AN EXPLORATION OF THE TRAUMATIC EXPERIENCES ASSOCIATED WITH REFUGEE STATUS IN A SAMPLE OF CONGOLESE REFUGEES IN CAPE TOWN

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A mini-thesis submitted in partial fulfillment of the requirements for the degree of Master of Psychology in the Department of Psychology, Faculty of Community and Health Sciences, University of the Western Cape.
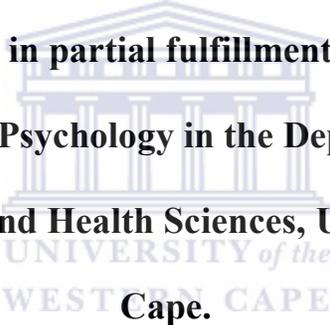
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Declaration

The author hereby declares that this research and mini-thesis, unless specifically indicated to the contrary in the text, is his own work. Significant contributions and quotations from the works of other people has been attributed, cited and referenced.

John Makoala   March 2008-02-01

Signed:

Abstract

There has been an influx of refugees from African countries into South Africa as a result of having been displaced by war. Starting in 1994, the genocide in the Great Lakes region exacerbated existing ethnic and political tensions. Of the 25,000 recognized refugees in South Africa, nearly 8,000 are from Congo- Kinshasa, comprising the highest number. Literature indicates that refugees suffer from a high incidence of traumatic symptoms and posttraumatic stress syndrome. This study explores the traumatic aspects of refugee status in a sample of Congolese refugees relocated to Cape Town. The theoretical framework underpinning the study was phenomenological in an attempt to explain a particular confrontation between the individual and his environment; that is, forced migration and prolonged refugee status in which he/she encounters stressful experiences. At a scientific level it was expected this study would provide some insight into and enhance understanding of refugee psychological experiences, associated with refugee status and the attendant traumas. A qualitative methodology was utilized in the study wherein a convenient sample of eight Congolese refugees in Cape Town was interviewed. In-depth interviews were utilized for data collection and data analysis was of a thematic content analysis of the respondents' narrative accounts of their refugee status. The findings of this research suggest six key areas through which to understand the Congolese refugee experiences in Cape Town namely; (i) their vulnerability due to extreme loss and rapture of identity, (ii) language gaps, (iii) feelings of rootlessness, shame and guilt, (iv) isolation and alienation, and (v) experience of prejudice or xenophobia. Within each of these areas, refugees face particular challenges and difficulties and each aspect has multiple sources of trauma. For many the refugee journey has been a long, arduous, and protracted distressing process, punctuated by traumatic experiences at points throughout that journey.

Keywords

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I would like to acknowledge and thank the following people who assisted me in this study;

The participant's of this study. You have made this study possible through your honest and open sharing of experiences

Prof. Charles Malcolm my supervisor, for his excellent ongoing support and encouragement emotionally and academically, due to his unending patience with my changes of direction

To my family, thank you for your support and never losing faith in me

To God Almighty for giving me the ability to rise above difficult circumstances

CONTENTS

Chapter One

1.1 Introduction

Violence stemming from ethnic and political tension is a problem of increasing proportions particularly in some parts of Central Africa, and many indicators show that large numbers of adults and children are directly or indirectly being displaced and exposed to traumatic situations (Bracken, Giller & Summerfield, 1995). As the numbers of wars and internal armed conflicts have increased, so too have the number of individuals affected by war; not as innocent bystanders caught accidentally in the crossfire but as targets of a deliberate strategy to terrorise and displace civilian populations. Most war affected groups tend to be from the poorest social classes, often in rural villages and small towns (Boothby, 1988).

Since most modern conflicts are grounded in the use of terror to control and silence whole populations, political violence and armed conflicts, almost by definition, generate unstable situations. Perhaps the primary impact of war on victims is through their witnessing the destruction of a social world embodying their history, identity and living values. Furthermore, there is growing evidence to suggest that deaths and physical disabilities caused by such violence often leaves the survivors with the psychological and social effects of bereavement and other forms of trauma (Montgomery, 1998)

Research studies also indicate that trauma that results from ethno-political violence often includes massive losses, betrayal, deception, humiliation, physical trauma, rage, grief and

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radical upheaval over a prolonged period of time (Petevi, 1996). Exposed to the acuteness of the pain of dislocation along with a host of all other disturbing accompanying memories, feelings and reactions, refugees might find it difficult to bear and digest the enormity of this psychological destruction. Adaptation to the new environment may become hard, as refugees must negotiate/ deal with a number of difficulties; the first of which being the inability to speak the language of the asylum country. Insecurities over the ultimate fate of asylum applications may also be pervasive. For many, the delays and the long period of processing their applications may become the beginning of a long, arduous, and often extremely distressing process (Papadopoulos, 2002). Beyond that, refugees must negotiate disrupted life trajectories, loss of status, sense of place and culture shock, as well as the attitudes of the host society, which may range from acceptance to outright rejection or discrimination. The negative responses of the social environment may contribute to the evident loss of self-confidence and reduction in self-esteem; as such attitudes reflect their inferior position.

Fundamental to human processing of atrocious experience is the social meaning assigned to it, including attributions of political causation. The intense feelings of powerlessness, shame, guilt and the acute disruption of life in which the refugee's beliefs about the meaning of life are lost, may compel refugees to hide them(Bracken, Giller & Summerfield, 1995). All these types of stress experiences suggest a central underlying element evident in any ethnic or political conflict; an experienced lack of sufficient control. There is also a resulting sense of helplessness and/or hopelessness when one feels that his/her life is out of control. The plight of refugees not only stirs feelings of

compassion and outrage but raises fundamental issues for humanity (Papadopaulos, 2002).

1.2 Congolese refugees in South Africa

In South Africa most Congolese refugees arrived between 1998 and 1999 (Levitt & Wagner, 2002). In the early 1990's migration of Congolese was characterized as middle class flight, partly from economic uncertainty, political instability and violence (Steinberg, 2005). However, with the current influx of Congolese refugees many people questioned whether their flow to South Africa is driven by a well founded fear of persecution or economic gains as the majority of them did not remain in one of the neighboring countries like Botswana or Zambia (Levitt & Wagner, 2002). According to Landau and Jacobsen cited Steinberg (2005) there is strong evidence to suggest that the primary motivation for choosing South Africa is work and education despite the delays and other difficulties associated with attaining refugee status and generally a hostile environment. The tremendous influx of refugees poses a special problem of competing for scarce resources in social, educational and health services and the need to create new programmes, competencies and sensitivities.

1.3 Contextualizing the Congo conflict

The Democratic Republic of Congo gained independence from Belgium in 1960. After a long period of political instability Mobutu seized power and renamed the country Zaire. His rule was characterized by brutality, corruption, and widespread human rights abuses which continued for a period of thirty years (Clark, 2002). In the early 1990s opposition

groups from within the Congo and outside the country began to pressure Mobutu to relinquish power. Following the massacres of 1994 in Rwanda about 1.3 million ethnic Hutus fled persecution to refugee camps in the eastern Congo including members of the Hutu dominated army and the militia when a Tutsi led government came into power. Tensions between ethnic groups increased and neighboring countries took sides, placing the Democratic Republic of the Congo in the center of a complex web of civil wars.

The war in the Democratic Republic of Congo that began in August 1998 has proved to be perhaps the deadliest and most complex conflict of the entire post cold war era (Clark, 2002). International relief agencies estimate that over 2.5 million Congolese have died as a direct and indirect consequence of the war and the social disruption it has caused. Large portions of the Congolese territory have been under the occupation of foreign armies since the outset of the war, while other states have intervened on behalf of the Congolese government (Makonero, 2000; Clark, 2002).
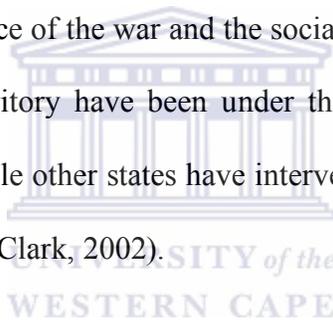
Accordingly, the Democratic Republic of Congo has been turned into one of the biggest battlegrounds in Africa's history, threatening to envelop large swathes of the continent (i.e Great Lakes region) in a regional war. The country is situated in the heart of Africa and shares common borders with nine countries, and is the centre of a vast web of sub-Saharan conflicts. At least nine rebel groups are using the Democratic Republic of Congo as a springboard to launch attacks into neighboring countries, and six neighboring states have their troops fighting inside the country (Field & Ebrahim, 2000; Clark, 2002). The governments that sent troops to the Democratic Republic of Congo either profess to support the country's president or seek to overthrow him while some countries justify

their involvement and subsequent occupation of parts of the territory by claiming to have intervened in the conflict in order to crush rebel groups that threaten their national security (Field & Ebrahim, 2000; Makonero, 2000; Clark, 2002).

1.4 The Effects of the Congo war on human settlement and migration

Approximately around 1,000,000 people are reported to have been displaced by the war, of which about three quarters are women and children (Mukwayanzo, 2000). The number of refuges who had left the Congo was estimated at over 415,000 at the end of 2002 (UNHCR, 2003). Since 1994, South Africa has become the destination for thousands of refugees and the Congolese are said to be the largest refugee population estimated at over 24 - 26, 000 and most are concentrated in Johannesburg but some also live in Cape Town and other metropolitan cities of the country (Levitt & Wagner, 2002, Steinberg, 2005) The displacement and migration of people from the war torn territories to peaceful areas also exposed babies and children to death through dehydration, because of the long marches on foot or lack of housing when people reach safer areas or their destinations.

1.4.1 The effect on families

Mukwayanzo (2000, p117) pointed out that lack of respect for the international norms of human rights and education among those involved in the fighting lead combatants to attack civilians, loot and pillage and to rape women. As a result, a large number of women who were raped during the war were rejected by their husbands who accused them of complicity with their attackers. According to Mukwayanzo (2000) non governmental organizations involved in the areas affected by the war reported and also

described the possibility that large population in the east of Congo could be destroyed by the spread of AIDS as a result of women having being raped by foreign soldiers or combatants.

1.4.2 The economic effect

The state of war in the Democratic Republic of Congo has forced many businesses to close or to put their staff on unpaid leave (Mukwayanzo, 2000). As a result the financial contribution of women, which used to be considered a supplement to the family income, has now become an essential source of support. The alarming poor socio-economic conditions of such households have resulted in young girls turning into prostitution as a means of survival and an uncontrolled growth rate of street children. Among the one million displaced people, it is estimated that nearly 300,000 are children with no families or child soldiers (Mukwayanzo, 2000).
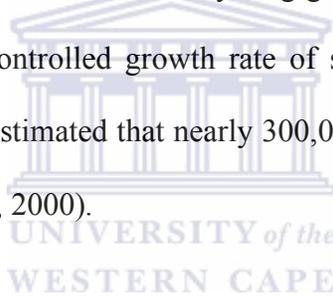
1.4.3 The political effect

Mukwayanzo (2000) argues the impact of the war has led to a nationalistic awakening among the women who are no longer content to remain on the margins. From being victims of violence, women now increasingly lobby, network or make far reaching plans in their search for peace and solidarity with those who have been victims of fighting.

