelings of being unsafe, but also by concerns that they would be unable to live and thrive under the oppressive and marginalizing structures which appeared to characterise their country of origin (where both experiences of direct threat and oppression represent traumatic stressors). Although much of the terminology about threat in countries of origin was framed in the past tense it was apparent that many of the conflicts that brought the interviewees to South Africa were ongoing and continued to preoccupy them.

When asked the question, *"would you ever return to your home country?"* participants 4 and 5 expressed a deep sense of ambivalence:

P4: "I think I want to go back to my country but I hear that there is a kind of a war there. So I can't go back, so I'm staying here because I don't have any choice."

P5: "I could go back to my country but I think it will be the same and there will be trouble again. So I am very limited somewhere. I am very limited, so I am not very free. I am blocked somewhere. I have no choice."

Both P4 and P5 express wanting to return home and not being able to, as seen in the phrases *"I think I want to go back to my country but I hear that there is a kind of war there"* and *"I could go back to my country but I think it will be same there and I will be in trouble again"* where wanting to go back is prevented by *"some kind of war"* or knowledge that *"I will be in trouble again".* This inability to return home reflects an underlying feeling of being unsafe, which coupled with the socio-political milieu of life in South Africa (described earlier) appears to keep participants in a position in which they have few options as seen in the phrases: *"I can't go back, so I'm staying here, because I have no choice"* and *"I am blocked somewhere. I have no choice."* What emerges then in response to the "choiceless" experience of the participants are underlying feelings of being trapped in a state of limbo or constant waiting, which appears to speak to the lived experience of ongoing traumatic stress *and* moreover the experience of what appears to be continued oppression in the South African context (seen in respondents' feelings of being stuck, blocked and limited in some respects, reflective of the same emotions captured in the previous theme).

P6 elaborated on this feeling of stasis, citing adverse economic effects arising from a despotic political situation in addition to earlier comments about personal threats:

"At the moment I can't go back because there is nothing there. There are no jobs with 90% unemployment. You can't even think about going back just yet. But maybe in another five years things will change. Our leader will be 97 in five years and everyone is hoping he

doesn't hit that mark, that something happens to him. He is the stumbling block that is holding back our success. But there is nothing moving. So we must wait in South Africa which isn't doing us any favours. Wasting our lives waiting in a foreign country until we can go back home…."

Thus, what appears to emerge in the experience of asylum seekers is that beyond experiences of past trauma associated with war and political upheaval and historical feelings of being unprotected are continued feelings of being choiceless and trapped for an extended period – which appear to be associated with the loss of the ability to live an active life and resignation to the passive acceptance of passing of time with limited hope for change in external circumstances. This sense of living a kind of non-existence and being caught in time appeared to characterise something of the lived experience of those most affected by ongoing traumatic stress. However, what also appears to be reflected in comments such as "*there is nothing there"* and *"there are no jobs with 90% unemployment"* is what appears to be a history of marginalization, which given the comment "s*o we must wait in South Africa wasting our lives"* appears to be a continued experience for asylum seekers as they *"wait"* and *"waste"* on the fringes of South African society. The result of which appears to be a "living death" which mirrors findings in the previous theme again associated with experiences of marginalization and oppression. Suggesting something of the lived experience of ongoing traumatic stress as being closely related to having to re-engage with such historical stresses.

4.2.1.2 Experiences of current stress

Beyond experiences of past trauma the thematic content analytic reading of the interview material also revealed that ongoing traumatic stress was associated with

experiences of current stress. Given the vulnerable nature of the asylum seeker population and the absence of protections which they experience (as elaborated under a later sub-heading), there appears to be an increased vulnerability to possible violence, resulting in a population group that is multiply traumatised and prone to experiences of polyvictimisation.

The thematic content analytic reading revealed that in two out of the six cases asylum seekers had experienced acts of violence either directed at them or a loved one (which represent traumatic and non-traumatic stressors respectively). In the extracts below P3 and P5 describe scenarios in which either they or their loved ones experienced instances of violence while living in South Africa:

P3: "And then I come here and they beat me again. The Tsotsi see me. Hit me and say give me phone. Give me phone. I say no!"

P5: "My little boy is having a phone a small one. But they took his phone. The Tsotsis show my kid a knife and say "if you don't give us the phone we will kill you."

Both P3 and P5 express an underlying feeling of helplessness which is associated with their experiences of not being able to protect themselves or their loved ones from *"Tsotsis"* or robbers. What is pertinent to establish here is that feelings of helplessness, fear and anxiety are produced in response to both traumatic and non-traumatic stressors. Such feelings appear to not only be heightened in the current context where there is exposure to increased crime related violence, but moreover, given P3's comment *"and then I come here and they beat me again"* (in reference to leaving his/her home and coming to South Africa), these emotions appear to suggest something of having to re-engage with historical feelings of being unsafe in

the current context, when faced with both traumatic and non-traumatic stressors. Here the ability of both traumatic and non-traumatic stressors to elicit similar emotional responses, particularly anxiety, appeared to stem from issues related to identity. In the extracts below, three out of the six participants in the present study described what appeared to be a targeted experience of threat/violence, which they perceived to be a consequence of who they were in society.

P3: "Tsotsi is coming in the sun mama. We are not safe here."

P5: "That is the song for each and everyone. Even during the day we can't feel safe."

P6: "We are really not safe in this country. It can be night or day. It is the same."

In the extracts above participants 3, 5 and 6 use the phrases *"we are not safe", "we can't feel safe"* and *"we are really not safe in this country"* which suggests that the perception of threat and experience of ongoing violence may be relative to the group and identity of the individuals who are being subjected to it in a context such as South Africa. These perceptions of targeted violence specifically against foreigners were discussed more closely under post-migration stressors, specifically under the sub-section: *identity, collective traumatization and xenophobia* and subsequently under the sub-section: *discrimination, bullying and micro-aggressions* where acculturative stress exposed asylum seekers to dangerous neighbourhoods and post-migration experiences which were both traumatic and non-traumatic in nature and appeared to activate underlying historical stresses, as previsouly discussed.

Thus it is pertinent to establish here that ongoing traumatic stress as it is experienced by the asylum seekers in this study not only includes experiences of crime related violence and associated threat but also targeted experiences of minor and major hate-driven acts which leave those experiencing ongoing traumatic stress feeling *specifically* victimized which seems to reflect the historical nature of their anxieties (resonating here with the Kira et al. 2013 study).

In the extracts above participants 3, 5 and 6 also associate their identity with their experiences of pervasive threat where themes related to the *time of day* in which attacks occurred generated feelings of being vulnerable to attack and exploitation and resulted in unremitting distress and threat anxiety. The phrases *"Tsotsi is coming in the sun", "even during the day we can't feel safe"* and *"it can be night or day, it is the same"* suggest that the perceived protection which is offered by day-light for most south African citizens does not apply to asylum seekers, suggesting that they are always in danger, owing to *who* they are in society).

When asked to expand on what contributed to their feelings of fear and vulnerability participants 1, 3 and 5 expressed that there was an underlying anticipatory sense associated with their feeling of being under threat:

P1: "*I am fearing. I am fearing. All the time somebody could kill me. Somebody could take things from my pocket. I am not quiet in my mind. We are suffering in South Africa. I am walking and I am fearing."*

P3: "You can be walking and could meet a thief anytime and they can kill you. I am scared all the time."

P5: "Even when I am walking on foot I feel I am in danger all the time because there is still a side of me that thinks people could want to stab me, steal money from me and to steal the wallet."

Participants use the words *"all the time"* to capture the experience of ongoing feelings associated with their identity position in society. Which appears to generate underlying feelings of anticipation which is experienced by all three participants in the extracts above is seen in the phrases *"somebody could kill me", "could meet a thief"* and *"people could stab me"* suggesting that the potential of what *"could"* happen generates feelings of fear and distress, the impact of which is reflected particularly in P1's expression, *"I am not quiet in my mind"*. While research participants struggled to capture the impact of what it was like to live in an environment where their identity generated such a sense of pervasive danger, what did emerge was that their identity denied them the ability to partake in everyday activities and feel safe, as seen in the phrases *"I am walking and I am fearing", "you could be walking and meet a thief"* and *"even when I am walking on foot I feel I am in danger"* which appears to express an underlying wish to be able to fulfil an everyday task, such as walking to a destination, in the same manner as everyone else, and to feel safe in doing so. Moreover the act of walking here appears to hold potentially traumatic effects (in that it can elicit violence) but it also appears to force asylum seekers to confront underlying feelings of being constrained, restricted, limited and trapped in some way. These feelings appear to communicate something about the lived experience of ongoing traumatic stress, which again reiterates earlier findings on the same emotions in the previous theme which

when considered here appears to suggest that exposure to stressors possibly elicits reactions in asylum seekers which also include responses to historical socio-politically bound anxieties related to oppression.

In order to gain clarity on these feelings of being limited and trapped participants were asked, *"why do you feel so restricted as an asylum seeker?".* Here participant 1 explained, "*my country no peace. I come here no peace. You are seeing me but my mind is dead. I pray to God to find peace elsewhere".* Here P1 explains repeatedly that there is a search for *"peace"* which cannot be found either in their home country or in South Africa, which not only captures something about the identity-bound nature of the threat associated with being an "asylum seeker" in society, but also reveals something about the circular nature of the experience of ongoing traumatic stress. The "search for peace" appears to reflect feelings of fear and a sense of this state being absent for a prolonged period of life. Suggesting that there is a continuation of the impact of participants' pre-migration experiences in the South African context. This appears to connect the experience of ongoing traumatic stress with exposure to stressors which are socio-political in nature and which force asylum seekers to re-engage with stresses related to their original experience of political violence/oppression, the consequence of which is a search for *"peace"* that never comes.

Exacerbating factor: Identity

In order to gain clarity on the factors which exacerbate feelings of vulnerability the experiences which worsen ongoing traumatic stress were explored with participants (given that this presented a significant degree of overlap with "risk factors" in the resilience and managing sub-theme it was thought to combine these sections here). Participants were asked the question "*what do you find makes the feeling of danger worse for you in the South African*

context? "Four out of six participants expressed that a fear of crime and the time of day exacerbated their feelings of danger. These appeared to speak more broadly to issues around identity where being isolated posed potential risks to participants' safety as being alone resulted in them being conspicuous targets for crime related violence/abuse. This identity position appeared to not only evoke feelings of fear and anxiety over current attacks but also future attacks.

In the extract below P4, P5 and P6 appear to express how exposed they feel to potential threat as "asylum seekers":

P4: "Ja walking around at night. If there are people around it's okay. If there are no people around then I'm scared."

P5: "Everyday I tell my family that they mustn't walk alone."

P6: "Walking at night and walking alone. It's a problem for me."

Here P4, P5 and P6 suggest that *"walking at night"* and *"walking alone"* created a sense of fear for them as asylum seekers. P1 went on to elaborate and offered an explanation for this fear expressing that *"South African people make me fearing".* This suggests that asylum seekers are conscious of their identity in relation to South Africans and that this may elicit possible abuse and interpersonal violence as well as experiences of general crime. What also appears to emerge here again are feelings of being anxious, restricted and trapped. Here P5 expressed their concerns for their family's safety and the restrictions they placed on their family in order to ensure their safety: "w*hen it's six o'clock they must be home already. Don't go away after six o'clock. So it's very limited. Very restricted."* P5 goes on to explain "*at 12pm, 1pm, 2pm, 3pm. You can't walk because there are people who can catch you and*

kill you." This suggests that as a foreigner in South Africa regardless of the time of day, there is always the potential to attract danger based on your identity.

The relationship between one's identity and feelings of being vulnerable to attack are described under the previous theme specifically under the sub-section: *identity, collective traumatization and xenophobia* and subsequently under the sub-section: *discrimination, bullying and micro-aggressions* which when considered here, seem to suggest that "time of day" and "fear of crime" express something more broadly about how exposed asylum seekers feel in society.

As stated previously asylum seekers are forced to live in impoverished neighbourhoods where they are prone to experiencing discrimination and xenophobia often elicited in response to their ethnic identity. Thus in this study it seems as though participants' fear of crime was prevalent at night and during the day as there was always the potential of being attacked. However, this appeared to be reduced if participants were in the company of other asylum seekers which offered them a sense of protection and guardianship in dangerous neighbourhoods.

