

https://dspace.org/

The adjustment process of Sub-Saharan migrant populations in the inner city of Johannesburg

Walker, Calynn

2020
https://hdl.handle.net/10539/30576

Downloaded from a DSpace repository. https://dspace.org/

The adjustment process of Sub-Saharan Migrant Populations in the inner city of Johannesburg

A research thesis submitted in partial fulfillment of the requirements for the degree of the

Masters in Community-Based Counselling in Psychology

at the

University of the Witwatersrand

Calynn Walker

Supervisor:

Prof Maria Marchetti-Mercer

2020

Plagiarism Declaration

PSYCHOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 · Tel: 011 717 4541 · Fax: 011 717 4559 · E-mail: psych.SHCD@wits.ac.za

Masters Cover Page & Plagiarism Declaration

Surname:	**Walker**
First Name/s:	**Calynn Erin**
Student No.:	706586
Course Code:	PSYC7016A
Lecturer:	Prof Maria Marchetti-Mercer
Word Count/number of pages:	148 pages

DECLARATION

I, _____, know and accept that plagiarism (i.e., to use another's work and to pretend that it is one's own) is wrong. Consequently, I declare that:

- The following report/proposal/assignment is my own, unaided work.
- I have correctly acknowledged all direct quotations **and** properly paraphrased ideas/content. **In addition** I have provided a complete, alphabetized reference list, as required by the APA method of referencing.
- I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work, or that I failed to appropriately acknowledge the source of the ideas or words in my writing.

Signed: _____

Date: _____

(**N.B. Reports/proposal/assignment which do not include this cover page, with the duly signed declaration, will not be accepted**)

Acknowledgements

Firstly, I would like to thank my supervisor, Prof Maria Marchetti-Mercer, for her constant and consistent guidance and input throughout this research process. Her in-depth and detailed feedback has transformed this piece of literature for the better.

Secondly, my eternal gratitude goes to the wonderful people who allowed me into their lives and let me interview them in my quest to understand their experience of migration to the country I call home.

Finally, I thank my loved ones for encouraging me in moments of doubt, anxiety and overwhelming pressure. The pep talks, coffee and hugs have endless value. I love you all.

For our dearest Nicci.

The space we shared to work in harmony and empathy maintained my sanity in this research process. The laughter and endless popcorn we shared in the final days of our time together will never be forgotten.

Contents

Acknowledgements ii

Abstract 0

Chapter 1: Introduction 2

Chapter 2: Literature Review 6

2.1 Introduction 6

2.2 Migration within South Africa 6

2.3 Important Definitions 10

2.4 Motivations for Migration 13

2.5 The Phases of Migration 14

2.5.1 The Preparatory Phase 16

2.5.2 The Act of Migration 16

2.5.3 The Period of Overcompensation 16

2.5.4 The Period of Decompensation 17

2.5.5 Transgenerational Phenomena 18

2.6 Mental Health Concerns Amongst Migrant Populations 18

2.6.1 Psychological Distress in Migrant Population Groups 19

2.6.2 The Prevalence of Traumatic Experiences 22

2.7 Help-Seeking Behaviours in Migrant Populations 23

2.7.1 Avoidance of Healthcare 24

2.7.2 Physical Help-Seeking Behaviours 25

2.7.3 Psychological Help-Seeking Behaviours 26

2.7.4 Social Help-Seeking Behaviours 27

2.7.5 Spiritual Help-Seeking Behaviours 29

2.8 Barriers to Accessing Help 29

Chapter 3: Methodology 33

3.1 Introduction 33

3.2 Rationale of the Study 33

3.3 Aims 34

3.4 Research Questions 34

3.5 Research Design 35

3.6 Theoretical Underpinning 36

3.7 Participant Narratives 38

3.7.1 Participant one – Ariko 38

3.7.2 Participant two – Aneni 39

3.7.3 Participant three – Njabulo 40

3.7.4 Participant four – Kutenda 40

3.7.5 Participant five – Miriro 41

3.7.6 Participant six – William 42

3.7.7 Participant 7 – Alizia 43

3.7.8 Participant 8 – Danai 44

3.7.9 Participant 9 – Zendaya 45

3.7.10 Participant 10 – Rufaro 46

3.8 Sampling 47

3.9 Data collection 49

3.10 Data Analysis 50

3.11 Creating Qualitative Rigour 51

3.11.1 Credibility 52

3.11.2 Transferability 52

3.11.3 Dependability 53

3.11.4 Confirmability 53

3.12 Reflexivity 53

3.13 Ethical issues 55

3.14 Conclusion: 56

Chapter 4: Results 57

4.1 Introduction 57

4.2 Migration as a Complex, Ongoing Process 58

4.2.1 The Motivations Behind Choosing to Migrate 59

4.2.2 The Desire for a Better Quality of Life 59

4.2.3 The Pursuit for Academic Qualifications 59

4.3 Direct Improvements to Daily Living Resulting from Migration 60

4.4 Losses Associated with Migration 61

4.5 Challenges Faced during the Process of Migration 62

4.5.1 The Struggle of Obtaining Documentation in South Africa 62

4.5.2 Language as a Barrier to Inclusion 63

4.5.3 Concerns Around Personal Safety 64

4.5.4 Daily Experiences of Xenophobia 65

4.6 Personal Changes Resulting from Migration 67

4.6.1 Exposure to a larger Cultural Diversity 68

4.6.2 A Shift in Social Interactions Post-Migration 69

4.6.3 A Shift in Personal Identity and Expression 70

4.7 Navigating Exclusion and Inclusion Post-Migration 72

4.7.1 Creating Comfort in a Sense of Difference 74

4.7.2 The Role of Relationships with Local South Africans 75

4.7.3. The Nature of Relationships with Other Fellow Migrants 75

4.7.4 The Role of Language in the Adjustment Process 76

4.8 Help-Seeking Behaviours in Post-Migration Living 77

4.8.1 Negative Experiences of the Medical Healthcare System 78

4.8.2 The Diminished Importance of Psychological Assistance 78

4.8.3 Seeking Informal Social Support from Surrounding Communities 80

4.8.4 Seeking Spiritual Support 81

4.9 Conclusion: 82

Chapter 5: Discussion 83

5.1 Introduction 83

5.2 Participants 84

5.3 How the Research Questions were Answered 85

Conclusion 120

Chapter 6: Closing Remarks 122

6.1 The adjustment processes and help-seeking behaviour of migrants 122

6.2 Limitations 124

6.3 Recommendations 125

6.4 Final Remarks 127

References: 128

Appendices 137

Appendix A: Information Sheet 137

Appendix B: Interview Consent Form 138

Appendix C: Recording Consent Form.....139

Appendix D: Interview Schedule 140

Appendix E: Ethical Clearances 142

Abstract

Migration is not an easy undertaking, with stressors arising long before the physical migration has even taken place (Tabor & Milfont, 2013). The most challenging aspects of migration include saying goodbye to loved ones and a social support system, uncertainties regarding the host country and the logistics that accompany migration, such as documentation and transportation (Tabor & Milfont, 2013). This study explores aspects of the migration and adjustment processes among a group of migrants from sub-Saharan Africa living in South Africa. It also specifically examines the help-seeking behaviours that these migrant populations utilise as part of their adjustment process. This is done by exploring and describing the migration process, its challenges, and the subsequent experiences that arise throughout the migration process. This understanding of the migration process is important in conceptualising the help-seeking behaviours and support structures that are being utilised by migrant population groups.

The current available literature mostly cites the reasons for help-seeking, rather than focusing on the strategies employed or the help-seeking behaviours used by migrant populations during their adjustment in a new country (Cooper, 2014). This means that current research on migration places a large focus on the physical and psychological reasons behind migrants' decision to seek out health or mental care. Consequently, identifying and exploring the actual help-seeking behaviours employed by migrant populations during their adjustment process is overlooked. This gap in research may lead to an incomplete picture when attempting to understand the adjustment process of migrant populations. This study addresses the research gap by focusing on the different types of help-seeking behaviour as well as the support structures that migrants seek out when entering a new country – in our case, specifically, South Africa.

An understanding of both these behaviours and the structures sought out may be highly beneficial for countries such as South Africa, which hosts large migrant populations, especially from other parts of Africa. Improving the general understanding of adjustment post-migration may ultimately enable host countries to improve their ability to assist those who have chosen to leave their homes behind.

Keywords: migrant populations, adjustment processes, Sub-Saharan countries, migration, help-seeking.

Chapter 1: Introduction

As of 2015, 3.3% of the world's population was made up of international migrants (UNESCO, 2017). Currently, there are around 70.8 million forcibly-displaced people around the world (United Nations High Commissioner for Refugees, n.d.). Of these displaced people, 80% of them migrate to their neighbouring countries (United Nations High Commissioner for Refugees, n.d.). In 2017, the United Nations Population Division released a document containing the statistics of migrant populations worldwide. Within South Africa alone, 4 036 696 people have immigrated from outside the country's borders (United Nations, 2017). This is the current social climate of migration internationally and nationally.

Migrant populations face their own collection of unique and complex stressors and challenges to adjustment within their host country. This is often due to the specific circumstances that make up the reasons for migration (UNESCO, 2017). They face potential isolation, xenophobia, communication difficulties, loss of support structures, unfamiliarity with their environment, and anxiety, to name just a few (Wolf et al., 2017). This goes beyond any additional trauma they may have experienced in their country of origin, which is often the case. Migrant populations also face being at a higher risk of developing mental illnesses due to the economic and familial stress that they face as a result of migration and adjustment (Fellmeth et al., 2015).

Population groups that are frequently mobile are harder to access and are therefore at greater risk of encountering healthcare crises (Wangroongsarb et al., 2011). There are also large numbers of individuals within migration population groups who are undocumented, making it more difficult for them to access healthcare services in comparison to documented migrant population groups. Migrant populations are at risk of experiencing a number of psychological and social challenges during their migration and adjustment processes. They may exhibit

specific help-seeking behaviour and are often in need of support structures to assist them with their adjustment processes.

However, there appears to be a paucity of information regarding how migrant populations from Sub-Saharan countries living within South Africa navigate their adjustment process, as well as if and how they seek out assistance in this regard. Much of the information gathered on healthcare-seeking behaviours and the support structures utilised for migrant populations focuses specifically on the reasons why someone might seek out psychological assistance. This is helpful in the sense that it allows host countries to prepare for the type of healthcare issues that migrant populations may have to face. However, this is not the whole picture. To fully understand the process of adjustment, the help-seeking behaviour of migrants within South Africa, as well as the support structures of which they may make use, must be explored. This is especially so as migration rates continue to increase, with countries around the globe taking in more and more displaced people for a growing list of reasons. Only once a more comprehensive understanding of the migrant experience is created can more effective and efficient care be provided for those most in need.

Migration to South Africa has been commonplace since the opening up of borders in post-apartheid South Africa, with people migrating from surrounding African countries in search of better economic opportunities and to secure future generations with a higher standard of living (Chiumbu & Moyo, 2018). Since the creation of the democratic state, legal migration rates have risen significantly, and the flow and settlement location of migrant population groups has also altered (Chiumbu & Moyo, 2018). Stats SA (2018) released statistics highlighting that of all the international migrants moving to South Africa, at least 47.5% settled within Gauteng. In 2016, the Gauteng Province had an influx of 419 169 international migrants, the most any of the national provinces experienced with the second high influx experienced in the Western Cape (Stats SA, 2018).Migrant populations are thus a common occurrence within

Johannesburg, South Africa, and make up a large part of the social context which impacts upon the social climate, and which is reflected in media reports and in informal conversation within the country's borders.

To this end, the current project explores how migrant population groups from other parts of sub-Saharan regions adjust to a new life in South Africa. First-hand accounts and descriptions of the adjustment process were obtained from a number of participants who have experienced, or are experiencing, the task of adjusting to life in Johannesburg, South Africa. Understanding the help-seeking behaviours of migrants and the support structures of which they make use for psychological adjustment can be helpful in order for the host country to assist with this process.

The structure of this thesis is as follows:

Chapter One: Introduction: The first chapter aims to orientate the reader to the state of affairs surrounding migration globally and locally in South Africa. It aims to highlight the importance of discussing migration to Johannesburg and of following through with this current study.

Chapter Two: Literature Review: This chapter lays out the necessary information relating to migration globally and South Africa. It covers theories of adjustment and acculturation in depth to better understand the process of migration. This chapter compares statistics regarding migratory patterns and the subsequent mental health concerns of migrant populations. Finally, this chapter also attempts to understand the help-seeking behaviours of migrant population groups in order to fully situate this current study, the participants and their lived experiences.

Chapter Three: Methodology: Within this chapter, the theoretical underpinnings of this study are explored. Beyond this, the participants and their narratives are outlined in greater detail to better understand the people who were involved in this process of inquiry. Following

this, the precise procedure followed in this study is laid out. Finally, this chapter encompasses the steps taken to ensure that this research adheres to the requirements of a qualitative study.

Chapter Four: Results: This chapter presents the themes identified in the data analysis process and findings of this study. This particular chapter attempts to follow the temporal flow of migration itself: it begins with the initial migration process, followed by the period immediately post-migration and then the time following this, in which the participants make sense of and seek assistance for their migration-related stressors. This is done in order to explain the ongoing and complex nature of migration and adjustment.

Chapter Five: Discussion: Within this chapter, the findings laid out in the previous chapter are discussed and understood in relation to the current available literature as outlined in Chapter Two. This attempts to provide an in-depth understanding of the findings and the narratives of the participants. It highlights certain patterns found within the research process and begins to ask some important questions about the migration process.

Chapter 6: Conclusion: In this final chapter, the findings and issues discussed within the previous chapter are summarised. The current study's limitations are outlined, as well as recommendations for much-needed further research in relation to migration within South Africa. Finally,

Appendices: Here, the reader may find the pertinent documents used throughout this research process that specifically relate to Chapter Three.

Chapter 2: Literature Review

2.1 Introduction

In 2019, South Africa was reported to have approximately 4.2 million immigrants within its borders. This is in comparison to the 57.8 million people that make up its population (International Organization for Migration, 2019a). In this chapter I will attempt to provide a comprehensive understanding of migration and migration-related issues. This will take the form of relevant definitions, and prevalent theories underpinning the process of migration and the adjustments that migrants must undergo. I will also focus on some of the current research available on mental healthcare for migrant populations and the structures and sources of support which migrant populations use. These will be discussed in an attempt to better understand the different experiences linked to the life and adjustment process of the migrant.

2.2 Migration within South Africa

From a specifically South African perspective, it is important to understand that migrants, especially migrant labourers, are not new phenomena within the country's borders. In fact, during the 1970s, Lesotho, Malawi and Mozambique provided many labourers to South Africa, especially mining labourers (Adepoju, 2003). In apartheid South Africa, migrant labourers were very common additions to the labour force of the time (Seda, 2016). However, the governing body at the time had highly restrictive policies regarding the movement of people groups within the labour market (Seda, 2016). They implemented a contract-based employment system and the Aliens Control Act of 1991, which allowed for temporary migrant workers who then had to return to their country of origin (Seda, 2016). These policies allowed but tightly controlled movement in and out of South Africa. These policies were also based on the colonial British policies that had been used in the region for many years prior (Seda, 2016).

However, at the turn of the century, many other African countries were experiencing their own social and political upheavals which, in turn, made South Africa a highly appealing destination for those seeking peace and economic opportunities (Kihato, 2007). This was coupled with the fact that after 1990, many of the travel bans to South Africa by other African countries were lifted, which physically encouraged freedom of travel to the region (Kihato, 2007). As South Africa has long been considered the wealthiest and most economically prosperous country of the continent, further economic crises in African countries led to an increasing desire to migrate (Kihato, 2007). Thus, migration to South Africa has drastically increased since the fall of apartheid due to policy changes, economic development and higher standards of living (Adepoju, 2003).

Following on from this, when the apartheid government of South Africa was dismantled, newer and seemingly more inclusive policies of migration were put into place (Seda, 2016). It began with the 1995 amendment to the Aliens Control Act, followed by the Green Paper on International Migration in 1997, the Refugee Act of 1998 and finally the Immigration Act of 2000, amended in 2004 (Seda, 2016). All of these policies highlight a shift in the migration policies of South Africa within a relatively short period of time from a very restrictive state to a more open state (Seda, 2016).

Whilst South Africa has become more lenient in allowing the flow of migrants into the country, it has begun to prioritise border controlling systems that focus on anti-criminal pursuits (Seda, 2016). The country also funded departments that would locate, arrest and deport undocumented migrant population groups (Seda, 2016). There is also a distinct lack of legal protection for migrant groups, as well as policies which were designed to manage migration but which rather seem to fuel social discrimination against migrant populations (Seda, 2016). Many of the country's current labour policies are thought to contribute to anti-immigrant sentiments within major cities across South Africa (Seda, 2016). Beyond this, the current

political and social climate of South Africa is not focused on the integration of immigrants into society, but rather on their exclusion (Seda, 2016). This is despite the preamble to the South African Constitution that promotes the notion of inclusivity (Chiumbu & Moyo, 2018).

The inadequate attitude to and management of migration has resulted in current difficulties for local government to access and interact with densely migrant-populated cities (Kihato, 2007). One such city is Johannesburg. Due to its geographical location and status as the economic hub of the country, those looking for economic opportunities are often drawn to it as their first stop post-migration (Kihato, 2007). Migration within South Africa, especially Johannesburg, is a current social topic that must be addressed and expanded upon for policies to keep up with the modern landscape of the country.

In terms of specifically South African related causes of mental health issues within migrant population groups, issues of xenophobia and physical safety need to be understood. This is because issues of xenophobia and safety play a large role in post-migration adjustment. Xenophobia is understood as the explicit targeting of local collectives, groups or communities of foreign nationals due to their foreign status (Misago, 2016). This targeting usually results in violent murders, bodily harm, intimidations, mob violence, looting, the destruction of residential and business properties, and displacement of migrant population groups (Misago, 2016). It is also understood that xenophobia has become a predominating factor that results in emotional distress and mental health concerns for migrant population groups since the end of apartheid in 1994 (Misago, 2016). Although not a uniquely South African social issue, xenophobia is one that causes much distress in migrant populations in South Africa and is thus suspected to impact not only on mental health but also on adjustment processes post-migration.

Beyond medical professionals' limited ability to work adequately with and assist members from migrant population groups within South Africa, deeply entrenched medical xenophobia has been found on many occasions (Crush & Tawodzera, 2014). Migrant

populations face negative attitudes and unethical practices from medical professionals, especially frontline medical service providers (Crush & Tawodzera, 2014). This often stems from the attitude that migrant population groups are not entitled to or are undeserving of medical healthcare; when migrants seek healthcare, medical professionals tend to use regulatory excuses for not tending to migrants (Crush & Tawodzera, 2014). Individuals from migrant populations who do seek out medical care are often met with verbal and sometimes physical abuse (Crush & Tawodzera, 2014), and they become less likely to seek out medical care due to this mistreatment. Undocumented, irregular or illegal migrant population groups in South Africa choose instead to avoid medical healthcare altogether despite their needs, for fear of worse treatment or deportation (Crush & Tawodzera, 2014). This medical xenophobia is not only in direct opposition to medical professional and ethical codes of conduct, but such mistreatment of migrant populations is also deemed to be in defiance of the South African Constitution, the Bill of Rights and various international human rights duties (Crush & Tawodzera, 2014). This becomes a further barrier to seeking out healthcare, especially when it can be noted that many professionals criticise South African governing bodies for mishandling issues of xenophobia or responding in ways that do not prevent xenophobic attacks (Misago, 2016).

The years 2008, 2015 and 2017 saw drastic spikes in xenophobic attacks despite the idealistic pillars that permeate the South African social landscape. After the years of apartheid, ideals of social cohesion, nation building, and inclusivity became part of the South African identity (Chiumbu & Moyo, 2018). However, the periodic waves of xenophobia denote a failure to fully subscribe to these values. Many different factors can be held responsible for the continuing scourge that is xenophobia. As mentioned earlier, governing bodies of South Africa have often been held responsible for these waves; however, media houses and deeply-entrenched behaviours, such as medical xenophobia, are just as much to blame (Chiumbu &

Moyo, 2018). Media houses can be held responsible for both purposively as well as unintentionally reinforcing exclusionary attitudes and behaviours within South African society, simply by making use of particular wording (Chiumbu & Moyo, 2018). They can unwittingly reinforce fears of a foreign takeover within South Africa by mishandling issues of xenophobia (Chiumbu & Moyo, 2018). This points to the deeply systemic social prevalence of xenophobia; when migrant population groups repeatedly encounter systems, structures and facilities that potentially justify or allow xenophobia, this impacts on how likely they are to seek out healthcare. This is a large stressor during the adjustment process that migrant population groups encounter in South Africa.

2.3 Important Definitions

Each country has its own way of interpreting the meaning of migration; they often rely on the reasons for migration to help define the term (International Organization for Migration, 2019b). Some have even cited a semantic difference between voluntary and involuntary migration that alters the definition (UNESCO, 2017). The lack of legally binding and universally-accepted definitions of migration and migrants is due in part to the different understandings of migration by different countries (International Organization for Migration, 2019b).

Migration is mostly considered to be the physical relocation to another political or organisational unit for a specified amount of time (UNESCO, 2017). This definition leaves room for two further types of migration to be defined: internal migration and international migration.

For the purposes of this study, international migration is the focus and the type referred to throughout the thesis. International migration is the process in which people move out of

their country of origin and relocate within the borders of another country, changing the social, political and legal terrain in which they find themselves (UNESCO, 2017).

According to UNESCO (2017), a person is considered a migrant when they live in a country that is not their country of origin and they do not have nationality and/or citizenship within the new country. This definition also states that this migrated person has some significant ties to their new country of living, whether these be economic, social or political ties (UNESCO, 2017). This broad definition of a migrant covers a variety of situations to cause the displacement of a person to another country, whether voluntary or involuntary (UNESCO, 2017).

The International Organization for Migration (IOM), on the other hand, defines 'migrant' as an umbrella term, not a legally binding term, that reflects the understanding of what it means to be a migrant (2019b). This specific organisation understands a migrant as anyone who has chosen to leave their place of traditional residence, either nationally or internationally, either permanently or only temporarily, for a variety of unspecified reasons (International Organization for Migration, 2019b). This definition includes those who have legal citizenship in a country that is not their place of birth but who nevertheless have experiences of multiple cultural identities within their new host country.

Within the United Nations Convention on Human Rights, a migrant is considered to be any person who has decided of their own free will to migrate to another country (UNESCO, 2017). This migration is done for various personal reasons, excluding forceful or compelling reasons for migration (UNESCO, 2017). Whilst this definition makes sense, it does not properly include refugees, asylum seekers or displaced people who have been obligated to leave their homes by forces out of their control (UNESCO, 2017).

Each migrant population is unique in its own right, each with their own reasons for migration or even a combination of reasons. Migrants are not a homogenous people group and

cannot be understood in the same way one would understand a community or a country (Chen, Kazanjian, & Wong, 2008). In the definition of a migrant, one must seek to understand the specific and particular differences in each migrant population group. Specifically: forced migrants, documented migrants, undocumented migrants, and environmental migrants are only some of the different ways that this broad definition of a migrant can be interpreted (International Organization for Migration, 2019b). The broad definition of a migrant is meant to create a general understanding of the terminology used in migration research; it is the responsibility of the reader or researcher to use caution and judgement in applying this definition.

Attempting to define adequately and neatly a migrant or the act of migration is a difficult and nuanced process. The above definitions of a migrant and migration can therefore be further specified:

A temporary labour migrant is anyone who migrates in search of temporary employment and remuneration which they often send back to their home country or state (UNESCO, 2017). Highly skilled migrants are professionals of varying fields who often relocate internationally, sometimes through their current employer, in search of better economic opportunities (UNESCO, 2017). Irregular migrants are those that relocate internationally without the required documentation or due legal processes for various reasons (UNESCO, 2017). Forced migrants are those that count as refugees, asylum seekers and displaced people, all of whom did not choose to migrate but were required to (UNESCO, 2017). Family reunification migrants are those that have pre-existing social ties within in a country and relocate in order to reunite with their loved ones (UNESCO, 2017). Finally, return migrants are those that return home to their country of origin after an extended period of time in another country (UNESCO, 2017).

What is clear from the research available on migrant populations and migration is that there are many overlapping definitions for those who find themselves living in a country not of their origin. For this thesis, the legalities of who is defined as a migrant are not the focus. Instead it is the process of acculturation, integration and multicultural identities that accompany the experiences of migrant population groups.

2.4 Motivations for Migration

Reasons for migration can be politically based, conflict based, economic, climate change related, or based on a search for survival or for a better life in the form of improved well-being (UNESCO, 2017). It includes people who have moved from their country of origin for occupational reasons, safety reasons, political instability in their country of origin or the desire to improve their quality of life.

Underlying the various motivations for migration is an inherent desire to change one or more aspects of a person's life (Sandu, Toth & Tudor, 2018). This desire to change one's life comes from a dissatisfaction and a hope for improvement (Sandu et al., 2018). This has given rise to a model that helps to conceptualise this interaction of desire and dissatisfaction (Sandu et al., 2018). The Dissatisfaction and Relative Opportunities of Migration Motivations Model works with four main spheres of life in understanding the decision to migrate (Sandu et al., 2018). These four main spheres are: occupation and income, personal communities, human capital and residential places (Sandu et al., 2018). There is an intersection between these spheres and certain personal factors that all interact to influence the migration decision (Sandu et al., 2018). These factors are age, gender, education, occupation, ethnicity, social class and migration experiences (Sandu et al., 2018).