1.5 Summary

Sources of Disruption and Stress in refugees

Research indicates that the refugee experience and experience of displacement is one of the most significant traumas and loss that refugees face, and it impacts in multifaceted

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ways, dismantling those emotional, spiritual and physical connections. Common pre-migration experiences for refugees include losing homes, friends and in many cases parents and siblings (Papadopoulos, 2002). The secondary losses experienced by refugees as a consequence of displacement include loss of sense of safety, of familiarity, confidence in one's self and others, loss of consistency and well being and sudden changes in attachment figures that provide emotional and physical support. Papadopoulos (2002) postulates that for human beings, a sense home or place connotes the physical imperatives of shelter, food, security, a healthy environment and access to basic resources. Secondly, a sense of place connotes the interconnectedness of a number of different relationships which create the space for healthy expression and the meeting of emotional needs that validate, include, and affirm an individual or family. Therefore, the consequent disorientation, nostalgia, and alienation may undermine the sense of belonging in particular, and mental health in general.
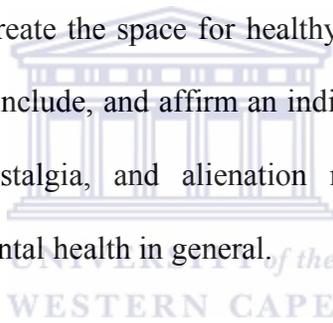
Literature also indicates that disruptions to these life forming and life giving experiences of place and attachment have profound synergistic impact on the physical and mental health of refugees. The experience of displacement contributes to multiple griefs, and loss experiences, given that one's sense of place represents a tapestry of meaning, history, identity and relationships (Bracken et al, 1995; Summerfield, 1999; Papadopoulos, 2002). The effects of these losses are further compounded by the process of resettlement, culminating in not only a series of losses, but also a series of continuous stressors in adjusting to life in the host country (Summerfield, 1999). Finally, there are also structural adjustment difficulties connected with language acquisition, low socio-economic

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standing, prejudice and social exclusion, unfamiliar culture, role changes and feelings of ongoing powerlessness around unresolved political and family traumas in the home country (Summerfield, 1999; Papadopoulos, 2002).

1.6 Aim of the study

The study aims to explore the impact of the traumatic nature of the refugee experience.

The objectives of the study are therefore to determine;

- The traumatogenic nature of the refugee experience
- The nature of the psychological components that comprise the traumatogenic aspect of refugee status

This study will hopefully aid or help health workers and those concerned with the adjustment of refugees to develop appropriate approaches that will not only increase the recognition of the mental health needs of refugees but also lead to concrete local responses. The findings of this study could also inform possible intervention strategies, counteract discrimination or xenophobia and lead to a more open and sensitive attitude towards refugees.

1.7 Outline of Chapters

The following chapters are organized as follows:

In chapter two, literature regarding definitions of key concepts pertinent to the study such as trauma, refugees, loss of identity, cultural alienation, violence and xenophobia are dealt with. A brief discussion dealing with the theories of trauma and effects of collective violence are highlighted (i.e. mental health consequences including psychiatric disorders

such as post traumatic stress disorder, anxiety, depression and substance abuse). This was followed by an overview of current literature on perceived effects of violence, competence and social support.

Chapter three explains the methodology used in the process of data collection and analysis. Included was the methodological framework, participants, research instruments, procedure, data analysis, ethical considerations and significance of the study.

Chapter four presents the findings of the study as well as the discussion around these results in relation to existing literature and theoretical framework. The themes of loss of identity, language problems, feeling of rootless-ness, guilt and shame, alienation and isolation and prejudice were salient.

In chapter five, the conclusion provides an overview of the study and its findings along with a brief discussion of the implications of these findings .The chapter also includes limitations of the study and recommendations with regard to possible interventions as well as suggestions for further research
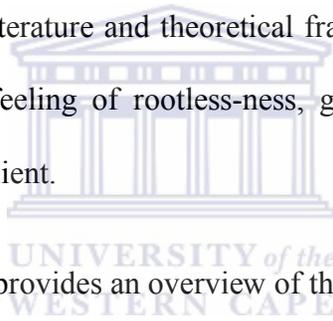
Chapter two

Review of literature

2.1 Introduction

This chapter presents brief definitions of key terms related to the study. Defining and creating an understanding of terms such as trauma, refugees, loss of identity, violence, cultural alienation and xenophobia will clarify the usage of the terms themselves.

The theory of trauma will also be discussed in order to give an overview of possible conditions and circumstances which create and sustain conditions of trauma. The prevalence rates of trauma and effects of collective violence on mental health of refugees including psychiatric disorders such as post traumatic stress disorder, anxiety, depression and substance abuse will be highlighted.
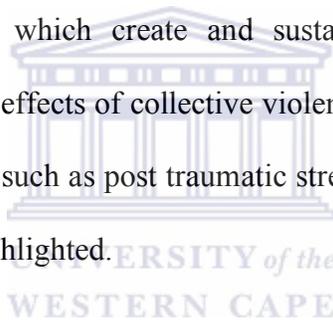
2.2 Definition of Trauma

The concept of trauma has its roots in the medical term for physical injury or wound which may be caused by heat, energy, electricity, chemicals or other agents (Hamber &Lewis, 1997). Consistent with his energy model Freud (1920; 1953) suggested that trauma resulted from a breach in the stimulus barrier, whereby a person is overwhelmed by stimuli that the ego could not successfully master (cited in McCann et al, 1988). According to Matsakis (1992) the word trauma is generally used to include both natural catastrophes such as hurricanes, floods, fires and man-made violence such as war, concentration camp experiences or other forms of victimization. Papadopoulos (2002)

defines a traumatic event as a situation which surpasses usual human experience. Its impact depends not only on its severity, but also on how the individual experiences the event. Psychological trauma is recognized as being influenced by both the actual exposure to an overwhelming experience and a process whereby the earlier coping strategies of the individual are rendered beyond their capacity to deal with the experience (Montgomery, 1998). There is consequently a loss of cognitive schemata, which normally allows the person to interpret life as a paramount safe, organized and foreseeable experience (Montgomery, 1998; Herman, 1992)

Therefore, when an individual is exposed to a traumatic experience, he/she will at first attempt to create meaning around the experience. In the process of trying to make sense of what has occurred, the event will keep representing itself in the mind of the individual. This re-living of the experience may additionally be manifested through intrusive dreams, which replay the emotional or affective memory of the actual trauma (Herman, 1992; Landman, 2002). When these attempts to make sense of the trauma are inadequate, due to the overwhelming nature of the experience, a sense of powerlessness sets in (Papadopoulos, 2002; Herman, 1992). A trauma process develops, where the individual is in an acute state of physical and psychological alertness. Herman (1992) notes that as a result of these developments trauma can produce a number of sequelae in the victim; most notably posttraumatic stress reactions, anxiety, helplessness and powerlessness, survivor guilt, personality disturbances and a violated assumptive world. However, for the purpose of this study trauma will refer to events in life generated by forces and agents external to the person and largely external to his or her control, and

specifically to events generated in the setting of armed conflict and war. Therefore, the concept trauma in this study will refer to an event which overwhelms an individual's coping resources and can thus be termed psycho-social trauma (Hamber & Lewis, 1997).

According to Landman (2002) trauma can call into question the most basic assumptions that organize people's experiences of themselves, relationships, the world and the human condition itself. The experience is thought of as being unusual to the individual and not part of ordinary life or the normal course of life. According to Laub & Auerhahn (1993) Freud visualized the trauma process by using the concept protective shield; a barrier between the outer world and the inner mental life that is perforated from psychic overload. In this context one may suspect that the time concept and the time related memory function also are hurt. It is as if the trauma did not happen a long time ago, but again and every day. Therefore, the split in the self occurs as a result of the difficulties in dealing with the massive trauma (Herman, 1992; 2001; Landman, 2002).

In an attempt to understand the psychological sequelae of traumatic experiences, trauma experts postulate that constructing a coherent narrative can be difficult, sometimes impossible because traumatic memories often are perceptual and emotional rather than declarative (Herman, 2001). They may also be in the form of physical re-enactment but without conscious narrative (Bracken & Petty, 1998; Papadopoulos, 2002). For a significant number of people, the experience of trauma results in a process of fragmentation, shattering, disconnection or dissociation which is seen most commonly in the intrusion and avoidance symptoms of post traumatic disorder (Herman,1992).

According to Herman (2001) traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection and meaning. Experiences of trauma need to be examined and responded to in terms of the self (Herman, 1992), the psyche-soma relationships (Herman, 1992; Rodin et al, 1998), relationships with social, political and economic structures (Kleinman, 1995; Swartz, 1998) and the cultural realm of creating meaning in the community (Kleinman, 1995; van der Kolk et al, 1996).

The relationship between exposure to community violence and various mental health outcomes has indicated that the impact of exposure to community violence is not specific to one mental health domain (Pynoos et al, 1987; Terr, 1988, 1999; Mazza, 2000). Research results show that exposure to violence has a direct and indirect relationship to numerous mental health problems such as post traumatic stress disorder, depression, suicidal behavior, anxiety, aggressive/antisocial behaviors and academic difficulties (Pynoos et al, 1987; Mazza, 2000)

Moreover, numerous empirical studies have recorded links between exposure to traumatic events and traumatic responses. Silove (2004) indicated that almost all systematic studies attempting to assess categories such as post traumatic stress disorder and depression across diverse refugee cultural settings have shown rates of these disorders that far exceed those found in non-war affected communities. Post traumatic stress disorder constitutes a new discourse of trauma and its psychological sequelae to address the mental health of refugees (Bracken, 1995; van der Veer, 1998; Papadopoulos, 2002). Post traumatic stress disorder comprises a characteristic cluster of symptoms that

emerge following exposure to an extremely stressful event (American Psychiatric Association, 2000).

Studies of the prevalence of post traumatic stress disorder yield results which varied between 15 and 47 percent in refugees and post conflict settings (Silove, 2004). Research indicate that almost all the studies, irrespective of their cultural settings or context, have shown a clear relationship between levels of trauma exposure and risk of post traumatic stress disorder in post conflict settings (Mollica et al, 1998; Silove, Sinnerbrink, Field, Manicavasgar, & Steel, 1997; cited in Silove, 2004; p20; Yehuda, McFarlane & Shalev, 1998).

Psychological trauma only received official diagnostic recognition in 1980 when post traumatic stress disorder first appeared as a category in the third edition of the Diagnostic Manual of the American Psychiatric Association (DSM-III). The essential feature of this disorder is the breakdown of the human system of self defense as a result of becoming overwhelmed and disorganized by exposure to traumatic events. Physiological states, emotions, cognition and memories; that is, functions that are normally integrated, may become severed from each other (Yehuda et al, 1998). Posttraumatic stress disorder is a psychiatric condition that is directly precipitated by an event that threatens a person's life or physical integrity and that invokes a response of fear, helplessness or horror (Yehuda et al, 1998). Clinical observations provide basic insight into the impact of war conditions and trauma on people's psychological and developmental wellbeing. These observations indicate that there is a difference between the effects of exposure to acute and chronic trauma (Boothby, 1992). An acute stress reaction represents a normal shock reaction

which follows exposure to a highly stressful event while chronic reactions endure beyond this brief time span and include a persistence of often debilitating symptoms (Freud, 1967; Garmerzy, 1985 cited Boothby, 1992). An acute stress reaction generally lasts only for a few days and it is marked by features of severe anxiety (Boothby, 1992; Yehuda et al, 1998). However, if the trauma is intense enough, it may lead to permanent psychological scarring, especially when the individuals have lost their significant others (Herman, 2001). One of the most salient predictors of chronic posttraumatic stress disorder is the nature of the traumatic event that has been experienced. The chronic reaction is marked by features of posttraumatic stress disorder including a persistent re-experiencing of the trauma, reduced responsiveness and involvement with the environment, and diminished expectations for the future (Boothby, 1992). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) the criteria for posttraumatic stress disorder include exposure to a traumatic event which results in a threat of death or physical integrity and a subjective response of fear, helplessness, or horror (American Psychiatric Association, 2000).

Encapsulated within the diagnostic criteria for post traumatic stress disorder are three sets of symptomatic response; hyper-arousal, intrusion and constriction.