4.2.1.3 Absence of protections

As discussed in the literature review ongoing traumatic stress tends to occur in the absence of legal and social protections leaving individuals exposed to harm in part due to the lack of availability of resources in their environment that are designed to curb abuses. The thematic content analysis revealed that an absence of protections was perceived to stem from two sources for the asylum seeker population namely inadequate support from the government and from the police:

Government

Two out of the six participants blamed the South African government for not acknowledging the plight of asylum seekers in the country. The thematic content analysis revealed that the South African government was experienced as not 'listening' to asylum seekers and as not integrating its various divisions in order to offer services and resources to this population group, thus leaving them vulnerable to developing traumatic symptomology and being potentially open to abuses.

In the extracts below participants 5 and 6 use the phrases *"there is no one who can understand or listen to me"* and *"no one can help you"* to express a sense of being unheard and underlying feelings of helplessness which are associated with their experiences:

P5: "Even if I go to home affairs and tell them my story, there is no one who can understand or listen to me."

P6: "The arms of government are not supporting one another. The police and human rights organisations? No one can help you."

Beyond feelings of helplessness participants appeared to be experiencing feelings of frustration. When asked to explain where these emotions stemmed from participant 6 elaborated, explaining, "*I can't trust nobody, sadly. I can't trust the police, the human rights organisation, or the government. All institutions meant to protect us".* This suggests that the asylum seeker population may be frustrated from a sense of being knowingly exploited and being powerless to do anything to prevent it. Moreover, there appears to be a lack of integration in the arms of government in supporting this population which results in a

corrosion of trust between asylum seekers and the host country resulting in poor social cohesion and increased social marginalisation.

This lack of social cohesion is seen in the lack of integration which has been achieved between South Africans as a host nation and asylum seekers in the country (reflecting an earlier comment on the disregard for the safety of asylum seekers being shared and even perhaps mirrored between host nationals and the South African government) resulting in a pervasive sense of being unprotected and isolated which appears to fuel what appears to be a breakdown in trust between asylum seekers and broader social structures.

One of the six participants explicitly expressed the opinion that South Africans as a nation did not do enough to advocate for the rights and protections of asylum seekers.

Participant 6 expressed the strong feeling that South Africans needed to stand up and say "I won't let this happen" in solidarity with asylum seekers and as a means of speaking out for those who were not in a position to:

P6: "These arms of government are violating the South African constitution. I don't know how South Africans just stand back. If I was South African I will be standing back and saying in my mind "I won't let this happen".

P6's comment appears to express a degree of indignation at South Africans' attitude of acceptance to how asylum seekers are being treated seen in the phrase "*I don't know how South Africans just stand back"* and "*maybe if South Africans stand up the government will listen"*. This appears to reflect an underlying need for support, and solidarity between asylum

seekers and host nationals who based on P6's comments are perceived to have access to government and moreover who have the power to make government take note of asylum seekers and the injustice which is associated with their current treatment reflected in the phrase *"I won't let this happen"*. This reflects more broadly a need for social bridging and social linking capital which given the marginalised position of asylum seekers, appears challenging to build and thus leaving them prone to developing trauma symptomology (as will be elaborated on in the next subtheme).

Police

Half of the study's participants had experienced bullying at the hands of police officers in South Africa. The thematic content analysis revealed that a lack of protection and exploitation by the police was a prominent theme which characterised the experience of ongoing traumatic stress in asylum seekers living in South Africa.

In the extracts below participants 1, 5 and 6 outline experiences in which they were either unsupported (P1 and P5) or directly violated (P6) by the members of the South African Police Services (SAPS):

P1: "I had a problem, I bought an air time and it was not good so I went to show the police and he say "but then why did you buy it". Now how the police going to help you? He reject me. No protection from the police."

P5: "I went to the station to report that I had been thrown from a train and I found the officers at the station and they say, "so what do you want us to do, the train is already gone."

P6: "As a foreigner when you are walking in the street and all the police ask for is ID and you don't have these things, they put you in the back of a van and harass you."

All three participants appear to express feelings of anger and fear at their experiences with the police. When asked to expand on the notion of the stress caused by police P6 explained, "*When your worries end at five o'clock our worries begin. That's when the police come out. They know that's when people will be knocking off and they need some extra cash. I always have thoughts when I knock off work like "are the cops going to arrest me today?", "Am I going to get home safely, what if they catch me and deport me and don't release me?"* what appears to be expressed here is the stress which police harassment and bullying appears to add to the experience of displaced peoples entering South Africa. Only three participants spoke about their experiences of bullying and harassment by the police, however the other three exhibited a marked hesitation and fear to speak out on the topic as though to do so would place them in harm's way.

Respondents' comments and feelings of fear in relation to SAPS appears to convey something about the volatile nature of their relationship to police personnel which appears to communicate to asylum seekers that police personnel will not intervene to assist them if their rights are violated and that in fact such personnel may be the source of threat and exploitations. In this way discriminatory policing (and abusive structural systems) appears to contribute to and maintain ongoing traumatic stress much in the same way as xenophobia (outlined in theme 2) which contributes to and maintains ongoing traumatic stress not only through exposure to current threat, but also through activating anxieties in asylum seekers related to discrimination and their own internalized sense of oppression.

Having outlined some of the kinds of dangers and threats to which asylum seekers are constantly exposed as well as some of the reports of inactivity and potential abuse from state and police forces, the discussion moves on to describing the manner in which participants described being affected by these experiences.

4.2.2 Symptomatic picture

Symptomatic dimensions of ongoing traumatic stress as reported by the interviewees were explicitly explored during the research study. Such aspects emerged spontaneously in personal accounts as people described their life experiences, as opposed to being formally assessed as might be undertaken by means of a clinical interview. Several forms of symptomatic expression were identified from the data.

Fear, Anxiety, Paranoia

Four out of the six participants who were interviewed for this study expressed that they felt a sense of fear living in the South African context. In the excerpts below both P1 and P4 use the phrases *"always"* and *"all the time"* in relation to fearful states suggesting perhaps fairly chronic and pervasive anxiety:

P1: "I feel scared because you always see other people getting killed."

P4: "I feel scared all the time because you think, but what if it was me?"

Moreover, P1 expresses an underlying feeling of anticipation which appears to heighten fear in relation to seeing other people being injured and suggests a form of vicarious

traumatization. P4 appears to share this feeling of anticipation of danger through witnessing or knowing about trauma suffered by others. P1 and P4's experiences suggest that the fear and anxiety which is experienced in a post-migration context like South Africa may not necessarily be attributed to an actual threat to an individual's personal physical integrity but to the perception of threat in the given context and to being a member of a group or community in which one is aware that others who share a similar background or ethno-cultural identity have been violated.

This relationship between the perception of threat and marked feelings of fear and anxiety are also evident in the experiences of P5 and P6:

P5: "In a taxi I have to be by the driver. The front seat in case there is a problem then I can jump."

P6: "You walk around and feel you don't belong here. You think they are going to chase you and say you don't belong here."

P5 uses the phrase *"in case there is a problem"* while P6 expresses the perception that *"you think they are going to chase you"* which reinforces the observation that there is anticipation of threat with high levels of anxiety stemming from the inability to distinguish between real and imagined threats. P6 went further to elaborate on the impact of not being able to locate the threat, expressing that it resulted in a feeling of being *"quite paranoid. Like an animal who is in the bush and all your senses tell you all the time that you are in danger."* This suggests that high levels of anxiety may result in feelings of paranoia and experiences of hypervigilance as asylum seekers struggle to locate the source and nature of potential threats

in their everyday contexts. Participant 1 also expressed the sense of pervasive anxiety as being about experiencing a lack of *"peace"* in the mind.

P1: "*In my mind. All the time. All the time. No peace. How can you get peace. Every day is hard.*

It was evident that fear and anxiety were experienced both in the active sense of being in danger and in the more passive sense of being unable to feel relaxed or content – '*no peace*'. While these emotions may reflect a response to the presence of danger in the immediate environment (such as seeing other people getting killed, as noted by P1) it also appears that they speak to a general sense of unease which mirrors findings in the first theme on post-migration stressors, particularly the sub-theme on: w*itnessing community violence and accompanying feelings of paranoia and mistrust*. As such it appears that these emotions form an integral part of the symptomatic picture associated with ongoing traumatic stress not only as responses to immediate danger and but also perhaps as responses to having to engage with past socio-political traumas and historical stresses.

According to Ni Raghallaigh (2013) levels of fear, anxiety, anger and paranoia are high amongst the refugee and asylum seeker population, owing to the fact that they are perceived as being the source of job losses and poverty in host countries and as such are potential targets for violent attacks. With this in mind it is important to consider that these emotions do not only stem from the discrimination, suspicion and prejudice which is directed at asylum seekers, but also reflects having the experience of having to live in a fearful state over potential attack given a sort of internal knowing of one's historical position of vulnerability to such attacks.

Somatisation

When asked, *"How does living in a state of chronic stress affect you?"* three out of the six participants reported experiencing ongoing *"sickness",* '*headaches*' or *"flu"* like symptoms.

P2*: "It's like a stress. Then you feel like you are sick again."*

P3: *"I sick too much. Headache every day now. From Congo I sick like this seven years now."*

P5: *"I think it affects my health. When you don't have a job or occupation then every time you are sick, you are sick, you are sick and then it affects my heart and my mind. And because of that you get something like a flu."*

Participants struggled to express what the emotional and psychological impact was in living with a sense of ongoing potential danger. However when asked to elaborate P5 and P6 described their experiences as being characterised by somatic complaints:

P5: "*It feels like it affects my mind as a human being because it feels like I am stucking somewhere. I stuck you see."*

P6: "*You become uncomfortable. In your heart. You're like someone who is not feeling well and you can't put your finger on it."*

P5 describes a sense of being *"stucking somewhere"* while P6 explains that *"you're like someone who is not feeling well and you can't put your finger on it."* Both P5 and P6 appear to express underlying feelings of distress as being associated with exposure to ongoing violence and social marginalization. This again presents an overlap with the findings in the previous theme where it was found that traumatic sequelea associated with CTS such as somatisation was found to stem from historical and social issues related to the continued experience of oppression and marginalization. With this in mind the impact of experiencing ongoing danger, a lack of structural protections and a historical experience of being unheard and 'voiceless' owing to one's position in society may result in individuals feeling anxious and internalising (a nameless dread as discussed previously) as well as something of the restrictive quality of their daily lives resulting in them feeling "sick" or "unwell" all the time as there is no means for their underlying anxiety to be expressed. Thus both P5 and P6 suggest that a general malaise and feelings of being restricted may inform part of the symptom presentation in this population group.

Research suggests that refugees and asylum seekers are population groups that are highly burdened by PTSD-like symptoms, co-morbid psychiatric conditions and somatic symptoms which often complicate their trauma diagnosis (Itzachy et al., 2016). This is a population group which has not only been exposed to past histories of trauma and ongoing torture but also post-migration living difficulties which cause them emotional and psychological distress (Li et al., 2016). Research also suggests that somatization amongst asylum seekers is prevalent as many of them come from cultural backgrounds where there is a tremendous amount of stigma associated with expressing strong affects, or around metal health problems and psychiatric conditions. As such they are often unable to openly express the anxiety, distress and deep sense of helplessness that they have experienced for fear of

possible rejection by their own communities (Buse et al., 2013). This appears to supplement the findings for the presence of somatisation in asylum seekers provided in the previous theme, where it was found that a history of uncontained spaces (characterised by a lack of communication over environmental threat) may result in a loss of meaning in marginalized community spaces resulting in a sort of internalized nameless dread, and ultimately somatisation.

Sense of a foreshortened future

Suicidal ideation is not traditionally associated with CTS from the writing and research to-date. However the thematic analysis did reveal that three of the six participants experienced a foreshortened sense of their future. This is seen in excerpts from both P2 and P4:

P2: "*I can say I don't have a future. I am living only for my daughters."*

P6: "*You become hopeless. You don't think of the future. And you don't know if there will be a future because of the stress."*

P2 uses the phrase *"I don't have a future"* while P6 expresses *"you don't know if there will be a future"*. Both P2 and P6 express underlying feelings here of being stuck, limited and trapped which reflects earlier descriptors of the lived experience of ongoing traumatic stress in asylum seekers as being associated with past experiences of oppression and marginalization. Moreover, there is a hopelessness which both participants express about their own futures seen again in participant P4 who expresses *"I can't do anything. I feel like committing suicide or doing something bad to myself",* suggesting that for some individuals

suicide may be seen as a desperate last resort in response to circumstances which offer asylum seekers no other means by which to rebuild their lives or to protect themselves. In these instances the helplessness expressed by the participants reflects a somewhat depressive tone to their commentaries.