Much focus gets placed on economic and safety-based motivations for migration (Bhugra, 2004). These are some of the more well-known push-and-pull factors associated with

voluntary and forced migration (Bhugra, 2004). For some, migration is a choice made of free will; a specific set of experiences will accompany this type of migration (Bhugra, 2004). For others, migration is forced or coerced due to a lack of personal, political, social and occupational safety (Bhugra, 2004).

Some of the lesser-known motivations for migration include socially- and psychologically-based reasons. For example, Bygnes (2017) found that there is often a dislike on behalf of the migrant for their country of origin and the social developments taking place. They found that dislike of corruption, poor working conditions, lack of faith in political systems, a lack of meritocracy and the anticipation of poor future prospects were more important in the decision to migrate than a desire to avoid economic crisis (Bygnes, 2017). They also found that issues of public safety and a lack of communal spirit within the country of origin were just as important for migrant population groups when deciding to migrate (Bygnes, 2017). This points to the fact that it is more than just a search for a job or for physical safety that generates the intention and motivation to migrate. Instead, is a complicated system of factors that interact and feed off each other to motivate one or more people to uproot their lives in the process of migration.

2.5 The Phases of Migration

When a person or a unit migrates to a new country, there are often instances of acculturation and adaption that occur (Berry, 1992). Berry (1992) defines acculturation as the change that happens in one's cultural identity by direct and extended contact with a different culture. Most of these changes occur in the non-dominant cultural group as they form the minority group; thus, more often than not, it is the migrant who has a cultural shift rather than individuals in the new host country (Berry, 1992). Bhugra (2004) highlighted that this

acculturation occurs in terms of language, religion, entertainment, food and shopping habits, cognitive styles, behavioural patterns and personal attitudes.

There are four main strategies that have been identified by Berry (1992) during this process of acculturation. These strategies, their outcomes and the behavioural shifts they generate are known as adaptations (Berry, 1992). The first strategy is *assimilation*; in this strategy the non-dominant group renounces their original cultural roots in favour of the dominant group's culture (Berry, 1992). The second strategy is *integration*, in which the non-dominant group is able to both retain their own culture and to join the dominant group's cultural norms in an integrated way (Berry, 1992). Third is *separation*: in this strategy, the non-dominant group and the dominant group live disconnected and independent existences within the same space (Berry, 1992). Finally, the *marginalisation* strategy occurs when the non-dominant group loses their connections with their original cultural roots but also has no ties to the larger society in which they find themselves (Berry, 1992). According to Berry (1992), the *integration* strategy has the best mental health outcomes for migrants.

The act of migration cannot be understood purely as a geographical move from one space to another. In fact, migration can be understood as having various phases that do not follow identical timelines for different families and individuals who migrate (Sluzki, 1979). In his seminal work on the phases of migration, Sluzki (1979) describes each phase as completely unique in terms of its characteristics, the triggered coping mechanisms and the specific family conflicts that arise in each phase. The five phases he describes are: The Preparatory Phase, The Act of Migration, The Period of Overcompensation, The Period of Decompensation and finally, Transgenerational Phenomena (Sluzki, 1979). What follows is a description of each phase from Sluzki's (1979) work in order to outline the migration process.

2.5.1 The Preparatory Phase

In this initial phase of migration, the family is making the decision and commitment to move from their country of origin to a new host country (Sluzki, 1979). As mentioned above, this decision can be either positively or negatively influenced. In relation to the work by Sandu et al. (2018), this incorporates the Dissatisfaction and Relative Opportunities Model to either escape something unpleasant or to reach for something more pleasant. This phase is often rife with feelings of sadness, uncertainty and fear, contrasted with excitement and jubilation (Sluzki, 1979).

2.5.2 The Act of Migration

Due to the highly unique experiences associated with migration, many families experience this particular phase in dramatically varying ways (Sluzki, 1979). For some families, their migration is final and absolute; for others, it is temporary and open-ended. For some families, migration happens as a complete unit, whilst others will explore the new host country first and the family members will migrate at different times. Some families will migrate legally whilst others will not. Finally, as mentioned above, some families will choose to migrate at a specific time and in a specific way, whilst other families will not have this opportunity. Sluzki (1979) highlights here that there are often few or no prescribed rituals when it comes to the act of migration and that most families experience it as a leap toward the unknown.

2.5.3 The Period of Overcompensation

Sluzki (1979) points out that migration-related stress or stressors are not obviously experienced within the immediate time period following the act of migration. The need for survival and adaption in a new and unfamiliar country is of such importance that many

families do not notice the toll that the migration has taken on them. Many of the acculturative stress remains dormant and the pre-existing characteristics of the family system are exaggerated (Sluzki, 1979). This phase often comes with an idealisation of the new host country that is coupled with feelings of curiosity and excitement, whilst there is a devaluation of the country of origin (Sluzki, 1979). This has also been described as the minimisation of the significance of the migration and a magnification of the advantages that result from the migration (Grinberg & Grinberg, 1984). Sluzki (1979) points out that this phase does not last indefinitely, and that decompensation follows.

2.5.4 The Period of Decompensation

It is within this phase that most of the difficulties, conflicts and symptoms related to migration generally display themselves (Sluzki, 1979). The family is faced with the important task of redefining their sense of identity by finding a balance between their country of origin and their new host country. This balance is a complicated and difficult goal and is where most of the identity-based crises occur (Sluzki, 1979). Within this phase, it is important for the family to address its rules of behaviour and coping mechanisms. What worked or was socially acceptable in their country of origin may not be so in the new host country for many families. The family is required to adjust or to adapt itself in order to manage the requirements of their new social environment (Sluzki, 1979). It is in this phase that many families will seek out external help in order to deal with the conflicts that take place. As younger generations generally adapt and change faster than older ones, there is often generational conflict. Beyond this, family roles and gender roles greatly influence how this phase is navigated and what the outcome of this phase will be (Sluzki, 1979). Either a family will exit this phase having successfully integrated their identity from their country of origin and their new host country, or they will find themselves in a place of over-idealisation for

their country of origin which in turn makes their adaption and mourning process harder (Sluzki, 1979). The conflict within this phase boils down to the desire to conform within the larger society and the desire to maintain old cultural identities (Grinberg & Grinberg, 1984).

Falicov (2005, 2007) postulates that there are better mental health outcomes for migrants when a transnational perspective is adopted. Transnationalism occurs when the family unit has successfully integrated their multiple identities from their country of origin and their host country (Falicov, 2005). In fact, maintaining social and cultural ties to one's country of origin has been found to be protective against the negative consequences of acculturative stress (Falicov, 2005).

2.5.5 Transgenerational Phenomena

When families struggle to integrate their old and new lives, the over-idealisation that occurs often generates the tendency for the family to seclude themselves (Sluzki, 1979). This means that families will find themselves interacting with others from their country of origin within communities of immigrants in the new host country (Sluzki, 1979). However, the younger generation, born within the host country, tend to be more integrated with the host country; this causes many intergenerational and intercultural clashes within the family system (Sluzki, 1979). This is an important aspect to take into consideration in this study as this generational difference could impact on different help-seeking behaviours. Furthermore, younger generations of migrants may learn their coping strategies and help-seeking behaviours from older generations.

2.6 Mental Health Concerns Amongst Migrant Populations

Mental health issues in migrant populations are linked to adversity before, during and after migration (Kirmayer et al., 2011). The cited research highlights a few specific and

important aspects of understanding the psychological welfare of migrant populations. Firstly, the complex nature and origins of psychological distress are highlighted. Secondly, Kirmayer et al. (2011) highlight the importance of a presence of trauma or traumatic experiences. They also highlight the nuanced interaction that trauma, migration-related stresses and pre-existing conditions have. Their studies highlight the risk factors in terms of demographics that either increase or mitigate psychological distress in migrant populations. They have also given insight into both the clinically significant disorders found in migrants and also the daily challenges that impact the sense of well-being of migrant populations. Understanding the psychological presentation and the vast potential presentations of migrant populations is vital when trying to understand what happens post-migration and how adjustment is performed.

2.6.1 Psychological Distress in Migrant Population Groups

Migrant populations face complex and unique healthcare issues as compared to their non-migrant counterparts (Cooper, 2014). The psychological distress of relocating oneself to another country potentially brings with it anxiety, isolation, a loss of connection, a decrease in communication with other people and potential depression (Wolf et al., 2017). Migration-related stress or stressors are any challenges or distressing events that have been caused directly by migration (Wolf et al., 2017). This term is also referred to by Berry (1992) as acculturative stress. Acculturative stress refers to the psychological, social and health consequences that arise due to the process of acculturation, as defined above (Berry, 1992).

Studies on migration have revealed that a change in ethnic density, a move from sociocentric to egocentric communities and cultural incongruence are related to higher levels of reported psychological distress and mental illnesses (Bhugra & Arya, 2005). What this means is that when someone shifts their social landscape, their psychological well-being is put

at risk. These shifts include moving from rural to urban areas, a change in the community perspective or a complete cultural change.

Despite the motivations for migration, there are a set of challenges or risk factors that have been identified in the causes of psychological distress in migrant populations. Many migrants often replace old challenges with new ones when they relocate to a new country (Idemudia, Williams & Wyatt, 2013). For example, many migrate from their country of origin to South Africa in search of better economic opportunities. However, upon arrival, they are faced with a marginal increase in economic opportunities and have to contend with the likes of xenophobia and racism. This replacement of challenges was found by Idemudia et al. (2013) when researching the experiences of Zimbabweans who had migrated to South Africa. These challenges are also often accompanied by traumatic events either before migration, during migration or post migration (Idemudia et al., 2013). No matter the timing of the trauma or the challenges faced or replaced, what is clear when studying the effect of migration is that there are distinct physical and psychological tolls that occur (Idemudia et al., 2013). Physical tolls include physical violence, a lack of basic resources, the struggle to find employment and sexual violence (Idemudia et al., 2013). Psychological tolls include the witnessing of physical or sexual violence, potential isolation or disillusionment and feelings of exploitation (Idemudia et al., 2013).

Migrant populations have long been thought of as vulnerable populations; it has been thought that psychological distress or mental illness was caused solely by the migration process. However, a different understanding is that the stress involved in migration seems to exacerbate and/or create mental illness (Zaiontz, Arduini, Buren & Fungi, 2012). A common result of migration-related stressors may be Adjustment Disorder, which in turn has become a risk factor in activating pre-existing psychopathologies (Zaiontz et al., 2012). This makes it clear that genetic vulnerabilities, pre-existing conditions and adjustment sensitivities need to

be taken into account as they can often increase the risk of mental health issues when combined with migration (Zaiontz et al., 2012). Thus, it is a unique interaction between a person's specific vulnerabilities or protective measures, the process of migration and the host country they choose to live in that impacts their adjustment process.

Low to middle income communities and migrant populations are at a higher risk of developing depression, with the causes being economic stress and family-related stress (Fellmeth et al., 2015). Migrant populations involved in other research studies also highlighted the fact that migration increases the risk of mental illness due to migration-related stresses (Fellmeth et al., 2015).

Furthermore, first-generation migrants have been found to be at a higher risk for distress, depression and Generalised Anxiety Disorder in comparison to their second-generation immigrant counterparts who are born in a host country (Levecque, Lodewyckx & Bracke, 2009). This indicates that both the actual migration process and also the change in identity that comes with this move take a unique toll. There is a positive association between social adversity and mood status with the understanding that social adversity is a common challenge for those forming part of immigrant populations (Levecque et al., 2009). Beyond migration-related stresses, risk factors for psychological distress, depression and generalised anxiety include: gender, age, household formation, economic position, education level, legal status, social support and whether or not a house is owned (Levecque et al., 2009). This highlights the connection between psychological and social wellbeing and immigration challenges.

Studies have been conducted on the depression experiences of migrant populations and it has been found that there is a specifically cognitive emphasis placed on the depression of migrant populations (Wolf et al., 2017). Feelings of pessimism, feeling like a failure, guilt,

suicidal ideation and self-punishment were found to be highly associated with the presence of migration-related stressors (Wolf et al., 2017).

Refugees who had low social support or a perceived low social support from their ethnic group had lower mental health outcomes as well (Schweitzer, Melville, Steel & Lacherez, 2006). In a study conducted in Italy, migrant populations were shown to have higher prevalence rates of mental health disorders (Tarricone et al., 2012). Unsurprisingly, Adjustment Disorder and reactions to stress were the most frequent diagnoses found in migrant populations seeking help at a community-based centre in America (Gramaglia et al., 2016).

2.6.2 The Prevalence of Traumatic Experiences

In a study conducted by Steel, Dunlavy, Harding and Theorell (2017), it was found that 89% of the participants had at least one traumatic event before their migration, 47% of the participants met the criteria for clinically significant Post-Traumatic Stress Disorder and 20% had clinically significant Major Depressive Disorder. Beyond giving a detailed description of the psychological consequences involved in migration, these researchers also revealed risk factors for psychological illness. The male participants had a higher exposure to traumatic events and higher levels of post-migration stress (Steel et al., 2017). This stress was specifically linked to financial pressure, personal discrimination and healthcare concerns (Steel et al., 2017). However, the female participants had more depressive symptoms than their male counterparts, possibly indicating a difference in expression of mental illness (Steel et al., 2017). This describes the keen role that gender plays in the psychological consequences of migration and trauma. Those who had spent the least amount of time in a host country tended to have higher rates of Post-Traumatic Stress Disorder and the severity of the symptoms related to this disorder were associated with higher levels of trauma (Steel et al., 2017).

It has also been revealed that a large portion of migrant people who have mental illnesses were prone to somatising (Aragona et al., 2011). Pre-migration trauma, Post-Traumatic Stress Disorder and more reported migration-related stresses were found to be higher in those who somatised (Aragona et al., 2011). Many of the stresses that were cited included problems related to employment, discrimination, inadequate social help and fears about unavailable healthcare (Aragona et al., 2011). Trauma and its related disorders were found to amplify the tendency to somatise. When psychological and physical ramifications are included in understanding the impact of migration, there seems to be a holistic health crisis in migrant populations (Aragona et al., 2011).

In contrast to this, not every migrant person has experienced traumatic events and will thus report minimal post-trauma distress (Schweitzer et al., 2006). However, 25% of this grouping will have psychological distress in other forms. Social isolation and acculturation were found to be risk factors that increased refugees' vulnerability to poorer mental health outcomes (Schweitzer et al., 2006). Mental health outcomes were impacted by pre-migration trauma, family dynamics and gender (Schweitzer et al., 2006).

2.7 Help-Seeking Behaviours in Migrant Populations

Help-seeking behaviours are defined as any action undertaken in order to reach out for assistance. There are four main domains under which help-seeking behaviours can be defined. These are physical, psychological, social or spiritual. Seeking out physical help is classified as the tendency to turn to local general practitioners or other medicalised professionals for assistance. When seeking out psychological assistance, therapeutic interventions, support groups and other such professional sources are sought out. Social help comes from communities, social networks and the surrounding sources of connection that can provide

support for migrants. Finally, spiritual help comes in the form of prayer, religious groups and spiritual leaders as a source.

Research by Alidu and Grunfeld (2017) serves to identify and explain the ways in which migrant population groups approach healthcare and how this is informed by their belief systems and lived experiences. Analyses have found three broad areas in which the understandings of healthcare differ (Alidu & Grunfeld, 2017). These three areas are: health beliefs, symptom interpretation and self-management/help-seeking behaviours (Alidu & Grunfeld, 2017). The differences in understanding were not just limited to migrant and non-migrant populations, gender, over and above migrant status, also impacts the understandings that people have in terms of their healthcare (Alidu & Grunfeld, 2017). This adds another dimension to trying to piece together the ways in which migrant populations seek out mental healthcare.

2.7.1 Avoidance of Healthcare

A number of factors may impact upon the help-seeking behaviours of migrant populations. Migrant populations located within the United Kingdom have been shown to seek medical care only when they absolutely need it and not when preventative measures could be implemented (Cooper, 2014). Cooper (2014) speculates that this may be due to lack of trust between migrant populations and general practitioners, poor service satisfaction and a difference in belief systems. The migrant populations of specific African origins have been shown to prefer their own traditional medicines as they believe these to be purer and more effective due to their African origin (Cooper, 2014). However, this type of help-seeking behaviour is done in secret and within the migrant communities rather than externally (Cooper, 2014). Many migrant populations also have different expectations for healthcare services, this is often compounded by language barriers and a difference in education of health concerns (Cooper, 2014).

2.7.2 Physical Help-Seeking Behaviours

Researchers have come to understand that migrant populations potentially have different needs or understandings in terms of healthcare and thus different help-seeking behaviours as well (Heaney & Winter, 2016). Yet, when it comes to actively seeking out healthcare, migrant communities tend to seek help for physical maladies only, and rarely mental (Heaney & Winter, 2016).

In some situations, migrant populations lack faith in the healthcare systems of their host country (Cooper, 2014); they may have different understandings of healthcare (Uyanga, 1983) and alternative help-seeking behaviours (Heaney & Winter, 2016). However, migrant populations are not necessarily less likely to visit a medical physician when physical health is concerned, as is the common understanding (J. Chen & Vargas-Bustamante, 2011). Instead, they are less likely to adhere to medication regimes and to commit to prescription medication (J. Chen & Vargas-Bustamante, 2011).

Tarricone et al. (2012) found that there was a distinct lack of access and utilisation of healthcare services for migrant population groups. Of those actually using outpatient community-based centres, 61% had been referred by a medical practitioner and only 39% had non-medical referrals from NPOs or self-referrals (Tarricone et al., 2012). Of those who had been medically referred for treatment, a younger age and their marital status were predictors of this pathway being used by migrant populations (Tarricone et al., 2012). In contrast, non-medical referrals were associated more with those who lacked a residence permit or had substance abuse disorders (Tarricone et al., 2012). This study highlights the lack of homogeneity in healthcare-seeking behaviours and which pathways to healthcare are made use of by migrant populations. It also highlights the emphasis still being placed on medical models instead of psychological ones: the research surrounding the healthcare of migrant populations

all stems from allopathic, biomedical and physiological frames of references with little emphasis on psychological care.

This pattern of behaviour in relation to help-seeking and healthcare is a common one internationally. Another America-based study found that children from immigrant families were in a worse state of health and used fewer healthcare services compared to non-immigrant children (Huang, Yu & Ledsky, 2006). When the statistics are laid out, the disparities in healthcare behaviour between migrant and non-migrant populations becomes much clearer. Foreign-born non-citizen children were found to be four times more likely to lack health insurance and had not visited a mental health service provider in the year preceding this study (Huang et al., 2006). Of the participants, 40% were likely not to visit a doctor and 80% were likely not to visit a dental practitioner, within the year preceding the study (Huang et al., 2006). Even children who had been born in the U.S. to non-citizen parents had worse health and healthcare behaviours than U.S. born children to U.S citizen parents (Huang et al., 2006).

2.7.3 Psychological Help-Seeking Behaviours

Stigma and discrimination are common concerns for migrant populations. Despite having many unique psychological challenges and higher rates of depression, many migrants are put off seeking out mental healthcare due to stigma and discrimination (Nadeem et al., 2007). For obvious reasons, migrant populations face more stigmatisation than their non-migrant counterparts (Nadeem et al., 2007). Stigma related specifically to migrant-status and depression was shown to reduce the desire for depression treatment (Nadeem et al., 2007). This means that stigma and discrimination actively impact the mental-health seeking behaviours exhibited by migrant populations.

In a study of migrant populations seeking help at a community-based centre in America, it was found that the symptoms had initiated after their migration, indicating that for many

migrants, healthcare is sought out after migration and not before (Gramaglia et al., 2016). In this study, migrant populations used the same help-seeking behaviours as their non-migrant counterparts (Gramaglia et al., 2016). However, in contrast to their non-migrant counterparts, migrant people had a higher rate of dropping out of treatment programs, leading to incomplete therapy and treatment regimens (Gramaglia et al., 2016).

Furthermore, mental health consultations by migrant populations are directly impacted by age, country of origin, education level, marital status and proficiency in the language of treatment (A. Chen et al., 2008). This helps shed some light on help-seeking behaviours of migrant populations that goes beyond the initiation of treatment. Understanding what happens post-initiation is just as important as understanding the initiation of help-seeking behaviour.

Migrants who make use of structures and services available for mental healthcare often have shorter durations of mental healthcare (Rucci et al., 2015). The number of interventions applied and the frequency of admissions to acute wards or residential facilities was also higher for non-migrants than migrants (Rucci et al., 2015). This means that there is a higher number of different interventions being applied to non-migrants, meaning more treatment variety. Migrants were often treated using group-based interventions, whereas non-migrants were more likely to be treated in individual settings (Rucci et al., 2015). This study highlights the disparities between the treatment processes of migrants and non-migrants, in cases where structures and services are indeed made use of.

2.7.4 Social Help-Seeking Behaviours

Physical and psychological elements of help-seeking behaviours are not the only elements that need to be taken into consideration. It has long been known that social support and family cohesion are essential for cross-cultural adjustment (Ramos, Mustafa & Haddad, 2017). A sense of social support is defined as a feeling of being taken care of, valued or

connected in a network of people (Kang, 2018). Well-being is impacted by a sense of family, a group of friends and the support from a significant other or partner (Ramos et al., 2017).

This brings in the social aspect of help-seeking behaviour and speaks to the social or community aspect of adjustment. Tabor and Milfont (2013) found that one of the hardest parts of the migration process was leaving behind the familiar social connections people create in their countries of origin for unknown social networks in their host country. Torres and Casey (2017) also found that this disruption of social ties has a keen impact on mental health outcomes and is thus important when attempting to understand the well-being of migrant populations.

Having a sense of social support is often vital during post-migration adjustment as it improves the process of bicultural identity integration that often takes place (Kang, 2018). This occurs when someone migrates to a country that is vastly different from their country of origin (Kang, 2018). This creates some cultural conflict that must be navigated for a sense of social adjustment and not maladaption (Kang, 2018). Social maladaption usually arises due to difficulties in adjusting to unfamiliar social norms, social customs and institutions (Vidal de Haymes, Martone, Muñoz & Grossman , 2011). It is crucial for there to be a sense of social support and family engagement in order for migration-related stresses and feelings of isolation to be effectively navigated (Vidal de Haymes et al., 2011).

Especially for child migrants, the school system is often the first system to become incorporated into the adjustment and social connection processes of migration (Kia-Keating & Ellis, 2007). These services were shown to increase a sense of belonging; they reduced stress and they increased access to treatment (Kia-Keating & Ellis, 2007). Schools have been proven to be sources of a positive mental health outcome as well as resilience (Venta et al., 2019). Schools and places of the like can be highly protective due to the social engagement that is fostered amongst peers and the teachers (Venta et al., 2019).

Higher levels of belonging are positively associated with higher self-efficacy and lower rates of depression (Kia-Keating & Ellis, 2007). Thus, services found in school settings have high success rates in helping with adjustment. However, school-based services are less successful in relation to PTSD treatment and exposure to external adversity in the community (Kia-Keating & Ellis, 2007).

2.7.5 Spiritual Help-Seeking Behaviours

Churches, religious social networks and spiritual practices are also positive help-seeking behaviours (Alorani & Alradaydeh, 2018). A sense of spirituality has been shown to create a sense of meaning, purpose, connection and fulfilment in ways that social networks and psychological and physical interventions cannot (Alorani & Alradaydeh, 2018). Having strong spiritual ties creates a better sense of adjustment in different life stages, healthier behaviours, a higher quality of life and higher levels of happiness (Alorani & Alradaydeh, 2018).

Indeed, positive help-seeking behaviours on the social and the spiritual front include the formation of new and successful relationships, the discovery of new systems and learning how to navigate them as well as the use of unfamiliar resources for support (Ramakrishnan, Barker, Vervoordt &Zhang, 2018). This type of help-seeking tends to lead to less migration maladjustment and a positive experience of biculturalism (Ramakrishnan et al., 2018).

2.8 Barriers to Accessing Help

Despite the access to healthcare that migrant populations have and the pathways that are made use of in help-seeking behaviours, there are still many barriers that migrant populations face.

Commonly experienced barriers to help faced by migrant groups are communication mismatches, culturally-based understandings of symptoms, different coping and treatment

systems, family structures, adaptation processes, acculturation, home conflicts and the experience (or not) of acceptance in a new country (Kirmayer et al., 2011).

It has been found that highly mobile communities are most at risk of poorer healthcare (Wangroongsarb et al., 2011). Despite healthcare communication and services being available, language barriers hamper these communities from being aware of and accessing these services (Wangroongsarb et al., 2011). Migrant populations who are more mobile have less access to healthcare, less exposure to healthcare messages and less access to treatment options, making them a higher risk population (Wangroongsarb et al., 2011). These barriers faced by highly mobile migrant populations are different to those faced by less mobile migrant populations.

Race and racial disparities have been found to be large contributing factors to why someone might not seek out any healthcare, especially psychological care (J. Chen & Rizzo, 2010). Race was shown to have large impact on the likelihood of attending therapy and the ways in which is it paid for (J. Chen & Rizzo, 2010). This is important to note given that migrant populations often differ from their host nation in both race and ethnicity. When this occurs, there is often a language barrier that accompanies it. It has also been highlighted that despite there being no difference in access to mental healthcare, language created one of the largest disparities between different races and ethnicities in therapy (J. Chen & Rizzo, 2010).

Another large contributing barrier to healthcare is service-related issues. Many healthcare providers, especially those who work primarily with migrant populations, face challenges that make providing adequate healthcare impossible. For example, many of them suffer with a workload much higher than a healthcare provider in the private sector (Cooper, 2014). This leads to higher levels of burnout and a workload that makes comprehensive care difficult (Cooper, 2014). From the above discussion, it is clear that migrant populations are unique in that they have a complex and highly nuanced experience of mental health. Due to this complexity, healthcare practitioners are often required to improvise or adapt the protocol

they work with, leaving them vulnerable to legal and medical governing bodies (Cooper, 2014). Medical health care providers in these scenarios find themselves face-to-face with greater workplace dilemmas and a lack of support (Cooper, 2014). This makes providing healthcare harder and can sometimes impede the process of adjustment or mental health for migrant populations.