The first cluster, *hyper-arousal* refers to physiological signs or increased arousal such as hyper-vigilance, increased startle response or being permanently alert because of the continued expectation of danger. The second cluster, *intrusion* reflects the re-experiencing of the trauma which can take on the form of unwanted and uncontrollable thoughts of the trauma which includes nightmares or flashbacks. The last cluster,

constriction refers to the freezing or shutting down of responses and shifting into an altered state of consciousness or dissociated state. This can also involve symptoms which include social withdrawal and a sense of loss of pleasure (Herman, 1992; Hamber & Lewis, 1997). These responses are considered to be normal responses to abnormal events. Baldwin (1996) argues that trauma symptoms are considered as adaptive because they evolved to assist individuals to recognize and avoid dangerous situations.

However, aspects of normal human experience that cause complexity in the psyche's development have been described as traumatic. Although they are not associated with post traumatic stress disorder, their impact on development may be significant enough to cause developmental arrest or increase susceptibility to traumatic reactions at a later stage in development (Krystal, 1997). Trauma is however not the only mental health concern related to the exposure to violence. Stavrou (1993) noted that other emotional responses to violence include the lack of ability to trust and love, loss of self esteem, feelings of helplessness and inability to change the violent situation. The long term effects of this situation could be that individuals may feel that they do not have enough internal strength and power to control their own lives and thus feel generally weakened in their ability to cope. Finally the continuous and prolonged exposure to violence and deterioration of social conditions, may lead to the individual becoming emotionally insensitive or desensitized to the acts of violence.

2.3 Definition of Violence

According to the World Health Organization violence is the intentional, actual or threatened use of physical force or power, resulting in, or with a high likelihood of injury (Modvig & Jaranson, 2004). Fanon (in Bulhan, 1985) defines violence as any relation, process, or condition by which an individual, or group violates the physical, social, or psychological integrity of another person or group. From this perspective, violence could be described as inhibiting human growth, negating inherent potential, limiting productive living and causing death. Modvig & Jaranson, (2004) postulate that violence can be directed against individuals, (self directed or interpersonal) groups or communities, and committed by individuals or groups (collective violence). The motives for the use of collective violence can be social, political, or economic (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002; p.6 cited in Modvig & Jaranson, 2004; p.35). Thus collective violence is defined as the instrumental use of violence by members of a group against another group in order to achieve political, economic or social objectives (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; p.215 cited in Modvig & Jaranson, 2004; p.35).According to this view, collective violence can comprise war, terrorism, and other political conflicts or state perpetrated violence such as genocide, repression, disappearances and torture.

Therefore, political violence can be understood as the subset of collective violence, which is driven by political motives, or attempts to change or resist change to a country's political system or aspects of it, as opposed to violence driven by social or economic motives (Modvig & Jaranson, 2004).

2.4 Definition of a refugee

The 1951 United Nations Convention relating to the status of refugees defines a refugee as any person who, owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country. This definition does not include displaced persons who have not crossed an international boundary, nor does it include those who fled internally or externally to get out of the war or civil strife (Chambon, 1989).

2.5 The refugee experience

Political persecution and forced exile are extreme situations which operate in a cruel and violent way against the basic needs of being confirmed as a human being by other human beings (Kristal-Andersson, 2000). The experience is threatening as it may surpass an individual natural coping capacity with the subsequent appearance of emotional tension, anxiety and defensive mechanisms as refugees try to cope with this invalidation of their essential human rights (Kristal-Andersson, 2000; Herman, 2001; Papadopoulos, 2002).

Barudy (1989) notes that the perception of threat is not always conscious, but may be subconscious or subception. In this case the person perceives the danger but cannot symbolize it, that is, he does not achieve a conscious representation of what threatened him. According to Krystal (1997) aspects of stressful or distressing human experience that cause complexity in the psyche's development have been described as traumatic. Family psychopathology or dysfunction and loss were identified as the pre-trauma risk

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factors which may increase susceptibility to traumatic reactions. Krystal (1997) postulates that although the experiences are not associated with post traumatic stress disorder, their impact on development may be significant enough to cause developmental arrest or increase susceptibility to traumatic reactions at a later stage in development. Until recently, posttraumatic stress disorder has been accepted as the main disorder that begins in the aftermath of traumatic events (Breslau, 1998 cited in McFarlane, 2004). However, it has been recognized that a range of other disorders such as depression, panic disorder and generalized anxiety disorder occur but as time goes on the intensity of the initial response substantially decreases (Yehuda et al, 1998; McFarlane, 2004). Researchers have found that anxiety and depression are often influenced by adversity before and after, whereas posttraumatic stress disorder is associated with higher exposure (Yehuda et al, 1998; McFarlane, 2004). Therefore, events associated with prolonged victimization are associated with the highest estimates for chronic posttraumatic stress disorder (Yehuda et al, 1998).

Boothby(1992) postulates that this chronic reaction is marked by features of post traumatic stress disorder including a persistent re-experiencing of the trauma, reduced responsiveness and involvement with the environment, diminished expectations for the future, as well as by more diversified age related symptoms of stress. The effects of these events are often manifested several years after their occurrence through delayed reactions of mourning and post traumatic stress (Chambon, 1989). Conventional concepts of trauma are often shaped explicitly and implicitly by a medical model. In that paradigm, an event of trauma/loss is essentially defined as a pathogen; that is the phenomenology of

the grief or trauma response is regarded as a disease process, and recovery is defined as a return to baseline (Kaufman, 2002). Differences in the ways in which survivors process the trauma, including their search for meaning, may explain how positive as well as negative outcomes are reached.

Kleinman (1995) notes that when trauma is situated in the individual rather than social dynamics, the interpersonal and community wide effects of violence are missed and it is seen as a medical pathology rather than of religious or moral happenings. The American Psychiatric Association diagnostic criteria for posttraumatic stress disorder include exposure to a traumatic event which results in a threat of death or physical integrity and a subjective response of fear, helplessness or horror (American Psychiatric Association, 2000). The diagnostic criteria for post traumatic stress disorder rule out the possibility of normal responses to trauma and suggest that suffering is not something that can or should be endured. However, the traumatic experiences of violence, internal/political wars, impoverishment and experience of atrocities are the most typical representations of human suffering and in the major religious traditions are seen as defining the human existential condition (Kleinman, 1995) The essence of trauma is that it overwhelms the individual's usual abilities to cope and adjust, calling into question the most basic assumptions that organize people's experience of themselves, relationships, the world, and the human condition itself (Montgomery, 1998; Kaufman, 2002).

Herman (1992) notes the importance of seeing trauma as the result of a complex interrelationship among psychological, biological, social and political processes; and one

that varies depending on the maturational level of the victim, as well as the length of time for which the individual was exposed to the traumatic event. Accordingly she notes the importance of transforming the meaning of personal tragedy by making it the basis for social action (Herman, 1992; p 207). Kleinman (1995), and Summerfield (1999), also expressed concern about the medicalisation of human suffering and de-politicizing the suffering associated with war and drawing attention away from important social and economic factors that underlie these kinds of conflicts. In recent years, however new theories have increased the breadth of reactions considered with respect to responses to trauma. Summerfield (1994; 1999) took note of the fact that the discourse on trauma and the accompanying psychological effects is in line with a cultural shift towards a dominant Eurocentric view of the individual as the basic and autonomous unit of society.

Thus, the notion of trauma and the infusion of psychological terminology into popular discourse and consciousness are in part related to this trend, and psychological terms such as trauma, depression, stress, and distress have made their way into the mainstream vernacular in many cultural contexts, even where such terms might not have previously existed. In an attempt to challenge the discourse on trauma Summerfield (1994; 2000) argued that war is not a private experience, and the suffering it engenders is resolved in a social context. Therefore, he pointed out the importance of taking into account the social meaning assigned to a violent experience instead of creating an illusion that trauma is a disease and the difficult experience refugees have been exposed to are discrete and occur against a background of an otherwise harmonious existence. Accordingly the focus on the individual pathology has the potential to hide the political and social reality of

involuntary migration, loss, violent dislocation or repression (Summerfield, 1997). McFarlane (2004) supports this idea and argues that introducing the notion of illness in this setting creates anxiety that the humanity and reality of the refugee experience is diminished.

According to Janoff-Bulman's (1992) shattered assumption theory the most damaging traumas are human caused and involve interpersonal violence and violation of rights. The theory postulates that trauma shatters three basic assumptions about the world; the world is benevolent, the world is meaningful and the self is worthy. The theory shifted the emphasis from the emotion and biology of fear to a cognitive appraisal of the world and the self following trauma. The shattered assumptions theory employed cognitive factors that influence human's cognitive conservatism and resistance to changing these basic assumptions (Janoff-Bulman, 1992) The shattered assumptions framework also provides a useful way to consider some of the socio-political influences on the field(Kaufman, 2002)

2.6 Political Exile

Baker (1985) contends that the most significant emotional effect of being forcibly uprooted is the intense feeling of loss that is experienced. What is of a patently different magnitude for refugees is the overwhelming assault to the individual human psyche, the losses of lives, the destruction of entire social communities, which are all devastating events that test the capacity to endure suffering, all happening in the pre-migration stage (Papadopoulos, 2002) According to Papadopoulos (2002) a number of critical phases

which impact on the refugee overall psychological state include a period of threat, the decision to flee, the flight itself, reaching a place of possible asylum, requesting refugee status and resettlement in the medium and long term. Accordingly each of these stages represents a potential crisis and trauma point much depending on how it is experienced, what support is available and the strength of the individual's coping capacities (Baker, 1990). Papadopoulos (2002) conceptualized the first phase of refugee experience *'devastating events'* in terms of the dominant refugee trauma discourse, which he argues tends to color the way mental health professionals deal or work with refugees, and the manner in which refugees perceive their situation. Papadopoulos (2002) maintains that mental health workers' attempts to understand the refugee transition tend to focus on trauma issues or devastating events and ignore or underestimate the impact that other phases of refugee experience have on the refugee overall psychological state. He further argues that the task of adaptation for refugees is multi-layered, due to pre-migration circumstances of loss, trauma and major disruptions. Therefore, adapting to a new environment or country is an interactive process.

Accordingly Papadopoulos (2002, p.193) proposed the other phases of refugee experience as; '*anticipation*' that is when people sense the impending danger and try to decide how best to avoid it; '*survival*';- when refugees are safe from danger but live in temporary accommodation and uncertainty and lastly '*adjustment*'- when refugees try to adjust to new life in the receiving country. Therefore, suffering provoked by exile can be explained by the concept of '*context interruption*' (Barudy, 1989) as in the new country refugees face a new context completely unknown to them. Barudy (1989) argues that this

confrontation means, in many cases, a rapture of their existential projection and a lack of continuity in their lives. According to Barudy (1989), at first refugees perceive the new environment as strange, as a place where other people's lives develop, and where they may only project their phantasy world. Accordingly, the principal experiences are those of grief for what has been lost, a feeling of uprootedness and loneliness, difficulty with communication and doubts concerning their own identity.

Anderson (2000) and Papadopoulos (2002) maintain that this process is compounded by the experience which seems to begin by inwardly and outwardly questioning new circumstances. This may be done consciously or unconsciously and may or may not find explicit expression. Anderson (2000) indicates that a long, difficult and sometimes painful psychological process of questioning oneself and ones life and values begins, which may be experienced differently. The stress and anguish provoked by the difficulty of establishing a shared and negotiated interpersonal context may frequently lead to xenophobic attitudes and violent responses in both the refugees and the inhabitants of the host country.

Accordingly different degrees of social discrimination and racism towards refugees aggravate their confusion (Barudy, 1989; Papadopoulos, 2002). The refugees sense the impact of this multidimensional, deep and pervasive loss and they feel disoriented because it is difficult to pinpoint the clear source and precise nature of this loss, especially due to its complex and dichotomous nature. Espin (1987) postulates that the stress created by living under the fear of persecution or life endangering situations, as

well as the dislocation created by leaving ones country under uncertain conditions, are greater and capable of producing even more dramatic effects. The most immediate feeling experienced after leaving such a situation of constant danger is relief together with sadness and grief for those left behind (Espin, 1987). Indeed, the loss experienced by an uprooted person encompasses not only the obvious loss of a country but also the way of life and family. It is the lack of what has been termed "the average expectable environment" (Hartman, 1964 in Espin, 1987) which can become a constant reminder of what is not there anymore. Espin, (1987) argues that it is the loss of this average expectable environment that can be most disorientating and most disruptive of the person's previously established identity.