P1 suggested that although s/he might not contemplate actual suicide there was a deadness to everyday existence: "*I am living a life but in my mind there is no life. No mental. In my mind I am dead. Psychologically dead."* This is seen again as P5 expressed, "w*ith this kind of stress you become an old man quickly and poor in your thinking. You become hopeless"* which suggests that exposure to ongoing stress may have a corrosive effect on one's psychic life resulting in a deadened, *"poor"* and impoverished mental state which fits with earlier descriptors of the lived experience of ongoing traumatic stress as being associated with a sort of living death. When considered here it would seem that this may reflect the impact of having to live in marginalized contexts where access to resources is limited the result of which appears to be a poor and helpless state of mind. While current the CTS construct does not conceptualise suicide as part of the symptom presentation, research does show that a fore-shortened sense of future is in keeping with DSM-5 diagnoses of PTSD and is also a response that may be found in oppressed and marginalized populations (Holmes et al., 2016). This suggests that the CTS construct may not necessarily be able to fully account for the symptom presentation in displaced populations such as asylum seekers.

Vonnhame et al. (2016) suggest that asylum seekers and refugees experience a high prevalence of depression and anxiety which are associated not only with past traumatic events and loss related to socio-economic status and community and family ties but also continued harassment, exposure to violence, a lack of basic needs and language difficulties in

a new host country which reflect more closely their experiences with ongoing trauma. Research suggests that the latter are all experiences which result in avoidance behaviours and a higher prevalence of depressive symptoms as they promote a further need for isolation as asylum seekers attempt to keep themselves safe. Research suggests that given the post-migration difficulties and stress caused by trauma symptoms which asylum seekers endure, they may experience an increase in suicidal ideation and suicide may be used by this population group as a means of escape from a hopeless reality characterised by unrelenting distress (Li et al., 2016) and oppression (Holmes et al., 2016). These symptoms appear to extend beyond the negative cognitions associated with PTSD. While it was not possible to make any formal diagnosis of participants based on the interviews it is worth noting that PTSD is often comorbid with other disorders, including quite commonly depression Vonnhame et al. (2016) and that the writing on CTS suggests that more depressive presentations may emerge in such contexts.

Hyperarousal

Hyperarousal is the result of the release of stress hormones in the brain which occurs at the time of the traumatic incident and can be used to describe various physiological responses in the body following exposure to a traumatic incident. It includes experiences of anxiety, hyperalertness, sleep disturbances, restlessness, irritability and poor concentration and while it is associated traditionally with PTSD diagnostic frameworks it also describes the various physiological reactions which occur in the context of ongoing trauma. Sleep disturbance, hypervigilance and poor concentration are associated with CTS and are discussed below:

Sleep disturbance

Participants 1,4 and 5 explained that they experienced sleep disturbances as a result of ongoing stress which conveys a sense of persistent worry and concern over their safety.

P1: "*Sometimes I don't sleep. Many many months with no sleep."*

P4: "*At night I can't sleep if I think about those things. I can't sleep in the night."*

P5: "*I can take three or four days with no sleep."*

P1 and P5 express the extent of the disturbance they experience captured in their use of the phrases *"many many months with no sleep"* and *"I can take three or four days with no sleep"* which conveys a sense of time where these individuals are not only affected by hyperarousal symptomology, but also an inability to rest, having to always be alert for the next source of danger.

Hypervigilance

CTS symptomology is typically characterised by states of hyperarousal as discussed previously, including hypervigilance in many instances. Only one out of six participants reported experiencing hypervigilance in what appears to be an adaptive coping response to an environment characterised by an ongoing threat of violence.

P5: "*I have to check on the face you see. I have to know. If I am with Australian guys, if I am in front of a Moczambican guy, South African guy, Zambian guy, Zimbabwean guy. I have to know who is in front of me because I have to know how to deal with that person."*

P5 uses the phrases *"I have to check"* and *"I have to know"* which conveys an underlying feeling of urgency to be able verify if people pose any threat. This speaks closely to the observation and management of the environment which will be explored more closely under *coping* in the third theme of the research findings.

Concentration

As mentioned in the literature, the hyperarousal symptoms experienced in traumatic stress may also extend to impairments in concentration. When asked, *"how does living in South Africa where you are exposed to danger all the time affect your mind?"* participants 5 and 6 conveyed the following experiences:

P5: "*That emotional thing affects my mind and then I don't finish the things that I start."*

P6: "*It becomes a sickness. You are always thinking. Never present."*

Both P5 and P6 appear to refer to a disturbance which affects the mind. P5 experiences this as being unable to complete tasks while P6 conveys a concern about being distracted and preoccupied and therefore not fully present to participate in events. Thus both participants appear to allude to the psychologically distancing effects of preoccupation with sources of anxiety that contribute to poor concentration.

Avoidance

According to Vonnhame et al. (2016) avoidance behaviours may represent an attempt to numb painful memories or deal with distressing physiological responses stemming from hyperarousal and typically represent an attempt to escape the inescapable. The experience of avoidance is associated with CTS and is discussed below.

The thematic analysis revealed that both P2 and P5 use avoidance as a means of managing in contexts of ongoing stress:

P2: "*Well it's not good to live like that. Scared. Every time so I avoid to live in peace."*

P5: "*I will never jump a train again because of what happened to me. I have painful. I stay away."*

Both P2 and P5 appear to use avoidance as seen in the phrases *"I avoid to live in peace"* and *"I have painful. I stay away"* as a means of attaining emotional equilibrium. P2 went on to elaborate on the use of mental compartmentalization to avoid having to confront any underlying trauma, *"thinking makes that that one come too much in the mind. So you stop thinking that one and you think another one."* Thus, the thematic content analysis also revealed that the process of avoidance was not only a physical act, but a mental act too. The act of mental avoidance can become extreme and can verge on what appears to be withdrawal or a dissociative presentation. One of the six participants described the withdrawal impact they experienced while living in a context of ongoing violence: P5: "*I can stay for even one hour not talking to anybody. My mind is out. I'm out. I can travel with my mind and go back. So the body is here but the mind is out."*

Participant 5 describes a form of withdrawal or dissociation in which they are not present. The phrases *"my mind is out. I'm out"* and *"the body is here but the mind is out"* may speak to the numbing effect of this withdrawal or even brief dissociation which may be seen as an unconscious means of coping with chronic stress.

Nuttman-Shwartz and Shoval-Zuckerman (2016) suggest that there are similarities and differences in responses associated with PTSD and CTS. Given that individuals living in contexts of ongoing violence are still being exposed to life threatening events, which are difficult to distinguish purely from past trauma as they are ongoing, it is thought that people within these contexts will still present with symptoms associated with PTSD. Research suggests that PTSD is associated predominantly with intrusion symptoms such as flash backs, hyperarousal and avoidance behaviours. However, in the context of ongoing exposure to violence re-experiencing symptoms may be associated with an ongoing preoccupation with a future attack and avoidance behaviours may be associated with a realistic need to protect the individual from coming into contact with any current threat in their environment. Moreover, research suggests that symptoms associated with CTS remit if the individual is removed from the violent context, while PTSD symptomology remains. As such individuals living in context of ongoing violence are likely to respond to distress with symptoms that are consistent with PTSD symptomology however given that the exposure to violence is ongoing their symptoms need to be seen as an adaptive response to ongoing violence, which are circular in nature, with past and future perceptions and emotional reactions to violent events which occur over an extend period of time - and as such represent a more complex set of phenomena.

Ongoing traumatic stress response

As discussed in the literature review CTS symptomology can also be understood as an adaptive response to a stressful context with symptomology that would abate if the individual was placed elsewhere and this idea has been most clearly elaborated in the discussion of the parallel description of Ongoing Traumatic Stress Reaction (OTSR). When asked, *"do you*

feel that if you left South Africa you would be more at peace and these symptoms would no longer trouble you?" participants 2 and 6 responses suggested that this would be the case.

P2: *"I think if I was far, far that thing will not affect my mind."*

P6: "*I think if I was far away, far away I would be healthy because the stress would be gone."*

P2 and P6 both use repetition of the word *"far"* to suggest that being removed from their current context altogether would mean that they would feel healthier. This suggests that the symptoms that they are experiencing may be in response to their context. Participant 4 agreed with the kinds of sentiments expressed in the excerpts just quoted, explaining that "*when you go somewhere and they can care for you then you don't feel stressed. You won't be sick".* This may suggest that within the South African context there is no sense of participants having experienced holding or containment to carry them through their experiences which may contribute adversely to traumatic stress symptomology in this population group. Thus at least three of the six people interviewed had a powerful sense that their symptomatic presentations would be ameliorated if they were to be relocated to a safe, containing environment. In this respect their symptoms may reflect more of a CTS related picture than a PTSD related one. However, it is not possible to know whether their fantasy of remission of symptoms would be borne out in reality should they actually be relocated.

In conclusion it would appear that the construct of CTS perhaps does not fully account for the emotional and psychological responses of displaced population groups in post-migration contexts such as South Africa. Findings showed that CTS was able to capture

emotional and psychological responses to traumatic exposure but failed to be able to account for the range of symptoms found in oppressed population groups such as asylum seekers who are exposed to longitudinal socio-political stressors.

In the first instance, the findings showed that participants' experienced trauma related psychological symptoms related to avoidance and hyperarousal (hypervigilance, sleep disturbance and concentration problems) and given exposure to past trauma there was also evidence of flash-backs (although these relate to a more classic PTSD related symptom presentation). However, research revealed that there were also other emotional and psychological responses related to such ongoing exposure to socio-political stressors such as fear, anxiety, paranoia, mistrust, somatisation and a foreclosed sense of the future (resonating here with the CT symptomatic presentation). However, in these instances the findings overlapped quite significantly with the previous theme on post-migration stressors.

It appeared that the lived experience of ongoing traumatic stress left respondents feeling choiceless, limited, trapped and in a constant state of fear which suggests that the lived experience of ongoing traumatic stress in asylum seekers in a post-migration context such as South Africa is associated with the enduring experience of marginalization and oppression in addition to feelings of fear of immediate danger.

4.3 THEME THREE: MANAGING IN CONTEXTS OF ONGOING VIOLENCE

Mosavel et al. (2015) suggest that resilience can be understood as both a product of an individual's strengths and capacities as well as of the social capital of that individual's community, with social capital being understood as the mutual trust and willingness to collaborate in achieving beneficial community functioning (Pittaway et al, 2016). Adopting this holistic view in considering how people manage in contexts of ongoing violence

reiterates the importance of interrelated individual and collective dimensions in promoting resilience. The thematic content analysis revealed that participants manage in post-migration contexts such as South Africa by drawing principally on individual dimensions of resilience such as religiosity (which is further sub-divided into praying and attending church), adopting a positive attitudinal stance and engaging in self-enhancing activities; and observation and management of the environment. Individuals also drew on dimensions of community resilience, namely living for others and relying on others for community support or creating social bonds in order to enhance social capital. The fore mentioned individual and community dimensions of resilience not only served as strategies by means of which participants engaged in the world but also served as protective factors which ameliorated the experience of ongoing traumatic stress (as such a separate section on protective factors is not presented). Each of these various 'themes' or facets of managing are elaborated further below with reference to interview content.

4.3.1 Religiosity

A faith based belief system emerged as the most salient theme in the ability of participants to manage living in the South African context. All participants in the current study expressed turning to their religious beliefs and practices in an effort to manage the anxiety associated with their displaced status, their exposure to violence in a new country and the resultant stress associated with this. The theme is further divided into two sub-themes in order to capture the internal (individual/personal) and external (community oriented) dimensions of religious functioning.

4.3.1.1 Praying

All six participants who participated in the present study cited prayer as the primary factor which enhanced their capacity to manage adversity and feelings of uncertainty in their new host country of South Africa. In the following excerpts participants 1 and 4 talk about their use of prayer to provide them with peace and a solution to their life circumstances:

P1: "I pray. I pray. The only solution for peace is just to pray."

P4: "I pray. I pray to God to give me peace and to make me forget all my bad memories. My only solution is prayer."

Both P1 and P4 refer to prayer as their *"only solution"* which reflects the underlying feeling of pervasive helplessness which is associated with the sense of their life situation as being beyond their control. Moreover, P4 expresses praying to God to *"forget all my bad memories"* while P5 explains that when praying a request is made asking: *"Lord help me to jump this step and to get a new step and a new life because I can't continue to be suffering".* What is evident in both P4 and P5 is that prayer is used to alleviate not only feelings of helplessness but also the experiences of suffering and past trauma for which there appear to be no other resources available to address. Thus, in a context of limited means and little protections, prayer is established amongst the asylum seeker population as the primary means of managing ongoing stress.