From this, it is clear that the disruption of healthcare services is often a twofold one. On the one side sits the migrant population with their own barriers to accessing mental healthcare and on the other sits the provider. It is only physicians who have a skill for counselling that identify and refer patients for further treatment of mental health challenges (Borowsky et al., 2000). The factors that impact detection at medical consultation level are the race, gender, and co-existing medical conditions of the patient, and an inclination to counselling on the physician's part (Borowsky et al., 2000). Without the latter two, the rates of detection of mental health concerns and referrals to adequate treatment programmes drop. As was discussed above, many referrals for mental health services are made by medical practitioners. Thus, if a medical practitioner is unable to identify or detect a mental healthcare issue, then referrals are not being made.

2.9 Conclusion

This section has covered a vast amount of information concerning migrants, the process of migration and the impact that this has on physical and mental health. The first and more important task was to give an overview of migration within South Africa and Gauteng in order to contextualise this paper and the following sections. From here, it was deemed important to accurately define a migrant in terms of this paper and its specific aims and focus. This section covered the various types of migration and type of migrants that are currently found within existing literature. This naturally led to the need to describe the motivations for migration. As

these motivations are varying and depend largely on the country of origin, it is important to understand this as the motivation for migration tends to impact the overall migration and adjustment process. Migration is a complex and ongoing process, it has no definitive beginning and end but is rather a fluid and changing exercise. The phases outlined by Sluzki (1979) were instrumental in this paper to understand the act of migration and adjustment. The phases discussed were: The Prepatory Phase, The Act of Migration, The Period of Overcompensation, The Period of Decompensation and Transgenerational Phenomena (Sluzki, 1979). From here, this section explored the mental health concerns that are experienced amongst migrant populations both locally and internationally. This covered issues of psychological distress and the trauma that is often experienced by those who choose to migrate. Then this section expanded on how these mental health concerns are navigated by migrant populations in other countries to better understand the help-seeking behaviours of migrant population groups. There was an overall avoidance of seeking any help and in the circumstances where help was sought, it had a physical health emphasis. Beyond this, it was important to understand how psychological help-seeking behaviours differed between migrant and non-migrant population groups. Finally, this section explored how social and spiritual help-seeking behaviours are far more prevalent for migrant population groups and provide specific benefits. The final section of this literature review focused on the barriers to accessing help that many migrant population groups experience in the post-migration living.

In the next chapter, the methodology followed in this study will be discussed in detail.

Chapter 3: Methodology

3.1 Introduction

In this chapter, the methodology underlying this research project will be described, specifically how the study was conceptualised and carried out. A description of the rationale and aims of the study begins the chapter, and an outline the research questions that underlie the project. From here, the chosen research design and the theoretical underpinnings of the study are presented. The focus of the chapter then shifts to some background on the narratives of the participants in this study. The methods of data collection and the practical procedure of this study are then discussed, followed by the data analysis method which was applied to the data collected from the participants. Following this, the processes of assuring qualitative rigour and trustworthiness in the findings is described. Finally, I explore issues relating to reflexivity and the pertinent ethical concerns of this study.

3.2 Rationale of the Study

Migrant populations face many psychological stressors above and beyond any physical conditions they could potentially experience when compared to the local population of a host country. These psychological stressors may include trauma, abuse, feelings of displacement, xenophobia, isolation, depression, and so forth. Coming from different countries in sub-Saharan Africa, migrant populations tend to have a unique set of circumstances and challenges with regard to their adjustment within the borders of South Africa. The different ways in which this population may seek out assistance in their process of adaptation to their new country has not been widely researched.

Consequently, the rationale underlying this study was to better understand the process of adjustment of a number of African immigrants following migration to an urban area of South Africa, namely the city of Johannesburg. It is hoped that an increased awareness of the unique

challenges that migrant populations face when they move to South Africa, and the ways in which they address these and try to overcome these, may assist other healthcare organisations and fields of work in their own roles as they work with migrant populations.

3.3 Aims

The overarching aim of the present study was to understand how migrant populations manage their adjustment to a new country. More specifically, it aimed to explore the help-seeking behaviours of sub-Saharan migrant populations when they move to an urban area of South Africa such as Johannesburg; it furthermore aimed to better understand what help-seeking strategies are employed by the migrant populations in South Africa as well as which barriers they may encounter in this process.

3.4 Research Questions

The research questions of the current study are:

1. How do migrant populations in South Africa describe their migration and adjustment process?
2. What challenges do they encounter during this process?
3. What mental health help-seeking behaviours are being employed by migrant populations in their adjustment process?
4. What formal and informal structures are being sought out for assistance in the adjustment process?
5. What motivations underlie these mental health help-seeking behaviours in this adjustment process?

3.5 Research Design

A qualitative research design was chosen to inform my practices throughout the current study. Qualitative research is a specific style of inquiry that has a different desired outcome than quantitative research. Ponterotto (2005) describes qualitative research as a set of procedures used "to describe and interpret the experiences of research participants in a context-specific setting"(p.128). Qualitative research is done in specific and specialised contexts and pays special attention to the personal accounts of those involved in the research process (Ponterotto, 2005). This type of inquiry has its own set of research styles and research designs based on these basic concepts of qualitative research. The main aim of qualitative research is to describe, in great and personal detail, psychological events, personal experiences or human phenomena (Ponterotto, 2005).

Qualitative research aims to provide depth of understanding instead of merely describing quantities (Henning, Van Rensburg & Smit, 2004). If quantitative research aims to describe what happens in the external world, then qualitative research extends beyond this by aiming to also define how phenomena occur and why, to give a deeper and more nuanced understanding (Henning et al., 2004). It is a research style that is far more interested in the qualities and characteristics of naturally occurring phenomena (Henning et al., 2004). Having this view of research thus allowed me to pay special attention to my participants and to gain a clear, unaffected account of their lives, unlike other types of research that require the manipulation of or addition of external factors.

Creswell (2012) has laid out a set of principles that help to define an adequate qualitative study. Researchers often engage with their participants in face-to-face settings rather than in controlled laboratory settings. Thus, the researcher tends to play a large role in the gathering of information process by designing their own instruments or doing the gathering process themselves. The researcher makes use of complicated reasoning that includes both

inductive and deductive approaches. The perspectives and meanings from the participants are vital throughout the data analysis process. Research procedures often alter throughout the process as they depend on the participants and the information that they volunteer. As the researcher plays an important role, qualitative inquiry required me to position myself and my own experiences in relation to the participants and the overall motivations behind the study. Researchers attempt to outline complex and holistic understandings of the rich phenomena they choose to study. Throughout the research process, I have attempted to adhere to the guidelines as set out by Creswell (2012).

3.6 Theoretical Underpinning

For the purposes of this study, I adopted a social constructionist approach. The work of Freedman and Combs (1996) was used to better understand the theoretical basis for this particular view of reality. According to Freedman and Combs (1996), social constructionism states that realities are created and constructed by members of societies as they interact with each other, both daily and from generation to generation. The world is interpreted by members of a society through a lens that has been generated by the larger society itself (Freedman & Combs, 1996). This society-generated reality "provide[s] the beliefs, practices, words, and experiences from which we make up our lives" (Freedman & Combs, 1996, p. 16). Cultural stories both influence and are influenced by the stories people tell themselves and others about the lives they live (Freedman & Combs, 1996). Social constructionism places value on social interpretations and the influence of language, family and culture in the construction of reality (Freedman & Combs, 1996).

Freedman and Combs (1996, p. 22) go on to describe four main ideas that make up the social constructionist worldview. These four ideas are:

1. Realities are socially constructed

2. Realities are constituted through language
3. Realities are organised and maintained through narrative
4. There are no essential truths

These main ideas state that reality is created by people groups over time as they live their realities together (Freedman & Combs, 1996). Secondly, the language we use has been defined by and will define the reality we occupy (Freedman & Combs, 1996). Thus, people make sense of their realities by telling stories, or narratives, and these help to generate certain meanings for events and people (Freedman & Combs, 1996). Finally, it is impossible to know an objective and true reality; based on the above premises, it is only possible to interpret our own realities in relation to the realities of others (Freedman & Combs, 1996).

As the realities of the participants in this study were the main focus here, I found it important to adopt this understanding: how the participants described their realities of migration and adjustment constituted their unique stories, from which I merely interpreted for the findings of this study.

A narrative approach was then specifically used in order to understand the subjective experiences of the participants. This allowed for the gathering of rich and detailed information from the participants to better understand the relationship between migrant populations and the structures and strategies used in their adjustment process (Creswell, 2012). A narrative approach can be both a paradigm and a research design; thus, it was arguably a good fit for the current study (Creswell, 2012). A narrative approach allowed me to consider the contextual information of the participants and to fully understand their experiences.

According to Connelly and Clandinin (1990), to do a narrative inquiry is to understand the unique and nuanced ways in which people experience their external and internal worlds. This gives the research process a holistic quality (Connelly & Clandinin, 1990). This is a quality that was strived for within this study. This theoretical standpoint also states that humans

are story-telling by their nature as social creatures (Connelly & Clandinin, 1990). Due to the fact that participants of this study shared and explored their experiences of migration and acculturation, understanding them as storytellers made sense. People are both living their story and retelling their stories through conversations (Connelly & Clandinin, 1990). Thus, the participants and I were constructing and reconstructing their stories through their reflective processes (Connelly & Clandinin, 1990).

3.7 Participant Narratives

In keeping with narrative research, it is vital for each participant in the study and their story to be outlined to further ground their subjective experiences. What follows is a brief description of each participant's story. The ways in which they are described are in keeping with how the participants chose to describe themselves.

3.7.1 Participant one – Ariko

Ariko is a black man who migrated to South Africa from Zimbabwe approximately ten years prior to the interview. He was 20 years old at the time of the interview, and so had spent half of his life in South Africa. His home language is Shona; however, he can also speak English, Afrikaans and German. Before the move to South Africa, Ariko had been in Zambia for a year because of his father's work. However, his father then received a job offer in Australia and Ariko made the move to South Africa to stay with his mother who was employed in South Africa. Thus, Ariko made two major migrations before settling in South Africa. Although Ariko described a better standard of living in South Africa, he struggled with limitations to his personal freedom. He felt that coming to South Africa meant that he had to change the way he moved in the city landscape. Although he had faced some challenges in adjusting to South Africa, especially issues of safety and social relationships, Ariko has not

sought out any assistance for these challenges. Ariko feels as though he has always been welcomed in South Africa and has had opportunities for personal growth that he never had before. Overall, he describes a positive experience of life in South Africa.

3.7.2 Participant two – Aneni

Aneni is a black woman who was 18 years old at the time of the interview. She migrated from Zimbabwe in the start of 2005 with her whole family because her father had gotten a job in South Africa. This, coupled with the family's negative experience of living in Zimbabwe, was their main motivation for migration to South Africa. Her home language is Shona, but she is also fluent in English. Aneni describes feeling a disconnect in both South Africa and Zimbabwe, which is linked to her lack of language and cultural norms knowledge. Aneni struggles with Shona when she returns to Zimbabwe, due to the length of time she has been in South Africa, but she is also rejected in South Africa due to her lack of knowledge of any South African languages apart from English. Aneni has enjoyed a higher standard of living and a wider cultural diversity from her migration. She gets her sense of support from her friends and family. Aneni struggles to voice her own opinions, given the rejection from society she faces due to her foreign nationality. One of the largest adjustments she had to make was altering the ways in which she viewed gender roles. This is still something she struggles with today. When Aneni engages in discussions with local South Africans about where she currently resides within Johannesburg, she is often met with negative reactions: due to her race and foreign nationality, she experiences judgement for living in what is deemed to be a white, upper-class suburban area. Her social class has therefore often resulted in her experiencing xenophobia since her migration to South Africa.

3.7.3 Participant three – Njabulo

Njabulo is a black man who was 20 years old at the time of the interview. He migrated from Zimbabwe to South Africa at the start of 2018 to pursue academic qualifications; however, it was not his first experience with the country as he had had many short visits to South Africa. Njabulo's home language is Ndebele but he is also fluent in English. Njabulo struggles especially in his spaces of learning due to his foreign status. He had issues registering for specific courses and has faced some rejection of his own voice due to his status. When in his classes or socialising, Njabulo often feels as though he is not allowed to participate in politically-charged discussions. This feeling is due to experiences of rejection when he does contribute to political discussions. He has often witnessed xenophobia against fellow migrants; however, due to his home language being close to a local language, he is often mistaken for a local. Beyond this, Njabulo struggles with his current isolation from his family and often does not feel safe in his home in Johannesburg. Njabulo has enjoyed the cultural diversity of South Africa and has had to adjust to the differing ways that sexuality and identity are expressed here in comparison to Zimbabwe. He uses his church and friendship groups as a source of support when needed. For the most part, Njabulo enjoys spaces where his difference gives him an opportunity to educate and to provide novelty in social situations. Njabulo feels like he can provide new and unheard perspectives on social and political matters and that his difference gives him some attention. However, he still carefully manages his behaviour in spaces that could be unsafe for him.

3.7.4 Participant four – Kutenda

Kutenda is a black man who was 21 years old at the time of the interview. He migrated from Zimbabwe to South Africa in the beginning of 2018 in order to pursue academic qualifications. His home language is Shona; however, he can also speak Ndebele and English.

Kutenda migrated to South Africa alone but had some experience with the country in previous visits. Much of his extended family lives in Cape Town South Africa. Initially, Kutenda's migration was stressful due to the time-consuming nature of obtaining the correct documentation and the effect this had on his ability to register for his studies. Although Kutenda reports a higher standard of living in South Africa, he struggles most with the isolation from his family members in times of crisis. Kutenda feels as though the challenges that accompany migration are unavoidable and relies on his new friendships and his church for any support that he might need. For Kutenda, issues of sexuality and personal expression have been the most culturally different phenomena he has encountered.

3.7.5 Participant five – Miriro

Miriro is a black woman who was 20 years old at the time of the interview. She migrated from Zimbabwe and her home languages are Shona and English. She can understand some Zulu and Afrikaans but is not fluent in either language. Miriro migrated to South Africa, then returned to Zimbabwe for two years and then she moved back to South Africa. Her mother migrated two years ahead of her, then her father migrated six months ahead of her and finally Miriro followed towards the end of 2017. While her parents migrated for economic and employment purposes, Miriro migrated to pursue academic qualifications; some of her older siblings have decided to remain in Zimbabwe. The most stressful aspect of her migration was the loss of the social ties Miriro had back in Zimbabwe. This was especially stressful as she felt as though she had just solidified new social ties and had to start the process all over again. As she already knew how lengthy the process of adjustment can be, Miriro was daunted by the prospect of having to go through it again. Despite the negative experiences she has had with migration and with South Africa, Miriro decided not to seek out any assistance for them. She chooses instead to use her family and friends back in Zimbabwe as sources of support. The

rejection Miriro has faced from South Africans has had a direct impact on her personality and the ways in which she expresses herself in social situations. Beyond this, she constantly lives in fear of experiencing xenophobia or encountering xenophobia in social circles. She also has fears for her personal safety as she feels like Zimbabwe is a safer space for her than South Africa.

3.7.6 Participant six – William

William is a white male and was 18 years old at the time of the interview. He migrated with his immediate family from Zimbabwe in 2009 to South Africa, citing economic reasons and quality of life improvements as his family's motivators for migrating. Since 2009, William has lived in many different cities across South Africa. He is fluent in English, Afrikaans and German. William had temporary experiences with South Africa during his childhood before the migration. He migrated to Johannesburg from a small, rural South African village in the beginning of 2018 to pursue academic qualifications. Before his migration to South Africa, William had spent time in many different countries, such as Mozambique, Zambia and Botswana. One the hardest things for William to lose in his migration process was the social network he and his family had created. As such, recreating this network was vital for him to achieve some sense of adjustment to life in South Africa. Thus, William relies on his social system to provide necessary support. William reports a higher standard of living in South Africa as opposed to Zimbabwe. He particularly struggles with the segregation he encounters in South African communities between the various races and feels that this has a direct impact on his feelings of physical safety. William describes a lack of engagement between races within South Africa that he is not accustomed to. William enjoys having many perspectives on social issues due to the fact that he is a foreigner and he feels that he can offer valuable input in social debates. William reports that his migration from a rural South African town to an urban South

African city was much harder in terms of adjustment than his migration from Zimbabwe to South Africa. William has only ever witnessed xenophobia against other people; he has never experienced any towards himself.

3.7.7 Participant 7 – Alizia

Alizia is a black woman who was 20 years old at the time of the interview. She migrated from the Democratic Republic of the Congo in late 2010 to South Africa. She was the last person of her immediate family to come to South Africa, coming six months after her parents and siblings. The motivation to do so was based on the search for a better standard of living, more employment opportunities and better learning opportunities. Her parents had employment opportunities in South Africa. Alizia's home languages are French and English. Learning English was an important factor in her parents' decision to migrate as they felt it was a universal language that would assist her in accessing better opportunities. The biggest adjustment Alizia has had to make since her migration was having to adapt to/ face the cultural diversity that characterises South Africa. She reports having come from a highly conservative country and, in South Africa, she experienced many different cultures and ways of self-expression. It took Alizia time to adjust to the racial diversity she found in South Africa as this was not something she had been accustomed to. She felt the need to unlearn many racial stereotypes that she was exposed to in her home country. For example, Alizia describes having to address her assumptions that all white people are wealthy and having to open herself up to Asian people groups. Alizia describes a higher standard of living, better access to knowledge and more freedom of expression in her daily living. Some of her biggest challenges during her migration and adjustment relate to the process of obtaining documentation to migrate and subsequent verbal xenophobia directed towards her or other migrant people. Alizia has had much support in her adjustment over the years and this is all related to her social networks such as her

immediate family, her friends, a mentor during her schooling years as well as counselling offered by her school. She attributes all of these factors to helping her adjust comfortably to South Africa.

3.7.8 Participant 8 – Danai

Danai is a black woman who was 19 at the time of the interview. Her home languages are Shona and English. Danai migrated from Zimbabwe in 2011 with her siblings. Her father had migrated in 2007 in search of economic opportunities. Two years later, Danai's mother moved as her husband helped her also to acquire a job in South Africa. Following this, Danai and her two siblings migrated to join their parents. Before her migration, Danai had had some experience with South Africa in the form of short visits. Danai expressed some conflicting feelings regarding her migration. She felt both excited for the higher standard of living she would experience but was also fearful of the xenophobia and the lower levels of safety in South Africa. Danai struggled a great deal with the task of obtaining correct documentation, the isolation that accompanied the loss of her social support systems, and the pressure she faced to learn new languages. Danai realised early on that in order to be accepted in South Africa and achieve her leaderships goals, she would need to learn South African languages. She felt that this was essential not only to her own personal growth but also to her adjustment process. Due to these goals, she now also understands some Zulu, isiPedi, isiXhosa and Afrikaans. Although she has never experienced any xenophobia directed towards her, she feels a great deal of empathy for others who have experienced xenophobia. This has also left Danai with a lingering sense of unsafety and vulnerability. Danai only seeks support from her social support systems and her church. She feels that there is an unspoken expectation for immigrants not to lose focus on the goals that underpinned their migration; this makes her feel like her studies and employment opportunities outweigh the need seek help for any migration-related distress.

Instead of getting distracted with things like psychological assistance for migration-related issues, immigrants should be focused on achieving the goals they set out when they migrated in the first place. Beyond this, she also lacks faith in current South African structures designed to provide medical and psychological assistance.

3.7.9 Participant 9 – Zendaya

Zendaya is a black woman who was 20 years old at the time of the interview. Her home language is Shona; however, she is also fluent in English. Zendaya's mother migrated to South Africa in 2012 from Zimbabwe in search of better employment opportunities. Between 2012 and 2017, Zendaya came to South Africa for visits with her mother. When she finished her schooling, Zendaya was expected to migrate to South Africa to pursue tertiary academic qualifications. Zendaya made this migration willingly. Her visa is only for the duration of her tertiary studies, after which she will have to return to Zimbabwe; however, she is hoping to find employment in South Africa so that she may stay. One of the earliest challenges Zendaya faced after her migration was related to language: she felt pressurised to engage with locals in a South African language. She experienced this exclusively when attempting to travel around the city in minibus taxis. She describes a higher standard of living in South Africa but felt that the documentation process to migrate here was very difficult and negative. Zendaya feels as though the challenges she faces in her daily life are easy enough to handle and does not feel that she needs assistance from anyone but her fellow Zimbabweans. Zendaya lives in fear that she, too, will become victim to some of the xenophobia she herself has witnessed. For Zendaya, a schooling space that accommodates many other foreign nationals has helped her to feel less excluded since her migration.

3.7.10 Participant 10 – Rufaro

Rufaro is a black woman who was 22 years old at the time of the interview. Her home languages are Shona and English, and she also knows some words of Zulu and isiXhosa. She migrated alone from Zimbabwe to South Africa in 2016. Rufaro migrated in search of better academic and employment opportunities. Her older sister had made the migration prior to her, also in search of better employment opportunities. One of the biggest challenges that Rufaro faced is language, especially when engaging with locals or attempting to travel around the city. As she is not fluent in a South African language, she feels as though she is excluded or rejected. Beyond this, the process of obtaining the correct documentation and a loss of personal safety are issues that accompany her migration and adjustment process. Rufaro describes a higher standard of living in South Africa but she struggles with the different way she is expected to portray herself in social situations. She feels pressure to alter the way she expresses herself in terms of her clothing, and changes this in order to fit in. Rufaro would rather wear clothing that covers her body but feels pressure to wear clothing that is popular in South Africa and thus exposes more of her body than she would like to. Although she would like more emotional support from therapeutic support groups, Rufaro does not know how she would go about securing this support for herself. Instead, she relies on her own sense of resilience, her church group or her friends. Rufaro enjoys the cultural variety in South Africa and feels as though this had a positive impact on her knowledge, but she still struggles with issues of language in her daily communication and on her ability to perform academically. Rufaro also lives in constant fear of experiencing violent xenophobia against herself and has experienced instances of medical xenophobia at South African medical facilities.

3.8 Sampling

Large scale notices of the study and its participant requirements were made public via an emailing list through the university located within the inner city of Johannesburg. Those fitting the selection criteria of the study were invited to participate within the study. A non-probability purposive sampling strategy was initially used as the participants would need to fulfil certain selection criteria in order to qualify for the study (Babbie & Mouton, 2012). The selection criteria for the study were that the participants be a part of a migrant population from a Sub-Saharan African country who are currently living, studying or working within the Braamfontein area of Gauteng, South Africa. A snowballing method of sampling was also used in order to secure further participants (Babbie & Mouton, 2012): those who had already completed the interview were asked if they could suggest anyone they might know who fits the selection criteria to participate in the study. Many of the participants were willing and enthusiastic to assist in this manner and provided many avenues for data collection.

The semi-structured interviews were conducted face-to-face. I developed a list of questions as part of the semi-structured interview, but the participants were free to interpret the questions as they saw fit and to direct the interview so that their own narratives would be accurately documented (please see Appendix D). This was a large contributing factor to the varied interview durations, as the duration of each interview depended much on how the participants interacted with the questions and interview process. The questions had been especially formulated to gather information surrounding the adjustment process of migrant populations. There is speculation on the accuracy of the data that interviews can provide in qualitative research (Silverman, 2000). Interviews are thought to provide direct access to the experiences of the participants; however, they also create a space in which the participants and researchers are able to co-create the narratives of the participants' lives (Silverman, 2000). However, from a social constructionist paradigm, it is impossible for a researcher to be

completely neutral within qualitative research, nor is it seen as necessary. Co-constructing the narrative with the participants allows for a greater understanding to develop between a participant and a researcher, providing arguably richer data. The participants were offered the opportunity to guide the interviews and to reiterate specific points they had made. I also made sure to ask the participants to expand on certain areas I was unfamiliar with in order to get a better understanding of the stories they were sharing. This sometimes meant I would go over certain aspects of their migration and adjustment process again to ensure that I was accurate in my own understanding of their narratives. This is what guided my interactions with the participants during the interview process.

Transcribing the interviews verbatim from the audio recordings was a vital aspect of the analysis process as it allowed me to be as accurate in my interpretations as possible. By using the exact words of my participants, I can hope to interpret their personal experiences in as much detail as possible.

Nine of them originated from Zimbabwe and one originated from the Democratic Republic of the Congo. They were all documented migrants who are currently based in an urban area of the country. Although this was not one of the inclusion criteria for the study, through the process of sampling only documented migrants volunteered for the study. Although this was not planned for, it allowed for a highly-specified type of information to be gathered from the participants.

The participants for this particular study ranged between 18 and 22 years of age. Both male and female participants were interviewed for this study: four of the participants were male and six were female. It was a requirement for the participants to be able to converse comfortably in English so that they would be able to understand the information sheet and the consent forms, and answer the questions within the interview. In terms of the home languages found within this study, seven of the participants spoke Shona, a common language found in

Zimbabwe, one of the participants spoke Ndebele, one spoke French and one spoke English as their home languages. Nine of the participants identified themselves as Black Africans and one identified himself as a White African. This was the terminology used by the participants when sharing their demographical background.