2.7 The concept of identity

The term identity, like self, has been used to signify different things in the psychiatric and psychological literature. Social identity theory, generally ascribed to Tajfel (1978; 1982) posits that a person's self concept is heavily dependent on, even integral with, his or her group affiliation (Kristal-Andersson, 2000). According to social identity theory, individuals use social categories not only to simplify their environment but also to identify and define themselves. By identifying with a specific social category, individuals define themselves as group members (Barudy, 1989; Kristal-Andersson, 2000). Social identity theory is based on the central premise that individuals strive for a positive self concept, which they can reach via positive social identity. Individuals may achieve positive social identity by comparing the group they identify with (the in-group) with other social groups (out-group). The individual's and group aim is to find comparison

dimensions that provide a positive outcome for the in-group in order to enhance the individual's or group self esteem (Barudy, 1989).

For refugees, the issue of identity may be complicated by the need for emotional stability as the changes in identity that may be needed for optimal adaptation may threaten their coping abilities. As a consequence of their situation refugees may exhibit varying degrees of incongruence or self-alienation which could lead to different degrees of psychological vulnerabilities because of inability to construct and maintain an identity that is in agreement with the world view of significant others (Barudy, 1989; Kristal-Andersson, 2000). A conscious or unconscious process begin each time comparison must be faced between the two worlds; the old which the refugee is no longer a part of, and the new which he/she is not yet part of (Papadopoulos, 2002). According to Barudy (1989) disorganization of the self concept result from those situations in which refugees had to face threatening experiences unbearable for their defense process. When the defense process becomes inefficient, the experience is adequately symbolized in conscience and the gestalt of the I structure breaks by the incongruence in conscience. The result is a state of disorganization where tension between the self concept and the experiences which are not symbolized or included in the I concept express itself in a confused behavior. Accordingly, an ordinary incident may provoke in the refugee a severe crisis of anguish, depression or nightmare with traumatic content (Barudy, 1989).

Erikson's concept of ego identity (1968, p211) considers factors in the individuals childhood experiences, societal circumstances and sameness of self through time, having

varying feelings and thoughts in different situations, but still remaining the same continuous person, with a past, present and anticipated future. This definition includes those aspects of identities which arise from people belonging to distinctive ethnic, cultural, racial, linguistic and religious groups in which the individual is raised. The definition of identity in this text does not match exactly any previous definition. In this study the definition used would consider the complex interplay among biological, psychological, and social factors. The term identity or its synonyms will be used to refer to the process which entails the formation of the conscious or unconscious image or group of images which an individual has of him/her self in a given moment and context. Identity refers to many aspects of the person, and may be recognized by introspection as an internal visual or verbal representation, while it is recognized by others as an external assertion in words, facts, gestures, and behaviors which is supposed to reflect in some way an internal representation (Barudy, 1989, p716)
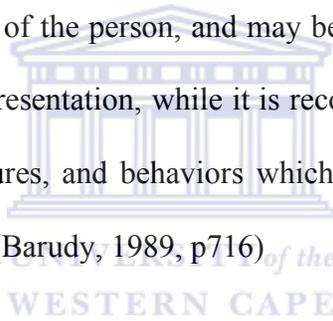
Barudy (1989) postulates that all human beings have a basic need for affection, positive consideration, acceptance, appreciation and love, which are essentially satisfied in the relationship with others. In this process, relationships with other human beings, environmental factors and the biological evolution of the individual through time play an important role (Bowlby, 1969). Therefore confirmation of a person's self image is the most important means of ensuring psychic maturation and stability.

Kristal-Andersson (2000) argues that refugees may experience identity conflicts and feelings of non-identity or loss of sameness of self as a result of questioning their

homeland identity. This loss is not only about concrete objects or conditions, but it encapsulates the totality of all the dimensions of home. Papadopoulos (2002) suggested the term "nostalgic disorientation" to refer to this uniqueness of the refugee predicament.

2.8 Refugee experience and Xenophobia

The term xenophobia is defined as a hatred or fear of foreigners/ strangers or, of their politics or culture (Collins English Dictionary, 1991. p. 1775). More commonly, the term is used to denote a dislike of foreigners. Harris (2002) postulates that xenophobia represents a deep fear and dislike of the unknown. Accordingly this subjective fear and absolute dislike seems to have translated itself into intense tension and violence by some South Africans towards refugees. On arrival in a host country refugees are often easily identified as foreigners by their physical appearance, language, accent, and dress code and are perceived as a threat of some kind by the locals. They are often blamed for a variety of social problems ranging from crime, prostitution, taking jobs belonging to local people or drug trafficking (HRW, 1998; p.33). Besides the feeling that some South Africans are prejudiced and parochial, a prominent perception is that their violence targets black foreigners as they comprise the majority of victims (Harris, 2002). In this regard, exclusion, alienation and hostility operate in a complex, ongoing spiral across the line of nationality.

According to studies conducted by Sinclair (1998, 1999) and Morris (1998), xenophobia impacts directly on foreign identity. Through xenophobia, foreigners feel foreign. This effect, in turn, alienates and excludes foreigners further from the South African society

(Harris, 2002, p.182). However, verbal abuse, unfair/rude treatment of refugees and calling them derogative names by the public and officials appear to be commonly reported worldwide as asylum seekers are often labeled as liars about being political refugees (HRW, 1998; p.33).

2.9 South African information on refugees

The influx of black foreign population to South Africa post-1994 has been accompanied by a substantial growth of xenophobia, and numerous anti-foreigner incidents of verbal abuse and physical assaults have been reported (Mail & Guardian 23 September 1994; 03 February 1995; 18 April 1997; Sunday Independent 4 May 1997; Sunday Times 7 June 1997 cited in Morris, 1999). Mostly black Africans originating from north of Africa have been the target of some of the most virulent racism which emanates from black South Africans (Mail & Guardian 23 September 1994; Sunday Independent 4 May 1997; Kadima & Kolombo, 1995; Bouillon, 1999 cited in Morris, 1999). Morris (1999) argues that the distortion of the reasons for refugees moving to South Africa certainly contributed to prejudice experienced by black foreigners. Nyamnjoh (2006) supports this view and argue that the representation of black foreigners by the South African media and government officials is largely negative and tend to give the impression that black African migration is a problem and not immigration as a whole. In Cape Town the stereotypes and xenophobia propagated against black foreigners has had several casualties. Nyamnjoh (2006) pointed out that a Ugandan refugee was arrested in Cape Town and violently thrown into a police van, and subjected to abusive language before being transferred from one police station to another. In another incident a Nigerian

refugee hawker was verbally abused and injured in scuffles with the police. On the 2 June, 1997 an asylum seeker from Burundi was arrested in Cape Town and died from ruptured spleen after being beaten by police officers (Nyamnjoh, 2006, p.53). From 1997 anti foreign sentiments amongst local hawkers increased dramatically and was followed by numerous attacks, marches and demands that foreign hawkers should not be allowed to trade on the streets (The Star 15 August 1997; Sunday Independent 17 August 1997 cited in Nyamnjoh, 2006).

In Cape Town, protests and marches against black foreign traders have on several occasions ended in violent looting, killings, mugging and vandalism on stalls owned and operated by black foreigners (Mail & Guardian 17 September 2006; 03 October 2006 cited in Nyamnjoh, 2006). The African Chamber of Hawkers and Independent Businessmen reportedly conduct campaigns against black foreigners (Harris, 2001 cited in Nyamnjoh, 2006, p.54). Media reports estimated that over 30 refugees have been attacked and killed around Cape Peninsula in 2006 (Mail & Guardian 03 October 2006).

It is evident that foreign blacks are viewed as a threat by many South Africans. Xenophobia corresponds closely to the emergence of the new South Africa in 1994 and runs parallel to the country's process of transition from apartheid to democracy. The end of apartheid has generated heightened expectations, only to disappoint ordinary South Africans with the slow pace of delivery, which has bred discontent, indignation and a propensity to scapegoat (Harris, 2001 cited in Nyamnjoh, 2006). It is in this context that black foreign Africans are portrayed as a major threat to the successful crystallization of

black citizenship in the new South Africa (Morris, 1998; 2001b; cited in Nyamnjoh, 2006)

2.10 Conclusion

The literature review indicates that the concept trauma is used to refer to a broad range of experiences. This includes a single overwhelming event, prolonged exposure to overwhelming events, and aspects of normal human experience that were particularly complex due to disturbances in relationships, or the environment at particularly significant points in development. The literature review also indicates that posttraumatic stress disorder is one of the few diagnoses in the Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, which relate symptoms directly to a psychosocial event. Posttraumatic stress disorder is a nosological tool that may improve understanding of the psychological impact of the refugee experience (Papadopoulos, 2002). Furthermore, literature review on several research studies on refugees reflects that posttraumatic stress disorder reactions are frequent after concrete war-related experiences (Yehuda, McFarlane & Shalev, 1998; Montgomery, 1998; Silove, 2004). Common posttraumatic stress disorder indicators have been identified in three symptomatic response; hyper-arousal, intrusion, and constriction. Lastly literature also explores some of the arguments that have been put forward describing the limitations of the posttraumatic stress disorder tool. The critical comments of (Summerfield, 1999; 2002; Montgomery; 1998; Kleinman, 1995) with regard to the concept of posttraumatic stress disorder and definition of trauma, along with reservations about trauma being rooted in individuals rather than social dynamics, is pertinent in considering the validity of the post

traumatic stress disorder concept especially its relevance for communities in the non-western world. With the background of increasing traumatisation of whole communities in strife torn countries in Africa, there is a great need to re-define the theory about the after effects of war or violence on victims when taking their emotional state and character of the trauma into consideration. The literature review will be revisited in the chapter on data analysis and discussed in relation to the data obtained in the in-depth interviews.

Chapter Three

METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology, the process used in the conduct of the study, and the method employed to analyses the data. The ethical considerations and the significance of the study are also described. The sections will be covered as follows;

3.1.1 Research Aims

The study aims to explore the impact of trauma on Congolese refugees in Cape Town who have been displaced by war. The objectives of the study will be to determine;

- The traumatogenic nature of the refugee experience
- The nature of the psychological components that comprise the traumatogenic aspect of refugee status.

3.1.2 Research Design

Methodological Framework

The study was conducted within a qualitative methodological framework. According to Strauss and Corbin (1998) qualitative research can be used to explore the substantive areas about which little is known or much is known to gain novel understanding. Semi-structured interviews were used to explore the participant's experiences of being refugees and the effects of trauma on their identity. Interviews each lasting 45 minutes to 1hour were conducted with eight refugees (3women, 5men), a sample which comprised of participants over 18 years of age. Participants for the study were recruited with the assistance of a student refugee who contacted the participants in order to gain initial consent. At each interview, it was explained that the interviewer (first author) was interested in hearing the story or description of how the war had affected their lives and their emotional reactions to what had happened, and the way their refugee experience was impacting their present perception and expectations for the future. The advantage of semi-structured interviews was that it allowed the interviewer to be highly responsive to the individual differences and situational changes as most questions flow from the immediate context. Open ended questions were asked in order to allow exploration of the subject matter in a comprehensive manner (Leedy, 1997; Mouton & Marais, 1998).