This reference to seeking support from God and through religious practices such as prayer is in keeping with some of what has been observed in the literature. According to (Buse et al., 2013) religious and spiritual beliefs were found to be one of the primary coping

strategies utilized amongst the refugee population as these were able to offer a feeling of empowerment to individuals in environments which offered little opportunity for mastery. Trauma appeared to challenge people's beliefs, values and the meanings which they ascribed to their lives and religiosity was posited as a personal resource which provided access to a 'higher power' as a source of vicarious control which could re-establish meaning and fortify mental resources (Bryant-Davis & Wong, 2013) and thus facilitate adjustment in the aftermath of traumatic events. In addition to talking about a more ongoing and 'personal' kind of conversation with God, participants also mentioned the more communal aspect of church attendance as being helpful.

4.3.1.2 Attending church

Three of the six participants in the study expressed experiencing feelings of comfort and security that were derived from physically attending church and being part of an extended community. Both P1 and P6 express that being in church has a protective impact on them as individuals.

In the excerpts below participants 1 and 6 use phrases such as *"I have peace" , " a remedy on me"* and *"some kind of support"* to express the impact of church on them as individuals:

P1: "When I go to church then I have peace and I am safe."

P6: "Going to church. Being in church really makes things feel better for me. I go to church and pray and that becomes a remedy on me."

When asked to elaborate on the benefits of church P6 went on to express that *"many people go to church and have some kind of fall back, you know what I mean. Some kind of support".* This suggests that being part of an extended community provides feelings of safety and security to those attending church and may contribute to an overall sense of holding, which given the lack of protective spaces available to asylum seekers in South Africa, may be inaccessible to this population more broadly in the country. This appears to reflect earlier commentary on the impact of structural violence on social cohesion and solidarity amongst asylum seekers and host nationals and government, the breakdown of which is perhaps mitigated by the development of social bonds amongst asylum seekers themselves, although given the levels of mistrust which pervades interactions in the asylum seekers community (elaborated upon later) (Ni Raghallaigh, 2013) the benefit of this coping resource may be somewhat limited. This holding and containing function of the church environment is reiterated by P3 who states that in church *"the pastor and I will work together to find a solution"* which suggests that the counselling received within church has a containing function and offers the possibility for asylum seekers to derive meaning from their daily lives and from their suffering.

According to Boateng (2010) membership of social organisations such as churches provides an essential source of bonding within displaced communities of people. The consistent interaction with other community members promotes community solidarity while the church itself acts as a mediating variable between its members and other institutions providing protection, advocacy for the rights of asylum seekers, and the promotion of political participation and community empowerment. Membership of the church allows asylum seekers a space in which they can develop trust in one another and where they can share their identity, values, and a sense of reciprocity, all of which enhance their social

capital and their ability to manage with daily adversity. Thus it seemed that spirituality and religion played both significant individual and more communal or social capital building functions for the participant.

4.3.2 Positive attitudinal stance and self-enhancing activities

One participant referenced the importance of a positive and proactive attitude in dealing with daily stress and adversity.

P5: "If you keep thinking about the stress, stress, stress, then it doesn't bring a new life for you. They are going to kill you and you are going to kill yourself because your heart is going to be somewhere and you, you are here."

In this very poignant observation P5 acknowledges the underlying responsibility one has for the experience of one's life and that to be overly concerned with daily stress is to *"kill yourself".* P5 conveys very clearly that if the sense of 'internal deadness' related to feeling the risk of danger from others is not consciously counteracted the individual will remain paralysed. P5 goes on to elaborate that to focus on daily hardships is to find an unhealthy means of escape "*because your heart is going to be somewhere and you, you are here…".* This may suggest a dissociative quality to coping with the reality of ongoing stress where the mind escapes, but the body is left to deal with an unchangeable reality. The participant further explains that "*we don't have to be pessimists in life. My vision is to go…Is to focus on a new future. A future of what I'm supposed to do for tomorrow…." w*hich suggests that having goals provides a feeling of hope and creates a vision for individuals to work towards without succumbing to despair.

Two of the six participants expressed using such goal directed, self-enhancing activities through business and education, in order to manage their daily stress and provide them with a sense of agency:

P4: "When I do my small business and I don't depend on anyone and I can take care of myself and pay rent."

P5: "To make it better is only when you go to school. You get a job. With those things you can get a new life."

Both participants expressed feeling safe and secure in being able to run their own businesses, work or study. P5 uses the phrase *"with those things you can get a new life"* which suggests that self-enhancing activities may afford people a greater sense of agency which is found to be empowering in contexts which offer little opportunity for control. P4 particularly expressed that being able to run one's own business meant *"I don't depend on anyone and I can take care of myself and pay rent."* When asked to elaborate on this statement, P4 expressed *"I must do by myself because I am alone. Because no one can help me*." Moreover the underlying feelings of being *"alone"* and the isolation and abandonment which is captured in the phrase *"no one can help me"* appears to resonate with findings in theme one on post-migration stressors specifically under the sub-theme on *acculturation* in which it was found that acculturative stress placed asylum seekers on the outskirts of society where they felt abandoned and marginalized, when considered here, it would seem that relying on oneself, and having to employ self-enhancing activities as a means of managing, is to be expected in this population group as it seems that there would be little support that would be able to be gained from any other source. This suggests that marginalization may

increase acculturative stresses and may impede an individual's ability to develop the necessary social capital (bridging social capital and linking social capital) that they would need to gain access to the resources required for their integration into South African society.

Participants P4 and P5 went on to explain how the self-enhancing activities they engaged in through business and education gave them a sense of hope for the future and built up their self-sufficiency as individuals despite their dire circumstances:

P4: "I'm just doing a small business right now. When I do my own business then I am not thinking about my document and how I can't do anything."

P5: "As a human being I am thinking of going forward with my studies. That is where I'm going to get a paper to give me the way. A key to a better life so that I will survive in my life."

In the above excerpts P4 expresses that self-enhancing activities may be used as a means of distraction from the reality of a limited and restricted life as seen in the phrase *"when I do my business then I am not thinking about my document and how I can't do anything".* While P5 uses the phrases *"a paper to give me a way"* and *"a key to a better life"* to suggest that self-enhancement may be seen as providing a path to a future with more opportunity and agency, however they also appear to communicate something about the disempowered status asylum seekers hold. This appears to resonate with findings in theme one on post-migration stressors, specifically under the sub-theme of *displacement and uprootedness: daily stressors (documentation)* which when considered here suggests that while being able to leverage some kind of resource building power, even of a minimal kind, be this in occupational or qualification building arenas, seemed helpful to participants, it is

suggested that these opportunities for self-enhancement were rare and that legal status (reference to *my document* and *get a paper*) and the role of oppression and marginalization (in being able to access resources through social bridging/linking capital) played a significant role in whether such opportunities could be accessed.

According to Besser et al. (2014) hope and positive expectations in the aftermath of violence mediate the effects of the dysphoria and psycho-social impairment commonly associated with trauma and act as a protective factor against the development of traumatic symptomology. Moreover it is suggested that the feelings of hope which are generated from a positive attitudinal stance are associated with determination and self-enhancement and the desire to generate plans for one's life and achieve goals which further promote optimal outcomes in trauma survivors. What is more it appears that such self-enhancing behaviours promote self-sufficiency and goal attainment thus improving an individual's ability to adapt to adversity. However as research shows (Amit & Kriger, 2014; O'Brein & Reiss, 2016) the bureaucratic difficulties which asylum seekers face in being able to gain the correct documentation and the acculturative stresses they endure (Berry, 2017) limit their opportunities to engage in such self-enhancement behaviours. As such the beneficial impact that these activities would have within this population group may be limited at best.

4.3.3 Observation and management of the environment

When living in environments associated with high levels of violence and crime individuals may manage by becoming more observant of their surroundings in an effort to protect themselves from potential harm (Diamond et al., 2013).

One participant expressed having to observe the facial features of the individuals they encountered and the nationality of the individuals in the locations they frequented in order to manage living in South Africa:

P5: "I have to check on the face you see. I have to know. If I am with an Australian guys, am I in front of a Mozambican guy, South Africa, Zambian or Zimbabwean. I have to know who is in front of me because I have to know how to deal with that person."

P5: "I have to check. There is other areas where you find only Ethiopian people from Ethiopia. Then I can say is the same. Because they are talking their language. And we are refugees. So we are the same."

P5 expresses having to *"check"* in order to *"know how to deal with that person"* which suggests that vigilance allowed participants to derive a feeling of control and certainty in how to proceed with people in a potentially dangerous context. What is also expressed is that the act of having to *"check"* provides an individual with a sense of sameness or difference in relation to the people around them and thus provides them with a feeling of safety. Interestingly this awareness of identity appeared to inform the areas which an asylum seeker could safely frequent, as seen in the phrase, *"there is other areas where you find only Ethiopian people".* When asked to expand on this notion of identity separating people P5 expressed, "*oh, there are areas where you don't go as a refugee",* which suggests that safety may be associated with an asylum seeker having to *"check"* or manage themselves in their environment by actively avoiding certain locations owing to their identity and ethnicity. These themes of victimisation appear to echo the findings in themes one and two which appear to suggest that acts of violence are enacted against asylum seekers owing to their

identity. When considered here it would seem that acts of "checking" and avoiding certain areas are perhaps necessary within this population group, given that their identity carries the potential for the escalation of violence.

Thus, vigilance (and perhaps even hypervigilance) and observation of the environment represent an essential component in managing in contexts of ongoing threat (Itzachy et al., 2016) and may not represent necessary pathology within such environments. According to Boessen et al. (2016) this sort of hypervigilance under dangerous circumstances allowed individuals to selectively filter information, allowing them a faster speed of processing threat in the environment, which ultimately allows them to make rapid decisions which ensure their safety. Thus, within contexts of ongoing threat individuals like refugees and asylum seekers scan and check the environment for information which allows them to rapidly gauge their safety based on the homogeneity of the community members around them (the presence of which would allow them to access this community for emotional and social support should a violent act occur).

Beyond individual dimensions of coping, the thematic content analysis also revealed various community dimensions which informed effective managing in contexts of ongoing threat, namely living for others and community support. These are considered below:

4.3.4 Living for others

Three of the six participants suggested that living for others allowed them to feel as though their future has a purpose and provided their lives with meaning:

P2: "I can say I don't have a future. I am living for my daughters. So that one day I can say I am here for the future of my children."

P6: "I work for an organisation and what little I have I share with my family."

P5: "Because I am a parent and a father of children I have to think like that, for them and for my own life and my own wife."

The overall sentiment that was expressed was that the suffering that was experienced by the asylum seekers was justified as it allowed for the children of these families to benefit from a better life than they would have had in their countries of origin. However, the adult participants appear to express a foreshortened sense of their own future. While, this may not be a common symptom of CTS, it may be indicative of the displaced status of this population and the underlying sentiment of self-sacrifice which characterises the journey of asylum seekers. It seemed then that having a future orientation in terms of being able to envisage a better life than they were living in the present (*So that one day I can say I am here for the future of my children*) was important for survival but that investment tended to be in the future of others rather than the self.

According to Shakespeare-Finch et al. (2014) the tendency for asylum seekers to assume responsibility for their family and the future of others was a common approach used to address challenges by this population group. By shifting the focus of their survival efforts to benefit those around them, asylum seekers gain a sense of agency and control over their lives, which works to mitigate the losses which they have encountered during the traumatic ejection from their home countries. Such pro-social behaviours assist individuals exposed to

traumatic stress to build their sense of safety, self-esteem and social connectedness which assist in allowing displaced peoples to move beyond their distress (Puvimanasinghe et al., 2014) which appears to serve an adaptive function in contexts where such distress may feel unrelenting. It is also evident that there is some overlap with the section on *"positive attitudinal stance and self-enhancing activities"* in that in both instances a future orientation is significant in helping to make current life more tolerable.

4.3.5 Community support

Given the displaced status of the participants there was a sense that being able to draw on bonding in the family and community context contributed significantly to a feeling of wellbeing.

In the extracts below P1 and P2 express that they *"get life"* and *"feel better"* when drawing on community and family resources in order to manage their daily lives. Furthermore, P1 expressed that s/he felt that a sense of *"compassion"* had been demonstrated from community members and that this felt supportive. This may suggest that there is a level of concern which is present amongst fellow asylum seekers which may be absent in other groups in South African society. This level of concern appears to provide the interviewees with feelings of being supported:

P1: "I get life from refugees with a good heart and compassion to me."