3.9 Data collection

Semi-structured interviews were conducted with the participants at a venue that was mutually agreed upon. The interviews were audio recorded to facilitate transcription; participants were made aware of this in the consent forms they signed before the interview. Before the interview began, it was explained that the interviews would be transcribed but that the participants' personal identities would not be revealed. Codes and pseudonyms were assigned to the participants within the interviews and the data analysis process. They were numbered in the order in which the interviews took place. The participants' pseudonyms were directly linked to their self-identified gender, country of origin and home language. I initially aimed to conduct between seven and ten interviews for this study, with seven being the minimum and ten being the maximum, depending on when saturation was reached. At the end of the data collection period, I had conducted ten interviews in total. Each interview lasted between thirty and sixty minutes – depending on the amount of information each participant chose to share. However, time constraints and previous obligations impacted the length of some interviews, and in these cases, a sensitivity towards the participant's private life was upheld. The possibility existed of scheduling a follow up interview if the allotted time was deemed inadequate by either myself or the participants. As such, the average duration of the interviews was approximately forty minutes. Once the interview was concluded, the participant was invited to contact me further should they wish to discuss anything else. However, it did not appear as if this was necessary as none of the participants asked for second interviews.

3.10 Data Analysis

A thematic analysis procedure developed by Braun and Clarke (2006) was carried out to analyse the transcribed interviews so that various and recurring themes and narratives could be identified. Below is a step-by-step guide to thematic analysis, as laid out by Braun and Clarke (2006, p. 87), which I followed closely:

Phase:	**Description:**
1. Familiarizing yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Firstly, the biographical data of each participant was carefully analysed in conjunction with the data collected from the interview so that a clear understanding of the participant's story was possible. This helped in understanding their unique narrative (Creswell, 2012).

According to Braun and Clarke (2006), the initial analysis and looking for themes already occurs during the transcribing process. These themes are then extracted and analysed in relation to the research questions and suppositions. For this section, I actively assessed each interview individually and extracted recurring ideas and patterns from each participant's account. Initial codes or meanings were assessed and collapsed with other similar codes. The thematic content from each interview was then looked at in relation to the other interviews to extract the themes that recurred across the data set.

The themes that arose in this step of the analysis were constantly related back to the biographical and narrative data collected as this allowed for a deep understanding of the narratives told by participants, situated in context and understanding (Creswell, 2012). A clear description of the life story of each participant was created so that I was able to identify and understand the narratives and the narrative themes of the participants adequately.

Many of the themes were described and re-described, name and re-named. The transcribed interviews were read multiple times in order for an in-depth understanding to emerge from the data set. Tallies were kept of recurring themes to assist me in finding the pattern and the most valuable of themes. Those which only occurred once or twice were assessed as to whether they provided important information. Although it is the frequently occurring themes that are often given preference, themes that appeared only once sometimes give much more valuable information, in their uniqueness (Braun & Clarke, 2006).

From here, the themes were collected into groupings in order to make sense of the overall data that was collected. These groupings were frequently revisited and sometimes the groupings changed so that the themes and subthemes connected with each other. This was a dynamic process and required me to constantly refer back to the transcribed interviews and to the list of themes I had generated.

3.11 Creating Qualitative Rigour

A high level of reflexivity was required on my part when conducting the analysis on the interview content (Braun & Clarke, 2006). When placing the data chronologically, extracting themes and making interpretations based on the participants' narratives, I strove to minimise the impact of my own personal judgements and understandings on the data analysis. This was achieved through supervision sessions with my supervisor and regular self-checks within the data analysis process.

The above assisted me in creating trustworthiness within my research process, including the sample descriptions, the data collection process and the data analysis. This was done to ensure that the research undertaken had qualitative rigor (Thomas & Magilvy, 2011). The guiding principles of this trustworthiness were those developed by Thomas and Magilvy (2011). They succinctly lay out a model of trustworthiness in qualitative research, for which they credit the origin to Lincoln and Guba, 1985. This model of trustworthiness dictates four main domains under which research should establish itself as valid and reliable (Thomas & Magilvy, 2011). These four domains are credibility, transferability, dependability and confirmability (Thomas & Magilvy, 2011).

3.11.1 Credibility

When a piece of research is credible, it has a semblance of representativeness across the participants for accurate and easily recognisable similar themes across the data set (Thomas & Magilvy, 2011). This was achieved by making use of peer examination during my thematic analysis process, by using the unique terminology that my participants expressed in their interviews and by attempting continuous self-reflection.

3.11.2 Transferability

Transferability occurs when results of one study can be replicated from another group of people using similar procedure (Thomas & Magilvy, 2011). In order for this to be possible, I attempted to be as clear and detailed as possible during my data collection and handling processes, as well as providing in-depth demographic and geographic information regarding the participants of this study (Thomas & Magilvy, 2011).

3.11.3 Dependability

Dependability is established when there is a clear decision trail within the write up of a study (Thomas & Magilvy, 2011). This includes all the necessary information regarding the sampling technique, the sample group, the data collection method and the data analysis method (Thomas & Magilvy, 2011). I strove for this through transparency in my reporting on the entire process, as well as consulting a supervising researcher to confirm that this required information is easily accessible within this report.

3.11.4 Confirmability

Finally, confirmability occurs when there is an element of trust between the reader and the writer and comes from the establishment of the first three domains of this trustworthiness model (Thomas & Magilvy, 2011). As previously mentioned, reflexivity was engaged continuously throughout the entire process. An entire section, below, has been dedicated to this aspect of the research. Beyond this, I maintained a self-critical perspective regarding my own preconceptions in relation to the participants of this study (Thomas & Magilvy, 2011). In order to preserve the authenticity of the participants' experiences, they were given the freedom to lead their individual interviews and their own words were used as much as possible (Thomas & Magilvy, 2011).

3.12 Reflexivity

In contrast to my sample group, I am a white female from an upper-middle social class, I was born in South Africa, and I have never had to experience the process of migration. Due to the disparity apparent between the participants and myself, the participants could have felt as though I would not fully understand their circumstances, and this might have impacted on the amount of information that they choose to give. The participants may also have felt under

scrutiny due to the fact that I operate from a primarily biomedical point of reference when it comes to mental health. The participants might see this as a weakness within me and it could potentially compromise this study.

The reason I chose this particular population group, despite the risks, is that they are vastly different to myself which puts me, as an individual, out of my comfort zone. However, they are not so different from my previous two generations. Whilst I have South African citizenship, I am only a first-generation South African. On both sides of my family tree are multiple migrations that have taken place. Thus, choosing this particular sample group and research topic has not only expanded my professional knowledge of a prevalent social and political issue in the country in which I choose to operate, but it also helps me to gain more insight into my immediate and extended family members and their histories. Perhaps, in this way, I am not completely polarised from my participants. This project, which aimed describe and understand the experiences of migrant populations in relation to their adjustment processes, served to expand my own personal knowledge and experience.

Despite the fact that I am different from my sample group, the quality of the research and the richness of the data was not necessarily compromised. Knowing about an experience assumes a grasping of understanding and interpretation of the experience (Fay, 1996). It requires sensitivity and the ability to decode meanings found in the narratives of others (Fay, 1996). It should be noted that my stark contrast to the participants of this study was the exact reason for undertaking this topic: it was a means to further myself and my own knowledge surrounding migrant populations and their adjustment processes.

Other potential concerns related to the current study are language, gender, race and philosophical approach. Being a white female from a middle-class home who is studying migrant populations could potentially lead to miscommunications and an invasion of privacy. For example, given that I am a home-language English speaker and most of the participants

where fist- or second-additional language English speakers, I might have missed some nuanced information pertaining to the adjustment processes and help-seeking behaviours of the participants. As I am a female and identify as such, I am inherently biased towards a particular frame of understanding the world that will always impact my ability to interpret the worldview of other who do not have this same perspective. Most of my participants were also a different race to myself which means that I am not fully able to empathise and understand the participants' experiences of social interactions. This could impact my ability to interpret not only social interactions but also potentially culturally relevant aspects that could provide important insights into this topic. Lastly, due to the fact that some of the participants were religious or spiritual, my lack of religion or spirituality impacts my subjectivity and ability to interpret the narratives of the participants. Given that the participants were directly approached to participate in the study, they could have felt as though their private space had been invaded; this could potentially have caused distress.

3.13 Ethical issues

Before the data collection could begin, ethical approval had to be obtained according to university policy (see Appendix E). Applications were submitted for permission to be granted. The review board carefully analysed the proposal of this research and its proposed methods of data collection and analysis. Only once it was agreed that this study would not pose any threat to the participants or the institution, was permission granted.

The participants were given an information sheet (see Appendix A) which outlined the research project: its aims, the research questions as well as the details surrounding how their involvement will impact on themselves and the project. The consent of the participants to participate in the study was of the utmost importance and this was explained in full detail to the potential participants (see Appendices B and C). The anonymity of the participants was

upheld by myself. The recording of the interviews was not to be started until the participant had signed the consent form and had any questions answered by me.

The participants were also asked to describe their personal lives and histories, which may have potentially caused distress. I made it known to the participants that there are counselling services available to them if they wished to avail themselves of these. The numbers of telephonic counselling services or the location of counselling services surrounding the campus of the University of the Witwatersrand were available should the participant have requested it. However, since this research study was working from a frame of reference that migrant populations do seek out healthcare from a multitude of sources, I also encouraged them to seek the healthcare provider that best suited their needs. If this meant forsaking the counselling services offered and attending more informal methods of counselling, I encouraged this so as to ensure their well-being. This was done by engaging with the participants around the structures or services that would best fit their needs, and encouraging that they continue with the systems with which they felt most comfortable.

I did all I could to ensure that the participants felt safe and respected within the context of the interview. It was also communicated to them that should they choose to withdraw from the study, they could do so without any consequences or judgement.

3.14 Conclusion

The chapters that follow will explore and expand upon the findings of the data gathered during the process described here. First, I will highlight the themes that were identified, together with relevant quotations from the narratives of the participants. Thereafter, I will discuss these findings and connect them with the literature review.

Chapter 4: Results

4.1 Introduction

In this section, I will present the findings from the data collected as part of this current study. A number of themes and subthemes were identified using the thematic analysis approach developed by Braun and Clarke (2006). As a way of supporting the themes identified in this process, I have used quotations from the participants' actual interviews. This serves to illustrate how the study's findings and interpretations emerged from the actual data and adds to transparency and credibility, as suggested by Thomas and Magilvy (2011).

The main themes and subthemes identified from the interview data are as follows:

1. Migration as a Complex, Ongoing Process
    - 1.1 The Motivations Behind Choosing to Migrate
        - 1.1.1 The Desire for a Better Quality of Life
        - 1.1.2 The Pursuit of Academic Qualifications
    - 1.2 Direct Improvements to Daily Living Resulting from Migration
    - 1.3 Losses Associated with Migration
    - 1.4 Challenges Faced during the Process of Migration
        - 1.4.1 The Struggle of Obtaining Documentation in South Africa
        - 1.4.2 Language as a Barrier to Inclusion
        - 1.4.3 Concerns Around Personal Safety
        - 1.4.4 Daily Experiences of Xenophobia
    - 1.5 Personal Changes Resulting from Migration
        - 1.5.1 Exposure to a larger Cultural Diversity
        - 1.5.2 A Shift in Social Interactions Post-Migration
        - 1.5.3 A Shift in Personal Identity and Expression
2. Navigating Exclusion and Inclusion Post-Migration

2.1 Creating Comfort in a Sense of Difference

2.2 The Role of Relationships with Local South Africans

2.3 The Nature of Relationships with Other Fellow Migrants

2.4 The Role of Language in the Adjustment Process

3. Help-Seeking Behaviours in Post-Migration Living

3.1 Negative Experiences of the Medical Healthcare System

3.2 The Diminished Importance of Psychological Assistance

3.3 Seeking Informal Social Support from Surrounding Communities

3.4 Seeking Spiritual Support

Each theme and its relating subthemes will be described in detail in order to provide the best possible understanding of the adjustment process of migrant populations as well as the help-seeking behaviours used to navigate this process. The themes reflect reoccurring patterns within the collected interviews to illuminate commonalities across the participants' responses. They have been arranged in a chronological order to depict the migration and adjustment process that each of the participants described. It is important to note that some of these themes overlap and entwine with each other. They cannot be understood as separate entities, but rather as interlocking pieces that make up the intricate narratives of the participants.

4.2 Migration as a Complex, Ongoing Process

This theme relates specifically to the events that occurred pre-migration, during the migratory act and the immediate time period post-migration.

Initially, all of the participants shared and expanded upon the motivations underlying their decision to migrate to South Africa from their country of origin. This was followed by a general improvement in their experience of daily living but also by a number of losses associated with their migration. This leads the discussion to the challenges faced during the

migratory process. Owing to these unique experiences, participants also expressed certain shifts and alterations that they felt they needed to make regarding their personhood during and after their migration. These shifts were described as highly personal and related to their sense of identity in the social spaces they occupied.

4.2.1 The Motivations Behind Choosing to Migrate

There were a number of motivating factors that drove the decision to migrate to South Africa the two most salient being the desire for a better quality of life and the wish to pursue tertiary education.

4.2.2 The Desire for a Better Quality of Life

Danai described the move to South Africa as something her parents desired in order to provide a better life for the family as a whole: "*It made life in general better because they were able to provide more for us which was the main reason to actually move to South Africa".* Alizia had a similar story, "*Well I would mostly attribute it to my parents' motivation of like better opportunity and better education and also because English is a very universal language and my parents wanted me to learn it.*". When this decision was made, it sometimes meant that for a period of time, the family system was disrupted. The moving process often entailed family members migrating at different times, with the breadwinner migrating first and the rest of the family system following. This was the case for Miriro who described: "*My mum came two years before and then my dad came last year then like in March or so and then I followed later".*

4.2.3 The Pursuit for Academic Qualifications

Njabulo chose to leave behind his loved ones in search of academic qualifications: "*I'm different only by nationality but at the end of the day I'm human like everyone is here, pursuing the same goal which is to get our studies*". Zendaya had a similar motivation underlying her

migration: "*So after I finish my high school I have to come to university here so that's why I moved here*". For Kutenda, obtaining his academic qualifications motivated him to migrate to South Africa; however, he plans to migrate back to his home country. He explains, *"It is for my BA law degree which is 5 years … I do have plans to return home because I have to do what they call conversions because SA law and Zimbabwean law are totally different"*.

4.3 Direct Improvements to Daily Living Resulting from Migration

A number of the participants came from Zimbabwe, a country they described as having failing infrastructure, no economic growth and no future opportunities. Despite loving their home country, many of the participants noted experiencing a higher standard of living in South Africa. Rufaro described many changes in the physical space she occupied after migration, "*Almost everything is easier now because like there is electricity, there is water, the roads are properly paved and all that and then in Zimbabwe you don't, there is no water, there is no electricity*". William had a similar experience, "*In a lot of ways things have gotten easier, I think the situation that we were in in Zimbabwe, it was… it wasn't comfortable living. We had no basic resources or service provision and there was no income*". For these two participants, it was the better functioning of basic infrastructure and services that created an improvement in their standard of living.

Most of the participants also made comments in relation to goods and services. Kutenda reported that it was easier to get access to goods that they had been unable to access before, "*All the goods and commodities are here unlike back home where some of the things are limited and expensive*".

However, Rufaro, although she was experiencing greater ease in attaining goods, also struggled with the different food products that she was not used to in comparison to ones in her home country, for example: "*The food is nice like but then there is certain food types that like*

I am used to, the ones that like I was eating back in Zimbabwe, and then you can't find it here, especially the juice and all that, so like it's quite difficult".

Some of the participants reported different and very personal reasons for the improvement to their lives due to the migration. Njabulo reported: "*I have met a lot of good people and a lot of good people that contribute to my growth emotionally, spiritually, academically and mentally*". This is similar to what Danai reported: "*For me personally I think all those challenges that I faced, they sort of like helped me grow to the person that I am today*".

4.4 Losses Associated with Migration

There were some very real losses involved in migration that many of the participants outlined. These losses related specifically to losing what felt familiar to the participants in terms of their communities, landscapes, social networks and family relations. Danai describes: "*Everything in the house they left everything behind, so they were coming this side to start over so I think that was quite a challenge … all those little things that you have built like already, it's like you are starting all over again, that was quite challenging I think".*

Some of the costs involved in the migration process included leaving an old way of life behind. This included relationships and routines that would be lost forever. Miriro struggled with this dramatic change in her daily landscape, "*I was trying to think of like… how I'm going to start making friends again and how I'm just going to get used to the environment and everyone because it takes me a long time to adjust*". A similar feeling was experienced by William: "*I think probably the biggest stress was losing all the friends as well as a social network. I think that was one of the most important things at that age*". This specifically speaks to the loss of relationships that occurs when migration happens, as reported by Danai, "*It took a bit of time to adjust to the fact that I would not be able to see most of my family members as much as I used to*".

For these participants, it was the routine of their social network that they had to sacrifice that impacted them and their adjustment process, as described by Kutenda "*So, it's hard for me to like go and see someone when I feel like I miss my family and stuff like that*". Rufaro phrased this cost of a way of life poignantly when she stated: "*I was like a child then, I had to learn new things*".

4.5 Challenges Faced during the Process of Migration

Due to the complex nature of migration, there were a number of challenges that the participants experienced throughout their migration process. The greatest and most frequently reported challenge was that of documentation for migration and all that entailed. Migration can also be a lengthy process; this had some adverse effects on a few of the participants. Beyond this, a shift in the local language and how this was experienced was another challenge for the participants. Finally, most of the participants engaged on issues of their daily safety and their experiences with xenophobia as major challenges to their migration and adjustment post-migration.

4.5.1 The Struggle of Obtaining Documentation in South Africa

One issue that came up time and again in the interviews was that of documentation. As the participants were all legal immigrants to South Africa, this was a struggle they had all faced. Danai highlighted that the costs of immigration were in fact multidimensional, encompassing different costs for different things. When describing her father's experience, she stated, "*He had to gather the money for not only transport and logistics and a new place to stay in South Africa, but also just all those documents because they actually cost quite a lot*".

The participants encountered stress in getting visas and permanent residencies which put a lot of pressure on them. Alizia described the legal side of migration as: "*I just think like overall South Africa is a very tough country to live in in terms of documentation, especially if*

you're an immigrant". This was corroborated when Danai reported: "*I think another thing that was bad about the move, I think just the stress of having to gather documents because it's a constant stress, it doesn't leave you until you become a permanent resident or something*".

The majority of the participants pointed out that simply getting the correct documentation to stay legally within South Africa meant involved facing unpleasant treatment from those in charge of documentation. Alizia pointed this out when she reported: "*The hardest part is getting documents and getting treated well by the people giving you the documents*".

One issue reported by the participants related to the lengthy nature of obtaining documentation and how this added to the stresses experienced. For Kutenda, this time cost played a large role in his experience of his migration, "*Like my visa was late and I was totally stressed… eventually what happened my visa came out and I was 3 weeks late when I came here, I didn't know anyone, I had to find my classes, my timetable had so many errors, it was so hectic*".

4.5.2 Language as a Barrier to Inclusion

Language was experienced as a barrier for nine out of the ten participants in this study. Rufaro had a particularly complicated relationship with language: on the one hand, she found the academic English of her studies somewhat inaccessible, impacting on her ability to function to her full potential in academic spaces. She reported: "*Sometimes you might not be able to unpack the meaning the first time, so you have to like read like three times and all that and that's also difficult*". On the other hand, she experienced her unfamiliarity with local languages being used as a way to discriminate against or exclude her. For example, the difficulty of navigating in physical spaces is compounded by language barriers. She reported: "*It's quite difficult to communicate with the taxi drivers because you can't use English in the taxis, they will shout at you and all that, so learning the language was kind of difficult"*. She goes on to discuss the pressure she faced in learning a South African language in order to compete for

economic resources and for societal acceptance: "*I'm not interested in learning the language because I feel like I already have my own language but then now I am forced to learn these words just so that I can fit in into society and all that against my will and all that but then I don't have an option, I just have to do it".*

Zendaya had very similar negative experiences of being mistreated due to her home language: "*If you go into the taxis, they really expect you to use their language so if you speak in English you sound like you are offending them because they're like 'I'm black, you're black. Why are we speaking English?'".* Similarly, Aneni reported experiencing a feeling of otherness because of language: "*My Shona is not as good or whatever but then here at the same time I don't fit in because I don't know the vernac so well. Like everyone expects, like if you're black, you're supposed to know vernac, but I don't so that was quite stressful*".

Furthermore, language was even used as an opportunity for discrimination to be enacted. Zendaya had a very real experience of this: "*If they hear you speaking in English, the police they follow you and then they be like 'can you show us your passport?' and then if you don't have that they will be like 'can we go to the police station or you give us money'*".

4.5.3 Concerns Around Personal Safety

Many of the participants reported higher crime rates in South Africa as opposed to their home country. For example, Rufaro reported: "*It's not that peaceful shall I say because you can't walk freely here in South Africa because of the crime and all that*". She goes on to say: "*In South Africa there's always stories about people being kidnapped, raped, killed and all that and also like a lot of people have guns this side so yeah, it's… it's a different experience*". This experience was shared by Njabulo, who stated: "*And I mean this is Joburg, you can't really know who to trust and who not to trust. So, this whole process of trying to filter people, it's kind of emotionally draining because at times it puts me in a position where I feel like I'm judging people and I don't want to judge people*".

Participants were often exposed to violent crimes, accidents or drastic changes in their living routines. Reports of muggings on the street, taxi accidents on the roads and early curfews were described by most participants. For Ariko, adjusting to the new lifestyle to preserve his safety was difficult and impacted his view of South Africa, "*I still don't like living the way where you have to stay inside, you have to stay enclosed because I guess that that's a norm here*".

Concerns around personal safety impacted participants' experiences of South Africa and at times made adjusting post-migration almost impossible. This was especially true for Miriro who had experienced a traumatic event shortly before the interview. For her, there was a constant fear for survival in South Africa. Miriro stated: "*I really need to just go back to Zim so I can feel safe for a while because it's really scary just trying to think 'am I going to go back home tonight?"*".

4.5.4 Daily Experiences of Xenophobia

None of the participants had ever had any physical acts of xenophobic violence directed towards them by South Africans. However, eight of the participants had experienced verbal abuse or mistreatment as an enactment of xenophobia. This happened in a number of different settings, including spaces of learning, transport settings and legal settings.

Aneni provided an example of how her nationality makes her more vulnerable to verbal abuse: "*We don't agree all the time, we can disagree sometimes. But sometimes we are bashed more just because you're not South African, like you don't have the right to say that*". In a similar instance, Njabulo described an experience where he was targeted due to his immigrant status by a South African who disagreed with his choice of studying style. He described:

> *"There was an instance when one day there was someone I was in class with in philosophy and I was genuinely busy and her response after the results came out was 'You foreigners just come here for our resources' and I'm just thinking*

'wow ok fine, we don't have as much great universities back home but then at the end of the day I'm still paying in the same way you are.'"

Alizia highlighted instances of long-term verbal abuse that she faced due to her migrant status: "*It's not just like bullying from school, it's also like bullying from a few adults that I've encountered in my life, it's not easy like to kind of move here because there were so many stereotypes that so many people have and so much xenophobia*". The negative experience of bullying was compounded for Alizia as her personal and physical attributes were being targeted, not just her migrant status.

Almost all of the participants reported experiencing what is termed 'vicarious xenophobia', meaning that the participants were witnesses to xenophobic treatment of other migrant people and not themselves. This is different from a direct and personal experience of xenophobia. Perhaps the most poignant experience of vicarious xenophobia could be found in discussion with Danai. She described:

"*It's not something that is pleasing to see, someone that you know is from your country or the same situation that you are in, being burnt in a tyre, it's something that… it hurts, it's something that makes you think that ok this person did not just come to South Africa, it's a whole process, it's a lot of challenges which we face when you moved to South Africa only for you to be you know burnt in a tyre.*"

This vicarious exposure to xenophobia often left the participants with a feeling of fear and uncertainty for their own safety and highly protective of their immigrant status. Many of the participants are left with a similar thought, which can be summed up by the following from Miriro:

> "*If xenophobia does start again, am I going to be a part of it? Do people actually know that I'm Zimbabwean? So at the same time you want to be free to like express your culture but then you're also reserved in the sense that you are scared that if xenophobia or something like that does start, you will be attacked so it's just easier to keep it to yourself.*"

At times, even relationships with South Africans did not mitigate this risk, as was reported by Rufaro: "*I felt threatened why because if your friend can think like that, what about a stranger? So, I feel like as foreigners, we are not safe here in South Africa*".

Many of the instances of xenophobia involved the participants being told to return to their home country by local South Africans. Danai experienced this and described: *"At school … other students would say things like 'you're a [derogatory term]' or would say certain things or constantly highlight the fact that you are not from this country or 'you should go back home.'"*

4.6 Personal Changes Resulting from Migration

This theme is representative of the changes in the participants' direct environment and how this impacted their personal engagement with their surroundings. Coming to a new country requires an alteration in thinking, behaviour and ways of making sense of the world. This is what is referred to by the personal changes experienced by participants. These shifts relate to engaging with the cultural diversity to which the participants were exposed in South Africa. This exposure tended to create a shift in social interactions and social landscapes for the participants. Following on from this, the participants often described shifts or changes in their own self-identity and self-expression. These are shifts that all of them have faced, or continue to face, in their own unique ways.

4.6.1 Exposure to a larger Cultural Diversity

Many of the participants described encountering traditions, belief systems and lifestyles that were very different from the ones they had left behind. The participants described this as a shock to their everyday living styles and routine. Kutenda stated: "*Well culture-wise, I think when a foreigner or international person moves to a different country, like for me to South Africa, I think culture-wise things are different*". Alizia had a very similar experience when she migrated to South Africa, "*I think it was also hard because it was hard to relate to them in certain areas because like everyone grew up here and had a very different way of growing up and I also had a very different way of growing up and like it's just so different here, definitely*".