In-depth interviews were conducted in order to explicate narrative accounts of how refugees understand and explain their refugee related experiences and dislocation. In the narrative interview, the agenda is flexible, open to change and partially guided by the researcher's meaning frame (Hollway & Jefferson, 2000). The semi-structured interviews

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were guided by broad open-ended questions aimed at eliciting participants' or refugee experiences (viz., "Please tell me the story of why you came to live in Cape Town"). Interviews were tape-recorded and transcribed verbatim. According to Babbie (2001) much of social research is conducted to explore a topic, and this approach typically occurs when a researcher examines a subject of study which is relatively new.

This study is also phenomenological in approach. According to Leedy and Ormrod (2001) a phenomenological study attempts to understand people's perceptions, perspectives and understandings of a particular situation. Qualitative research emphasizes the individual aspects of human experience and seeks to capture what takes place through the frame of reference of people's own experiences and interpretation of these (Babbie, 1998). Qualitative methodology, in opposition to positivists and empirical research, stresses the importance of the contextual and subjective processes of interpretation in research. Bogdan and Taylor (1984) maintain that qualitative data has the advantage of looking at settings and peoples comprehensively; that is people settings or groups are not reduced to variables but are viewed as a whole.

Bogdan and Taylor (1984) argue that even though the focus of qualitative research is not on the truth value but on reliability and perceptions of those under study it does not mean that qualitative researchers are unconcerned about the accuracy of their data. Reliability refers to the degree of consistency with which instances are assigned to the same category by different occasions (Silverman, 2000). With this comes the possibility that the respondents may construct stories that are far removed from the truth as it is subjective.

Therefore the qualitative researcher is required to recognize the gap that exists between the object of study and the researcher's subjective, inductive understanding and representation of such objects (Oskowitz & Meulenberg-Buskens, 1997). On this basis, by looking at multiple perspectives on the same situation, the researcher can then make some generalization of what something is like from the insider's perspective.

3.1.3 Participants

The participants consisted of 8 refugees from the war ravaged Congo. The majority of participants speak French as their first language but the interviews were conducted in English. The gender distribution of the sample revealed more male than female participants. In order to respect participants' anonymity and confidentiality, identifying details have been changed and names have been omitted from this study. Participants ranged in age from 25 to 40 years. The duration of the participants' stay in South Africa ranged from three to eight years. Of the eight participants, two were married while the rest were single at the time of interviews. All the eight participants could be described as working class to lower middle class, with jobs ranging from unskilled to skilled and professional.

The selection of participants in phenomenological research is normally based on their common experiences related to the topic (Marshall & Rossman, 1989). The participants would be selected by virtue of the subject's voluntary response to participate in the study. Although the participants might share the same experience, this does not imply that all have the same background. Furthermore, the sampling technique was not random, but

because of the phenomenological emphasis the potential of selection bias was not considered to be an impediment to the data. Basically this difference would add to the richness of the study. According to Krueger (1994) the sample group may vary by age, gender or interests but may still have aspects of commonality. However, a need assessment has shown that many of the participants are likely to be single and most are young adult males.

3.1.4 Research Instruments

For the purpose of this study, a qualitative paradigm was employed and the research interview with pre-determined open ended questions was developed within this framework for data collection. This technique allowed the researcher to solicit participants' responses, and understand people in their own terms. A semi-structured interview procedure is considered most appropriate as it is recognized that measuring instruments are susceptible to measuring reactivity, the consequences of which may vary from the withholding of cooperation to deliberate deception (Judd, Smith, & Kidder, 1991). Qualitative research demands a 'human instrument', one fully adaptive to the in-determinate situation that will be encountered (Denzin, 1997). In the present study the human instrument was the first author, who collected and analysed the data personally (Whitt, 1991). Merriam (1988, p.19) comments; 'the researcher as instrument is responsive to the context; he or she can adapt techniques to the circumstances; the total context can be considered; what is known about the situation can be experienced through sensitivity to non-verbal aspects; the human instrument can process data immediately, can clarify and summarize as the study evolves and can explore anomalous responses'.

According to Babbie (2001) qualitative interviews are essentially a conversation in which the results solicited through open ended questions elicit responses of an introspective nature rather than yes-no responses. The reason for choosing this method of data collection is that the nature of research question requires an exploratory analysis of participant's opinions. Furthermore, as a qualitative method, interviews were used to uncover and understand what lies behind social-psychological phenomena about which little is yet known (Cresswell, 1994; Strauss & Corbin, 1998). Lastly a qualitative interview provides context bound information which leads to patterns which may explain phenomenon.

3.1.5 Procedure

The initial contact was made through the informant and thereafter an appointment was made with the subjects in order to explain the purpose of the study. Their voluntary participation was requested with a reassurance that their responses would be anonymous and confidential. This was particularly important as it implied that the researcher needed to gain entrance into a system (a natural setting according to ethnographic terminology) where such participants were available and willing to give comprehensive and rich descriptions of their refugee experience. It was also necessary to assure them that every detail will be treated confidentially to avoid a situation where participant's become evasive in response to questions related to their refugee journey. With the consent of the participants, the interviews were recorded and followed by detailed note taking of the interview process. In addition different clusters of questions were included in the interview format in order to explore the experiences of the participants. Finally, prior to

the interview the following information was systematically collected; age, sex, status, occupation, and socio-economic status of participants. Each interview took approximately 45 minutes to 1hour. The sample consisted of 8 participants.

3.1.6 Data Analysis

Participant's accounts were analyzed by means of a narrative approach. A focus on narrative highlights how individuals construct meaning and identities through narratives (Riessman, 1993). The narrative analytical method employed entailed a holistic reading of the content of the narrative as suggested by Lieblich, Tuval-Mashiach and Zilber (1998).The analytical process involved a repeated reading of the interview transcripts in order to acquire a sense of the entire narrative. Transcripts were read individually. Initial notes were taken while reading the transcripts. These notes focused primarily on the content of the individual's stories and general impressions of the texts. Subsequent readings involved a more detailed analysis and elicited general themes that were followed throughout the narratives. In the detailed analysis, features of language (such as metaphors) were taken into account. In sum, the analysis comprised a combination of narrative and thematic analytical methods. Thematic content analysis involved the examination of texts for the presence of themes (Rist, 1994).

This allowed the systematic searching and arranging of interview transcripts, synthesizing and interpreting the descriptive data (Marshall & Rossman, 1989; Rossman & Rallis, 2003). Moreover, transcripts of interviews, and detailed field notes on what has transpired during the interview were organized into salient themes and patterns. This

involved a concurrent flow of activity, reduction of data into specific categories or themes through a process of selecting, focusing, simplifying, abstracting and transferring the data, synthesis of the condensed data, verification and drawing conclusion (Bannister, 1994; Miles & Huberman, 1994).

According to Leedy and Ormrod (2001) the process of analyzing data begins with a large body of information and therefore the researcher must, through inductive reasoning, sort and categorize it and gradually boil it down to a small set of abstract underlying themes. This interpretative process was supported by the interviewer's post interview notes.

3.1.7 Ethical Considerations

Participation in the study was voluntary. Participants were informed about the purpose of the study and informed consent obtained from them. The findings and feedback of the study would be shared with the participants. Confidentiality, honesty and anonymity was stressed and maintained. In addition participants were informed that they may withdraw from the study at any time. The option was not used in any interview. In contrast a number of the participants expressed gratitude for the opportunity to discuss this topic. The researcher remained sensitive at all times to the possibility that the interview topic might raise painful emotions for some participants and always tried to end the interviews on a more positive note.

Moreover, an immediate issue for me was the importance of recognizing the inequalities inherent in the research process, amplified by the disadvantaged position of the refugees.

For instance, I am a black South African male who, on the level of appearance, represents the majority culture in this country. The participants were Congolese fleeing a country devastated by civil war, seeking refuge in a country in which representation of black foreigners by the media and some significant forces in authority is negative or depict them as a social problem. Since such are the myths attributed to the motives of refugees coming to South Africa, it seemed an ethical issue to me that from the onset of the research or initial contact, I stated my position that refugees are welcome in this country. Failure to do this would have left the Congolese refugees uncertain of my motives and beliefs. It is also likely that this position facilitated an easy access to the experiences of the participants, than a stance that would have been considered distant, unstated or perceived as unsympathetic.
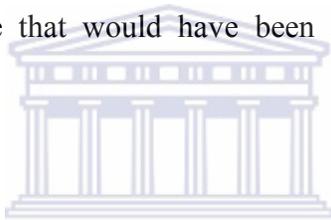
Everitt et al (1992) postulates that the approach of the research minded practitioner should be guided by values and principles which attempt to restore the humanity of subjects by developing the capacity of individuals to reflect upon their situation. Accordingly these principles allowed the relationship between the researcher and the participants to be equal and not expert as the researcher acknowledged the abilities and rights of participants. The researcher also reassured the participants that their identity will not be disclosed in case they have fears of being repatriated or reported to government officials. It was also important to assure them of the confidentiality of the study in order to avoid a situation where respondents became evasive and did not want to give a comprehensive narrative of their refugee journey or experience. Given that it was most unlikely that the interviews would be granted from the initial contact, the researcher

made several visits to the participants in order to win their confidence and familiarize himself with them. The first contact enabled the participants to regain some measure of control over their situation and also provided the space to clarify the purpose of the study. Finally confidential supportive counseling services were arranged at the Institute of Counseling for participants who might be affected by the nature and content of the research study. However, nobody indicated a need.

3.1.8 Significance of the Study

The study could assist in contributing to a deeper understanding of the impact of trauma on refugee's mental health and identity, in that approaches to treatment or intervention could focus on understanding and responding to the specifics of individual's experiences and needs.
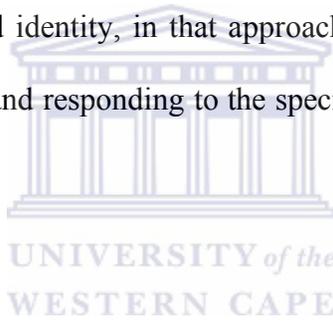
3.1.9 Conclusion

In conclusion, qualitative narrative research was used to conduct exploratory research with a sample of Congolese who have been displaced by war. The themes that emerged from the analysis of data will be discussed in the following chapter.

Chapter Four

4.1 Data Analysis and Discussion

This chapter presents the analysis of the research participants' narratives of their traumatic refugee experiences. The chapter presents and discusses the themes that emerged in the in-depth interviews of the eight Congolese refugees between the ages of twenty five and fifty years. Consistent with the aims of the study, themes were sought around the impact of trauma on refugees who have been exposed to direct or indirect violence, being forcefully dislocated and the emotional reaction to their present situation. The information obtained from the interviews was categorized into six themes namely; rupture of identity, language gaps, isolation and alienation, rootlessness, guilt and shame and experience and fear of prejudice. Furthermore, sub themes were also generated within each major theme. The overall purpose of the study was to attempt to determine ways in which the inner world of an individual is affected by the outer change of leaving one's country for another by force. Finally the study highlights the central findings in the literature that capture the essence of the crisis or dilemma refugees are plunged into once they have been uprooted from their countries. The summary of the findings and an interpretation of how they relate to literature and theory of trauma will also be discussed.