P2: "My wife makes me feel better when I am talking to her."

When asked, what admittedly was perhaps the somewhat leading question *"How do friends and your community help you to manage living in the South African context?"* two participants expressed that they derive a feeling of safety from being with community members. P4 expressed "*my friends understand me. They chat. And we eat together. They are also foreigners. [Tearful] "* It was noted that the participant had become emotional in speaking about friends in her life. When this sadness was reflected back to her, P4 explained that because of friends "*I feel at peace and I am happy and safe."* P4 expressed feeling safe and secure in the company of community members which provided her and the others with a sense of hope. This is reiterated by P5 who expressed that "*I can feel safe if, let me say, we are four or five walking together. It can be night or day. But if we are four or five and we are speaking the same language. Yes then if something can happen we can do whatever we can do as a group. Then I am feeling safe."* Both participants speak about community and the safety and support they derive from being around fellow asylum seekers. This appears to re-iterate the findings earlier in this theme related to *religiosity* specifically under the sub-theme of attendance of *church*. When considered here it seems that having a sense of community may be understood in relation to the importance of building or having access to bonding social capital and community solidarity as a protective factors in environments where little integration and assimilation into the host country's socio-cultural fabric is possible.

Research suggests that asylum seekers face various losses in leaving their countries of origin related to their cultural identity and their socio-economic status (Berry, 2017Community support provides asylum seekers with access to other individuals who share the same experiences of hardship, and who can provide comfort during times of distress. The development of such social capital is essential in the lives of asylum seekers and replaces losses in economic capital. What is more, being part of a community reduces feelings of

vulnerability and isolation in contexts of ongoing threat which are factors which impede an individual's ability to manage successfully in such contexts (Sousa et al., 2013).

However, two counter cases also emerged in the data. When asked the question "*do you feel there is a need to seek out support from members of your own community?"* P2 goes on to explain that "*Congolese we are not like other countries where you can make a group and think together [shaking head] people make you think."* Here there was some suggestion that there might be different cultural patterns or tendencies in terms of readiness to seek and give social support. P2's statement also suggests that there are limits to the benefits of social support in contexts of ongoing violence and that some individuals may derive more benefit from social isolation in order to manage. This is seen again in a comment ventured by P3 who expressed: "*No. I pray. If I talk to friends they are someone like me. They can't do it for me."* Here P3 appears to distinguish between support from a higher power and others 'like him' and views this form of support as being more useful than support from other individuals who find themselves in the same life situation. He suggests that being similarly stuck they would be of little help and may not be able to offer useful solutions. P3 goes on to elaborate "*I don't walk to look in a friend that one, that one, that one. When you look in a friend too frequent you find a problem."* Which appears suggest underlying feeling of mistrust in relation to other asylum seekers or even fellow countrymen as seen in P2's resistance to associate with other Congolese individuals as seen in the phrase, "*Congolese we are not like other countries where you can make a group and think together".* These underlying feelings of mistrust and even perhaps paranoia appear to mirror findings in in theme one on post-migration stressors, specifically under *witnessing community violence and accompanying feelings of paranoia and mistrust* which when considered here it seems to reflect something about the impact of forced migration on breakdown of trust and social bonds between in-group community

members. Where what would have been thought to be supportive (sharing of similar life circumstances and daily problems amongst asylum seekers) may actually contribute to feelings of anxiety and stress which serves to highlight the possible limits of social support in this context.

Research shows that a primary source of psychological distress for asylum seekers is introspection and thinking about their past and present difficulties. Which suggests that while the company of fellow asylum seekers can offer a sense of social support, it also causes asylum seekers to think about the past and their current life problems and generates heightened fears of crime and interpersonal violence which adds to their feelings of anxiety and distress. As such many asylum seekers were found to prefer social isolation or connection with only family members as a means to manage precarious circumstances (Dickstein et al., 2012). However, research also shows that anxiety, mistrust and paranoia are prevalent within the asylum seeker population, owing to past experiences of oppression and political upheaval (associated at times with acts of violence perpetrated against them by their own government) and having to live in current impoverished circumstances where they must compete with others for minimal resources (Ni Raghallaigh, 2013). As such isolation under these circumstances may serve to ameliorate the anxiety and paranoia associated with having to associate with other community members. Thus, it appears that drawing on community support as a means to manage in contexts of ongoing violence, while useful to many, also has its limitations, and may, depending on the individual, actually contribute to psychological distress.

In conclusion it appears that asylum seekers have been able to develop very little social bridging or social linking capital and consequently occupy a marginalized and insular

position in society which offers them little access to the resources or protections which would assist in ameliorating their distress. The findings suggested that the main barriers to developing this much needed social bridging and social linking capital stemmed from marginalization and mistrust. Given the overlap in the findings between the types of coping strategies utilised by asylum seekers (observation and management of the environment in relation to experiences of victimisation for instance) and the previous theme on post-migration stressors (related to exposure to discrimination and xenophobia for example). It would appear that experiences of structural violence such as xenophobia impedes the ability for asylum seekers to generate trusting relationships based on reciprocity and sharing resulting in further marginalization and oppression of this population group thus compromising their degree of social cohesion in South African society and their solidarity with host nationals.

The findings revealed that this not only limits the populations' social capital building, but also forces asylum seekers into insular positions in society where they can only reply on themselves (as evidenced in the participants' reliance on individual dimensions of resilience namely religiosity, adopting a positive attitude and observation and management of the environment) with only some value being gained in in social support (given its' potential exacerbation of psychological distress and mistrust) and limited use of self-enhancement behaviours (owing to rights and opportunities only accessed with the correct documentation). Thus the findings show that while there is some utilisation of community dimensions of resilience, asylum seekers rely primarily on strong intrapersonal coping resources, and moreover it is suggested that the limited development of social capital (particularly social bridging and social linking capital and gaining access to the resources and protections associated with these) leaves this population group vulnerable to developing ongoing

traumatic stress (as a consequence of poor social cohesion and solidarity between host nationals and asylum seekers). It was however found that both individual and community dimensions of resilience served as ameliorative factors in the experience of ongoing trauma.

Thus these findings not only described the coping resources asylum seekers utilised in post-migration contexts such as South Africa, but also exposed some of the barriers that prevent the development of social capital (particularly social bridging and social linking capital) in this population group.

4.4 PROCESS OBSERVATIONS AND REFLEXIVITY

The following section will attempt to critically assess 'the researcher's role' in the research process and the impact this may have had on the participants' responses and the analysis and results of the study. A reflection of the experience of conducting this research is offered which considers, how my nationality affected the research process and most importantly how the experience of 'ongoing traumatic stress' became in part known through powerful 'projective' mechanisms. In addition I also address the impact of selecting a sample from a religious service organisation in relation to some of my own positioning.

4.4.1 Reflexive considerations

One of the initial features that characterised the research process was the considerable difficulty entailed in recruiting participants to take part in the study despite initial assurances by the link organisation that this should not prove to be problematic. During the third participant briefing and I found myself feeling despondent and frustrated at the level of interest that had been shown in the study. Following the most recent briefing I had left a box at the assembly venue into which I had hoped interested participants would place their names and

contact details in order to be reached. Mostly the box remained empty after each briefing and in some cases, despite participants agreeing to attend the interview, very few, if any would follow through to attendance. The parish manager at the Catholic Archdiocese in Johannesburg recommended that I attend a Sunday morning mass at the Yeoville St Francis of Assisi church in order to address the congregation of refugees and asylum seekers about the study in the hopes of generating interested participants. As I stood before the congregation and reached the end of reading out the participant information sheet I found myself staring into a mass of faces. The words "this study will have no benefit to you but the results will go on to help other asylum seekers just like you" rang of naiveté and appeared to generate a loud, but silent question, "how?" The congregation murmured and whispered and after the mass people walked past me and smiled politely, conveying how out of my depth of experience I was, and still the notification box remained empty.

After the mass a few people approached me to ask if I could help them with their legal documentation and asylum permits and if I had a way of getting their children into good schools. I turned these individuals away, reiterating the nature and purpose of my role as a researcher, and in so doing became aware that to ask people to consider the value of research when they were unable to meet their basic needs positioned me as being out of touch and removed from their experience as asylum seekers. As I stood in the church courtyard surrounded by Congolese, Zimbabwean, Nigerian and Ethiopian nationals I became aware of a deep sense of shame at being a South African, and how the official Wits University letterheads upon which my participant information sheets were printed earned me no favour, but appeared to only emphasise my nationality further. Everything about who I was placed me on the outside of their experience. I was the foreigner in these circles, and espousing the human value that the study would have was only distancing me further. Owing to our differences there

was a level of mistrust and anger which was directed at me on that day, not as a researcher, but as a South African, as though I represented the country which had failed to 'hold' the experience and the pain of asylum seekers and that trusting me was dangerous territory. Looking back at the start of the research process the fantasy was present even then, that I somehow had the power to provide them with solutions to their documentation problems, apologise to them for the hurt that had been caused to them, find out their legal status and accept them, or even, in their minds, send them back home. I realised at this stage of collecting the sample for the study that I was not just a researcher but had come to represent in some way the country as a whole.

This perception of me was carried into the interview process and the first three rounds of participants did not attend the interviews despite agreeing to. I found myself sitting and waiting in corridors, board rooms and church basements for people who never came. At first I grew angry, frustrated and despondent at the lack of participation, but over the course of two months, I began to question how my feelings were communicating something to me about the experience of asylum seekers in the South African context. And over time my feelings changed and developed into feelings of guilt, shame and a deep sense of responsibility as the absence of participants began to communicate to me the experience of how they were treated in my country. I had been rejected and abandoned as they had and found myself having to approach other service organisations in order to gain the acceptance which had so often been denied to them. At the African Diaspora Forum in Yeoville I found that things began to change and the number of interviews which were conducted grew but so did the language barrier that existed between me and the participants. I was three months into the research process, unable to afford an interpreter and eliciting at points a sentence of English roughly inserted into a sixty minute interview in Ndebele, French or Arabic. I felt lost and in a sort of limbo with my participants,

utterly reliant on them to communicate with me in a language that I could understand. But as I began to pay attention to the moments in between those "failed" interviews, the moments where people would give me their family's cell phone number in Congo and ask me to call them because they could not afford to, or ask me to employ them so that they could earn an income, or the moments where they would ask for all the eats from the interview room because they were hungry – I came to realise that I did not understand these people or their experience. I was looking for an understanding of ongoing traumatic stress in the words that could be communicated to me, but looking back I have come to understand that this phenomenon was something that perhaps had to be experienced (as well as spoken about) in order to be understood.

The powerful projective processes which governed the interview process and by means of which the experience of ongoing traumatic stress became known to me, were most apparent in my interview with "David" who attended the interview process, but refused to have his story formally recorded for the purposes of the study, stating that he wanted "just to talk with me – no recording".

David was a car guard who had lived in South Africa for a number of years and was still unable to secure an official South African ID. Previous applications to home affairs had been "misplaced" and despite numerous bribes the correct documentation could not be obtained. As David spoke about his experiences at home affairs I began to think about the number of asylum seekers whose applications had been misplaced and the carelessness with which their lives had been handled, which communicated something about the self-representation which David and other asylum seekers I had met held as being unloved, rejected and unworthy. I became aware of the feelings of responsibility which David, like so many of

the other participants, elicited in me and I grew curious about his request to not be recorded. There was a sense that he, like all the other participants, was anxious and did not trust me, not as a researcher but as a South African, a representative of the country that had failed him. I expressed this to David and reflected to him that there was a part of him that needed me to hold this experience of being mishandled for him and take ownership of what had happened to him because no other South African had and perhaps because no one in his country had. While this appeared to contain David at first it also opened up something in the space between us which was the awareness of what he could leave me with - an education.

At this point in our discussion David asked me if I knew why the Democratic Republic of Congo was always at war with itself. Not surprised by my silence he showed me a short documentary on his cell-phone which highlighted the Congo as a mineral rich country and the producer of a large portion of the world's copper, cobalt and coltan being used primarily in the production of electronics and being of particular interest to the Americans, who supplied DRC with weapons as payment for this commodity. "Minerals for weapons. You see?" David said to me, "I can't go back home, it's war at home". I continued to remain silent, and became aware of the increasing guilt and sadness I felt over the exchange I had witnessed, a transaction which did not account for the profound loss I felt in the room, not only David's, but the nameless others from his country and the countries of the others I had interviewed. The words, "I'm sorry" entered the space between us. David remained silent for a moment as if to consider the length and depth of my words. The silence between us was filled with scepticism – his. After some time he asked me if I knew what the effects of such a war looked like, or if I had seen what was happening in the Congo Delta. I became aware of a growing antagonistic current between and my countertransference reflected quite closely David's anger and hatred towards me and what I stood for. I found myself identifying in that moment with the object-

representation of the oppressor. Looking back now I understand that his actions likely stemmed from an attempt to make me understand his life. To feel it.

He selected a few pictures from his phone and showed me images of men who had been decapitated, women whose genitals and breasts had been sliced off, others whose lips and ears had been removed from their faces, and some which showed mounds of bodies which had been collected in the fields in the Delta. I sat stunned at the exchange and was overcome with horror and sadness. I felt afraid, anxious and persecuted - countertransference responses which I believe spoke to David's everyday existence. Unable to speak. I began to cry. I became aware of my growing shame and the guilt I felt over the privileged life I had led and how my nationality protected me from such atrocities.

David had lodged his pain, fear and paranoid anxieties in me, perhaps most extremely, but in a similar way that other participants had, in what felt like a series of small attacks which were directed at me as a "South African". The words "I'm sorry" entered the space between us again, "I didn't know". He took some time to consider the apology and then asked me if I knew of the xenophobic attacks in South Africa and the manner in which asylum seekers and refuges were attacked and killed here too. He showed me a picture of his family and said, "my youngest asked me the other day, Papa, they say that if Malema wins they will send all the foreigners back home, is that true?" A silence entered the space between myself and David. "What do I tell her" he asked me, "where do we go?" Sensing that I was as stuck and trapped and as at a loss for an answer as he was, he ended simply by saying "thank you. Thank you". David remained silent as he watched me cry. He seemed satisfied in a way that none of the other participants had been. Looking back now I understand that he had perhaps reclaimed something of the power that had been taken from him.

Looking back now over the interview process there was something that was intangible about the experience of ongoing traumatic stress as though it forced people to fall into a sort of waiting space, a limbo that was characterised by fear and anxiety and a heightened awareness of who you were in society. It was a place in which those experiencing it were abandoned by the minds of government and society and cultural and legal structures which might have given their experiences meaning. It was something you could not put your finger on because it had not been named. Dread perhaps. But there is a space within me now which holds this experience, as it was given to me, and I feel that it resembles most closely, something of a living death. Looking back over the research process the responsibility I have felt towards these asylum seekers, closely reflects their need to have me, and by extension my country, take responsibility for their experiences of continued oppression and for the life that has been lost because of it. I think back now to the silent question of "how" this study would be of benefit to this population group and I believe that the answer is found at least in part in my standing witness to the trauma that has been caused here and that this study is the instrument by which the experiences documented here can be given meaning, and perhaps even transformed.

With this in mind it must be noted that as a researcher the manner in which I conducted the analysis and interpretation of the results in this study was shaped by the above process with the research participants and the degree of responsibility that was projected onto me as a South African formed the filter through which I engaged with the data collected in the study. Qualitative research is often critiqued for not being value free (Leung, 2015) and as such it is pertinent to acknowledge how the level of responsibility placed on me may have resulted in my emphasising certain aspects of the interview material more than others in the analysis and interpretation of the results. Moreover, it must be acknowledged that the participants were

aware of my South African nationality and may have used the interviews to emphasise the role South Africa had played in their suffering while ignoring other factors. However, through my own reflexive processes I was aware of the strong need to have South Africa take accountability for the trauma which the participants had endured and through repeated engagement with the analysis and interpretation of the material I attempted to position the material to provide a context to the trauma which had been caused, as opposed to blaming South Africa as a host country. As such the findings presented in this study could be viewed as having a strong socio-political leaning which gives greater weight to the socio-political milieu in which participants find themselves, rather than a more narrowly clinical, trauma-orientated focus. However, this may be useful to the study as current research suggests that ongoing traumatic stress needs to be understood in the socio-political context in which it occurs and moreover that it has to be positioned as being psychopolitical (Stevens et al., 2013) if it is to be fully understood.

Lastly, selecting the research participants from a Catholic service organisation may have skewed the results to reflect prominent themes pertaining to religiosity as a coping resource and this may not have been the case if the sample was comprised of a different demographic group in a different context. Given my awareness of my own strong religious and spiritual leanings it was important to acknowledge my own points of identification with the participants on this topic and the ways in which my interpretation and analysis of the material may have emphasised certain aspects of the data over others. In my reflexive process I attempted to position religion not as uniquely significant in overcoming ongoing traumatic stress but as being significant to this population group given that they find themselves in a context which offers them very little opportunity for control and mastery. This served to position religion as an accessible resource by means of which the participants coped with

unmanageable circumstances in which they had little agency in their lives rather than as form of coping that was necessarily more effective than other means of managing.

CHAPTER FIVE

CONCLUSION

The concluding chapter of the research report consists of a synthesis of the core findings, a discussion about the limitations of the study and recommendations for future research.

It was the aim of this study to focus on the subjective experiences of asylum seekers living in South Africa in order to consider the utility of CTS as a descriptive/conceptual tool which could be used to consider the emotional and psychological impact of existing in conditions characterised by ongoing exposure to socio-political stressors. In so doing the study sought to describe the experiential and symptomatic dimensions of ongoing traumatic stress in this specific population, explore what it means to manage in such post-migration contexts, and ultimately, to capture the lived experience of existing in this kind of taxing environment. Given the dearth of literature available from the perspective of the victims of ongoing trauma this study has arguably made a small but significant contribution to the field of trauma studies. The study aimed both to enrich and expand upon understandings of the CTS construct and the condition of ongoing trauma and to systematically explore traumatic stress related aspects of asylum seekers' experiences.

Straker (2013) suggests that CTS should be thought of as a broad concept which encompasses a wide variety of complicated traumas that are associated with persistent life threats. CTS represents a conceptual tool by means of which to consider and formulate the impact of stressors (past/present/and anticipated) which arise from within violent community

contexts, on the development of trauma symptomology and related sequelea (Eagle & Kaminer, 2013). However this still presents a fairly linear understanding of the relationship between socio-political stressors (past and ongoing in the current context) and the trauma related symptoms and sequelea associated with ongoing trauma in oppressed populations as compared to what was found in this study. Given the history of *socio-political* trauma which asylum seekers have generally been exposed to and the chronic nature of the stressors they are exposed to in a post-migration context such as South Africa, it was found that the symptom presentation in this study's respondents was not only suggestive of traumatic emotional and psychological responses to current/anticipated threat, *but also* included emotional and psychological responses which emerged from having to re-engage with historical socio-political stressors which emerged in this context. Thus it appeared that many of their stress related experiences (made-up of socio-political stressors which may or may not be traumatic) coupled with events that would be considered as explicitly trauma-related (past and present) may be inter-connected in developing their experience of ongoing traumatic stress. Thus something of a more circular model of conceptualising ongoing traumatic stress and findings related to managing in oppressive contexts is suggested.

5.1 CENTRAL FINDINGS

Most interestingly the findings of this study revealed that in an oppressed population such as asylum seekers living in a post-migration context such as South Africa, the present and anticipated future stressors which were associated with ongoing trauma stemmed from post-migration stressors which characterized the nature of the environment which asylum seekers interfaced with daily. These post-migration stressors of various kinds not only brought them into contact with current danger (such as xenophobic violence), but also forced them to re-engage with past historical stresses associated with oppression, marginalization

and subjugation (and the lack of protection associated with such a disenfranchised status). This suggests the benefits of adopting a more multicausal understanding of the relationship between the socio-political context of asylum seekers (past *and* present) and ongoing trauma than is perhaps presented in existing literature.

In light of the evident interplay between exposure to current and past socio-political stressors, the study's findings showed that CTS as a construct was unable to fully account for the impact of ongoing trauma in oppressed populations such as asylum seekers. This was evident in that, firstly, asylum seekers are affected through trauma related emotional and psychological reactions which emerge in response to the immediate danger in keeping with what has been described under the umbrella of CTS. However, secondly, asylum seekers are impacted by emotional and psychological responses to current events, which may or may not be traumatic in nature, but which force them to re-engage with *past* socio-political experiences and reinscribes their historically unprotected status (for example, experiencing discriminatory or exploitative policing). This latter form of stress further communicates to them that they can expect to be the recipients of future attacks, from which there may well be no protection or escape. The findings showed that these two complementary avenues resulted in a symptomatic picture of ongoing traumatic stress which was associated with responses to a range of stressors which included past, current and anticipated stressors, many of which were felt to be inescapable in nature. It was apparent that ongoing traumatic stress in this context incorporated trauma related psychological symptoms such as avoidance and hyperarousal (hypervigilance, sleep disturbance and concentration problems) and flashbacks, as well as other emotional and psychological responses related to ongoing exposure to socio-political stressors, such as fear, anxiety, paranoia, mistrust, somatisation, and a foreclosed sense of the future. Exposure to ongoing stress and potential community violence for these

asylum seekers led not only to trauma related symptomology, but *also* to emotional and psychological reactions and traumatic sequelea which appeared to emerge in response to historical socio-political stresses.

In particular here it was suggested that continued experiences of marginalization and oppression (such as being forced to live in impoverished and underserviced neighbourhoods) re-affirmed historical feelings of helplessness and a lack of agency, the consequence of which might possibly then be depression, somatisation and ongoing traumatic stress itself. Thus the findings showed that ongoing trauma in oppressed populations appears to work in a circular fashion creating traumatic responses to current ongoing stressors while *simultaneously* re-activating responses to historical stresses and anxietiesWhat is more, findings also suggested that exposure to post-migration stressors and community violence impedes the ability for asylum seekers to generate trusting relationships based on reciprocity and sharing, resulting in further marginalization and ultimately limited social capital building within this population group.

It was found that asylum seekers were an insular population group who were able to build very little social linking and social bridging capital and that while there was some utilisation of community dimensions of resilience, asylum seekers appeared to rely primarily on intrapersonal coping resources. Where social capital was evident, findings suggested that development of social bridging and linking capital might serve as a protective factors against the development of ongoing traumatic stress.

Lastly the lived experience of ongoing traumatic stress and ultimately of being an asylum seeker was best captured as existing in a state of limbo, an interminable state of indeterminacy characterised by helplessness and marginalization which left respondents

feeling choiceless, limited, trapped and in a constant state of anxiety and fear. Respondents suggested that their experiences of their traumatically stressful lives was best likened to a sort of living death. In this respect the research indicated that for this population group pervasive anxiety and limited agency had perhaps translated into a somewhat fatalistic positioning.

5.2 LIMITATIONS OF THE STUDY

One of the central limitations to emerge in the study was the sample size. It was originally intended for the sample to consist of a minimum of eight participants. However, owing to participants' unfamiliarity with the research process, mistrust in the researcher as a South African national and the study's lack of material benefits, many asylum seekers were not willing to participate. As such the responses that were obtained from participants were limited and saturation was not necessarily reached in the responses to the interview questions, although there was a considerably degree of overlap in many areas. With a greater sample size it may have been possible to have gathered a greater variety of responses which would have added to the richness of the data. However, it was felt that sufficient relevant and interesting data was collected in the six interviews conducted.

The difficulty in generating rich data was exacerbated by the language barrier between the researcher and the participants and owing to financial constraints it was not possible to employ the services of an interpreter, or indeed several interpreters, on the project. This resulted at times in responses from participants which lacked in depth of expression and feeling which ultimately influenced the findings section of the report, which at times favour presentation of quotations from more articulate participants over those who struggled with English. It will also be evident that it was sometimes necessary to explore responses through prompting from the researcher in a way that may not have been necessary in interviewing

people who are fluent in English. Nevertheless respondents were able to communicate some very powerful and nuanced information as should be evident from the quoted material in the previous chapter.

While the data collection process proved challenging it must be noted that the data from the six interviews that were conducted still allowed for rich interpretations to be generated from the material. This was achieved through a rigorous and in-depth thematic content analytic reading of the material which allowed the researcher to extract themes from the language and pattern of word usage present in the transcripts. Moreover, the experiences of all the participants spoke directly to the research topic which enhanced the relevance and depth of the interpretation of the material. The latter was achieved by using a convenience and purposive sample in order to identify individuals who would be persistently exposed to traumatic experiences in order to generate rich data. It must be noted that the generalisability of the findings was not an aim of the research study, but rather the intention was to capture the lived experience of a group of asylum seekers living in South Africa, which is thought to be a context in which there is exposure to chronic stress and few regulatory protections. Collecting a sample within this context gave the researcher access to a population group who did appear to be experiencing ongoing traumatic stress, thus contributing to the understanding of this presentation of traumatic stress and exploration of the utility of the CTS construct.