In terms of culturally-specific differences that the participants spoke of, encountering African traditions was what they referred to. For example, many of the participants spoke of a deeply Christian connection that they had had when they migrated to South Africa; however, upon communication with South Africans, they encountered different views of the world. Njabulo succinctly described this exposure:

> "*I mean when people are explaining their views and some of my friends who are not Christian, it was kind of shocking but it was interesting also just to learn about their views … I would probably freak out when most people talk about it back home because as I said it's something that's there but it's not as predominant as it is here*".

Here, Njabulo was describing his experience with African Traditional Healers – something to which he had never had exposure before his migration. This represents the different worldviews and sources of spiritual connection that some of the participants encountered when they migrated to South Africa to which they were not exposed in their country of origin.

Due to the cultural diversity within South Africa, attempting to learn about these differences sometimes impacted on the adjustment process. This is something that Alizia encountered. She reported: "*It was hard for me to kind of like adapt very easily to every single one of the cultures around me*".

4.6.2 A Shift in Social Interactions Post-Migration

The migration process also meant an altering of social interactions. For Aneni, there was a shift related to engaging in social dialogues. Navigating the social norms that she had been raised to respect in terms of age and gender was hard when she migrated to South Africa. She said,

> "*I feel like I relate more to women with my upbringing and stuff than I do with a man but I feel like here, it's more… it's more relaxed you know, you can stand in a group of men, like older men, and talk or whatever but I can't. I don't know, I find it quite uncomfortable at times*".

Similarly, Miriro reported: "*I was very talkative but when I moved here, I noticed in the last six months or so I'm very reserved and I don't really like talking to people*". Miriro felt isolated from her surroundings, and social interactions made adjustment hard for her.

Alizia had to rethink social stereotypes she had been brought up with that she could no longer use in South Africa. She describes,

> *"I was so used to like certain stereotypes and saying a few things that were not offensive in my country but like were incredibly offensive to a lot of people here … It's not okay to say certain things but in DRC it's so, so different because everyone is so the same".*

Alizia found that, as a result of her migration, she needed to moderate the way she spoke and the things she was saying.

4.6.3 A Shift in Personal Identity and Expression

For eight of the participants, the vast differences between South Africa and their home country created an opportunity for self-expression in a way they had never experienced. This new self-expression included clothing, social interactions and sexuality.

For Alizia, this was an entirely positive experience as she reported moving from a very conservative setting to South Africa: "*You can express yourself and wear anything you want, and people find that normal and like I think that was definitely a fun thing to do*". This was especially enjoyable for Alizia as she grew up with conservative dressing rules and expectations, which migrating to South Africa gave her the opportunity to challenge.

However, this drastic change in clothing expectations was not always met with positivity. For Rufaro, clothing and self-expression were not sources of freedom, but instead they were vehicles for sacrificing her sense of self-comfort. Rufaro felt forced to alter the way she dressed in order to fit in with her surroundings. For fear of judgment, she felt the need to alter her clothing; for example, she reported:

> "*Adjusting to that has been difficult because let's say its summer, like if you wear your long clothes, people are going to start judging you or people are going to look at you and you are going to feel out of place and inferior so you end up doing that just to fit in*".

These shifts sometimes created painful experiences as they required the participants to unlearn their ingrained stereotypes, sometimes costing them their sense of identity. For Alizia, having to unlearn certain opinions was a major mind shift with which she had to engage when she migrated to South Africa. She reported: "*It was always like these stereotypes that were associated with certain people that I had always learnt as I was growing up and like I had to unlearn them just to be like a member, a good member of society*".

Sexuality was also an interesting example of an identity and expression shift, as found in Kutenda's account:

> "*It's been an odd thing because in Zimbabwe, I'm not used to that. Like in school we didn't have people who are homosexuals or in society I never saw a person who was homosexual. So, when I came here, I was like okay they have people who are homosexuals so that was like totally different for me*".

Kutenda found this interesting as he was not used to the level of self-expression in terms of sexuality that he encountered in South Africa.

These shifts in self-identity and expression were understood as a challenging process to encounter when attempting to adjust to living in South Africa. Alizia summarises this process when she describes:

> "*It was definitely like an eye-opening experience, it was also a very painful experience as well because like… it's there's just so many negative things that you learn as an immigrant from such a closed-up country and you know you start thinking like 'wow I really did not know anything about the world' and it's really… even though it's like eye-opening, it's very scary and different*".

Navigating these differences was a large aspect of Alizia's adjustment process in her migration.

For some of the participants, these issues of identity and expression had larger impacts than a mere shift. Aneni describes the impact of a cultural and social shift on her identity, *"I often tell my friends or like my family that I feel like I don't really have an identity sometimes. Though I'm used to everything and I enjoy living here, however every place has its challenges so like I say I don't have an identity because I can't really fit in".*

4.7 Navigating Exclusion and Inclusion Post-Migration

This theme speaks to the ways in which integration or segregation were navigated by the participants during their post-migration experiences. Some of them felt entirely excluded from society and some felt entirely included. For some of the participants, there was a choice to be made between maintaining their social isolation or integrating fully within South African communities.

Each of the participants experienced this tension between inclusion and exclusion within their experiences of adjusting post-migration. Zendaya depicts this constant tension between inclusion and exclusion in the line: "*You cannot feel you belong here if you don't but maybe you just feel comfortable with where you are at the moment but you can never feel that you belong to a place that you don't belong to*". What this represents is the idea that inclusion and belonging are not necessarily the same. Inclusion is a feeling of comfort and connection, whilst the connotations of 'belonging' suggest being founded somewhere. Many of the participants spoke directly to the connections, or a lack thereof, which they formed during their adjustment process, rather than a sense of actually belonging.

There was a constant navigation between inclusion and exclusion for the participants and this had a direct impact on how they engaged socially. Aneni described this as follows: "*So, it's like you can't really say anything because you're a foreigner, your input isn't that important because it's like you haven't felt what we felt you know".* This was especially pertinent when disagreeing with local South Africans on political and social issues relating to race and equality. This was reported by a few of the participants, who they felt they should hold back their personal views for fear of rejection, discrimination or xenophobia. Njabulo describes it as follows: "*At times I'm scared to contribute because like… you don't get involved in revolutions that you don't belong to*". South Africa is a country with an active social and political climate, and instances of exclusion were reported to be common among the

participants. Their involvement in discussions was limited either by their own fears or by the direct rejection of local South Africans.

For some, feelings of segregation were a large aspect of their daily lives and adjustment processes. For William, it was not just his migrant status that impacted his sense of inclusion. Instead, he reported that the social climate of South Africa made it harder to navigate inclusion. William reported:

> "*I still find the… the amount of separation between people in South Africa a little bit difficult to navigate, like separation between races and such, it's something I never experience when I go home back to Zimbabwe or when I was living there. … I'm not a part… of this culture at all and then I come here and the people I meet here are also very segregated in terms of the people that they associate themselves with and I think maybe it's part like a residual effect of apartheid and it's very sort of South African culture to be separated like that.*"

William found it hard to navigate himself through feelings of inclusion and exclusion because of the social climate that he entered into once he had migrated to South Africa.

Aneni felt a similar experience of exclusion when she migrated to South Africa; however, this had a far-reaching implication on her sense of identity:

> "*I'm not like deeply rooted into like the culture, however I do understand my culture, I do know my culture. I'm still Zimbabwean but people are like 'no you are not from Zim' and then South Africans are like 'no you're not South African' so it's like where do I really fit?*".

4.7.1 Creating Comfort in a Sense of Difference

For half of the participants, creating a sense of comfort in their difference or creating a sense of inclusion within South African spaces was not hard at all. For Alizia, creating a sense of normality in her daily life was an essential part of her migration process. She reported:

> "*I feel like my parents just wanted us to feel normal and not feel like we are immigrants in the country if that makes sense you know. They wanted us to feel like we are just… just teenagers you know, coming in and just a new school, a new life sort of like situation instead of like feeling like we are outcasts.*"

This impacted the way she interacted with those around her and how she created a sense of connection.

Danai described a similar experience of feeling included socially in South Africa when she discussed international celebrities and their impact on a feeling of hope for inclusion:

> "*All those people show that ok it's fine, you will be, it's possible for you to be accepted in South Africa, it's possible for you to actually grow to your fullest potential, that being Zimbabwean or being a foreigner does not hold you back from reaching your full potential.*"

For Njabulo, there was a positive experience in relation to his migrant status within South Africa. His migrant status was a badge of honour and a source of pride, rather than a hindrance to social inclusion. Njabulo stated: "*What is it like to be different? It's great, it's actually, it's amazing to be different because at times I have different stories to tell, I have things to teach, I have things to learn so being different… it's got its pros, it's got its cons*". He furthers this point by going on to say: "*Because at the end of the day, in as much I may have been feeling left out when I got here, now I feel like inclusion is a choice because at times you*

can simply choose to either stand back and say 'I'm different, they don't like me, I'm scared'. Or just get involved, show people that you're not".

4.7.2 The Role of Relationships with Local South Africans

Those who felt more at home within South African society appeared to be less insular in their social circles. Engaging more with local South Africans helped some of the participants to feel more included within the country.

William was clear in the way he viewed the importance of widening his social circles. He stated: "*I think I put a lot of effort on my part to meet people, to talk to as many people as possible and I think the support of a social network is very important in becoming adjusted to a specific environment in general*". Something similar was discussed by Alizia when she noted: "*Now that I've kind of ingrained myself in South Africa and in the culture, I feel like it's a lot easier to talk to locals more than you know like a lot of immigrants from here*". She goes on to say, *"I still relate in terms of like culture with my fellow Congolese friends, but I think it's just much harder to just have a casual conversation about things because their lives are so different from mine now".* Thus, it is easier for her to engage with South Africans as they share more in common. For Njabulo, it was more about being a part of the minority population group that determined who he spent most of his time with. He says, *"I can say a bit of both but mostly people from here. Because at the end of the day they are also the majority".*

4.7.3. The Nature of Relationships with Other Fellow Migrants

However, those who struggled with their adjustment and feelings of exclusion tended to gravitate towards other immigrants, especially those from the same country of origin. For example, Kutenda describes: "*I mostly talk to Zimbabweans because, I don't know I think it's the fact that sometimes I miss home so much that I need someone to talk to who reminds me of*

home". Kutenda used his social groupings and who he chose to interact with as a way to mitigate homesickness and a search for familiarity. For Miriro, interacting with fellow Zimbabweans created a sense of connection and understanding that she felt South Africans could not provide her: "*I feel like they don't have that level of understanding that like my friends in Zim do*".

Despite engaging more with South Africans, Njabulo describes his relationships with other immigrants as a source of a specific consolation. He describes their role in, *"I do relate to other foreigners as well in the sense that ok we're both from different places, we can help each other, you know we can grow together".* Zendaya had the same opinion on relationships with fellow migrants and described, "*There is a sense of connection, maybe when you are using Shona then …. see someone from home you will be happy and then yeah you will also be talking from experiences, like when you're getting a visa talking to each other like 'yoh it was very hard'"*.

4.7.4 The Role of Language in the Adjustment Process

Language was either a tool employed by the participants to integrate themselves within South Africa, or it was used as a barrier to inclusion. All of the participants had a working knowledge of English when they migrated to South Africa. This meant that any and all communication with South Africans had to be done in English.

When language was experienced as a tool in navigating and minimising exclusion for the participants, it was used as a medium for connection-making. In these instances, it was not the words being used, but the language of communication which led to this. For example, Njabulo was the only one from Zimbabwe who did not speak Shona; instead, he spoke Ndebele. This had a significant impact on how he was able to interact with local South Africans. Njabulo stated: "*I mix more with the local community because uhm in Zimbabwe, we speak Ndebele*

and here they speak Zulu and Ndebeles are a breakaway tribe from Zulus so we kind of speak the same language so at times it's easier to relate in that sense".

Danai had a similar experience with language. She spoke only English and Shona upon her arrival in South Africa. Since her migration to South Africa, Danai has familiarised herself with most of the South African languages as a tool to integrate herself into her community. Learning multiple languages was a strategic move on Danai's part, as is seen when she says:

> "*You really cannot be the leader you want to be if you cannot really talk to the people around you so I realized that … you not only had to speak in English in front of everyone but conversations between you and the learners had to be also in their home languages so it's best to be more relatable yes*".

In other instances, language was used as an identifying tool to connect with other immigrants within South Africa. For Rufaro, language was used to exclude or discriminate against her, but it was also an opportunity for her to find comfort and connection. When it was used to create connection, it was to generate new social networks. Rufaro explains: "*If you hear someone speaking Shona and then you will ask them 'are you from Zimbabwe?' and they will say 'yes' and then the next day you just keep on talking and then you build a relationship based on that*". In this way, a feeling of connection was formed through linguistically identifying similarly excluded others, thus making it a tool.

4.8 Help-Seeking Behaviours in Post-Migration Living

This theme explored how participants managed the challenges they faced following their migration. This is understood as the ways in which the participants chose to find support and assistance during their post-migration lives. Four major types of help-seeking behaviours or types of assistance sought were identified. The first relates to medical assistance, the second

relates to psychological assistance, the third relates to social support structures, and the fourth relates to spiritual assistance.

4.8.1 Negative Experiences of the Medical Healthcare System

Medical assistance was distinctly lacking as part of the help-seeking behaviours described by the participants. This lack of seeking out health care was an interesting finding which may be related to some of the experiences described above. Only two participants engaged with medical sources of assistance in their post-migration life. Danai stated: "*My mum always highlights the fact that she has stood in a line longer, she has gotten less attention, because especially like in hospitals and stuff like that because of her nationality*". This mistreatment from medical professionals was also reported by Rufaro, who described personal experiences with medical professionals in South Africa:

> "*I remember when I went to Braam, you can't just go there without your passport or any form of identification.*" She goes on to say: "*I feel like sometimes they discriminate people, because let's say if you can't afford medication and then you go there the next time… like I remember like from my personal experience, the doctor like gave me this kind of 'why didn't you buy the pills? Now you are coming back' and all that*".

Although these were not reported incidences of medical xenophobia by the participants, it is important to note that this is an occurring experience at medical facilities within South Africa.

4.8.2 The Diminished Importance of Psychological Assistance

Despite the many challenges and reported social and personal challenges, it was interesting to find that only two of the participants had sought out counselling for their

adjustment process. It appears as if psychological assistance was declined for one or more of three reasons: participants did not feel the need to seek out assistance, they were unaware of how to seek it out, or they felt discouraged from doing so.

Only two participants sought out counselling in their adjustment process after their migration. Njabulo was one such participant; however, he received his counselling from his church. Alizia engaged with the counselling services offered at her high school. What is important to note is that Alizia only turned to counselling many years after her migration process as, before, she had relied mostly on her parents, friends and selected community members for assistance.

There were different reasons that led to this recurring pattern of choosing not to seek out psychological assistance. Many of participants reported not feeling the need to seek out any formal assistance for their adjustment process. For Kutenda, there was an element of inevitability regarding the challenges and experiences of migration: "*I think that these problems, we have to encounter them, and they are not... how can I say they don't evolve for a long period of time, they just come and go. So, I feel as if I had the way that I was raised up, I have the tools to encounter those challenges yeah*".

Only two participants reported not having any knowledge of how to receive psychological assistance. Ariko, for example, stated: "*I can't think of where I would go first. Like I don't know where I would go to try and find a place to like get help*".

There was also a report of having a lack of faith in the structures designed to manage health and safety within South Africa. This came from being keenly aware of the flaws in these structures. Danai describes this: "*Because if you see that South African problems themselves that are being suffered by South Africans are not being solved completely, what about yours as a foreign national?*". This was reported to directly influence whether someone would be willing to seek out assistance in post-migration living.

Some participants reported implicit expectations or cultural norms from their country of origin that discouraged them from seeking help and formal support for their adjustment processes. This is what hindered Alizia from getting formal counselling in her early years in South Africa: "*It's kind of like a cultural thing in DRC to do everything by yourself and power through everything you do by yourself, but I was really young, and I didn't know how to approach people with certain problems because of that*". This was corroborated by Danai who stated, "*I think when most foreign nationals come to a different country you sort of like tuned in your head that you were here for one reason and one reason only and anything other than that should not really affect you*".

4.8.3 Seeking Informal Social Support from Surrounding Communities

All ten participants reported making use of informal services to assist them with their wellbeing. This included making use of social connections or structures that were not designed for immigration adjustment. Many participants referred to their tertiary institution as providing a space for integration with people in a controlled and safe manner. This view is represented by Zendaya: "*Like you cannot really feel out of place when you come here so I think that helps other students from other countries to study very well and adjust to the place quickly*". The role of educational spaces was also mentioned by Danai, who noted the important role they play in the exposure of migrant people as part of South African spaces. Danai describes this in: "*So, I think also in schools the fact that there are teachers of different nationalities… it helped because students are already used to interaction with a foreign national so obviously with me it wasn't that difficult*". The participants reported that moving within communities and spaces that have a high degree of cultural variation helped them in their adjustment.

Overwhelmingly, the participants reported their friendship groups and family members as playing a crucial role in mitigating feelings of isolation and exclusion. The importance of

friendships is highlighted by Njabulo: "*I mean several friends that I can talk to about certain things and I can explain, or you know just have, to some extent kind of protect me. Either through advice or through actually getting involved in my situation and all of that you know*". William represented the importance of family relationships in the line: "*I think support from family definitely did play a role in helping me adjust*". For the participants, their communities were vital in their adjustment process.

4.8.4 Seeking Spiritual Support

The seven participants that made use of religious communities reported feelings of inclusion and connection in locations outside of their immediate circle. Religious communities provided a sense of support and comfort when this was needed. It also often provided a space for learning, a moral compass and a source of hope.

The participants that were heavily involved in their churches and who attended church services and groups on a regular basis felt that it had a large positive impact on their adjustment process. For example, Danai stated,

> "*All those church gatherings with people who are really diverse not only made me miss home less, because I now felt at home, but it also made me get used to other people and get used to the fact that I'm not the only one who was going through the challenges that we have discussed earlier*."

Furthermore, it was not just social interactions through church that helped to establish a sense of inclusion within South Africa. In the case of Rufaro, it was the philosophical underpinning of her religion that helped her achieve a feeling of inclusion: "*It also taught me that like even though you are from like Zimbabwe, this and that, once you are in church, we are just Children of God, no one is best if you understand*".

For Njabulo, his church played a highly emotional role in his adjustment process. Not only did he receive counselling post-migration through his church, but it was also used as a source of constant connection and support, "*As a Christian there are certain values and certain principles that I'm anchored to and I believe I can find everything from either the bible or speaking to my fellowship or through prayer*". Njabulo also engaged in counselling through his church: *"I do counselling at church because when I came here, I was kind of going through some difficult patch in my life as well. So, I did a bit of counselling as well and that's where I got my moral guidelines and uhm just learnt to understand and not have certain expectations*".

4.9 Conclusion:

The above sections present the recurring patterns of discussion within the interviews that were held with the participants. They represent the basic findings of this study in relation to adjustment post-migration within Johannesburg, South Africa. Understanding how adjustment takes place and what help-seeking behaviours are used to navigate the changes linked to migration may add to the understanding of the migration process. In the next chapter, the findings of this study will be discussed in relation to the larger body of work on migratory experiences.

Chapter 5: Discussion

5.1 Introduction

A number of interesting results related to the original research questions arose during the data analysis process of this project. In this discussion section, these will be discussed in the context of the relevant literature. The main aim of this study was to understand the process of adjustment for migrant populations. Specifically, I wanted to explore the help-seeking behaviours and strategies utilised by sub-Saharan migrants within the inner city of Johannesburg. The study also sought to understand what barriers may be encountered in this process.

The following research questions were posed at the beginning of the project:

1. How do migrant populations in South Africa describe their migration and adjustment process?
2. What challenges do they encounter during this process?
3. What mental health help-seeking behaviours are being employed by migrant populations in their adjustment process?
4. What formal and informal structures are being sought out for assistance in the adjustment process?
5. What motivations underlie these mental health help-seeking behaviours in this adjustment process?

From the beginning, the motivations that led participants to make the migration from their country of origin to South Africa seemed to impact upon this adjustment process. Following this, the general life improvements experienced also seemed to impact on this adjustment process. From there, the costs and challenges encountered during the migration process further played a role in the participants' experiences of their adjustment to life in South Africa. These include both the tangible and intangible costs of the change of environment and

the resulting changes in the personhood of the participants. The experienced cultural differences and how these differences are interpreted and navigated additionally influence how the adjustment process unfolds. Migrants have to carefully balance the lines of inclusion and exclusion in their country of destination and this, too, seems to play a significant role in their experience of adjustment. The relationship between inclusion and exclusion is influenced by issues such as religion, language, social groupings and levels of involvement. Beyond this, concerns of safety play a significant role in migrants coming to South Africa. This uncertainty around safety relates specifically to the presence of xenophobia as well as the issue of personal safety that is linked to a crime-ridden city such as Johannesburg. Lastly, experiences of adjustment are influenced by the ways in which the participants seek out help for their adjustment process, whether it be insular, social, spiritual, formal or informal. These sources of support, connection and acceptance are seen as important in creating a sense of belonging and adjustment in a foreign land. I will further explore and expand upon these notions and findings below.

5.2 Participants

Most of the participants migrated from Zimbabwe with one participant coming from the Democratic Republic of the Congo (DRC). They were all legal migrants attending a university within the inner city of Johannesburg. They were all of varying ages, lived in various suburbs and were students in different departments within the university. The participants involved in this particular study can all be understood to be economically-motivated legal migrants (UNESCO, 2017). Some of the participants also fit the criteria for a family reunification migrant, as they migrated to South Africa to join family members that had already made the migration to South Africa (UNESCO, 2017). This meant that members of the immediate family systems for some participants had been removed for periods of time. Some

of the participants had not been with their parents, siblings or extended family members for some time as a result of their migration. It is clear that attempting to identify and categorise migrant population groups is a complex exercise that may depend on many different factors. The only common factor was that the participants were all legal immigrants in South Africa aspiring to create a better quality of life by gaining security for their futures. This is in line with much of the research focused on understanding the motivations for migration within Africa to South Africa (Idemudia et al., 2013). Below is a table summarising the demographic information of the participants of this study to help contextualise their origins:

Participant	Age	Gender	Race	Country of Origin	Home Language
Ariko	20	Male	Black	Zimbabwe	Shona
Aneni	18	Female	Black	Zimbabwe	Shona
Njabulo		Male	Black	Zimbabwe	Ndebele
Kutenda	21	Male	Black	Zimbabwe	Shona
Miriro	20	Female	Black	Zimbabwe	Shona
William	18	Male	White	Zimbabwe	English
Alizia	20	Female	Black	DRC	French
Danai	19	Female	Black	Zimbabwe	Shona
Zendaya	20	Female	Black	Zimbabwe	Shona
Rufaro	22	Female	Black	Zimbabwe	Shona

5.3 How the Research Questions were Answered

The first research question of this study aimed to understand how migrant populations would describe their migration and adjustment process to life in South Africa. In order to answer this question, the migration process needed to be explored in its entirety. If adjustment is understood as the process of acculturation defined by Berry (1992), then understanding the

factors that led up to the migration and the subsequent adjustment are also important. The adjustment process seemed to be coloured by five key influences: the motivations to migrate; the improvements to daily living experienced; the losses resulting from migration; the challenges faced during migration; and personal changes experienced by the participants.

As described by a number of researchers such as Sluzki (1979), Bhugra (2004), Safak-Ayvazoglu and Kunuroglu (2019) and Tabor and Milfont (2013), migration is a process that starts even before a family or individual undertakes the physical move from one location to another, and its effects can be felt long after the relocation. The preparations for the migration are a vital part of the overall process and encompass the motivations for the departure and the logistical plans put in place to achieve the migration (Bhugra, 2004; Sluzki, 1979). In fact, migration-related stressors and their accompanying coping mechanisms start before the move (Tabor & Milfont, 2013) and there is often no immediate impact on the well-being of migrant people groups (Bhugra, 2004). This lengthy and complex process of migration seemed to be the overall experience of all the participants of this study. Integral to this process were the motivations behind the decision to migrate, the direct improvements experienced from the migration process, the consequential losses associated with migration, the various challenges faced during and after the migration, as well as the resulting personal changes experienced from the entire process.

The reported motivations behind making the decision to migrate, especially to South Africa, can be divided into two categories with one overarching theme. The most common underpinning was an aspiration to secure an improved quality of life. This was not related to physical safety, but instead to securing their future. Each of the participants had a desire, a drive, a necessity to create for themselves and their loved ones a more stable and secure future. This echoes the findings of Sandu et al. (2018) and Bygnes (2017) in their work examining the motivations underlying the decision to migrate. Behind the decision to migrate, two factors

were identified, namely: dissatisfaction and desire (Sandu et al., 2018). There is a sense of dissatisfaction in a particular sphere of one's life and the desire or opportunity to improve this (Sandu et al., 2018). Bygnes (2017) found that for economic migrants, this dissatisfaction related specifically to the dislike of the society developing in one's home country. This was true for the participants and their families within this study. There was a dissatisfaction with their lives and the future economic opportunities they faced. For example, Danai stated, "*It made life in general better because they were able to provide more for us which was the main reason to actually move to South Africa*". Dissatisfaction related to economic and political instability and a lack of service provision was directly experienced by the participants. This led them or their families to desire a new social landscape that would provide them or their families with a better quality of life. In addition, this desire may have manifested as the desire to obtain a tertiary education in order to secure a future, as expressed by Njabulo, "… *like everyone is here, pursuing the same goal which is to get our studies*". As seen from the data, a dissatisfaction with the country of origin led to a desire to seek an improvement in one's life in another country. Understanding the factors behind the decision to migrate is essential as it colours the entire migration process and experience, as noted by Bhugra (2004).