Transcription convention

- Numbers in brackets at the end of each quote denotes respondents (1) – (8)

- …Indicates that a part of the transcription has been omitted

4.2 Theme 1

 Rupture of identity

The following section presents issues that were salient to respondents when speaking about issues of identity. These include the connotations ascribed to the concept identity and the social construction of the personal or self concept identity. All the respondents expressed the experience of identity conflicts and feelings of non –identity. This is poignantly illustrated in the following statement by the participants;

''I am nobody in this country. Even my refugee status cannot guarantee my rights to anything. Worse the refugee permit I carry does not allow me to travel anywhere. It's like I am a prisoner here''. (8)

 The reasons these respondents cited for discomfort and feelings of loss of identity were in line with Erikson's (1968) understanding of the role society plays in the construction of self concept identity. As defined by Erikson (1968, p.50) identity involves a sense of self sameness and continuity to the way in which the ego masters experience, both in time and space (Kristal-Andersson, 2000; Papadopoulos, 2002; Wilson, 2004). The concept identity is a personal as well as a social process and the process of self- definition takes place within the context of existing dominant culture. Thus the meaning and values society places on identity must be taken into account. Therefore the psychological change that accompanies a loss of continuity and self sameness typically involves a loss of coherence of the structure of the self (Wilson, 2004)

According to research studies a theory of personality postulates that all human beings have a basic need for affection, positive consideration, acceptance, appreciation and love

which is essentially satisfied in the relationships with others (Barudy, 1989). Papadopoulos (2002) maintains that a conscious or unconscious process appears to begin each time refugees comprehend their situation. Accordingly refugees may experience identity conflicts, feelings of confusion and anxiety as result of losing the sense of sameness of self through time so vital to personal identity (Barudy, 1989; Erikson, 1968 cited Kristal-Andersson, 2000; Papadopoulos, 2002).

"I have lost my dignity because I am stateless. Sometimes I ask my self who am I?"
'Sometimes I wish I was still at home because people here people are so difficult and this exacerbate the stress I am experiencing due to being a refugee''. (7)
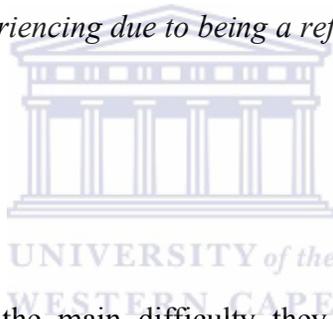
 4.3 Theme 2

 Language gaps

All the respondents felt that the main difficulty they face is being able to express themselves in their situation and to be understood and accepted. The respondents described the experience as follows;

"I am French speaking and I only learn English in this country but people here huhh"
*'It's bad being misunderstood because I feel so… rejected, disappointed and anxious, sometimes I feel so lonely and lost because of inability to explain my situation''   (8)*

Research has shown that language has a definite effect on people's identity, self conception, self esteem and self confidence (Baker, 1983; Kristal-Andersson, 2000; Papadopoulos, 2002). Mostly adult refugees have had interest and investment in the

socio-political life of their country; however in the host country they find themselves in a pre-verbal and pre-literate position which underscores their vulnerable and dependent condition (Freire, 1990). For many refugees their situation is exacerbated by the initial inability to communicate in their new surroundings. This was evident in this study from the following excerpt;

"I am an educated man. I completed my first degree in Congo. I was a researcher for an international company and was considered as a senior citizen. But then because I am a refugee I have lost that status as it does not reflect here. I am nobody here because my skills are not being utilized.'' (2)

'Worse when I arrived in this country I was a car minder at a supermarket parking or car wash boy in order to survive". (3)
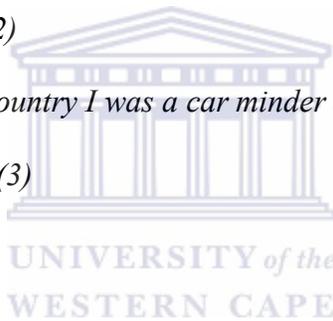
4.4 Theme 3

 Feelings of isolation and alienation

Most of the participants in the study report feelings of being continuously isolated and alienated by local black people. They described their situation as follows;

"I was expecting understanding and sympathy from local people but ....uhh they are negative. They say we are taking their jobs and we are criminals. I thought they know our situation in Congo but they do not care. I am staying in flat not because I can afford but because it's safe compared to the township where we are threatened and referred to as koere-koere.'' (5)

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" For example, locals broke into one the Congolese rented house in Guguletu one night after our arrival in Cape Town in 1998; they threatened to kill him and took all his property. The land lady knew those criminals but was afraid to report the matter because they would kill her for taking side with us''.(1)

Scapegoat theory (Morris, 1998) explains hostility and xenophobia in terms of broad social and economic factors. According to this theory, foreigners are perceived as a threat to jobs, housing, education, and health care (Morris, 1998; Tshitereke, 1999; cited in Harris, 2002). The argument advanced by Tshitereke (1999) cited in Harris (2002) suggests that in the post apartheid era, while people's expectations have been heightened, a realization that delivery is not immediate has meant that discontent and indignation are at their peak. As a result people became more conscious of their deprivation than ever before. Accordingly, this is the ideal situation for a phenomenon like xenophobia to take root and flourish (Tshitereke, 1999 cited in Harris, 2002). The hypothesis also suggests that South Africa's political transition to democracy has highlighted the unequal distribution of resources and wealth in the country. In this context, people often have a sense of relative deprivation, frustration and anger (Tshitereke, 1999 cited in Harris, 2002). Relative deprivation theory suggests that a key psychological factor in generating social unrest is a sense of relative deprivation. This arises from a subjective feeling of discontent which is based on the belief that one is getting less than what he/she is entitled to. Therefore, when there is a gap between aspirations and reality, social discontent is likely to result. Accordingly, people often create a frustration scapegoat, usually foreigners against whom they may direct their anger in violent form (Tshitereke, 1999

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cited in Harris, 2002). Research has also indicated that if a majority group in a country is in a disadvantaged position, they are more likely to feel threatened by the minorities, especially if they are foreign (Morris, 1998 cited Nyamnjoh, 2006). Accordingly, the scapegoat hypothesis of xenophobia explains that the foreigner represents a scapegoat or someone to blame for social ills, and personal frustration. In this context, black foreigners are considered as a source of ongoing deprivation and poverty by local black people.

However, the isolation hypothesis understands xenophobia as a consequence of apartheid South Africa's seclusion from the international community. According to this theory, the interface between previously isolated South Africans and unknown foreigners creates a space for hostility to develop (Harris, 2002). The isolation hypothesis suggests that suspicion and hostility towards foreigners in South Africa exists due to international isolation. The hypothesis also explains contemporary xenophobia by recourse to internal isolation, and isolation between South African's as a consequence of apartheid. Moreover, because of the strict boundaries between the citizens and interaction with other nations, South Africans are perceived as hostile, unable to accommodate or tolerate difference. According to isolation theory, South Africans find difference threatening and dangerous (Morris, 1998 cited Nyamnjoh, 2006). In this context, xenophobia exists because foreigners are unknown and different.

This is illustrated in the following statement by all participants;

"Local people marginalize us and refer to us as koere-koere (foreigner). It is very difficult to socialize with them as we are made to feel we don't belong and we are uncivilized. Most of the times they avoid or ignore us and them only talk if they need something from you.....uhh this South Africans. Sometimes they become aggressive and violent towards us especially in black townships. There is no trust... I only socialize with local people in church which is in town'' (8)

Papadopoulos (2002) supports the notion that for many refugees the feeling of isolation and alienation may be based on the concrete reality of life in the new country which may be complicated by the need for emotional stability.

"I feel rejected and unwanted in this country" (8)
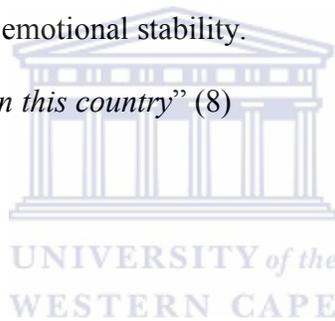
4.5 Theme 4

Feelings of Rootlessness

Most of the refugees expressed feelings of not belonging and experience of rootlessness as a result of the host government practice of granting permission or refugee status after long a period of waiting, which is accompanied by preventing or discouraging refugees from working or traveling to other countries. Applicants often have to pay bribes to obtain the necessary documents and/or threatened with deportation if they do not pay. The South African Lawyers for Human Rights have received numerous reports of exploitation by government officials from people who apply for political asylum (HRW 1998; p.3)

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This is illustrated in the following statement;

"It took me a year and half of waiting and assessment of whether I qualify as refugee before I was granted refugee status, but the document does not allow me to travel to other countries. I feel like I am currently imprisoned in South Africa.

The other problem is, countries I want to visit do not want me because they don't really know my background due to loss of national identity" (6)

Papadopoulos (2002) argued that by providing a surrogate protection, an asylum state reaffirms the inherent dignity of an individual whose dignity was previously eroded by his own state. However, beyond this general reaffirmation, refugee status says little about an individual personal identity or his/her psychological state, whether past, present or future.
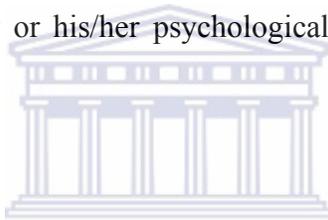
All the respondents also reported that on arrival in the country, they felt they were without roots and a secure base. They maintain that feelings of rootless-ness were compounded by the negative or hostile attitude of the local community. For many the refugee experience envelops them into existence which seems to fluctuate between painful reality and psychotic feelings (van der Kolk, McFarlane & Weisaath, 1996; Kristal-Andersson, 2000; Wilson, 2004).

The following case exemplifies the refugee problem and reality of being without roots;

"On arrival in Johannesburg before coming to Cape Town I slept on the streets for days. I did not know anybody; I did not belong to any organization. I was just running away

from war and looking for help. But then I had to wait for six months to get permission to stay in the country". (1)

Bowlby's theory of a secure base provides the foundation for understanding that the continuity of secure bonds in the form of secure attachments enable the child to explore their environment and develop socially, and likewise adults continue to be dependent on social support for a sense of safety, meaning, power, and control (Saporta & van der Kolk, 1992; Papadopoulos, 2002).

Papadopoulos (2002) contends that the emphasis of this concept of attachment theory is that the need to attach to others increases in times of stress and danger, but one has to accept that home is the primary condition which provides the space for such relationships. Finally feelings of rootless-ness appear to be an unconscious, wordless feeling that seems to cause serious mental anguish. This feeling appears to be experienced in times of crises or when refugees feel hopeless or depressed.

4.6 Theme 5

Feelings of Guilt and Shame

Only one respondent expressed feelings of guilt and shame because of what happened at home which he cannot forgive himself. He explained his ordeal this way;

"My mother died on the 2/06/2004. I only heard about her death in July 2004 from a cousin (also a refugee) living in Johannesburg. I was informed she wanted to see me

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before she died but because I don't have any contact with home I did not know about this development. To make matters worse she was buried by the Baptist Church after some time because she had nobody to bury her. I wish I could have attended my mother's funeral and pay my last respect to her." (1)

Attribution often involves blame. Landman, (2002) noted that especially in the case of very negative events, people often find it necessary to assign some kind of blame or responsibility rather than to accept the randomness of such experience. According to Dawes and Honwana (1996) culture plays a significant role in shaping and determining how an individual, family or community perceives, understands and copes with loss and change of life. Geertz (1973) defined culture as "a pattern of meaning that shapes human experience and provides a framework of understanding what underpins people's life actions". Cultural contexts not only shape the experiences and expression of pain and meaning locally generated but alter that sense of pain (Dawes & Honwana, 1996).

For some refugees however, this process becomes problematic recognizing that they have not only lost a whole world of relationships contributing to a fragmentation of the fabric of meaning, but they have been thrown invariably into such an uncertain relationship with the world (Papadopoulos, 2002; Volkan, 2004). These multiple and traumatic losses violate an individual's normal experience of life. Psychiatric literature indicates that individuals may initially respond with shock, numbness, panic or confusion, guilt or shame, in a sense, muting or avoiding the full awareness of a reality too painful to absorb (Bracken & Petty, 1998; Herman, 2001; Papadopoulos, 2002).