Further limitations which are discussed under the self-reflexivity section pertain to the researcher's own pro-religious and spiritual beliefs and how selecting a sample of participants from a Catholic service organisation may have skewed the results to reflect religion as a primary means of coping in contexts of ongoing violence and threat of violence. This discussion is then extended to critically explore how the participants' powerful projective

processes may have impacted the researcher and influenced the analysis of the results and the amount of responsibility placed on the South African population and context in the writing up of the report as I identified to some extent with the participants' experience of ongoing traumatic stress. Although the study was initiated with a primarily clinical focus the interview process and the analysis of the data revealed that condition of ongoing traumatic stress had a strong socio-political foundation, which reinforced perspectives that suggest that this form of traumatic presentation emerges in these kinds of socially perverse contexts.

5.3 IMPLICATIONS FOR FUTURE RESEARCH

Despite the above limitations, the present research study produced valuable information which has implications for future research in the field of ongoing traumatic stress. It is apparent that more research into this area is needed as extensive gaps in the literature remain.

This study served to locate the experience of ongoing traumatic stress within the social fabric of oppressive communities (such as South African society) and highlighted that this form of trauma is generated and maintained not only through exposure to current stressors but also through socio-political stresses (past and present) which marginalize and oppress people with few resources, offering them little or no formal state protection, thus exposing them to risk of physical and psychological harm and to potentially developing trauma related symptomology, and moreover forcing them to find ways of surviving in precarious circumstances. With this in mind the current study presented three opportunities for future research: firstly, to explore and describe the role of historical socio-political stresses and the lack of protections associated with these on the development and maintenance of ongoing traumatic stress; secondly, to explore how these same historical

stresses may account for some of the trauma related sequelea associated with ongoing traumatic stress (such as depression stemming from a history of oppression and marginalization and learnt helplessness); and thirdly to explore and describe the protective role of social capital building in preventing the development of ongoing traumatic stress. It is thought that these research opportunities may contribute to the development of a circular model of ongoing traumatic stress which may also contribute towards a greater understanding of effective social capital building in oppressed populations.

Lastly, while this study could not include a consideration on the development of context appropriate therapeutic interventions for this kind of population, current literature calls for further study into this area which needs to consider how to help people survive in the kinds of highly stressful worlds which offer them little or no protection (Kira & Tummala-Narra, 2015; Stevens et al., 2013). According to Stevens et al. (2013) studies into therapeutic interventions need to be aimed at seeking to bring change about in broader social structures and should seek to mobilise the psychosocial resources within communities and promote practices around peace building and creating social bridges between conflicting communities, thus enhancing social cohesion and ultimately the sharing of knowledge around the access to and use of resources at ground level. It may also be helpful to attempt to identify the combination of internal and external resources that allow individuals to cope optimally in such contexts.

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APPENDICIES

Appendix A: Permission letter from PMCR

Department of Pastoral Care for Migrants and Refugees (PCMR)
Catholic Archdiocese of Johannesburg

Private Bag X10
Doornfontein 2028
Johannesburg

Tel: (011) 402 64 00
Cell: 079 167 2928 (Sr. Maria)
e-mail: Pastoral@catholicjhb.org.za

03 March, 2015

Attention to whom it may concern,

This letter is to certify that I grant Letisha Singh permission to conduct her Master's research interviews on site with political refugees at Pastoral Care for Migrants and Refugees. Letisha has outlined the aim of the research as well as the procedures, potential risks and benefits and has explained how issues of confidentiality and anonymity will be handled. As such I am happy that the study will be handled ethically and that the vulnerable status of the participants will be carefully considered.

Sincerely,

Sr. M Rissini

Sr. Maria de Lurdes Lodi Rissini, mscs
Head Office Department of PCMR

DEPARTMENT OF PASTORAL CARE
FOR
MIGRANTS & REFUGEES
CATHOLIC ARCHDIOCESE OF
JOHANNESBURG
SOUTH AFRICA

Appendix B: Permission letter from ADF

African Diaspora Forum
NPO Number: 067-609-NPO
9 Harley Street, cnr Old Harrow Road, Yeoville, Johannesburg
Tel : +2711487.02.69 - Fax: +2786.664.84.14
Cell: +2783.514.73.67
E-mail: africandiasporaforum@gmail.com
Website : www.adf.org.za

26 November 2016

To whom it may concern,

I hereby grant Letisha Singh permission to conduct her Masters Research interviews on site at African Diaspora Forum. She has explained the aims of the research as well as its potential risks and benefits and has detailed her ethical procedure. As such I am happy for the research to proceed and trust that the researcher will act in the best interests of the participating members from this organization.

Sincerely,

Marc Gbaffou
Chairperson of African Diaspora Forum (ADF)

Appendix C: Participant information sheet

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559

Hello,

My name is Letisha Singh, and I am currently enrolled at the University of the Witwatersrand where I am studying towards a Masters degree in Clinical Psychology. I would like to invite you to participate in a voluntary study that aims to explore your experiences as asylum seekers living with ongoing trauma in South Africa, how your body and mind respond to this type of continuous danger and how you cope. There is very little research that has been done into the experiences of people living in contexts of ongoing trauma and even less that comes from the voices of the victims of such ongoing violence and so doing this research will allow us to better understand your experiences as asylum seekers living in context of ongoing danger and how you manage. There will be no direct benefits to you if you participate in this study, but your participation will allow us to further expand on our understanding of continuous traumatic stress and will provide a platform for you to tell your story on behalf of many other displaced people who have not been given the chance to be heard.

If you decide to participate in this study, you will need to be over 18 years of age. Furthermore, I will need to arrange a meeting with you for 60 -90mins here at PMCR/ADF in order to conduct an interview with you and ask you a few questions about your experiences. You don't have to answer questions that make you feel uncomfortable and you have the right to stop the interview at any time you wish with no negative consequences to you. These interviews will be recorded with your permission and will be typed up and analyzed for the study. The transcripts and audio recordings will be safely stored on my password protected laptop where only myself and my supervisor will be able to access them and will be deleted after a period of five years. Your names and any identifying information will be removed from the final report which will guarantee that your story remains confidential and that you remain anonymous. Furthermore, your legal status will be protected and will not be divulged to anyone outside the research team. When the study is complete a summary of the formal academic research report will be made available to PMCR/ADF where you will be able to view it. It will also be available in the library at the University of the Witwatersrand and will be published on the internet. Should you need transport money to and from the interview then money only for this purpose and only to those in need will be provided for up to a maximum of R80. I want to reiterate that this study is voluntary and that if you choose not to participate your relationship here at PMCR/ADF will not be affected. For those of you who do wish to participate in this study I will leave a box at the front of the main assembly hall where you can place your name and phone number. I will collect the box in two weeks and will make contact with those of you who are suitable for the study and will arrange a time to meet you for your individual interview. I would like you to know that we are respectful of the sensitive nature of your past experiences and want you to be aware that in answering questions about your trauma there may be a risk that you will feel uneasy in the interview process, as such we would like to recommend personal one-on-one counselling, after the interview process at the following organization: CSVR (011 403 5650). You can ask to speak to Celeste Matross who will be able to help you arrange your counseling session. Lastly, we ask that you please contact the research team if you have any questions or concerns during the study:

The supervisor for this study is:

Professor Gillian Eagle
Clinical Psychologist
Discipline of Psychology
School of Human and Community Development 2000
University of the Witwatersrand
011 717 4528
gillian.eagle@wits.ac.za

This study has been granted ethics clearance by:

Human Research Ethics Committee
1 Jan Smuts Ave
Braamfontein

Contact: Lucille Mooragan
0117171408
Lucille.Mooragan@wits.ac.za

Kind Regards,
Letisha Singh: letishasinghpsychology@gmail.com

Appendix D: Interview schedule

A – Description of experiences or stressors

Events contributing to initial migration

Tell me a bit about the life you had before coming to South Africa

Can you tell me about what led you to leave your home country and come to South Africa? ?

What have you noticed about how that experience may still be affecting you?

Living in South Africa

What are the main stressors you face in living in South Africa?

Have you or people who are close to you experienced any form of violence, threat or danger while you have been living here in South Africa?

Can you tell me about these experiences?

What is it about living in South Africa that might make you feel unsafe?

How do you feel about the ability of the authorities to protect you and other people from harm in this country? Tell me a bit more about that please.

B – The impact of (traumatic) stress exposure

What kinds of effects have you noticed in terms of how living in a high stress environment has affected you?

If you are worried about risks to you and those you are close to how does this feeling of living with danger affect the way you think and feel (in your body, mind and heart)?

How do you feel about your future going forward?

C – Resilience

How do you cope with living in South Africa?

How do you try to assess whether a situation is dangerous or not?

Are there things that make your sense of danger worse?

What do you do that makes living here feel safer for you?

In what kinds of places and at what times do you feel more calm and safe in your life?

What role do other people play in helping with worries about safety?

Appendix E: Demographic questionnaire

Age:
Gender:
Race:
Nationality:
Education level:

Have you received trauma counselling at all? (Y) (N)

What about the counselling did you find helped you the most and why?

Appendix F: Example of coding

C/M – African Diaspora Forum

Initial Code	Family Code
Can you tell me a bit about yourself? My name is and I have been living in South Africa for about eight years now. And I want to talk about my status ne? I've been using my asylum for about eight years since the 12th of December 2008. Normally when you are an asylum after four years you will be qualified for permit status. With that status you can then apply for an ID. It has been eight years and I have never been qualified to have a status. I'm still using the same asylum. And in 2012 I had some problem with the home affairs. They told me that the reason I give to be an asylum is not good enough. So after that I went to the office of human right so that they can write for me the letter and then I can take it to home affairs. They write for me a letter, the lawyer write for me the letter and then I went back and I took it to home affairs. So when I took the letter to home affairs they reject the letter. They didn't even consider the letter they didn't even read the letter. They just reject the letter. They just cut off the letter and they just throw it away. They then took my asylum and they gave me six months. After that then six months, six months. The in 2016 they give me the last decision that they won't stamp for me anymore. CM. This is the last stamp. So I don't know what is the reason. So that is the problem that I have with my asylum.	
Displacement.	Post-migration stressors
It sounds as though it has been a very frustrating process for you that leaves you feeling very uncertain about your future and very very angry that you are being treated this unfairly. You mention that you have been in South Africa for eight years. Yes, eight years and most people have a status permit or an ID but me I don't have. It sounds as though this is something that has been very stressful for you, because it makes your building a new life in South Africa very difficult. **So I'm wondering if you....** Because that status of mine means I can't go to the hospital, I can't open a bank account it's all very difficult for me to do that. CM.	
Displacement.	Post-migration stressors
So without your status you can't even go to the hospital or bank? Yes. Because with this they won't stamp anymore. I	

don't know they won't stamp anymore.

Gosh, well I'm just thinking if you we just go back about eight years with your coming into South Africa. What I would like to know is what type of life did you have before coming into South Africa? Why did you want to leave your life in DRC and come to South Africa? Bearing in mind that this study is about trauma and ongoing experiences of violence and stress in South Africa and how that affects your physically and emotionally.

Trauma?

Yes.

Well I was s student there at university and I was studying. And then there was a kind of a war there CM ne? and my parents decided to send me here to South Africa for my safety. That's why I came here. That's my reason.

It sounds as tough it was a very frightening experience for you?

Ja.

Gosh well I'm thinking that DRC is a very challenging place, especially the environment.

Ja. Ja. Even now there is still some war somewhere there. It's a very difficult environment. And I'm wondering in terms of what actually led to you leaving are there any other details you can share with me?

There was a war and your parents were worried about your safety?

Yes and so they sent me to South Africa.

How do you remember that time, if you think about that time at home? What comes to mind about what it felt like?

Hmmmm. I was not safe there. And when I think about that I feel so bad. I feel so bad I don't want to go back there. I thought when I came to South Africa that I would have a normal life and a good life. But things are falling apart you see I don't have documents, something like that, no job nothing. It's difficult for me.

Initial Code	Family Code
Prior trauma	CTS Construct

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We will be moving away from the past shortly because I can see it's upsetting you , but when you think about your past is there anything from that time that is still upsetting you? Or anything that is still with you? Memories? Feelings? Sensations in your body?