Having clear motivations behind the decision to migrate appeared to have made the adjustment process easier for the participants. This helped participants to better accept the difficulties they encountered during their adjustment process, as was seen especially in the help-seeking behaviours section of this study. The participants appeared to be accepting of the difficulties they faced during their migration and thus had lower help-seeking behaviours than expected.

There were two main motivations for migration found within the narratives of the participants. First, there was the motivation for families to secure a higher quality of life and

future opportunities for employment. The second motivation centered on participants migrating to South Africa in isolation to obtain tertiary education.

When the desire for security centred around obtaining a better quality of life, the participants were a part of a larger family system that migrated to South Africa. This migration either occurred together or over a period of time where some family members moved before others did. For example, Miriro explained, "*My mum came two years before and then my dad came last year then like in March or so and then I followed later".* The breadwinner of the family system often migrated first and laid down the foundation within South Africa before the rest of the family migrated as well. Sluzki (1979) describes these family members as the scouts who explore the new host country first. In instances where the family migrated together, the participants were minors who migrated at the discretion of their parents. The parents of the participants wanted their children to have a better education and a better quality of life than that to which they had been exposed. This process could be quick or it could span a period of years during which the family system was disrupted. Most of the participants moved willingly with their parents and agreed with their decision to migrate. However, the parents of one of the participants made the migration decision against her will and she experienced what is more accurately labelled as a forced migration (Bhugra, 2004). As such, this participant was forced to remain in South Africa as she was financially dependent on her family system. This lack of willingness for the migration deeply coloured her experience of comfort and safety within South Africa.

When the desire for security in their future manifested as obtaining tertiary education for better employment opportunities, the participants travelled to South Africa on their own with the sole purpose of studying at a South African institution of higher learning. Prime examples of this are the stories of Njabulo, Kutenda and Zendaya. Zendaya said, "*So after I finish my high school I have to come to university here so that's why I moved here*". Those who

migrated for this reason felt that their country of origin did not provide opportunities to study further. In order for them to access better academic and employment opportunities, they needed to migrate to a country they felt would offer them this. This is a clear example of the push and pull factors that arise with the motivation to migrate (Bhugra, 2004), where the pull factors, namely the possibility for a better future and education, appear to be more prominent.

In the South African context, the two motivations uncovered in the data speak to an expectation of security that underlies the migration process, sometimes even initiating the migration process. There is a lack of economic and political security for the future in the country of origin which prompts a migration to a country that can provide this security. This speaks to the Dissatisfaction and Relative Opportunities of Migration Motivation Model as defined by Sandu et al. (2018). This model highlights the importance of the country of origin and how people view their futures within it as either a push or pull factor in the migration process.

When asked about their experiences immediately following their arrival in South Africa, the participants commented on the change in their immediate surroundings. Their physical environments changed drastically and instantly and this was the initial focus for them. The participants also reported easier access to commodities and a better affordability of commodities since their migration. This points to an easier way of life for the participants on an external level, because of the goods and services that they had access to since migrating to South Africa. As Rufaro explained, "*Almost everything is easier now because like there is electricity, there is water, the roads are properly paved and all that and then in Zimbabwe you don't, there is no water, there is no electricity*".

It is interesting to note that even though the majority of participants reported better access to goods and services, migrating also meant having to change their preferred products in some instances. This was the case for Rufaro, who was the only one to point this difficulty

out. The other participants spoke only positively about interactions with their new physical surroundings and the different ways of accessing goods and services. This reflects the period of overcompensation outlined by Sluzki (1979) in which migrants do not give themselves space to engage with the stresses of migration upon their initial arrival; they focus only on the positive aspects of the new country.

Participants' experiences of the external changes to their physical surroundings was linked to their encountering a higher standard of living. The first reported improvement to standard of living came in the form of infrastructure, as was described by Rufaro. William spoke to the improved access to resources and services he encountered post-migration. Kutenda spoke about how goods were expensive or unavailable in his home country which made his migration process worth it. He said, "*All the goods and commodities are here unlike back home where some of the things are limited and expensive*".

However, this was not the only improvement to daily living that was expressed by the participants. For some of them, their migration to South Africa enabled them to learn and develop as individuals; it allowed them to experience new things and to meet new people. This was counted as an improvement to life post-migration. This perspective was specifically outlined by Njabulo and Danai. For example, Danai said, "*For me personally I think all those challenges that I faced, they sort of like helped me grow to the person that I am today*". This speaks to a different way of interpreting post-migration interactions. These perspectives highlight the fact that an improvement in the standard of living need not be based in survival or better service provisions. Instead, an improvement of lifestyle may be related to personal development and meaning-making. Perhaps this also reflects the period of overcompensation by Sluzki (1979). These improvements to daily life were not solely focused on the physical environment but also on emotional and social improvements. All of these factors were depicted

as improvements that the participants encountered post-migration which made their immediate adjustment to living in South Africa easier.

The second research question of this study aimed to understand the challenges faced by participants during the migration and adjustment process. These challenges included losses and specific obstacles that they encountered but also the large issue of navigating a sense of exclusion and inclusion in post-migration living. According to Berry (1992), in order to become adjusted in a new culture one has to alter cultural, social and behavioural elements. However, whether acculturation is the preferred outcome of migration or not has been debated by a number of scholars. For example, Falicov (2007) proposes that maintaining ties to and cultures from one's home country actually has protective aspects for migrants instead of causing negative mental health effects. In understanding the challenges faced in the migration and adjustment process, the losses, obstacles and feelings of exclusion must be explored.

Migration to another country often requires one to sacrifice their routine way of life and social networks (Tabor & Milfont, 2013; Torres & Casey, 2017; Vidal de Haymes et al., 2011). This was something that seemed to impact the participants and their sense of connection to locals within South Africa or loved ones in their home country. Their daily routines had to change in terms of transport, living and social engagement, and they had to leave behind many family relationships and friendships. This caused a dramatic change in their daily landscape and led to feelings of homesickness, as well as impacting upon their sense of belonging and freedom of movement within the city of Johannesburg. Not being able to encounter the level of familiarity that they were used to impacted the participants' adjustment process. Danai summarises this experience of loss as, *"All those little things that you have built like already, it's like you are starting all over again, that was quite challenging I think".*

This loss of the familiar and the comfortable was met with both sadness and anxiety by the participants. This is similar to what Sluzki (1979) found in the period of decompensation

phase of migration in which migrants adjust to the realities of their migration. For the participants of this study, this decompensation revolved mostly around the loss of personal relationships. This speaks to the idea that migration is not only a physical challenge, but a psychological and social challenge too (Idemudia et al., 2013). William felt this keenly, "*I think probably the biggest stress was losing all the friends as well as a social network. I think that was one of the most important things at that age*".

Migration often requires a person to let go of a life in which they are familiar and comfortable for a life that is completely foreign and unpredictable to them. Sluzki (1979) points out that migration is a process that has no prescribed rituals or behaviours attached to it. Thus, families are often left sacrificing the known and familiar for the new and unpredictable (Sluzki, 1979). How this letting-go process was navigated played a large role in how the participants experienced their adjustment to a new host country. Torres and Casey (2017) have commented on the importance of social ties and how the disruption of these social ties during migration has a large impact on mental health outcomes. This was supported by the participants' experiences of having to leave behind their families and social relationships. Kutenda points out, "*So, it's hard for me to like go and see someone when I feel like I miss my family and stuff like that*". This was a loss they had chosen in search of something better in the long run, but a loss, nevertheless.

Zaiontz et al. (2012) note that migration to industrialised or more developed countries does not necessarily negate the risks of adjustment-related difficulties and the toll it takes on emotional well-being. Instead, a multidimensional understanding of migration with both its benefits and its costs must be applied to a description of the participants' adjustment process. The relationship between the benefits and the costs of migration clarifies how the migration adjustment period is navigated. As expected, there are unique social and personal challenges that greatly influence how adjustment is navigated by Sub-Saharan migrant populations within

the inner city of Johannesburg. The most prominent challenge was related to obtaining and maintaining the correct documentation to legally migrate. The next challenge was that of language, followed by issues of daily safety and experiences of xenophobia in South Africa.

The biggest challenges faced by the participants was that of obtaining the necessary documentation to live or to study in South Africa. This was both a sizeable administrative and financial undertaking and also a large contributing factor to negative emotions during the adjustment process. This was reported by all participants to have required a lot of time and effort. For Danai, this is a stress she will have to engage with for as long as she wishes to remain in South Africa. It was the acts of filling out forms, standing in long lines and waiting on South African facilities to process requests that generated the most negative experiences. Danai described this process, "*I think another thing that was bad about the move, I think just the stress of having to gather documents because it's a constant stress, it doesn't leave you until you become a permanent resident or something*". This sometimes had a large impact on the participants' experience of their physical migration and then their adjustment. Another example was provided by Kutenda, whose visa impacted the timing of his move and caused him to be three weeks late for the start of his academic year. He experienced much stress and disorientation due to this.

Obtaining the necessary documentation also played a significant role in when and how the participants were allowed to migrate, thus impacting on their physical movements to South Africa and the lives they began post-migration. Thus, documentation was experienced as causing much distress and pressure. This aspect was considered a migration challenge that occurred throughout the entire process with no clear end in sight (Idemudia et al., 2013).

Moreover, many of the participants spoke of the unwelcoming attitudes of the officials in charge of dispensing the required documentation for migration. This meant that some of the very first encounters some had had with South Africans were coloured by this. This

documentation process is an encounter that is repeated every few years for some, such as Alizia. Alizia reported this to impact on the feeling of welcoming she experienced in South Africa; it thus had an impact on how comfortable and accepted she felt overall: "*The hardest part is getting documents and getting treated well by the people giving you the documents*".

This is arguably the first experience of subtle xenophobia that Alizia encountered as it was reported that she was targeted only because of her immigrant status by legal bodies as described by Misago (2016). Getting legal documentation for migration is something that often happens before the physical migration period. Thus, the experience of South Africa was already tainted by this process of obtaining documentation. This could have deep repercussions on the adjustment processes of migrant population groups if it is their initial experience.

Financial cost related to migration is also part of the migrant experience. Financially speaking, migration was reported to cost a lot of money as it required transportation costs, new housing arrangements and legal costs in getting documentation to migrate legally to South Africa. These are considered pre-migration challenges (Idemudia et al., 2013). Zendaya spoke of a minimum amount of money that she was required to own before she could even qualify financially to obtain documentation to migrate to South Africa. Danai spoke of the costs of travelling and creating a home. All of this meant a large financial undertaking on the part of the participants and their families before and during their migration and adjustment.

Despite the participants being able to communicate with local South Africans, language was still a challenge: it was experienced as a means of exclusion in their social settings. Language was used as a way to highlight the participants' differences from the local community, thus perpetuating their sense of social exclusion. The participants often felt a pressure to learn a South African language or to operate in languages that are not their home language. For example, both Rufaro and Zendaya described instances where they struggled to travel within Johannesburg because they spoke English. More specifically, they reported overt

expectations from others to engage in other South African languages; communication in English or Shona was met with strong disapproval. Aneni explicitly noted others' expectation that she know a South African language, due to her being a Black woman. These expectations were summarised by Zendaya when she said, "*If you go into the taxis, they really expect you to use their language so if you speak in English you sound like you are offending them because they're like 'I'm black, you're black. Why are we speaking English?*'". However, Aneni also faces a language barrier in her home country as she has not lived there for some time and thus struggles to communicate effectively in Shona as well. She therefore experiences a sense of exclusion based on language in both her home country and also her host country. Rufaro felt particularly negative about this language expectation as she did not want to learn another language, but she felt she was forced to in order to function in Johannesburg. This meant that the ability of the participants of this study to function in their daily lives was reduced in comparison to local South Africans who have a clear language advantage over them. When they did not meet these expectations, they were met with a sense of exclusion.

For others, language was used to highlight their migrant status which left them vulnerable to issues of xenophobia, discrimination and vulnerability. Zendaya had an experience of this, perpetrated by South African policemen. This instance highlighted the fact that using a language that is not a South African one created a point of vulnerability, which could be taken advantage of by certain structures and systems in South Africa. Thus, language was used to further perpetuate exclusion and discrimination for Zendaya.

Language was also reported to impact on some of the participants' abilities to function in their schooling environments, which had an impact on their overall sense of adjustment. Specifically, Rufaro described the challenges she faced due to language in her educational system as follows: "*Sometimes you might not be able to unpack the meaning the first time, so you have to like read like three times and all that and that's also difficult*". This language

difficulty resulted in a cost to her academic performance which may have larger consequences for her than just grades on a score sheet. She described the extra time and effort she needs to put into her work in comparison to local South Africans or those who are more competent in English. This creates much distress and anxiety for her that she would otherwise not have experienced.

Most of the participants discussed issues of personal safety as direct challenges to their adjustment process post-migration to South Africa. When the participants discussed issues of safety and security, they did so in two opposing manners. On one hand, safety and security were discussed in terms of a gain. For the participants of this specific study, the motivation for migration was either to improve the quality of their life opportunities or educational opportunities. This means that the participants underwent the stress of migration for the future security of being able to get full-time employment, have better access to goods, services or opportunities for growth and/or to obtain quality tertiary education.

On the other hand, the participants spoke of security and safety in terms of a loss. The participants felt that migrating to South Africa meant a loss of personal and physical safety in comparison to their home country. Rufaro described petty crimes, kidnappings, motor vehicle accidents and so forth that she experienced in South Africa.

It appears that the experiences of less daily safety within South Africa by the participants were an accurate reflection of the available statistics. Comparisons between Zimbabwe and South Africa show that there is a higher prevalence of crime, especially violent crime, in South Africa as opposed to Zimbabwe (Numebo, n.d.). There is also a much higher prevalence of worries about safety in South Africa (Numebo, n.d.). As nine of the ten participants migrated to South Africa from Zimbabwe, this comparison is an important one to make. Beyond this, crime in South Africa has had an increase in the years 2016/17 and 2017/18 (Statistics South Africa, n.d.). Household crime and individual crime rates currently stand at

1,5 million and 1,6 million incidences reported annually, respectively (Statistics South Africa, n.d.).

These drastic changes in safety were reported to impact not only on participants' sense of freedom but also on their daily routines, which was experienced as discomforting. The participants described having to change the way they moved in their physical spaces and how they structured their daily routines. Ariko especially disliked this change in his daily routine. It was something he was not used to and it gave him a negative view of his life post-migration, "*I still don't like living the way where you have to stay inside, you have to stay enclosed because I guess that that's a norm here*".

Furthermore, these changes in feelings of safety were experienced as emotionally taxing. This points to the importance of general safety on physical wellbeing as well as mental wellbeing. Participants described a loss of personal freedom, independence and comfort, which sometimes even created the urge to return to their country of origin rather than remain in South Africa. These negative experiences of safety have made Miriro so uncomfortable in South Africa that she would prefer to move back to her country of origin. However, she feels as though she is trapped in South Africa as she is financially dependent on her parents who also live and work in South Africa. The issue of safety impacts on the ability to connect within social circles, the ability to feel safe and, potentially, the ability to adjust to a host country post-migration. Living in a state of constant fear may well impact upon the adjustment process.

This dynamic between future safety and daily safety may be understood as a transactional exchange. The participants sacrificed the daily safety they were accustomed to in their country of origin in order to obtain a better future for themselves. There was a sacrifice of daily physical safety in order to secure future economic safety. This transaction of daily safety for future security was done knowingly by the participants: they reported moving to South Africa knowing that they would encounter higher rates of crime and violence. Research

by Bygnes (2017) speaks to the risk of losing social capital and privilege by migration. This could be due to a shift from being in a majority group to being in a minority group (Berry, 1992). However, this transaction of safeties within South Africa most likely relates to short-term losses for a long-term gain as is inherent in the migration process.

Whilst xenophobia is defined by Misago (2016) as the direct targeting of foreign nationals by local communities or collectives with the intent to enact violence, the participants understand this as pertaining only to physical violence. When discussing xenophobia, violent, verbal or medical, typically it refers to consequences such as bodily harm, murder, looting, destruction of property and mob violence (Misago, 2016). This is a topical and important aspect of migration studies within South Africa (Crush & Tawodzera, 2014) and was also highlighted in many of the interviews. It seemed as if participants could not discuss issues of safety in their adjustment processes without also bringing xenophobia to the discussion.

However, their experiences often did not match some of the more traditional definitions of xenophobia. Perhaps this is due to the socioeconomic backgrounds of the participants and their physical movements within Johannesburg, but they were fortunate enough to report never having been physically attacked or physically abused due to their immigrant status (Misago, 2016). However, this absence of physical harm did not mean that they did not experience either implicit or subtle versions of xenophobia.

In fact, their experience was a less overt and more insidious version of xenophobia when compared to other violent and overt examples, as Misago (2016) outlined. For the participants, the two types of xenophobia experienced were vicarious or implicit xenophobia. They experienced what we can call vicarious xenophobia by being exposed to physical or verbal attacks on other immigrants within South Africa. Danai describes poignantly the deep, empathic connection she felt with other immigrants who were victims of xenophobia,

> "*It's not something that is pleasing to see, someone that you know is from your country or the same situation that you are in, being burnt in a tyre, it's something that… it hurts, it's something that makes you think that ok this person did not just come to South Africa, it's a whole process, it's a lot of challenges which we face when you moved to South Africa only for you to be you know burnt in a tyre*".

There was an undercurrent of fear and vicarious trauma that was evident when participants described witnessing violence enacted against someone with whom they could identify. Despite not always having experienced xenophobia, the participants were constantly fearful and highly protective of their migrant status. Miriro was especially protective of her nationality, fearing a resurgence of xenophobia in South Africa:

> "*If xenophobia does start again, am I going to be a part of it? Do people actually know that I'm Zimbabwean? So at the same time you want to be free to like express your culture but then you're also reserved in the sense that you are scared that if xenophobia or something like that does start, you will be attacked so it's just easier to keep it to yourself*".

Implicit xenophobia occurred when participants were exposed to mistreatment or verbal abuse that – while being less explicit than physically violent xenophobia – also left its mark. These instances of xenophobic micro-aggression occurred in many different settings and encompassed acts of bullying, verbal abuse and systemic mistreatment due to the participants' migrant status. They reported being exposed to open hostility, neglect or impoliteness as forms of mistreatment. Many of the participants reported that they were more vulnerable to verbal abuse or acts of bullying or that they were outright rejected due to their migrant status. This is very much in line with the nature and presentation of xenophobia within South Africa as described by Misago (2016). However the participants did not clearly define themselves as

victims of xenophobia. For example, Danai had experiences of rejection in social settings due to her foreign nationality, and has been told to leave South Africa; however, she did not define herself as a victim of xenophobia. This may be due to the ways in which xenophobia is described and handled within mainstream media. Chiumbu and Moyo (2018) have already outlined ways in which the media mishandles issues of xenophobia.

Perhaps the largest impact of xenophobia on the adjustment processes of the participants was the effects of vicarious and implicit xenophobia on their sense of safety and connection to local South Africans. They tended to mistrust even the new social ties they had made with locals for fear of future xenophobic waves and what that meant for their safety. This speaks to xenophobia's detrimental psychological effects, instead of just physical effects. The participants often reported a sense of empathy to the challenges faced in the migration process for fellow migrants and how this is intensified when a migrant person loses their life in a xenophobic attack. Not only do they empathise with other victims, but it also highlights the participants' own sense of vulnerability. This in turn led participants to constantly fear for their own safety should they be targeted and they are thus highly protective of their migrant status, as described in Miriro's experiences. Rufaro also highlighted that relationships with South Africans do not mitigate the risk of becoming a victim of explicit xenophobia. Feelings of vulnerability and disconnectedness could be large factors that impact on the adjustment process for migrant population groups. This is an especially important point to consider when it is remembered that social connections have been shown to be vital in this acculturation process (Ramakrishnan et al., 2018; Tabor & Milfont, 2013). Living in constant fear for their future safety may, again, have coloured the participants' experiences of South Africa and how they navigate their personal relationships. Thus, it potentially impacted upon their ability to feel safe and adjust to their new lives in post-migration living.

As discussed by Berry (1992), in the process of acculturation, there are changes that happen at two distinct levels, the group and the individual. There are changes that occur within the group, i.e. a people group that make up a community of migrants, and there are changes that happen within the individual, i.e. the migrant within the group. Berry (1992) also explores how there are more changes that occur within the non-dominant group as they form the minority compared to the residents of a host country, the dominant group. The focus of this research was on the acculturation that occurs at the individual level of the non-dominant group.

As reported earlier, these individual changes include psychological shifts; changes in values, attitudes, abilities and motives; changes in behaviours and personal as well ethnic identity shifts (Berry, 1992). Acculturation also takes place at a behavioural level in changes to the use of language, religion and its enactment, entertainment, food and shopping habits, cognitions, and attitudes (Bhugra, 2004). When the participants explored the changes that they experienced resulting from their migration it was from this individual psychological and behavioural level. These individual changes reported by the participants included an exposure to cultural varieties that altered their world views, changes in the way they engaged in social situations and finally a shift in their personal identities and the subsequent expression thereof. These changes were not always viewed as positive changes; instead, some of these changes added to the distress experienced during the migration and adjustment process.

Once the immediate and direct improvements, losses and challenges resulting from migration were explored by the participants, they began to shift their focus to the cultural variety in South Africa. This is an important aspect of the adjustment process: cultural incongruence is a social dynamic that occurs when someone migrates to a country unlike their country of origin (Bhugra & Arya, 2005). The interviews pointed to participants' experiences of these cultural varieties, vast societal differences, and cultural incongruence; these potentially

play a larger role in the adjustment process than do other, more documented, sources of migration-related stress such as trauma or discrimination (Bhugra & Arya, 2005).

The participants in this study spoke of different traditions, belief systems and lifestyles that they had not encountered before their migration to South Africa. Some of these different traditions and belief systems were specifically African traditions and a move away from strictly Christian origins of spiritual connection. Kutenda and Alizia described how the sheer variety of different South African belief systems and traditions with which they were confronted played a role in their adjustment post-migration. It is important to remember that they come from different countries. This indicates that country of origin does not necessarily mitigate the shock experienced and reported in the interviews. Kutenda and Alizia had a similar experience within South Africa, indicating that neither one was sufficiently prepared to interact with the cultural variety they encountered in South Africa. A move from one experience of everyday living to a new experience of everyday living creates this phenomenon. Alizia and Kutenda had to adjust not only to the new environment and the change in their social landscapes, as well as the new languages, but also to the different cultural backgrounds found within South Africa; for example, Alizia said, "*It was hard for me to kind of like adapt very easily to every single one of the cultures around me*".

Encountering the different African traditions and having to adjust their own world views or become familiar with new world views proved to be an added challenge in the adjustment process. Njabulo describes this cultural variety as something he would have avoided in his home country or have reacted negatively towards, "*I would probably freak out when most people talk about it back home because as I said it's something that's there but it's not as predominant as it is here*". Thus, in South Africa, the high cultural variety could be an added source of acculturative stress for migrant population groups. The high cultural variety might

impact the ways in which migrants choose social groups and who they choose to interact with on a daily basis.

Beyond this, the participants expressed discomfort at times when it came to social interactions. The norms of navigating social relationships in their country of origin were very different to those that they encountered in South Africa. This meant that they were sometimes uneasy when having to navigate social situations. This included having conversations with people of different generations, genders and races. If the participants came from more conservative backgrounds, it appeared difficult for them to engage in the more liberal social settings that they encountered in South Africa.

Both Vidal de Haymes et al. (2011) and Ramakrishnan et al. (2018) have found this to be a stressful and important element of the migration process. Miriro especially struggled with this process. In the months following her migration to South Africa, she noticed that the ways she engaged socially had diminished. This was causing her to become more socially isolated.

In the process of adjustment it has been shown to be important for migrants to form new social relationships, learn to navigate new social systems and learn how to use different resources in their host country (Ramakrishnan et al., 2018). The ability to do this, however, is made difficult by unfamiliar social norms, cultural customs and institutions (Vidal de Haymes et al., 2011). This difference in social interactions was something that Aneni experienced even after the initial migration and adjustment to life in South Africa. She reported having ingrained social norms reflecting how she had been raised that were still part of who she is. For example, she said, "*I feel like I relate more to women with my upbringing and stuff than I do with a man but I feel like here, it's more… it's more relaxed you know, you can stand in a group of men, like older men, and talk or whatever but I can't. I don't know, I find it quite uncomfortable at times*". This statement points to the sometimes-long-lasting effects of a change in one's social landscape and how this can have a negative emotional impact on migrants.

There were many ways in which the participants described a shift in the way they constructed their identities and then expressed them post-migration in relation to their new environments. This also relates to the different forms of self-expression that the participants encountered in South Africa.

One of the physical examples that the participants explored was that of clothing. This was especially true for participants who described themselves as coming from more conservative backgrounds. For Alizia, a change in clothing norms was a positive experience as it allowed her express herself fully in ways she was not allowed to back in her country of origin. This created within her a sense of freedom and independence that she enjoyed, even years after their migration process had been initiated: "*You can express yourself and wear anything you want, and people find that normal and like I think that was definitely a fun thing to do*". Adjusting to these kinds of changes was a positive and exciting experience for Alizia.

However, for others, clothing caused feelings of emotional distress rather than feelings of freedom. This was the case for Rufaro who, conversely, felt pressure to expose more of her body than she felt comfortable with in order to fit in with her peers. She said,

> "*Adjusting to that has been difficult because let's say its summer, like if you wear your long clothes, people are going to start judging you or people are going to look at you and you are going to feel out of place and inferior so you end up doing that just to fit in*".

She felt that she was expected to wear certain types of clothing to fit in with her new social group post-migration, causing discomfort.