"I felt very bad and depressed after the death of my mother. I felt isolated and lonely. In April 2005 I was admitted as an outpatient at Stikland hospital until February 2006. I just don't know what to think of my situation." (1)

4.7 Theme 6

Prejudice /xenophobia

According to Allport (1958; p.7), prejudice is judgment based on previous decisions and experiences. Prejudice according to this view includes feelings of scorn or dislike, fear and aversion as well as various forms of antipathetic conduct such as talking against such people, discriminating them, or attacking them with violence. Allport, (1958) argued that "ethnic prejudice is an antipathy based upon faulty and inflexible generalization". In this regard, it may be felt, expressed, or directed towards individuals or a group as a whole because of coming from a different group. Accordingly, the effect of prejudice is to place the object of prejudice at some disadvantage not merited by his/her own misconduct (Allport, 1958; p.10). Kristal-Andersson (2000) frustration theory describes prejudice as hatred, anger and destructive aggression displaced upon a logically irrelevant victim. Contemporary theories of prejudice in social psychology emphasize factors close to the interaction situation and residing in the individual which come together to provide explanations for prejudice. Accordingly, prejudice can also be attributed to social and economic insecurities as well as lack of experience and knowledge of other cultures. The following response from the participants illustrates;

"Local people (blacks) believe we are here to take their jobs .... and this has resulted with a lot of violence towards us black foreigners. They say koere-koere are....are... taking our jobs and our women (using gestures) . During the strike by security guards a lot of Congolese refugees were thrown out of trains.

They don't understand uuuh.....how am I going to live without working? The government does not help us and I have to pay rent otherwise....uu trouble." (6)

According to a report by the Human Rights Watch (1998; p.2-3) one of the greatest areas of tension, violence and intimidation between South Africans and refugees is in the informal trading (hawker sector). The increasing visibility of refugees often elicits negative reaction from the local population. Black foreigners are often regarded as unfair competition in the labour market and seen as people who make use of social services to the detriment of South African citizens (HRW 1998; p.1-8). A general assumption among the public appears to be that black foreigners are responsible for a variety of social problems ranging from crime, prostitution, drug trafficking, corruption, unemployment and poverty in the country, and one of the consequences of this attitude is the development of xenophobia with respect to all foreigners or people seeking political asylum. This has resulted in commonplace verbal abuse of refugees mostly at taxi ranks, bus stops and train stations (HRW 1998; p.3).

4.8 Summary of Findings

The key findings of this research study revealed six key areas through which to understand the Congolese refugee experience in Cape Town (South Africa) namely; their vulnerability due to extreme loss and rupture of identity, language gaps, feelings of rootlessness, shame and guilt, isolation and alienation, and experience of prejudice and xenophobia. For many their stay in Cape Town has become the beginning of a long, arduous, and often extremely distressing process. Throughout the interviews the participants repeatedly mentioned lack of trust within the Congolese refugee in Cape Town. This lack of trust has its roots in the social and political turmoil, struggle to survive, fear of successive wars in the Congo and mistrust or fear of the host community. The entire participant sample reported that they had fled from the Congo because the country was plagued by war and had hoped that South Africa would offer them a better future and opportunities. However, fear of crime and verbal and violent attacks against them featured prominently in the comments of the participants. The participant's acknowledged that their situation has resulted in feelings of despondency, shame and guilt. The estrangement and alienation from the local people also appeared to be one of the dominant emotions experienced by the participants. These situations were confirmed by the United Nations High Commissioner for Refugees (UNHCR, 2001 p.1-2) reports on Congolese refugees who expressed frustration and disillusionment because of the many problems or hardships they had to face in South Africa. The participants reported that the feelings of alienation and the hardships experienced exacerbated the longing to return home. This includes constantly missing one's family, trying to maintain regular

contact with it, trying to comprehend, justify and accept the disruption caused by dislocation and its impact on interpersonal bonds.

In the face of all this, it was found that after arrival in Cape Town most refugees develop insecurities over the ultimate fate of asylum applications because they had to wait for long periods (the longest being 1year 6months) before they can be granted refugee status. The long waiting period was reported as a major cause of their feelings of uncertainty, anxiety and frustration by refugees, as well as being the single most valid reason for not securing a permanent job, as employers are reluctant or hesitant to employ people without proper documentation. This experience and the complications caused by delays at home affairs department and threat to life and safety cause most refugees to take longer to adapt to life in Cape Town. For varying periods of time, refugees face a crisis of trust, faith and meaning that often intensify feelings of alienation, shame, guilt, prejudice, longing (for home) and emotional isolation. For the entire participant's their situation was exacerbated by their language problem (all use French as first language) which made it difficult for them to access help and be understood. These circumstances as documented in the literature, cause continuous tension, stress and pressure which affect the individual's refugee functioning. It was noted in this study that the normal reaction of participants to such experiences of loss of control over their life's include grief, nostalgia and homesickness, fear or anxiety, being passive or depressive or resorting to issues of faith/prayer. Within the social context, participants expressed the feeling that the anonymity and dependency associated with being a refugee and the lack of recognition of their previous roles, qualifications or status before displacement, which all act to

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compound threat to their identity. While most had applied for refugee status on arrival in the country it appeared they had not left home because of political instability or war. Many understood, even before coming, that they were supposed to become refugees on arrival in South Africa, as a result of advantages that supposedly come with the status. Zolberg, Suhrke & Aguayo (1985) raised this issue and pointed out that sometimes it is difficult to determine with certainty whether or not a person is a real political refugee because people flee for a variety of reasons which may be amongst others; economic, social unrest, political reasons, ethnic or religious persecution. However, most of the participant's expressed their disappointment with the black South Africans and the manner in which the public and government officials are treating them. The participant's also expressed the feeling that staying in Cape Town as refugees has been the most difficult period and experience for them which have resulted with loss of self confidence, low self esteem and feelings of prejudice against them.
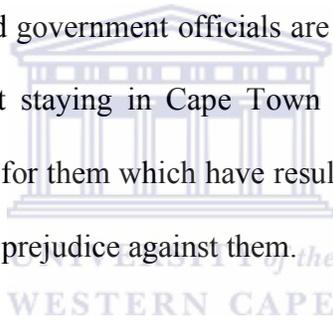
These feelings were mostly generalized into their perception or views that local (black) people have negative and xenophobic attitudes towards black foreigners from other African countries. However, for most participants, both their realistic and unrealistic fears appeared to have been a source of shame and ambivalence as they seemed to experience them as signs of weakness and inability to adapt to their current situation. Therefore, an aspect of denial of the actual situation appeared to be experienced as necessary in order to cope. Moreover, none of the participant's in this research group was physically assaulted by public or the police.

The participants also noted that irrespective of these subsequent events which often compound a sense of injustices engendered, this often results in a sense of loyalty, sympathy and sharing between them. Lastly one of the finding is that most of the participants are not bona fide citizens of the Congo (Kinshasa) despite having been granted asylum as Congolese refugees. Most acknowledged that they are originally from Burundi, Rwanda and Congo Brazzaville. The participants noted that they left their original countries of birth during the internal strife's and settled in Congo because of educational and economic reasons. All of them pointed out that they left for South Africa when the war started in Congo because *"I need a better life"*.

4.9 Conclusion

This chapter has outlined the essential issues salient for the Congolese refugees, using the major themes of rupture of identity, language gaps, feelings of rootlessness, feelings of guilt and shame, feelings of isolation and alienation, and prejudice. All the respondents emphasized a sense of loss, powerlessness, isolation, alienation and marginalization due to the negative or hostile environment perpetuated by indigenous blacks against black foreigners. Despite the experience of ambivalence about life in Cape Town and the subsequent events which exacerbate feelings of powerlessness, their negative experiences often results in a sense loyalty amongst themselves.

4.10 Note from the researcher on posttraumatic stress disorder

In this study, one might hypothesis that the Congolese refugee experience is intertwined with the cultural transitions they are confronted with, along with acculturative stress and bereavement. This elicits questions regarding etiology, and whether one is dealing with traumatic stress, the effects of daily problems or a combination of coping style and acculturation. Furthermore, the prominent theoretical model of posttraumatic stress disorder does not seem to adequately explain the development and cause of the symptoms of alienation, shame and guilt, anger, rupture of identity, and experienced prejudice that were found with Congolese refugees. In this regard, many social scientists (Yehuda & McFarlane, 1995; Summerfield, 2002) have emphasized the relevance of making a clear distinction between normal coping with extreme stress and disordered variants of such coping such as posttraumatic stress disorder.
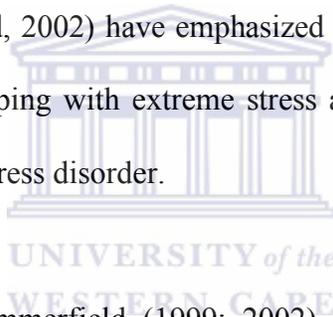
The critical comments of Summerfield (1999; 2002) with regard to the concept of posttraumatic stress disorder are indeed justified when he argues that, framing distress and suffering following a traumatic event as a psychiatric condition, risk stigmatizing and conveying an expectation of continued psychopathology in the aftermath of displacement. Moreover, the emphasis that exposure to a traumatic event results in posttraumatic stress disorder negates the salience of resilience in refugees. This scenario was evident in this study as one of the findings suggests that none of the Congolese refugees presented with or complain of any posttraumatic stress disorder. McFarlane (2004) also notes that psychiatric classification has struggled with the diagnosis and conceptualization of acute reactions to stress. The diagnosis becomes problematic,

particularly when an individual remains in an environment where there is ongoing threat. One of the findings of this study suggests that xenophobia/prejudice, alienation, and economic disadvantage are some of the daily experiences that make the existence of Congolese refugees in Cape Town and their ability to adapt extremely precarious. On this note the crucial theoretical point is this; flight from danger does not in itself traumatize, but it is additional experiences which do lasting damage (Papadopoulos, 2002 p.45).

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Chapter Five

Conclusion and Recommendations

5.1 Limitations of the Study

In retrospect, certain shortcomings have been identified within the present study, particularly with regards to the sample size and selection. Basically the small sample size, the specific ethnic group and the fact that participants presently live in Cape Town clearly impacts on the generalization of the results. However, these limitations were minimized firstly by including a wide range of respondents taking into account gender, marital status, diverse occupations and refugees from different places in Cape Town. In this regard, it is unclear whether similar results would be found from Congolese participants who experience the phenomenon in other contexts in South Africa as there is little evidence of the experiences of those who may be more isolated than the present sample.

It has also been suggested in the literature (Papadopoulos, 2002 p.3) that participants may not give true accounts of their experiences. Although this is a possibility, a phenomenological study seeks to discover what experiences refugees have, and impose no specific theory or hypothesis. It is also possible that some of the participants in this study declined or refrained from expressing certain feelings or thoughts due to fear or inability to trust sharing intimate issues which might expose their vulnerability. However, on the whole, participants were engaging with issues at hand with honesty and expressed the appreciation to talk about their refugee experiences.

5.2 Theoretical Implications

Theoretically it is possible to conceptualize broad and comprehensive framework that organizes the vast number of factors involved in trauma, to consider relationship between them and to assess intervention on the basis of them. However, concern has been raised about an exclusive focus on post traumatic stress disorder as the outcome of trauma (Horowitz et al, 1987). Papadopoulos (2002) argues that the exclusive focus on posttraumatic stress disorder neglects the collective parameters of the experience as well as the wider socio-political context within which the stressor factor have been produced. Furthermore, the focus on the individual pathology has the potential to hide the political and social reality of repression (Summerfield, 1997). The criticisms raised against this approach are based on the fear that normal distress is being labeled as psychopathology.

In addition, from a trans-cultural perspective, questions have been posed about the validity of applying the western based trauma model to the diverse cultures and societies in which political abuses are prevalent or the distress is ongoing continuous trauma (Bracken et al, 1995; Summerfield, 1997; Green & Honwana, 1999). What was noticeable and evident in this study also was that most of the participants did not complain or present with any post traumatic stress disorder symptoms. Furthermore, most of the participant's stayed in the Congo throughout the first part of fighting. However, the most fundamental principle that is evident in this study is that recovery over time, as highlighted by participants, is linked to social and economic networks together with respect for human rights (Bracken et al, 1995). The findings suggest that most of the

respondents are able to cope because of the support from the social and economic networks that have been established in Cape Town by Congolese refugees who arrived during the first phase of fighting. However, estrangement and alienation as well as human rights violations, due to continuous verbal or physical attacks and harassment by authorities, appear to be the dominant emotions experienced by the research group.