The thing that makes me upset is that I wanted to finish my studies there and have a degree or diploma so that I can live my life normally and I stopped. And that makes me sad because I stopped. I just stopped and thought that when I came here that would have opportunity and a job. The way I'm living I think it's the same as I was living there.

Okay, so you haven't noticed any change.

No. But change, maybe I'm safety. Maybe I'm safe here and there is no war here there is peace. Ja in that area it's fine. But financially its no.

What are some of the stressors you face living in South Africa?

The thing that stress me a lot is that we are living in a place where when you go to look for a job, they won't give you a job like they are giving to others. CM. And according to your papers they can according to your asylum they can tell you that your permit does not allow them to give you a job. So that is the thing that is the thing that is most upsetting me a lot and is making me feel bad.

And your experiences of being in South Africa for instance if you were walking down the street, do you feel safe?

No. I am not safe as a foreigner. CM.

Why is that? What does that feeling of being constantly unsafe do to you inside? How does it feel?

Wooooooooohmmmmmm! I am not having….I am not comfortable at all. I think the police may arrest me. I don't have a document or things like that. These are the thing I carry in my mind and things like that. CM.

So in terms of the ability of the police to be able to protect you, do you feel that they can look after you?

No they can help you. If you are in trouble they can

Initial Code	Family Code
Discrimination	Post-migration stressors
Discrimination	Post-migration stressors
Absence of protections	CTS Construct

help you. If you have the right document. But without the right document they can arrest you.

I am just thinking now in terms of you or people you are close to, have any of you experienced any form of violence while living in South Africa? Like Xenophobia or has anyone tried to hurt you in any way?

Me? No. I never experienced that. Only I have as I explained to you when I went to look for a job they allow other people to work and they have the right document. Me. I don't have the right one. SO they reject my document and they reject me. And they say I can't work. But in terms of hurting me or some violence? No. I never experience.

And anyone you may know who has experienced violence committed against them?

Ja my neighbour. CM.

So someone quite close to you was hurt?

She's just a neighbour.

But I'm sure you must think that if someone who lives right next door could get hurt then it must play on your mind that Xenophobia is right outside your door?

Well ja I feel bad. Because when it's happening to someone you feel that it's bad. Because you think "but what if it was me" CM. because in the end we are the same people we are foreigners you see. So it doesn't make me feel nice. It makes me feel bad you see?

When you say it makes you feel bad? Does it make you feel unsafe?

Ja.

So what is it about South Africa for you that makes you feel unsafe? What's dangerous about this place? Is it the people? The violence?

The people.

Why?

They don't treat us well you see. They treat us like rubbish. Like trash. Because I don't know….because we are not from the same country as them. We are refugees. CM. We are not safe. Like you go in some area

Initial Code	Family Code
Exposure to multiple trauma	CST Construct
Affect. Feelings of fear. Paranoia.	CTS Construct
Microaggressions	Experiential Dimensions of CTS

like Alexandra and they are treating foreigners very bad. Don't think there is not such thing as Xenopobia. It's still there even now. Like a foreigner you can't live in Alexandria or Soweto. You can't live there. It's only citizens. If you are a foreigner in the night people can come to harm you. They can hit you. CM. Because you are living in their area. So those areas we are not safe as a foreigner.

So if we think about it, there are certain areas where you feel unsafe? That you know you mustn't go to. So geography has a big role to play in you feeling safe?

Ja. I know. I know. There are certain place which are very dangerous. Very dangerous.

Because you know South Africans don't accept other people?

Yes. Xenophobia makes me feel unsafe. CM.

I'm just thinking it may not always be violence? It sounds as though even the way people treat you makes you feel unsafe? What are some of the things that you look for to know if a situation is safe o unsafe?

You'll notice that maybe when you go to live in a flat that you find only citizen there you will find that you are not welcome there. They will treat you bad until you are going to move, and you go in another flat or in another place. CM. So they are treating foreigners bad. So you find yourself amongst the citizens and they will treat you bad. It's happening like that....especially if you go in the flat and you are the only foreigner there. They will treat you bad.

How? What does treating you badly look like? Could you describe it?

Treat you bad like. They don't want you in that flat. So when the see you maybe they start to gossip about you and say "she's not a good one, she wasn't supposed to come here" and they speaking their language. Now you can't understand but they are gossiping about you and it makes you feel unsafe. But they don't want you. CM. Maybe you can share a kitchen together with them ne? But if you come inside of the kitchen ne? They move out and they go, so they don't want to stay in there with you. They don't stay with

Initial Code	Family Code
Pervasive feeling of threat. Interpersonal violence.	CTS Construct Experiential Dimensions of CTS
Discrimination and micro-aggressions	Post-migration stressors and Experiential Dimensions CTS
Micro-aggressions. Paranoia/Impact	Experiential Dimensions/ CTS

Initial Code	Family Code
Symptoms	CTS
Limited and choiceless from	CTS

you, or talk to you or share with you. You share sometimes the toilet or the kitchen things or something like that and they will treat you bad you see?

So you made to feel unwelcome?

Ja.

Well I'm just thinking about your life at home, and I am wondering if there is anything from that time that you feel may still affect you. And I'm wondering what other kinds of effects have you noticed that are still there now? What does your body or you mind still do?

At night I can't sleep if I think about those things. I can't sleep in the night. CM.

Anything else? Anything else about what happens to you? As mentioned the study is about ongoing trauma. So I'm wanting to know how being exposed to ongoing violence is affecting you. So if something happened to you in Congo, and you are now living in an environment of ongoing violence its going to affect your body and mind.

Well I feel bad and think I want to go back to my country. But I hear that there is still some war or something like that. So I can't go back. So I'm just staying here because I don't have any choice. CM. But when the treatment becomes too much for me then I think I want to go back home. But home when you hear that there is still some war sometimes you, then you see, the you are scared to go back. But I am living here because I don't have any choice.

Uhmmmm. So if you are worried about the risks to you and those around you. How do you feel this constant worrying affects the way in which you think and feel?

I don't understand.

Let me give you an example. You mentioned that in South Africa you feel as though you are not safe. But when you walk into a room you know you are not safe because people start to gossip which tells you that you are not welcome here. And you know you are unsafe. So I want to know how it affects the way you think and feel if you are constantly exposed to danger.

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Initial Code	Family Code
	CTS
Foreclosed sense of future. Future threat associated with legalities.	Displacement
Self-enhancement	Coping. Individual determinant.

I feel scared all the time. CM

And what does that do to you, to be scared all the time.

It makes me feel bad sometimes. Because even to live with the citizen in the same place. I can't do that again. I must go to a place where there is all foreigners you see. Like where I am living I only live with foreigners no citizens because I know that if I live with citizens they will treat me bad. They gossip about me and they are not going to make me comfortable. I am living with only foreigners so that I can be comfortable.

Okay. Alright. So how do you feel about your future moving forwards?

My future. Ah, the way I am living I don't think I have a future. Because even now I don't have the right document. It's like I don't have anything, CM. It's only maybe if they can help me to get the right document. That's when I can see that I have a future. Because with no document you can't have a job, you can't go to hospital and so what I mean is that I have no future right now. If can have the right document then I can work and have a future. CM.

Alright. So I suppose my net question is you know obviously living in South Africa is very stressful for you. So I want to know how do you cope?

I'm doing just a small business right now, CM. Because I can't find a job right now. It's very difficult. I just makes small business and taking care of my two sons.

So you find that working is something that keeps you busy and makes you feel as you have purpose and meaning?

Yes.
And what else do you find makes things better? So one is work. What else?

Maybe to own a house or something like that. Then I'll feel much better.

Right. So what I mean is when you are worried and things around you here in South Africa are not going well for you. How do you reassure yourself that things will be fine?

	Initial Code	Family Code
Maybe I'll pray. I pray. I pray to God to give me peace and to make me forget all my bad memories. My solution is prayer. CM. So I go to church and pray.	Religiosity	Coping. Individual determinant
Let me get you a tissue. I can see it's not easy for you to talk to me. I know it's a very challenging discussion. Would you like to take a break?		
No no it's fine.		
So when you walk into a situation and feel safe. So when you walk into a room how do you know you re safe or not safe? What do you look for?		
Like if people ae fighting. Or if the police are arresting someone. Or ask someone to show their document.		
So you find if there's police then you may feel unsafe?		
Ja. Ja.		
Are there certain things you do that make you feel unsafe?		
Ja walking around at night. If there are people around it's okay. If there are no people around then I'm scared. CM.	Isolation. Risk Factors	Coping. Environmental determinant.
And what are the things that you do that make you feel safe living in South Africa?		
When I do my own small business and I don't depend on anyone or someone and I can take care of myself and pay rent or buy food. CM. Then I'm not thinking about my document and how I cant do anything. And can't get a job. Now I can pay rent I can buy food and things like that.	Independence. Self-sufficiency. Protective factors.	Coping. Individual determinant.
It sounds to me as though you have a big fear for others to look after you you have a fear that no one would help you?		
Yes. No one. I am alone and I must do by myself because no one can help me. CM. I have a small business to take care of myself and look after myself.	Impact of displacement.	Post-migration stressors.
So if we think more broadly there is a feeling as though the country itself can't help you either?		
The country?		

C/M – African Diaspora Forum

Yes. So the people in South Africa seem to represent the broader country. If its citizens can't care for you, then the country can't either? They not helping you with your job, or to feel safe and secure.

Ja. Sometimes ja.

Alright. Now in what kinds of places and at what times do you feel safe?

At church. In there is feel peace. I feel joy. People make me feel comfortable. Ja.

So if you leave South Africa and put you somewhere else, would you feel more at peace?

Yes. When you go somewhere and they can care for you then you don't feel stressed.

So you feel stressed in South Africa because you are not cared for?

Ja.

So what role do other people play in making you feel safe?

The pastor helps and his guidance helps me. They say God is going to help you and the pastor is counselling you. And that counselling is comfort.

So do you have friends?

Yes. They understand me. They chat. And we eat together. The foreigners. CM.

I can see it makes you very emotional to talk about the company of others, why?

Because I feel peace and I am happy. And I am safe. CM.

So what happens to your body when you are feelings very stressed and under threat in South Africa?

I feel so bad. I feel like committing suicide or doing something bad to myself. CM. Or leaving this country. But I can't leave. I want to go but I don't have the money. So I want to kill myself. But the pastor helps me. And tells me that I must not have an evil mind and I must pray a lot for that.

Initial Code	Family Code
Safety in company. Community. Protective factors.	Coping
Safety in company. Community. Protective factors.	Coping
Symptoms. Impact.	CTS

C/M – African Diaspora Forum

Well I can hear that it causes you a lot of stress and it leaves you feeling hopeless as though there is no way out.

Yes. But in God I feel better.

Well thank you for making the time to speak to me I really appreciate it.

Appendix G: Ethics certificate

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Singh

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H16/05/31**
PROJECT TITLE	Continuous traumatic stress and resilience in asylum seekers living in South Africa
INVESTIGATOR(S)	Ms L Singh
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	20 May 2016
DECISION OF THE COMMITTEE	Approved unconditionally
EXPIRY DATE	17 July 2019

DATE 18 July 2016 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Professor G Eagle

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

AppendixH: Verbal consent to interview and record form

Psychology

School of Human & Community Development

University of the Witwatersrand

Private Bag 3, Wits, 2050

Tel: 011 717 4503 Fax: 011 717 4559

I verbally consent to being interviewed by Letisha Singh, for her study exploring the "experience of continuous traumatic stress and resilience in refugees". I understand that:

- Participation in this study is voluntary.
- I may refrain from answering any questions.
- I may withdraw my participation and/or my responses from the study at any time.
- There are no risks or benefits associated with this study.
- All information provided will remain confidential, although I may be quoted in the research report.
- My interview will be audio recorded
- The audio recording and transcripts will not be seen or heard by anyone other than the researcher and her supervisor.
- The tapes and transcripts will be kept in a safe place for five years and will be destroyed thereafter.
- No identifying information will be used in the transcripts or the research report.
- Although direct quotes from my interview may be used in the research report, I will be referred to by a pseudonym (Respondent X, Respondent Y etc.)
- None of my identifiable information will be included in the research report.
- I am aware that the results of the study will be reported in the form of a research report for the partial completion of the degree, Masters in Clinical Psychology.
- The research may also be published online and will be available at the library at the University of the Witwatersrand.

Consent for interview: (please tick)

_____ Date:_____

Consent for recording: (please tick)

_____ Date:_____

I give consent for my anonymised transcripts to be used for future research purposes (please tick):

Yes _____

No _____