There is a constant conflict between the identity migrated with and the identity that forms post-migration, as described by Grinberg and Grinberg (1984) in their work on migration. They describe the conflict between wanting to conform to the new greater society but also the desire to maintain one's identity from the country of origin (Grinberg & Grinberg,

1984). This conflict and its navigation are important in the successful mourning process of migration, the integration of multiple cultural identities and the growth or change in the ego or self-identity (Grinberg & Grinberg, 1984).

Sexuality and its expression also tended to draw the attention of the participants. Kutenda commented on how expression of homosexual sexuality is minimalised and rejected in his country of origin,

> "*It's been an odd thing because in Zimbabwe, I'm not used to that. Like in school we didn't have people who are homosexuals or in society I never saw a person who was homosexual. So, when I came here, I was like okay they have people who are homosexuals so that was like totally different for me*".

This again speaks to the conservative background of the participants. Thus, when they migrated to South Africa, some of them were consequently surprised by the ways in which sexuality was freely expressed in South Africa. They were not used to this type of self-expression and this was something that they needed to get used to in their adjustment period.

These changes in the way the participants viewed themselves and the world around them required a process of unlearning and relearning. Two of the participants, Alizia and Rufaro explained this as a lengthy and sometimes difficult and painful experience. This links back to the process the participants went through in losing what was familiar to them and needing to learn new ways of being in their post-migration living.

These vast differences in cultures, belief systems, lifestyles and behaviours all impact adjustment processes as they dictate the ways in which participants navigate self-identity, social networks and social engagement. This, again, links to the changes at an individual level that occur during the acculturation process (Berry, 1992). Participants who struggled with these different forms of culture, socialising, and self-identity also reported more challenges during

their adjustment. Achieving integrated identities during this process is indicative of better psychological outcomes (S. X. Chen et al., 2008). When they had had vastly different expectations and norms in their home country, the participants seemed to experience a period during their adjustment where they needed to unlearn the habits of their old life and learn new habits for their new lives. This could also reflect the period of decompensation as described by Sluzki (1979). During this phase, the migrant or the migrant group must recreate their sense of identity by balancing their old identities and their new ones (Sluzki, 1979). As this phase is often the one with the most distress and difficulties, it can play a large role in the overall acculturation process (Sluzki, 1979). The ability to adapt and alter one's thoughts and behaviours to connect to a new environment is the essence of acculturation (Berry, 1992). Having multiple identities can greatly impact successful adjustment post-migration (S. X. Chen et al., 2008). The ability to manage many integrated identities for migrant population groups is an important step to take, especially for long-term migrants (S. X. Chen et al., 2008).

There is an apparent two-way interaction between the person and the environment when it comes to adjustment post-migration. Torres and Casey (2017) speak of the impacts of social marginalisation on the mental health of migrant population groups. Safak-Ayvazoglu and Kunuroglu (2019) also refer to the vital role that the host country's immigration orientation plays in the acculturation experiences. However, Berry (1992), Bhugra (2004) and Sluzki (1979) engage directly with the strategies, processes and phases that take place within and to the migrant that impact the process of acculturation. From the experiences of the participants in this study, this appears to be an intricate and complex dynamic between person and the environment which in turn dictates how much inclusion and exclusion the participants experience.

This tension between inclusion and exclusion seemed to play a large role in how connected and rooted the participants felt in their daily lives in South Africa. For example,

Zendaya explores the notion that she will never feel like she belongs in South Africa, so instead settles for some level of comfort. She said, "*You cannot feel you belong here if you don't but maybe you just feel comfortable with where you are at the moment but you can never feel that you belong to a place that you don't belong to*". There were many factors identified by the participants that altered the dynamic between the person and the environment, namely: language, social groupings and levels of social involvement or enactment.

However, this tension was not always easy for participants to navigate. At times, the social climate of South Africa, along with historical backdrops to social engagement that have lingered from apartheid, meant that some of the participants found it very difficult to ingrain themselves within new social networks and find a sense of connection. William overtly described social segregation he encounters in South Africa that has nothing to do with his immigrant status. He explores ways in which South Africa is a segregated country due to its history of apartheid. He reports a culture of segregation for South Africans themselves. If a country struggles with integration of its own communities, it would undoubtedly struggle with the integration of immigrants.

This speaks to the importance of the host country and its social climate in the adjustment process of migrant population groups. Creating a sense of connection is only easy when the group wants to connect to the newcomer. This, again, reflects the deeply-entrenched and socialised xenophobia within South African communities (Misago, 2016). This also means that a feeling of being lost between cultures could be experienced by migrants. There was a feeling of being disconnected from South African communities but being disconnected from one's home country too. For example, Aneni experienced a rejection from South African communities and a rejection from Zimbabwean communities. She said,

> "*I'm not like deeply rooted into like the culture, however I do understand my culture, I do know my culture. I'm still Zimbabwean but people are*

like 'no you are not from Zim' and then South Africans are like 'no you're not South African' so it's like where do I really fit?".

She has had many years pass since her migration and has lost her connection to her home country, but also has a no sense of belonging within South Africa.

The next factor that influenced how included or excluded the participants felt within South Africa had to do with how involved they were in social settings. Many of them felt as though they were not allowed or were unwilling to involve themselves in scenarios, discussions or debates with South Africans. This was especially the case in social and political debates or discussions in their educational spaces regarding South African politics or social issues. Aneni and Njabulo outlined personal experiences when they choose to remove themselves from discussions due to their foreign nationality. Njabulo described, "*At times I'm scared to contribute because like… you don't get involved in revolutions that you don't belong to*". This was because of fears of rejection or discrimination from South Africans should they express their personal opinions. They felt that their nationality was often used as an excuse to highlight their otherness or vulnerability and then to further exclude them in social settings.

The discrepancy between inclusion and exclusion often resulted from the amount of involvement that each participant chose to enact. Those who chose to involve themselves within their communities and schools often felt more included within South Africa. However, some of the participants reported choosing or being forced into involving themselves less. This forcing of less involvement was often as a result of indirect xenophobia or unwelcoming South Africans. This made them feel less safe to engage within their physical spaces. As the participants were all students at a tertiary institution, many of them reported not feeling like they had permission to be involved in political and social debates in their learning spaces. This was, then, a reminder of their immigrant status, generating feelings of exclusion within South Africa. This led to the decision instead to withhold themselves in their social interactions and

to remain as separate entities from the communities with which they had to engage. Such issues of exclusivity are in direct opposition to the inclusivity clauses found within the South African Constitution (Chiumbu & Moyo, 2018).

The final three research questions of this study aimed to explore the management of the migration and adjustment process and the arising challenges faced within this process. The third research question relates specifically to the help-seeking behaviours that migrant populations make use of. Within this study, it was found that relationships and social interactions were used strategically by the participants in order to assist them in navigating their experiences of migration and to feel less excluded.

Some of the participants navigated the tension between inclusion and exclusion by attempting to create a sense of comfort or normality for themselves within their new lives. Alizia and her family decided to view themselves and behave as if they were no different from their new surroundings. Alizia's parents wanted her to feel like a normal person in her schooling years and so they threw themselves into creating a sense of normality despite their differences. She said,

> "*I feel like my parents just wanted us to feel normal and not feel like we are immigrants in the country if that makes sense you know. They wanted us to feel like we are just… just teenagers you know, coming in and just a new school, a new life sort of like situation instead of like feeling like we are outcasts*".

This is seen as a form of the assimilation acculturation strategy defined by Berry (1992), in which migrants relinquish their previous roots in favour of the new dominant society in an attempt to minimise acculturative stress. This made Alizia and her family feel more comfortable within South African communities despite their immigrant status. For Alizia and

her family, this approach was successful in helping them become connected to South Africa and its cultures and to make new social ties.

Some of the other participants engaged with what is more akin to the integration strategy described by Berry (1992), in which migrants attempt both to retain their home country origins and also to join in the dominant society of the host country. This behaviour ranged from following international celebrities in South Africa to using their migrant status as a badge of honour and an identifying factor for their personality. Danai uses Zimbabwean celebrities in South Africa as a symbol of hope for inclusion. This highlights the importance of mainstream media in her adjustment process. Njabulo felt a sense of confidence and pride regarding his foreign nationality. He felt that he had new and different perspectives to offer his peers and that he had more potential for learning due to his immigrant status. He described, "*What is it like to be different? It's great, it's actually, it's amazing to be different because at times I have different stories to tell, I have things to teach, I have things to learn so being different… it's got its pros, it's got its cons*". Thus, it became a choice for him to root and include himself into South African spaces to create a sense of comfort in his difference.

It was interesting to see from the data the ways in which the participants navigated groups and communities. Joining social groups provided the participants with a new social network to fill the void of the one they had lost in their migration process. Half of the participants chose to engage mostly with other migrant peoples whilst the other half chose instead to engage mostly with South Africans. Each choice had its own outcomes and impacts on the participants' experience of the adjustment process.

Some of the participants understood the importance of creating wide social networks that included local South Africans. William discussed the importance to his post-migration adjustment of creating new social ties. He has migrated many times within South Africa since his first initial migration from Zimbabwe and points out, "*I think I put a lot of effort on my part*

to meet people, to talk to as many people as possible and I think the support of a social network is very important in becoming adjusted to a specific environment in general". When the participants' social networks were less insular, their reported feelings of adjustment seemed to be higher than those of participants who chose instead to interact mostly with other immigrants. A vital aspect of adjustment is that of social networks and sources of support (Kia-Keating & Ellis, 2007). This decision regarding with whom to interact is an important one and it might be altered by how long one has been in the host country.

When the participants chose to interact with fellow migrants in South Africa, it was a way to seek familiarity and understanding to mitigate homesickness and isolation. Kutenda used his relationships with other Zimbabweans as a way to surround himself with familiarity as he missed Zimbabwe very much. For example, he said, "*I mostly talk to Zimbabweans because, I don't know I think it's the fact that sometimes I miss home so much that I need someone to talk to who reminds me of home*". Thus, his relationships were tools to lessen his feelings of homesickness. For Miriro, engaging with other Zimbabweans gave her a sense of comfort and understanding in ways she felt South Africans could not provide.

Proponents of transnationalism would state that maintaining ties with one's country of origin can be protective and that it is beneficial to maintain social ties and kinships across borders (Falicov, 2007). However, others state that an overly strong social connection to one's country of origin can impact mental health negatively as it requires financial and emotional resources (Torres & Casey, 2017). For Kutenda and Miriro, maintaining ties to Zimbabwe helped them to feel more contained emotionally.

The participants who chose to interact with fellow immigrants were in the early stages of their migration, having only moved to South Africa within a year prior to the interview. Conversely, the participants who chose to interact more with local South Africans had migrated many years prior to the interview. Who the participants interacted with more had a direct impact

on how included or excluded they felt in South Africa post-migration, thus impacting their adjustment process.

As discussed earlier, language played a large role in how the participants engaged within social settings in South Africa, thus impacting their inclusion or exclusion and thereby impacting their adjustment post-migration. It has been shown that language, specifically competence in a bilingual capacity, can be an antecedent to favourable psychological outcomes in relation to adjustment post-migration (S. X. Chen et al., 2008). This is believed to be the case as bilingual competency allows for adequate management of multiple cultural identities and group loyalties and is thus important in the adjustment process (S. X. Chen et al., 2008). When it was used as a tool, participants made strategic choices to use certain languages as a way to connect with local South Africans.

For example, Njabulo was able to use his home language from a region in Zimbabwe to communicate with local South Africans. Though he spoke Ndebele, he explained its similarity to Zulu and how he used this similarity to his advantage. This helped him to relate to his new social landscape post-migration. Danai, however, had to put more effort into this process of relating through language. In her quest to build her leadership skills and to relate to local South Africans, Danai learned four of the South African languages. She felt it was important to be able to engage in English in formal settings but to be able to engage in other South African languages in informal settings.

This helped to create a sense of connection and integration within South African communities. Both Njabulo and Danai described the importance of language for them in creating new social ties and adjusting to life in South Africa. For example, Danai described,

> "*You really cannot be the leader you want to be if you cannot really talk to the people around you so I realized that … you not only had to speak in English in front of everyone but conversations between you and the*

learners had to be also in their home languages so it's best to be more relatable yes".

Language was also used as a tool to identify other members of migrant population groups so that it was possible to make new connections with others in similar excluded roles. Rufaro used language as a way to identify other Zimbabwean migrants within South Africa. She explained how this was a way for her to make new friends. For Rufaro, language was a tool of engagement.

The fourth research question of this study hoped to explore what formal and informal structures are being utilised by the participants to assist them in their adjustment process. The findings indicate a strong leaning towards informal structures rather than formal ones. Spaces of learning and worship were of far more value to the participants than medical and psychological structures designed to provide mental and physical health. There appears to be a range of reasons for this phenomenon.

There are four different types of assistance that can be identified: medical assistance, psychological assistance, social support and spiritual support. An interesting note regarding the theme of help-seeking behaviours is the assumption of the participants. When asked about assistance for the migration and adjustment process, the participants automatically described the ways in which they sought assistance **post-migration**. None of them engaged with seeking assistance or even support pre-migration or during the migratory act. This assumption was made despite research by Safak-Ayvazoglu and Kunuroglu (2019) and Tabor and Milfont (2013) stating that coping mechanisms and accessing available support structures prior to migration play a role in the adjustment process of migrant population groups. Furthermore, as was found by Cooper (2014), it was only upon necessity that any help-seeking behaviour happened.

For the participants in this study, there was a clear lack of desire to use any formal structures, facilities or services that were designed to assist in adjustment post-migration, especially medical services. This is very much in line with much of the national and international literature cited earlier that defines and describes health-seeking behaviours in migrant population groups (Alidu & Grunfeld, 2017; A. Chen et al., 2008; Cooper, 2014; Jackson et al., 2007; Nadeem et al., 2007; Rucci et al., 2015; Tarricone et al., 2012; Uyanga, 1983). The findings of this study also support Heaney and Winter (2016) who stated that hospitals were a last resort as the participants tended to use informal structures and services to meet their needs, rather than formal medical structures. Their sources of safety and support were paramount in their adjustment processes.

Only one of the participants, Rufaro, actually had experiences of seeking out medical assistance; she states,

> "*I feel like sometimes they discriminate people, because let's say if you can't afford medication and then you go there the next time… like I remember like from my personal experience, the doctor like gave me this kind of 'why didn't you buy the pills? Now you are coming back' and all that*".

Chen and Vargas-Bustamante (2011) found similar experiences to that of Rufaro in their research, concluding that migrants tend to have lower levels of medication adherence than non-migrants. Both Rufaro and Danai had negative experiences regarding the medical system of South Africa, describing instances of inadequate attention, poor treatment and systems designed to make it harder for immigrants to access medical healthcare. Danai described her own mother's experiences, "*My mum always highlights the fact that she has stood in a line longer, she has gotten less attention, because especially like in hospitals and stuff like that because of her nationality*".

This seems to refer to what is termed ‘medical xenophobia’: when mistreatment occurs in specifically medical settings (Crush & Tawodzera, 2014). Not only did this cause negative emotional responses from the participants, but it also coloured the ways in which they experienced their migration and adjustment to South Africa.

This lack of accessing and utilising medical facilities is not a uniquely South African one. In fact, Nadeem et al. (2007) and Huang et al. (2006) have found this unwillingness and avoidance of medical healthcare systems due to fear of stigma and poor treatment by medical professionals. Nadeem (2007) found that migrants were more concerned about stigma and thus they had a recued desire to seek out mental healthcare services. Huang et al. (2006) found much lower treatment rates and poorer health for immigrant families.

Only two of the participants sought formal counselling services for assistance. Njabulo received counselling from his church and Aliza only turned to counselling many years after her migration. Beyond this, the participants reported an informal approach to seeking out support and assistance for their migration related stresses. The participants chose mainly to seek out emotional support and assistance from their friends and families rather than other sources. This is in line with research stating that migrant populations are less likely to want formal treatment, even for mental health concerns (Nadeem et al., 2007).

An interesting reason used for not turning to formal structures for psychological assistance with adjustment was that of expectations. Some of the participants felt that they should not seek additional assistance because any stressors were to be expected as part of the migration experience. Kutenda spoke of the inevitability of the challenges related to migration: “*I think that these problems, we have to encounter them, and they are not... how can I say they don't evolve for a long period of time, they just come and go. So, I feel as if I had the way that I was raised up, I have the tools to encounter those challenges yeah*”. Thus, he felt that his upbringing and current skillset should be adequate to manage any issues he had. Alizia

described a cultural backdrop to her initial decision to avoid counselling. She describes the independent and self-sufficient manner of her country of origin stopping her from feeling able to reach out for psychological assistance. Danai describes a phenomenon she attributes to foreign nationals as not needing assistance as they should be focused on achieving the goals which underlined their motivations for migration.

This reported expectation appears to differ from the findings of Nadeem et al. (2007) which indicated that fear of stigma is what reduces the desire for mental healthcare. Instead, for the participants of this study, it was more of an internal pressure to decline the need for mental healthcare in their adjustment process. This is a novel understanding of the relationship that immigrants in South Africa have to accessing mental healthcare systems. The expectation to self-manage migration-related stressors led the participants to feel as though they were not allowed to need or want assistance with their adjustment process.

Moreover, a lack of faith in South African healthcare was also reported as a reason for this avoidance. Danai describes a lack of faith in South African healthcare by using the health of South Africans as a gauge. She felt that if South Africans still struggled with many issues then she, a foreign national, would not get any assistance for any challenges she faced: "*Because if you see that South African problems themselves that are being suffered by South Africans are not being solved completely, what about yours as a foreign national?*". As the healthcare system in South Africa is not completely satisfactory or accessible for South Africans, some of the participants felt that they did not have the right or the ability to access mental health care for themselves as migrants. The idea was that their needs would not be met by healthcare professionals due to their immigrant status and, due to the current states of South African healthcare, their needs would not be a priority in relation to local South Africans' needs. This speaks to the prevalence of medical xenophobia within South African structures

and facilities designed to uphold ethical principles such as beneficence and nonmaleficence (Crush & Tawodzera, 2014).

When social sources of support and connection were explored in the interviews, the participants highlighted the importance of learning spaces and social networks for providing safe and controlled spaces for integration and emotional support during their adjustment period. This highlights the often-underrated importance of informal structures in creating a social support system and network in long-term and permanent manners. What is even more intriguing is that all of the participants turned to systems and structures not designed to manage post-migration adjustment as sources of support. Zendaya and Danai describe the importance of the cultural variety they were exposed to in at their tertiary institution for learning. Zendaya said, "*Like you cannot really feel out of place when you come here so I think that helps other students from other countries to study very well and adjust to the place quickly*". Thus, it was the exposure to cultural variety and the relationships they formed at their tertiary institution that assisted them in feeling supported in their adjustment process. This is an interesting perspective that the participants discussed. Initially, the cultural variety of South Africa was difficult to navigate. However, the cultural variety at their tertiary institution created a space that enabled the participants to find others with similar experiences to them and to find a way to make new connections in South Africa.

Studies on immigrant children have already proven that schooling systems and the services they provide are highly effective frontline providers of support and social connection in post-migration experiences (Kia-Keating & Ellis, 2007). Furthermore, school settings can be highly protective and foster positive mental health outcomes and resilience (Venta et al., 2019).The present study suggests that this finding extends to university settings as well. The availability of social support or the perceived availability of social support has already been shown to have a positive impact on mental health outcomes for migrant populations

(Schweitzer et al., 2006). This could be why the participants who chose to create social networks had more positive experiences of their adjustment in South Africa.

Beyond this, Njabulo and William highlighted the extreme importance of their friends and family members in minimising isolation, providing support and creating a sense of connection post-migration, as expressed by William, "*I think support from family definitely did play a role in helping me adjust*". Ramos et al. (2017) have argued that social support is a necessary addition to cross-cultural adjustment in the time after migration. Vidal de Haymes et al. (2011) also reported that immigrants who have high levels of family engagement and family satisfaction tend to have lower levels of acculturative stress. During the period of decompensation described by Sluzki (1979), families alter the ways in which they engage with each other as a direct result of the migration and the host country. Some families emerge with more effective coping mechanisms and closer ties; others emerge from this phase in a state of complete idealisation for their country of origin and thus find adjustment harder (Sluzki, 1979).

One of the most commonly referred to sources of support for participants was their place of worship. For the participants who regularly engaged in religious activities through churches and church groups, these spaces were used to create and sustain networks and a social connection. For Danai, her church helped introduce her new people after her migration, which helped her re-build her social network. Her church was also reported to be highly diverse in terms of having many different cultural groups and races, and many immigrants. This helped her feel a sense of ease with her difference. Religious settings were also reported to create a sense of hope, comfort, support, inclusion, learning and guidance. Njabulo used his church as an opportunity to receive emotional support and used his religion as a moral compass in his daily living. Rufaro especially appreciated the philosophy of inclusion she encountered at her church, which helped her manage the feelings of otherness and exclusion she faced in her life

post-migration, "*It also taught me that like even though you are from like Zimbabwe, this and that, once you are in church, we are just Children of God, no one is best if you understand*".

This is in line with research that highlights the importance of a sense of belonging post-migration (Kia-Keating & Ellis, 2007). Belonging tends to lower depression and create a sense of self-efficacy which has positive benefits for adjustment (Kia-Keating & Ellis, 2007). All of these aspects were reported to have a positive impact on the participants' adjustment process. Alorani and Alradaydeh (2018) also described specifically how spiritual settings help to boost levels of happiness, improve quality of living and foster better levels of adjustment after major life changes.

Religious settings helped the participants to feel accepted in large social circles, and they helped participants to meet new people and create meaningful connections after they had just lost their old social networks. Furthermore, religious settings were reported to be spaces of exposure to diversity which was something participants reported having encountered a great deal in South Africa. The learning described at religious settings included both faith-based learning and also learning from fellow immigrants in terms of practical issues such as documentation and social integration. The role of religion and religious settings in migration adjustment is one that goes beyond faith to include the physical spaces and social interactions that they create and facilitate. As expected, religious groups and the social support and sense of acceptance they provide are important in the adjustment process for migrant populations in South Africa.

The final research question sought to investigate the motivations that drove the help-seeking behaviours displayed by the participants. The specific behaviours exhibited, and the structures used were chosen to help create a sense of connection and belonging, to be able to relate to others, to acquire emotional and social support and to create a sense of comfort about one's difference from the larger society. The help-seeking behaviours were deployed by the

participants to specifically target the challenges that they experienced and outlined within the previous sections.

Conclusion

For the participants in this study, the process of migration was a complex one that has not ended nor is likely to end anytime soon. They all have their own unique reasons for migration to South Africa and they have all experienced direct improvements to their daily living as a result of their migration. However, they have also faced many losses and challenges during the process. There have been struggles with obtaining and maintaining migration documentation, issues with language as a barrier to adjustment, concerns around personal safety and daily experiences of xenophobia. Throughout the whole process of migration adjustment, the participants have undergone personal changes as a result of migration. These personal changes came from an exposure to cultural variety, which created shifts in social interactions and personal identity and expression. As a direct result of their migration, the participants had to explore ways to constantly navigate feelings of exclusion and inclusion. They navigated this tension by creating a sense of comfort in the difference, establishing relationships with South Africans or maintaining relationships with fellow immigrants, and they used language difference to their advantage as much as it was used against them. Finally, the participants explored and described the ways in which they sought assistance for all of these aspects of the migration and adjustment process. There was a clear and negative experience and opinion of medical assistance in South Africa. There is also a distinct lack of desire to seek out formal psychological assistance for migration-related stress. However, social and spiritual support was vital for the participants in their adjustment processes. More specifically, spaces of learning, friends, family and places of worship were safe havens and sources of support in the acculturation processes of the participants in this study.

It impossible to pinpoint only one aspect of the lived experiences of the participants that most impacts the adjustment process for them post-migration. There is not one task, experience or scenario that can be counted as more or less important in the adjustment process of the participants. Instead, it is a culmination of many different aspects of daily living that all interact with each other to influence this adjustment, the help-seeking behaviours and the success of adjustment to life in a new country. Aspects of purpose, life changes, life challenges, culture shocks, integration and segregation, safety and sources of support all play vital roles in how adjustment is experienced for Sub-Saharan migrant populations living in South Africa.

Chapter 6: Closing Remarks

6.1 The adjustment processes and help-seeking behaviour of migrants

In conclusion, this study has highlighted some of the very real factors that influence the adjustment process of Sub-Saharan migrant populations living in the inner city of Johannesburg, South Africa. These factors influence how adjustment is navigated and what sources of support are used. Main aspects of migration from this study relate to its ongoing and complex nature, the constant dynamic and navigation between inclusion and exclusion post-migration, and finally, the different ways in which assistance and support is sought out in attempting to make sense of life in a new country.

Migration and the subsequent adjustment process that occurs is a complex and ongoing process that can take months and sometimes years after the migratory act. The reasons of migration play a role in creating the initial experiences of the new host country for migrant population groups, especially within South Africa. After this, the dynamic tension between the improvements of everyday living versus the losses resulting from migration that are encountered by migrant population groups impact on this adjustment process. There are many challenges that accompany the migratory act and initial migration. These challenges include obtaining documentation, language as a form of rejection and othering in local communities, concerns about personal safety and daily experiences of xenophobia, whether covert or overt. Especially within Johannesburg, issues of physical safety and xenophobia are embraced and transacted for the safety of economic and educational security. These experiences and challenges result in changes to the way migrant people interact and behave in personal and social spaces. Such changes include an exposure to cultural varieties and resulting cultural awareness, a shift in social interactions and networks and finally, a change in personal identity and how it is expressed.