5.3 Treatment Implications

There is much debate concerning the appropriate treatment of refugee trauma and the essential posttraumatic stress response to a threatening situation (Bracken & Petty, 1998; Papadopoulos, 2002). Many accepted models of psychopathology have been criticized for their inaccurate depictions of the experience and needs of populations in developing countries (Bulhan, 1985). Such criticisms are particularly salient when these models have been applied to people in countries undergoing or coming into terms with political violence (Summerfield, 1999; Bracken, Giller & Summerfield, 1995). Thus, the assumption that human rights violations such as ethno-political conflict and dislocation not only cause suffering but necessarily result in psychiatric disturbance, risk victimizing and pathologizing survivors by framing them as potential psychiatric cases. A paradigm that neglects the collective parameters of the wider socio-political context within which the stressor factor has been produced and focused on the psychopathology distort or obviates a perspective of political violence and the meaning refugees attached to their experience. By framing distress and suffering following a traumatic experience as a psychiatric condition, researchers risk conveying an expectation of continued psychopathology among refugees in the aftermath of displacement.

Research findings also indicate that in many contexts, including Africa, local ceremonies and rituals play an important role in assisting communities in the reintegration and reconciliation process. Therefore, the assumption that verbalization of emotions is integral to the amelioration of psychological distress may in many cases be inaccurate. Honwana (2001) notes that silence about the past have in some instances become a way of coping in Mozambique. However, the participants were thus able to infer basic psychological states, coupled with a logical and accurate explanation of social phenomenon/experiences through a simple psychological understanding of thoughts, feelings and actions. A painful view of their world was presented, combined with the refugee experience that was often accompanied by feelings of alienation, loss and grief which are exacerbated by feelings of rupture of identity and estrangement from South African society. It seems reasonable to presume that the participant's levels of cognitive or psychological functioning are overwhelmed by states of negative affective arousal, and a hostile environment which often results in feelings of despondency and disappointment. Finally, in contemplating psychosocial interventions with refugees, it is important to formulate interventions that address the social, political, spiritual and cultural context as a fundamental part in considering an individual.

5.4 Research Implications

The idea of refugee trauma is based on the relatively recent new understanding of trauma (Papadopoulos, 2002). The revival of trauma theory was due to three factors; the aftermath of the Vietnam war, the increasing awareness of the prevalence of child sexual abuse, and the concurrent attack on Freud's abandonment of the seduction theory (Papadopoulos, 2002). However, there is no doubt that the posttraumatic stress disorder diagnostic category has enabled the identification of a distinct syndrome which was previously ignored. Posttraumatic stress disorder is one of the mental disorders diagnosed in the aftermath of severely traumatic event, along with other anxiety disorders and depression (van der Kolk, 2001; Ekblad & Jaranson, 2004). Essentially posttraumatic stress disorder is a medical concept because it focuses on the symptoms of one individual, and these symptoms are a mixture of psychological and somatic reactions. The diagnosis implied a specific identifiable cause and a corresponding treatment. As such, posttraumatic stress disorder neglects the collective parameters of the experience as well as the wider socio-political context within which the stressor factors have been produced.

Research findings indicate that, one of the main dilemmas facing clinicians working with refugees or traumatized individuals as a result of political violence is that the psychological reactions of refugees are part of a wider response to these socio-political events, and taking the pathological sounding symptoms out of their context may distort the unique position individuals adopt in relation to these violations (Papadopoulos, 2002). Moreover, by placing the emphasis on the external reality, posttraumatic stress disorder fails to account for the intrapsychic factor. Therefore, the field of psychological and

psychiatric treatment to people who have been exposed to violent political conflicts seems to be polarized between two extremes; on one hand trauma is considered to be a response to external events, while the psychoanalytic approach emphasizes the intrapsychic dynamics and early personal history without having a coherent way of incorporating the external factors in their theory.

The above discussion demonstrates that posttraumatic stress disorder is a possible, but not inevitable, outcome, following exposure to traumatic stress. Furthermore, it is possible to develop a posttraumatic psychiatric disorder other than posttraumatic stress disorder. Therefore, one of the fundamental challenges in determining the applicability of the trauma response to a violent situation is to address why not all fear responses culminate in a chronic posttraumatic stress disorder response. Finally the psychosocial approach/concept proposed here is an attempt to overcome the traditional individualistic, psychological and posttraumatic stress disorder oriented means of assessing and dealing with the problem of refugee trauma and to reconsider it within a socio-political context.

5.5 Personal Reflections of the Research Process

Despite the difficulty in accessing the sample used in this study an inroad has been made into the experiences and dilemma facing refugees. However, a number of issues are worthy of note. From the beginning of the study whenever the researcher made contact with a few refugees living in Cape Town to request and arrange appointments for interviews, the researcher found that they were quite reluctant to participate in the study. The researcher noticed that fear, suspicion and anger were the dominant emotions

expressed, especially against the public, home affairs officials and the police. The question the researcher was always confronted with was; "*how do I know that you are a student and not from the police or home affairs department"?* This reinforced for me the notion that refugees continuously experience trauma and assault on their identity due to their vulnerability and powerlessness. The ambivalence about revealing their true identity was also evident particularly in the initial phase. At some stage consent for the researcher to interview some of the refugees living in Parow was subsequently revoked, despite assurance from my gate keeper that no harm will be done to anybody. At other times the researcher felt despair, but finally when some agreed to be interviewed they reacted positively and indicated that their experiences had been realistically portrayed. But then the final word was always "*I hope the police won't come here after this talk to cause me trouble*".
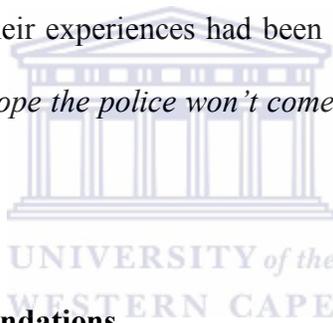
5.6 Conclusion and Recommendations

The findings of this research suggest that many refugees living in Cape Town have to face continuous abuse from the public and authorities. Their experiences are described in terms of social and economic insecurities, feelings of alienation, intolerance, xenophobia and hostility from local people as well as human rights violations which compound a sense of injustices engendered. The findings of the study also revealed that many refugees often wait/take close one or two years before their applications for asylum can be approved. The participants feel that prejudice by some of the official's delays and complicate the application process for refugee status.

Research indicates that when an individual has been uprooted traumatically from the primary social, environmental, spiritual and economic structure, this can produce intense and profound grief. However, this is an experience that does not necessarily fit into classic grief or trauma theories, but instead needs to incorporate a specific form of cultural construction and therapeutic help, within the framework of the individual's experience of monumental loss. In contemplating psychosocial interventions with refugees, the attempt to adequately understand the problem and provide the appropriate solutions should be framed in terms that are relevant to their situation.

The significance of environmental factors, family, community and other support systems cannot be underestimated in both the losses experienced and correspondingly in helping the individual to cope with enormous loss and stressors. Through the integration of these factors it is possible to facilitate effective change and growth in refugees, through strengthening resources and developing a clearer perspective of the options available to them in the country of asylum. Herman (1992), noted that the mere telling of one's horrific experience is often not enough to significantly reduce symptoms and for some individuals, the constant retelling of their trauma seem to be re-traumatizing and may even end up exacerbating the symptoms. Furthermore, sharing or talking about personal problems in other cultures is not always an acceptable way of dealing with emotional difficulties. In fact, these seem to be the issue contributing to the controversy regarding the diagnosis of a traumatic experience.

One recommendation for future research would be a longitudinal study of trauma for refugees displaced internally and externally as a result of the Great Lakes region conflict in order to determine possible consequences for the next generation. Finally the study has not only pointed to the difficulties and challenges that refugee's face, but also the remarkable resilience and strength of refugees in the face of adversity.

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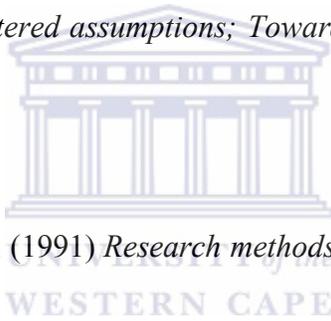
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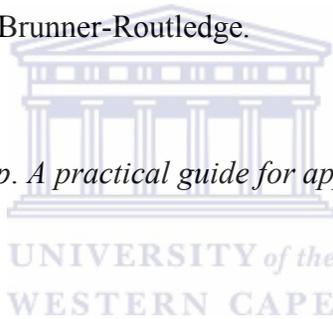
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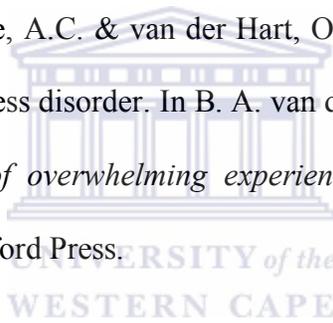
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Appendix 1

This interview schedule is a proposed guideline. There is a highest possibility that questions may be phrased differently in accordance with the flow of conversation with the participants.

Biographical Information

Name

Age

Marital status

Sex

Period in South Africa

Occupation

Staying in; township, refugee camp, flat

Currently living with

Do you have any family members in South Africa?

How old are they?

Are they working?

How did you come to live in South Africa?

What are the main difficulties facing you as a refugee?

Do men and women experience the same difficulties?

How can you describe your experience as man/women?

What sustains or supports you?

What would you say are your sources of support?

Do you belong to any particular party or organization?

How would you explain the refugee experience to me?

How would you describe the previous homeland experience of violence and war?

Can you describe any traumatic experiences in relation to any of this violence?

What are the main emotions evoked by this traumatic experience?

What are the main mental and /or physical difficulties you have as a refugee?

How would you describe your experiences in the country of asylum specifically in Cape

Town?

Are there any opportunities to maintain your customs here?

What do you think when you hear the word war?
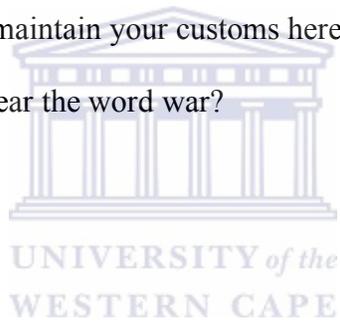
Appendix 2

Summary Table of Participants

Age	Sex	Education	Period in Cape Town (years)	Occupation	Siblings	Marital Status
51	M	Matric	8	Security Officer	None	Single
33	M	Electrician	4	Security Officer	None	Married
27	M	Below Matric	3	Hawker	None	Single
33	M	BSc	3.5	Student	1 Brother	Single
26	F	BSc Pharm	2	Student	None	Single
41	M	BSc Hons	8	Student	None	Married
29	F	Below Matric	4	Housewife	None	Married
32	F	Below Matric	6	Hairdresser	None	Single

Ethical Considerations

The participants were selected by virtue of subject's voluntary response to participate in the study. The participants were informed about the purpose of the study, and informed consent obtained from them. The selection of participants was based on their common experiences related to the topic. Confidentiality, honesty and anonymity was stressed and maintained. Participants could withdraw from the study at anytime. The option was not used in any interview. The researcher reassured the participants that their identity will not be disclosed in case they have fears of being repatriated or reported to government officials. Confidential supportive counseling services were arranged at the Institute of Counseling for participants who may be affected by the nature and content of the research study. However, nobody indicated a need.

Finally, it was hoped the study would assist in developing appropriate understanding of the impact of trauma on refugee's mental health and identity, as approaches to treatment and rehabilitation would in many ways depend on how to respond to these issues.