Following on from this, the navigation between inclusion and exclusion occurred on a daily basis for those who participated in this study. The ways in which migrant population groups pilot their way through the vast differences between their host country and their country of origin can potentially prove either a liberating or a confining experience. The choice between developing relationships with local South Africans or maintaining relationships with fellow migrants influences the tension between inclusion and exclusion. Relationships with local South Africans were seen as a way to increase a sense of belonging, integration and adjustment within the country's borders, thus creating a feeling of inclusion. However, relationships with other immigrants were a way to mitigate homesickness, to search for familiarity and to connect with others in similar social settings. Beyond this, language was also used as a way to navigate isolation by using it as a tool for engagement. Language was either an identifying factor to create connections and expand social networks or a medium to relate and be more relatable. This worked in relationships both with South Africans and with other immigrants.

Lastly, the ways in which participants in this study seek or sought out both formal and informal structures for assistance and support during their adjustment process to life in South Africa has impacted on how they experience their new lives. There was a distinct lack of utilisation of formal medical and psychological healthcare structures. Both were avoided despite participants having access to them. Medical structures were avoided for fear of medicalised xenophobia. Psychological structures were actively avoided due to internal expectations of self-sufficiency and the perceived inevitability of migration-related stressors. This was coupled with a lack of knowledge of or faith in South African psychological healthcare structures. Instead, social support from informal surrounding communities not designed to manage adjustment and migration-related stresses was utilised by the participants of this study. Furthermore, religious institutions and places of worship were vital in re-

establishing social networks, in creating a sense of inclusion and in providing emotional support.

In the closing of this thesis, it is important to note the limitations of this study, followed by the concurrent recommendations which arise.

6.2 Limitations

As with any research, outlining limitations is key to putting the findings into perspective. This project had a number of limitations. The first one that can be identified is the number of participants. Only ten individuals from various migrant populations were interviewed. Considering the number of people who actually fall into this category within South Africa, interviewing only ten of them means that there is potentially much that was left unexplored. As was discussed above, migrant populations are not homogenous. They come from different countries, different communities and different generations. This study was potentially too general in how it approached adjustment as it looked at migrant population groups from a very wide range of countries. It sought to understand migrant populations from a range of countries but, in reality, received a very specific view from mostly Zimbabwean participants. Understanding each particular people group under the broader definition of 'migrant' might yield a more detailed and nuanced understanding of migration adjustment in South Africa. For example, understanding the adjustment process of migrant populations in South Africa specifically from Zimbabwe could be a whole separate avenue of discussion and study in itself.

Beyond this, all of the participants come from a specific socioeconomic background. All of the participants and their families moved to South Africa for economic or academic reasons; they are all engaged in tertiary learning and had not faced any extreme traumas pre-, during or post-migration, which many other migrant population groups have experienced. This means that a very specific lens is being used to look at adjustment and migration from the

perspective of the participants. Whilst this is not necessarily negative, and can provide insight into this specific subset of people, it does lead this research to being narrowly focused on one type of migrant. Specialised focus is definitely an aim in in-depth understanding; however this leads to many other areas still in need of exploration.

6.3 Recommendations

In order to improve the understanding of migration in South Africa, more psychological studies need to be conducted. There is much research on the motivation of migration, the theories of migration, trauma due to migration and the following adjustment period. However, there could be more research understanding the psychological factors of migration to, specifically, South Africa. Palmary (2018) advocates for this type of research and underscores the importance of psychology in migration studies.

More studies that focus on specific people groups could provide valuable information into the nuanced processes of adjustment to a host country after migration. Perhaps an avenue of investigation could be how country of origin affects adjustment; the influence of gender and generation in adjustment processes could also be investigated. Beyond this, the experience of adjustment may be impacted by the time frame of the migration – a temporary migration for work and/or studies versus permanent migration to South Africa. Finally, further research could address differences between the lived experiences of documented and undocumented migrant population groups in South Africa, to gain a better understanding of the dynamic change that happens when legal documentation is removed. Once understanding has been achieved, perhaps more efficient and effective structures or systems can be created or utilised and put into place in order to facilitate this adjustment.

Adjustment post-migration is not an individual or an isolated process. From the literature and the data gathered for this study, it is clear that adjustment is system-wide process

involving family members, friends, spaces of learning, places of worship and other informal spaces. Both informal and formal avenues are made use of for social support and adjustment to a new life. When host countries can understand this interaction, then facilitating and encouraging adjustment can become easier. Policymakers and healthcare providers should aim to make healthcare, both physical and mental, more accessible for the population group covered in this paper. Beyond this, working to mitigate the factors that discourage migrant population groups from seeking out assistance in their adjustment period could be highly beneficial, such as disseminating information regarding adjustment support or working against stigmas and evasion of mental health.

The participants of this study spoke a great deal about the documentation process in their migration and how this impacted their experiences. There appears to be no current literature on the experience of obtaining documentation for legal migrants within South Africa. As this experience encompasses all periods or phases within the migration process, it should be given more focus.

As the participants live in the inner city of Johannesburg, there could be a much different experience of daily freedoms and safety for migrant population groups who live in less urbanised areas of South Africa. This, too, could be a potential area for future research.

The participants linked xenophobia to explicit violent behaviour only and discounted any experiences of implicit or vicarious xenophobia. Perhaps paying attention only to physically violent examples of xenophobia, and not to other forms of xenophobia, perpetuates the understanding of xenophobia held by the participants. It would be beneficial for future research to understand this specific view of the enactment of xenophobia.

In the findings, the participants highlighted the impact of the high cultural variety within South Africa and how this impacted the adjustment process. An interesting avenue for research could be on why this is so. Perhaps it could be of interest to explore how the cultural

variety might make it harder for migrant populations to choose a social group with which to interact, which could potentially impact the social landscape of life post-migration.

Medical xenophobia played a role in the health-seeking behaviours of the participants of this study. Exploring the ways in which this manifests and how to better provide accessible healthcare for migrant populations could be an interesting avenue for further research. Moreover, the participants also chose not to seek out healthcare due to their own internal expectations to not need healthcare services. Understanding the origins of this phenomenon for immigrants within South Africa could be beneficial in understanding the health-seeking behaviours of migrants.

The tertiary institution at which the participants were enrolled provided them with a sense of belonging and connection in a unique way. Although studies have shown that schools provide support and resilience for child immigrants (Kia-Keating & Ellis, 2007), interesting research avenues could include looking at the role of tertiary institutes in this process as well.

6.4 Final Remarks

All of the factors identified from the data interact and are interconnected. Each aspect must be understood as playing a specific role in the lived experience of migrant population groups and it helps create an understanding of what this adjustment process involves. The adjustment process of migrant population groups is a complex and nuanced interaction between the person and the environment. Through understanding comes improvement. In trying to understand this process of adjustment, perhaps a more inclusive and comprehensive attitude towards migrant population group can be developed. In a country that faces many migrant-related social issues, perhaps increasing understanding can have beneficial impacts on policies, structures and facilities designed to integrate and include those seeking a better life within its borders.

References:

Adepoju, A. (2003). Continuity and changing configurations of migration to and from the Republic of South Africa. *International Migration*, *41*(1), 3-28.

Alidu, L., & Grunfeld, E. (2017). Gender differences in beliefs about health: A comparative qualitative study with Ghanaian and Indian migrants living in the United Kingdom. *BMC Psychology*, *5*(1), 8-8. doi:10.1186/s40359-017-0178-z

Alorani, O., & Alradaydeh, M. (2018). Spiritual well-being, perceived social support, and life satisfaction among university students. *International Journal of Adolescence & Youth*, *23*(3), 291-298.

Aragona, M., Pucci, D., Carrer, S., Catino, E., Tomaselli, A., Colosimo, F., Lafuente, M., Mazzetti, M., Maisano, B., & Geraci, S. (2011). The role of post-migration living difficulties on somatization among first-generation immigrants visited in a primary care service. *Annali Dell'Istituto Superiore Di Sanità*, *47*, 207-213. doi:10.4415/ANN_11_02_13

Babbie, E., & Mouton, J. (Eds.) (2012). *The practice of social research* (13th ed.). Cape Town: Oxford University Press.

Babbie, E., & Mouton, J. (2012). The logic of sampling. In E. Babbie & J. Mouton (Eds.), *The practice of social research* (13th ed., pp. 185-226). Cape Town: Oxford University Press.

Berry, J. W. (1992). Acculturation and adaptation in a new society. *International Migration*, *30*, 69-85. doi:10.1111/j.1468-2435.1992.tb00776.x

Bhugra, D. (2004). Migration and mental health. *Acta Psychiatrica Scandinavica*, *109*(4), 243-258. doi:10.1046/j.0001-690X.2003.00246.x

Bhugra, D., & Arya, P. (2005). Ethnic density, cultural congruity and mental illness in migrants. *International Review of Psychiatry; Abingdon*, *17*(2), 133–137. doi:10.1080/09540260500049984

Borowsky, S. J., Rubenstein, L. V., Meredith, L. S., Camp, P., Jackson-Triche, M., & Wells, K. B. (2000). Who is at risk of nondetection of mental health problems in primary care? *Journal of General Internal Medicine; New York*, *15*(6), 381-388. doi:10.1046/j.1525-1497.2000.12088.x

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Bygnes, S. (2017). Are they leaving because of the crisis? The sociological significance of anomie as a motivation for migration. *Sociology*, *51*(2), 258-273. doi:10.1177/0038038515589300

Chen, A., Kazanjian, A., & Wong, H. (2008). Determinants of mental health consultations among recent Chinese immigrants in British Columbia, Canada: Implications for mental health risk and access to services. *Journal of Immigrant & Minority Health*, *10*(6), 529-540.

Chen, J., & Rizzo, J. (2010). Racial and ethnic disparities in use of psychotherapy: Evidence from U.S. National Survey data. *Psychiatric Services; Arlington*, *61*(4), 364-372.

Chen, J., & Vargas-Bustamante, A. (2011). Estimating the effects of immigration status on mental health care utilizations in the United States. *Journal of Immigrant and Minority Health; New York*, *13*(4), 671-680. doi:10.1007/s10903-011-9445-x

Chen, S. X., Benet-Martínez, V., & Harris Bond, M. (2008). Bicultural identity, bilingualism, and psychological adjustment in multicultural societies: Immigration-based and globalization-based acculturation. *Journal Of Personality*, *76*(4), 803-838. doi:10.1111/j.1467-6494.2008.00505.x

Chiumbu, S. H., & Moyo, D. (2018). "South Africa belongs to all who live in it": Deconstructing media discourses of migrants during times of xenophobic attacks, from 2008 to 2017. *Communicare*, *37*(1), 136-152.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, *19*(5), 2-14. doi:10.3102/0013189X019005002

Cooper, M. (2014). *Migrants' health beliefs and their impact on general practice encounters: An in-depth interview study of French- and Swahili-speaking Africans and general practitioners working with migrant patients* (Doctoral thesis, University of Glasgow, Scotland) Retrieved from http://0-search.ebscohost.com.innopac.wits.ac.za/login.aspx?direct=true&db=ddu&AN=2D8D567C0D6E5779&site=ehost-live&scope=site

Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). USA: SAGE Publications. [e-book]. Retrieved from https://books.google.co.za/books?id=OJYEbDtkxq8C

Crush, J., & Tawodzera, G. (2014). Medical xenophobia and Zimbabwean migrant access to public health services in South Africa. *Journal of Ethnic & Migration Studies*, *40*(4), 655-670.

Denzin, N. K., & Lincoln, Y. S., (Eds.) (2005), *The SAGE handbook of qualitative research* (3rd ed.). United States of America: Sage Publications.

Falicov, C. J. (2005). Emotional transnationalism and family identities. *Family Process*, *44*(4), 399-406.

Falicov, C. J. (2007). Working with transnational immigrants: Expanding meanings of family, community, and culture. *Family Process*, *46*(2), 157-171.

Fay, B. (1996). Do you have to be one to know one? In B. Fay, (1996). *Contemporary Philosophy of Social Science* (pp. 8-29). United States of America: Blackwell Publishing.

Fellmeth, G., Plugge, E., Moo, K., Charunwatthana, P., Nosten, F., & McGready, R. (2015). Pregnant migrant and refugee women's perceptions of mental illness on the Thai-Myanmar border: A qualitative study. *BMC Pregnancy & Childbirth*, *15*(1), 1-11.

Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities* (1st ed.). New York: Norton.

Gramaglia, C., Gambaro, E., Rossi, A., Toso, A., Feggi, A., Cattaneo, C. I., Castignoli, G., Mainini, P., Tarricone, I., Torre, E., & Zeppegno, P. (2016). Immigrants' pathways to outpatient mental health: Are there differences with the native population? *Journal of Immigrant and Minority Health; New York*, *18*(4), 878-885. doi:10.1007/s10903-015-0336-4

Grinberg, L., & Grinberg, R. (1984). A psychoanalytic study of migration: Its normal and pathological aspects. *Journal of the American Psychoanalytic Association*, *32*(1), 13-38.

Heaney, A., & Winter, S. (2016). Climate-driven migration: An exploratory case study of Maasai health perceptions and help-seeking behaviors. *International Journal of Public Health*, *61*(6), 641-649. doi:10.1007/s00038-015-0759-7

Henning, E., Van Rensburg, W. & Smit, B. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.

Huang, H. Z. J., Yu, S. M., & Ledsky, R. (2006). Health status and health service access and use among children in U.S. immigrant families. *American Journal of Public Health*, *96*(4), 634-640. doi:10.2105/AJPH.2004.049791

Idemudia, E. S., Williams, J. K., & Wyatt, G. E. (2013). Migration challenges among Zimbabwean refugees before, during and post arrival in South Africa. *Journal of Injury & Violence Research*, *5*(1), 17-27.

International Organization for Migration. (2019a). *Global migration data portal*. Migration data portal. Retrieved from https://migrationdataportal.org

International Organization for Migration. (2019b). *Glossary on migration*. Retrieved from https://publications.iom.int/system/files/pdf/iml_34_glossary.pdf

Jackson, J. S., Neighbors, H. W., Torres, M., Martin, L. A., Williams, D. R., & Baser, R. (2007). Use of mental health services and subjective satisfaction with treatment among Black Caribbean immigrants: Results from the National Survey of American Life. *American Journal of Public Health*, *97*(1), 60-67. doi:10.2105/AJPH.2006.088500

Kang, T. (2018). Who Am I? Migrant workers' bicultural identity integration, social support, and social maladjustment. *Social Behavior & Personality: An International Journal*, *46*(7), 1111-1122.

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology And Psychiatry*, *12*(1), 29-43.

Kihato, C. (2007). Governing the city? South Africa's struggle to deal with urban immigrants after apartheid. *African Identities*, *5*(2), 261-278.

Kirmayer, L., Narasiah, L., Munoz, M., Rashid, M., Ryder, A., Guzder, J., Hassan, G., Rousseau, C., & Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association. Journal: CMAJ; Ottawa*, *183*(12), 959-967.

Levecque, K., Lodewyckx, I., & Bracke, P. (2009). Psychological distress, depression and generalised anxiety in Turkish and Moroccan immigrants in Belgium: A general population study. *Social Psychiatry and Psychiatric Epidemiology; Heidelberg*, *44*(3), 188-197. doi:10.1007/s00127-008-0431-0

Misago, J. P. (2016). Responding to xenophobic violence in post-apartheid South Africa: Barking up the wrong tree? *African Human Mobility Review 2*(2), 443-467.

Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U.S.-born black and Latina women from seeking mental health care? *Psychiatric Services; Arlington*, *58*(12), 1547-1554.

Numebo. (n.d.). *Crime comparison between Zimbabwe and South Africa. Safety comparison.* Retrieved September 16, 2019, from https://www.numbeo.com

Palmary, I. (2018). Psychology, migration studies, and their disconnections: A review of existing research and future possibilities. *South African Journal of Psychology, 48*(1), 3-14. doi:10.1177/0081246317751276

Ponterotto, J. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136. doi:10.1037/0022-0167.52.2.126

Ramakrishnan, S., Barker, C. D., Vervoordt, S., & Zhang, A. (2018). Rethinking cross-cultural adaptability using behavioral developmental theory: An analysis of different migrant behaviors. *Behavioral Development, 23*(2), 138-152. doi:10.1037/bdb0000061

Ramos, H. M. L., Mustafa, M., & Haddad, A. R. (2017). Social support and expatriate spouses' wellbeing: The mediating role of cross-cultural adjustment. *International Journal of Employment Studies, 25*(2), 6-24.

Rucci, P., Piazza, A., Perrone, E., Tarricone, I., Maisto, R., Donegani, I., Spigonardo, V., Berardi, D., Fantini, M. P., & Fioritti, A. (2015). Disparities in mental health care provision to immigrants with severe mental illness in Italy. *Epidemiology and Psychiatric Sciences; Verona, 24*(4), 342-352. doi:10.1017/S2045796014000250

Safak-Ayvazoglu, A., & Kunuroglu, F. (2019). Acculturation experiences and psychological well-being of Syrian refugees attending universities in Turkey: A qualitative study. *Journal of Diversity in Higher Education*. doi:10.1037/dhe0000148

Sandu, D., Toth, G., & Tudor, E. (2018). The nexus of motivation-experience in the migration process of young Romanians. *Population Space & Place, 24*(1), e2114.

Schweitzer, R., Melville, F., Steel, Z., & Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *The Australian And New Zealand Journal Of Psychiatry, 40*(2), 179-187.

Seda, F. L. (2016). The political context of intra-Southern African migration: Reflections on post-war Mozambique and post-apartheid South Africa. *International Journal of Contemporary Economics & Administrative Sciences, 6*, 16-42.

Silverman, D. (2000). *Doing Qualitative Research: A Practical Handbook*. Sage Publications.

Silverstein, P. A. (2005). Immigrant racialization and the new savage slot: Race, migration, and immigration in the new Europe. *Annual Review of Anthropology; Palo Alto, 34*, 363-384. doi:10.1146/annurev.anthro.34.081804.120338

Sluzki, C. (1979). Migration and family conflict. *Family Process, 18*, 379-390. doi:10.1111/j.1545-5300.1979.00379.x

Statistics South Africa (2018). Mid-year population estimates. *Statistical release.* Retrieved July 14, 20120 from http://www.statssa.gov.za/publications/P0302/P03022018.pdf

Statistics South Africa. (n.d.). *Crime statistics*. Retrieved September 16, 2019, from http://www.statssa.gov.za/?page_id=737

Steel, J. L., Dunlavy, A. C., Harding, C. E., & Theorell, T. (2017). The psychological consequences of pre-emigration trauma and post-migration stress in refugees and immigrants from Africa. *Journal Of Immigrant And Minority Health*, *19*(3), 523-532. doi:10.1007/s10903-016-0478-z

Tabor, A. S., & Milfont, T. L. (2013). Family social support during the predeparture period: The experience of British migrants. *International Journal of Psychology*, *48*(3), 291-299.

Tarricone, I., Stivanello, E., Ferrari, S., Colombini, N., Bolla, E., Braca, M., Giubbarelli, C., Costantini, C., Cazzamalli, S., Mimmi, S., Tedesco, D., Menchetti, M., Rigatelli, M., Maso, E., Balestrieri, M., Vender, S., & Berardi, D. (2012). Migrant pathways to community mental health centres in Italy. *The International Journal of Social Psychiatry; Brookmans Park, 58*(5), 505-511. doi:10.1177/0020764011409523

Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, *16*(2), 151-155. doi:10.1111/j.1744-6155.2011.00283.x

Torres, J. M., & Casey, J. A. (2017). The centrality of social ties to climate migration and mental health. *BMC Public Health*, *17*, 1–10. doi:10.1186/s12889-017-4508-0

UNESCO. (2017). *International migration*. Retrieved from http://www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/migrant/

United Nations. (2017). *Trends in International Migrant Stock: The 2017 Revision*. United Nations Population Division.

United Nations High Commissioner for Refugees. (n.d.). *Figures at a glance. UNHCR.* Retrieved September 16, 2019, from https://www.unhcr.org/figures-at-a-glance.html

Uyanga, J. (1983). Rural–urban migration and sickness/health care behaviour: A study of Eastern Nigeria. *Social Science & Medicine*, *17*(9), 579-583. doi:10.1016/0277-9536(83)90300-3

Venta, A., Bailey, C., Muñoz, C., Godinez, E., Colin, Y., Arreola, A., Abate, A., Camins, J., Rivas, M., & Lawlace, S. (2019). Contribution of schools to mental health and resilience in recently immigrated youth. *School Psychology*, *34*(2), 138-147. doi:10.1037/spq0000271

Vidal de Haymes, M., Martone, J., Muñoz, L., & Grossman, S. (2011). Family cohesion and social support: Protective factors for acculturation stress among low-acculturated Mexican migrants. *Journal of Poverty*, *15*(4), 403-426.

Wangroongsarb, P., Satimai, W., Khamsiriwatchara, A., Thwing, J., Eliades, J., Kaewkungwal, J., & Delacollette, C. (2011). Respondent-driven sampling on the Thailand-Cambodia border. II. Knowledge, perception, practice and treatment-seeking behaviour of migrants in malaria endemic zones. *Malaria Journal*, *10*(1), 117-128.

Wolf, S., Hahn, E., Dettling, M., Nguyen, M., Wingenfeld, K., Stingl, M., Hanewald, B., & Ta, T. M. T. (2017). Migration-related stressors and their effect on the severity level and symptom

pattern of depression among Vietnamese in Germany. *Depression Research & Treatment, 2017*, 1-9.

Zaiontz, C. A., Arduini, A., Buren, D., & Fungi, G. (2012). Migration fluxes and adjustment disorder: An examination of a native English speaking population in Milan. *Journal of Social, Evolutionary & Cultural Psychology*, *6*(1), 66-81.

Appendices

Appendix A: Information Sheet

PSYCHOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

PARTICIPANT INFORMATION SHEET

Project Title:

The adjustment process of Sub-Saharan Migrant Populations in the inner city of Johannesburg

This study is about the adjustment process of migrant populations. It wants to know how migrant populations adjust to a new life.

To participate in this study, you will be asked to sign a consent form about doing an interview and about having the interview recorded. The researcher will then ask you some questions about the research topic. The entire interview will take you approximately thirty minutes to an hour to complete.

All those who participate in this study will be kept anonymous and no personal information will be shared. The research will be kept fully confidential and anonymous. There are no risks to this research if you choose to participate. Participating in this study could give you insight into your own experiences of adjustment within South Arica.

This research project is completely voluntary and if you wish to withdraw at any stage of the process you have every right to. You do not need to provide a reason for your withdrawal and will not be negatively impacted by a withdrawal. There will be no consequences if you withdraw and your interview and personal information will be discarded completely.

There is assistance available if you feel as though you have been negatively impacted by participating in this research study. You can contact Life Line on 0861 322 322 for free telephonic counselling. However, you are also encouraged to seek out the assistance that you feel is more appropriate to your needs.

You may ask any questions you have regarding the study before the interview commences. If you have any further questions regarding this research study, please feel free to contact the researcher of this study.

Researcher: Calynn Walker
Email: *calynn.walker9@gmail.com*
Supervisor: Maria Marchetti-Mercer
Email: *maria.marchetti-mercer@wits.ac.za*

Appendix B: Interview Consent Form

PSYCHOLOGY
THE SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT (SHCD)

Private Bag 3, Wits, 2050 • Tel: 011 717 4541 • Fax: 011 717 4559 • E-mail: psych.SHCD@wits.ac.za

Consent Form (Interview)

I, _____, consent to being interviewed by Calynn Walker for their study exploring **The adjustment process of Sub-Saharan Migrant Populations in the inner city of Johannesburg**. Please tick relevant boxes. 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 before the research report is examined.
- There are no risks or benefits associated with participation in this study.
- All information provided will remain confidential, although I may be quoted in the research report.
- If I am quoted, a pseudonym (Participant A, Respondent B etc.) will be used.
- None of my identifiable information will be included in the research report.
- I am aware that the results of the study will be communicated in the form of a research report or journal articles.
- The research may also be presented at a local/international conference and published in a journal and/or book chapter.

Signed: _____

Date: _____

Appendix C: Recording Consent Form



Consent Form (Recording)

I, _____ give my consent for my interview with Calynn Walker to be audio recorded for their study. Please tick the relevant boxes. I understand that:

- The audio-recordings and transcripts will not be seen or heard by anyone other than the researchers and/or their research assistants.
- The audio-recordings and transcripts will be kept in a password protected computer.
- 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

Signed:_____

Date:_____

Appendix D: Interview Schedule

1. Biographical information:
    - Age
    - Gender
    - Race
    - Country of origin
    - Marital status
    - When did you move to South Africa?
    - What motivated you to come to SA/ why did you decide to come?
2. Tell me a bit about your experiences when you arrived in South Africa
3. What was specifically stressful for you when you moved to South Africa?
4. What challenges did you face in moving?
5. Has anything been easier for you since you moved to South Africa?
6. Have you sought assistance for any of the challenges you have faced?
7. Where have you sought this assistance from?
8. What made you feel the need to seek out assistance with adjusting to your new life?
9. What made it difficult to seek out assistance?
10. What made it easy to seek out assistance?
11. How did you get access to these structures you made use of?
12. What has been your experience of South African facilities that offer healthcare and psychological assistance?
13. Do you find you have more friends from your country of origin or more with local South Africans?
14. How do you get support for any problems you might be having?

15. Have you connected with members of your community also living in SA? What kind of support have they provided if any? Are there specific structures / members in this community that you have experienced as particularly relevant?
16. What other kind of support would you have liked/needed?

Appendix E: Ethical Clearances

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MACC/18/011 IH**
PROJECT TITLE:	The role of traditional healers in the adjustment of Sub-Saharan migrant populations in the inner city of Johannesburg
INVESTIGATORS	Walker Calynn
DEPARTMENT	Psychology
DATE CONSIDERED	29 May 2018
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 29 May 2018

CHAIRPERSON
(Prof. Hugo Canham)

cc Supervisor: Prof. Maria Marchetti-Mercer
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 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 be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2020

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES