

Psychological growth in young adult refugees: Integration of personal and cultural resources to promote wellbeing

Anja Copelj
Peter Gill
Anthony W. Love
Susan J. Crebbin

This study explored the Psychological Growth (PG) process in six young adults from a refugee background living in Victoria, Australia. An Interpretive Phenomenological Approach was used as the basis for the interviews and analysis. Four superordinate and eight sub-ordinate themes were identified: (1) appreciation of life opportunities (“hope and optimism” and “determination and ambition”); (2) increase in self-belief (“identification of personal strengths” and “development of positive bi-cultural identity”); (3) strengthening of cultural/social connectedness (“importance of social support” and “prioritising life values”); and, (4) pro-activity (“engaging with meaningful life activities/careers” and “acceptance”). The findings suggest that resettlement experiences as well as the initial trauma represent both a source of ongoing psychological disruption and an opportunity for psychological growth. The study also discusses the importance of proactive behaviour as being a catalyst for PG.

While the impact of forced migration on individuals is probably best understood as a broad, complex and multifaceted issue (Shakespeare-Finch, Schweitzer, King, & Brough, 2014), psychological research has generally focused on the pre-migration persecution or war experiences as sources of potential trauma and mental illness that might affect post-migration adaptation (Copping, Shakespeare-Finch & Patton, 2010; Ryan, Dooley, & Benson, 2008). As a result, psychological research and practice has focused on the outcomes (most often negative) of the forced migration experience more so than the post-resettlement adjustments and processes themselves that promote successful adaptation (Miller, Kulkani, & Kushner, 2006). As such our current perspective on this phenomenon may benefit from a broadening in contextual understanding. For example, up to 60 percent of refugees do not present with clinically significant distress during resettlement, signifying that different pathways, not all negative, are possible in the psychosocial transition of refugees (Berger & Weiss, 2006; Klasen, Oettingen, Daniels, Post, & Hoyer, 2010).

Theorists from community and

humanistic psychology fields have broadened the focus and promotion of wellbeing in refugees by conceptualising the adaptation and wellbeing of refugees within relational, familial and socio-cultural contexts (Joseph & Murphy, 2013; Miller, Kulkarni, & Kushner, 2006; Miller & Rasco, 2004; Ryan, Dooley, & Benson, 2008). Psychosocial wellbeing in refugees can be defined with respect to three core domains: individual/psychological resources, social ecology, and culture and values (Earnest, 2005/2006). Accordingly, these Resource-Based models (Ryan, Dooley & Benson, 2008) emphasise the importance of psychological resources (i.e., adaptive coping strategies) as well as social and cultural resources (i.e., interpersonal, community and familial support) for promoting wellbeing in refugees. Papadapolous (2007) devised a Refugee Trauma Grid framework for mental health workers to evaluate refugee clients' functioning. This grid consists of different levels of factors (i.e., individual, family, community and society/culture) to facilitate a more holistic understanding of the multilevel nature of the refugee experience. Proponents of the framework also emphasise the importance of assessing refugee clients'

strengths and resiliency at each of the different levels and to incorporate them into treatment planning and the therapeutic relationship. These interventions do not deny, but rather complement, traditional approaches by identifying and promoting individuals' strengths and adaptive coping resources for dealing with their negative and traumatic experiences.

Ascertaining positive changes and growth in refugee populations

In line with adopting a more holistic perspective on the psychosocial wellbeing of refugees, researchers have also found evidence to support the notion of positive psychological changes in survivors following adverse life events (e.g., Joseph, Linley & Harris, 2005; Papadopoulos, 2007; Tedeschi & Calhoun, 1996). Despite variations in terminology, positive outcomes have been identified in the domains of relationship enhancement, new self-perceptions, and changes in life philosophy (Joseph et al., 2005). For the purpose of the current research the term Psychological Growth (PG) will be used to denote positive change following adversity.

Several cognitive models of PG following adversity have been developed and whilst there is insufficient room to review them all, three general observations can be made. Firstly, all the models share common ground with the psychosocial framework of posttraumatic stress reaction which describes the engagement of cognitive-emotional processes to deal with distressing emotional states following trauma (see Rubin, Berntsen, & Bohni, 2008 for a comprehensive review). According to this theory, the symptoms of Posttraumatic Stress Disorder (PTSD) (re-experiencing, hyper arousal and avoidance) represent the need to undertake cognitive-emotional processing of trauma-related information. Secondly, the psychosocial theory of stress response also recognises that cognitive-emotional processing can produce changes in individuals' personality and assumptive worlds as a result of coping and posttraumatic adjustment (Janoff-Bulman, 1989). Finally, PG theorists broaden the trauma framework by rejecting an exclusively

deficit-focused paradigm and acknowledging the complex emotional reactions, both positive and negative, to trauma. The advantage of theories of PG is that they provide a more detailed theoretical account of how processing trauma-related information can result in different posttraumatic adjustment outcomes.

A key difference between growth theorists is how they conceptualise and measure PG. Quantitative methods employed in studies of post-war survivors indicate that researchers conceptualised PG as the result of cognitive-emotional processing arising from the traumatic experience and embedded in the survivor's meaning-making search and cognitive coping capacity (Tedeschi & Calhoun, 1996). Consequently, PG has been assumed to occur after coping with and overcoming the trauma. A more dynamic framework postulated by Joseph and Linley (2005) and Papadopoulos (2007) has conceptualised PG as a process which continues throughout an individual's life span and denotes the characteristics that humanistic psychologists would describe as "a fully functioning person" (Joseph & Linley, 2005, p.270). These PG development models assume that refugees could experience positive changes whilst still experiencing adverse conditions during the process of relocation and resettlement (Shakespeare-Finch, Schweitzer, King, & Brough, 2014). The person is also presumed to be able to integrate these complex experiences into his/her continually developing worldview and self-structure, and to develop characteristics that enable him/her to transcend, and overcome, future traumatic and stressful experiences. As individuals reconstruct their sense of self, and understanding of the world following adversity, goals and priorities are re-evaluated in a way that aligns them more realistically to new circumstances, meaning and purpose in life (Joseph & Linley, 2005). Consequently, qualitative enquiries have investigated the adaptive significance of PG in helping refugees with post-migration resettlement and ongoing decision-making in terms of their life choices (e.g., Sutton,

Robbins, Senior, & Gordon, 2006).
The process and adaptive significance of PG in refugees

Research investigating the developmental process and adaptive significance of PG in refugees is limited. Qualitative studies have investigated how young refugees constructed their experiences of trauma and how that impacted the resettlement process (e.g., Copping, Shakespeare-Finch & Paton, 2010; Schweitzer, Greenslade, & Kagee, 2007; Sutton et al., 2006). The key outcomes of these studies have broadened the focus of PG by highlighting the importance of behavioural actions as well as cognitive and environmental factors in precipitating the PG process. Sutton et al. (2006) explored how unaccompanied refugee minors' experience of trauma led to positive changes and feelings of growth during their resettlement to the UK. Positive resources such as community and family support, religion and comparing oneself with others less fortunate enabled young Sudanese to cope better with resettlement to Brisbane, Australia (Schweitzer et al., 2007). Copping et al. (2010) used a grounded theory approach and replicated the finding that community support and religion enabled young Sudanese refugees to deal with initial negative feelings, intrusions and flashbacks of traumatic experiences. However, it was PG (in the form of identification of strengths and appreciation of new possibilities) that enabled the participants to move forward and capitalise on new experiences following resettlement in Australia.

These findings align with Rogers' (1959) concept of positive human growth which predisposes people to search for meaning and to incorporate experiences into a cohesive sense of self. Joseph (2004) described this concept as an "innate motivational directional force in humans toward the development of autonomous determination, expansion and effectiveness, and constructive social behaviour" (p.103). From this perspective, while traumatic experiences such as war and forced relocation can overwhelm the subject and create denial

strategies and anxiety, there is potential for positive change within appropriately supportive contexts. Furthering the understanding of how cognitive, emotional, behavioural and environmental factors precipitate the growth process will potentially help us understand how to assist people overcome adverse events.

Cross-cultural variation in PG

Whilst PG has been reported across cultures, the way that growth is expressed and perceived has been found to vary between people from different cultural backgrounds (Shakespeare-Finch & Copping, 2006). For example, as noted earlier, the domains of positive outcomes assessed by quantitative measures, such as the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), include changes in spirituality, relationships with others, appreciation of life, personal strength and new possibilities. Yet, as reported by Copping et al. (2010), Sudanese refugees expressed these changes as values that were strengthened as a result of suffering and displacement rather than necessarily having changed as result of their experience. Similarly, factor-structure studies using the PTGI have only been replicated in Western societies, suggesting that PTG might manifest differently in refugees coming from non-Western countries (Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003). These societies focus more on familial and social systems in their identity constructions and it is these aspects that can be strengthened and changed positively in the aftermath of trauma (Berger & Weiss, 2009). Consequently, for refugees coming from collectivist (e.g., African countries) and familial-oriented societies (e.g., former Yugoslavian and Middle Eastern countries), social and spiritual factors and values might become further strengthened as they are utilised as coping resources at times of struggle during war and adjustment following resettlement to Australia.

Rationale for the current research

Currently, there is an identified need to broaden our understanding of the stressfulness of forced migration and the

processes and opportunities for growth. There is also a need to investigate perceptions and interpretations of war experiences and of coping by refugees from different cultural backgrounds. Further qualitative investigation is needed to facilitate understanding of how PG might manifest in different refugee communities and help inform therapeutic practices. The major limitation of previous studies is that their samples were comprised of recently arrived refugees whose level of success and adaptation to the host society was not known. There is evidence to suggest that a protracted period of time is needed to detect PG in refugees (Morris, Shakespeare-Finch, Riek, & Newbery, 2005). As such, established former refugees might be able to provide a more nuanced account of their pre-migration and trauma experiences, and the processes undertaken to deal with these and successfully settle into Australian society. Importantly, given that over 64% of Humanitarian Entrances to Australia are under the age of 30 (Department of Immigration and Citizenship, 2013), there is great benefit in understanding the perceived difficulties, coping and resettlement experiences, and possible positive outcomes for young adult refugees.

Children and young adults arriving as refugees are exposed to a unique set of challenges. Pre-migration experiences of dislocation, disruption, deprivation and loss can exacerbate psychological crises including mistrust, doubt, guilt and inferiority that occur during normal development (Erikson, 1982 as cited in Eisenbruch, 1998). Most refugees have experienced disrupted schooling and limited English skills. Children arriving prior to the age of 16 are placed in classrooms with chronologically aged peers and are expected to adjust socially, emotionally and academically (Earnest, 2005/2006). At home they often take on more of the parenting responsibilities to support their family, and as a result are exposed to significant family stressors and intergenerational conflict as they navigate parents' cultural expectation as well as the expectations of their peers and the wider

community in order form their identity. These issues are further exacerbated in refugees arriving in Australia after compulsory schooling ends (older than 16 years of age) where they are exposed to more significant disruptive schooling and less opportunity to transition into desired post-secondary education. This group have also been found to struggle to develop English language proficiency due to higher family responsibility, limited resources to support post-compulsory training and education, and potentially more significant stressors arising from their pre-migration experiences (Abkhezr, McMahon & Rossouw, 2015).

Aims of the study

The aim was to build on existing literature and offer further insight into how young adults from a refugee background interpreted and identified with their experiences, and coped with resettlement in Australia. The three main objectives were:

1) To investigate the adjustment and resettlement process of young adults from refugee backgrounds, which included understanding the sources of their initial distress and the sources which aided in their resettlement to Australia.

2) To explore the manifestation of PG processes in refugees that occurred as a result of life events and enabled them to think differently about the world and act differently as a consequence.

3) Based on the above, to gain insight into the lived refugee experience that potentially can inform mental health support services of ways to promote PG.

Method

Design

Interpretive Phenomenological Analysis (IPA; Smith, 1996) was considered the most useful method for exploring refugees' coping, perception, and interpretation of their life experience. IPA seeks to understand meaning of events and experiences through an individual's perceptions and interpretations. Further to this, IPA also allows researchers to interpret the findings based on their own experience and knowledge (Smith, Jarman, & Osborne, 1999). The principal researcher's approach to

this study was motivated by two related factors: firstly, her own experience as a young refugee resettling to Australia and her own dissatisfaction with current research and clinical practice guiding refugee mental health; secondly, the principal researcher's own interest in understanding and informing mental health practice. Given the central role of the researcher in the process, the researcher's reflexivity and self-awareness of her own influence was crucial at each step of research design. The process that the researcher has undertaken to reflect on this process is discussed in greater detail in the procedure and analysis section.

Consideration was given to the use of IPA within a pre-existing theoretical framework and how this may impact information provided by the participants. According to Storey (2007), researchers using IPA and wishing to make use of existing psychological theories and knowledge must avoid violating a person's meaning making and interpretation of life events. One suggestion offered is to invoke the theory when discussing the findings arising from an analysis of participants' meaning-making. Sutton et al. (2006) adopted this perspective when investigating PG and positive changes in refugee minors using IPA. The current study takes a similar stance on the use of theoretical framework and literature and further details are described in the analysis section.

Sample

A purposive, self-selected sample of six participants contributed to the current study. Smith (1996) has stated that purposive sampling is able to provide in-depth insight into the research question. Three organisations working with refugees in Melbourne, Victoria were approached by the principal researcher and were informed that the researcher was interested in interviewing people who had shown positive changes and had adjusted well since re-settling in Australia. They were also informed of the inclusion criteria for the current study including: being between the ages of 24 and 34, arriving as refugees to Australia, and living in Australia for over five years. All

participants were expected to have sufficient English language skills to be able to take part in the study without an interpreter. Additionally, participants reported experiencing at least one traumatic event (based on the Life Events Checklist; Blake et al., 1990) prior to their forced migration (see Table 1). The representatives from the organisation sent out information to suitable individuals including an explanatory statement about the study and whether they might be interested in taking part in the study. Interested individuals provided consent for their contact details to be passed onto the researcher. The researcher emailed the potential participants and provided information about the study and asked for their willingness to participate. Six people agreed to participate and three people did not respond. The participants were relatively similar in age, education level, and had experienced significant pre-migration stressors and traumatic experiences (Table 1).

Data collection

Ethics approval for this study was granted by the Federation University Ethics Committee. Participants were provided with an Explanatory Statement and asked to sign a consent form. The researcher conducted, and digitally recorded, six semi-structured interviews which ranged from 60 minutes to 2.5 hours. Semi-structured interviews were constructed following guidelines outlined by Smith et al. (1999). An interview schedule comprised of general questions was designed to ask participants about: their pre- and post-migration experiences, how they have coped with challenges and whether they have changed as result of their life experiences. Prompts were prepared for each question. Neutral questions were selected to allow participants the freedom to respond with narratives which may confirm or deny PG and allow the PG discourse to emerge from respondents' narrative spontaneously. An example of questions included: Can you tell me about your experience of arriving in Australia? What were some of the initial difficulties and concerns that you had experienced after arriving in Australia? What

Table 1 *Demographic Information of Participants*

| Participant | Sex | Age | Length of stay in Australia (years) | Country of birth | Highest education Level | Marital Status | Pre-migration stressors, losses, traumas ^a |
|-------------|-----|-----|-------------------------------------|----------------------|-------------------------|----------------|---|
| 1 | M | 30 | 5 | Togo | Bachelor | Engaged | Yes |
| 2 | M | 30 | 8 | Sudan | Postgraduate | Married | Yes |
| 3 | F | 31 | 14 | Afghanistan | Bachelor | Married | Yes |
| 4 | F | 27 | 18 | Bosnia & Herzegovina | Postgraduate | De-facto | Yes |
| 5 | F | 26 | 17 | Bosnia & Herzegovina | Bachelor | Married | Yes |
| 6 | M | 30 | 17 | Bosnia & Herzegovina | Postgraduate | De-facto | Yes |

Note. ^aexperiencing at least one pre-migration stressor, loss or trauma as reported during the interview included being physically injured, witnessing someone else being killed or injured, fearing your life or someone else's life was in danger, and feeling terrified and helpless.

are some ways you have dealt with some of the challenges?

Data analysis

The interview transcripts were analysed using the principals of IPA as outlined by Smith et al. (1999). The steps for analysis of each of the interview transcripts are outlined below:

1. First author re-read through each transcript individually, and used the left hand margin to highlight individual thoughts and observations in response to what was expressed by the participant.
2. The emerging themes that capture the essential quality of the expressed meaning of the participant were documented on the right hand margin of the transcript.
3. Emerging themes were listed on a separate piece of paper and examined to see if any of the themes were related, or connected, to each other. Common themes were grouped together under a

broader subordinate theme.

4. Themes and subordinate themes, as well as relevant quotes, were listed in a separate table. Tracing the themes and subordinate themes to relevant quotes ensured that the researchers own bias did not distort the selection process. Themes that were not supported by rich evidence from the transcript were omitted from the table.

This four step process was completed for each of the transcripts. The next stage of analysis involved searching for themes reflecting shared aspects of experiences for all of the participants. To search for shared themes, themes from all of the participants were collated to ascertain if broader themes could be developed that were relevant to all of the participants. Following this analysis four broader superordinate themes and eight subordinate themes were identified across the participants. The themes were then consolidated into a conceptualised model of PG in refugees. The second author monitored

the data analysis process throughout each step of analysis, which provided an opportunity for verification of identified themes.

Findings and Interpretation

The six participants were all able to provide insight into how they were able to initially cope with resettlement in Australia. Moreover, they were able to identify positive outcomes as a result of their experiences pre- and post-migration. As summarised in Table 2, four key themes reflecting the PG process have been identified. The themes, as identified across the case studies, have been organised as a nascent model of the PG process (see Figure 1). Table 2, below, provides a summary of the four superordinate and eight subordinate themes identified across the cases.

The themes were arranged around the participant's central concern: coping and overcoming his/her pre- and post-migration life experiences. The inter-relational model in Figure 1 depicts the process of how they coped with, and made meaning of, their life experiences and the identified positive outcomes.

Brief summary of the psychological growth cycle model in refugees

As conceptualised in Figure 1, the PG cycle for refugees was simplified to four key stages (commensurate with the four superordinate themes) and sub-stages (commensurate with subordinate themes). Pre-existing and ongoing trauma underpinned the refugees' ongoing efforts towards goal fulfilment and personal development following resettlement. Across participants' stories the experience of trauma was not confined to an isolated event (despite identification of primary traumatic events such as war and displacement); rather, it manifested throughout pre- and post-migration experiences. *Appreciation of new life opportunities* being presented in Australia helped the participants to cope with these stressors. Through coping with, and overcoming various life challenges, all six participants reported an *increase in self-awareness*. The recognition of innate resources and coping strategies (*identification*

of personal strengths) that they had gained throughout their lives enabled them to cope with ongoing life stressors. All participants described initial difficulty in adjusting to Australia and feeling different because of their accents and cultural backgrounds. Also, they described how they were able to identify multiple strengths and benefits of coming from a different background and establish a more *positive bi-cultural identity*. It is through this positive bi-cultural identity that all six participants reported recognising the importance of various resources and cultural values that they had brought with them and how these enabled them to cope with various life challenges (*strengthening of cultural and social connectedness*). For example, both Daniel and Michael emphasised the importance of community support that enabled them to survive the impact of war and prolonged years in refugee camps. For the other four participants it was the strengthening of family support that enabled them to overcome many of their life stressors. Inner strength and social support provided the individuals with a direction in pursuit of meaningful goals and careers (*proactivity*). A detailed description of each of the stages is described below.

Stage 1: Appreciation of life opportunities. A central tenet expressed by all of the participants was the appreciation of life opportunities that helped all the participants make sense and cope with pre- and post-migration difficulties and stressors. In line with developmental models of PG (Joseph & Linley, 2005; Papadopoulos, 2007) all participants described ongoing reflection and active engagement in meaning making and focusing on future life opportunities to help them cope with both present and future challenges.

Michael and Daniel experienced severe disruptions from early childhood up until early adulthood. Michael spent the majority of his adolescent years in refugee camps whilst Daniel had to move through different regions before arriving at a refugee camp at 17 years of age. For Michael, whilst he acknowledged the "limited opportunities and conditions of the refugee camp" he continued

Table 2 Key Themes Identified Describing the Process and Structure of Psychological Growth

| | |
|-----------------------------|--|
| Superordinate theme: | Appreciation of life opportunities 1. Hope and optimism 2. Determination and ambition |
| Superordinate theme: | Increase in self- belief 3. Identification of personal strengths 4. Development of positive bi-cultural identity |
| Superordinate theme: | Strengthening of cultural and social connectedness 5. Importance of social support 6. Prioritising of important life values |
| Superordinate theme: | Proactivity 7. Engagement with meaningful careers 8. Acceptance |

Note. Numbered themes denote sub-ordinate themes

to pursue education and complete his secondary studies in English in the hope that he would be able to be granted a visa to another country. It was this optimism that helped buffer against the ongoing challenges that he faced during his time in the refugee camp: “we were approved and we were very happy because we thought we were given a new opportunity in life”. For Daniel, despite significant educational disruptions and separation from his family, his persistence to recommence secondary school when arriving in the refugee camp provided him with the will and optimism to make the most of this opportunity.

I was busy supporting myself and it became really tough...so this is when I dropped out of school because my dad was not paying for me and my mum was not around either. I stopped school for a while and started reading books and I discovered that I had to go back and work a little bit to put some money together and enrol myself... since I started developing myself and reading books, such as those on positive thinking, I came across the importance of education...so I always dream and wish to have a chance to study

overseas and have the opportunity to be in a big library...

For both Michael and Daniel, they were able to reflect on and appreciate the potential life opportunities in Australia while still in their home countries. Specifically, their strong desire to maximise their academic and learning potential which was formed prior to migration helped them deal with the significant challenges they reported upon arriving in Australia. Whilst refugees arriving as older adolescents and young adults may have to delay their own personal goals (educational and career achievements) in order to gain financial and independent security and provide support to their family (Abkhezr, McMahon & Rossouw, 2015; Earnest, 2005/2006), they may also be more predisposed to dealing with this than school aged refugees due to their maturity to reflect on future opportunities while waiting to migrate. All participants described how unique opportunities available in Australia enabled them to cope with post-resettlement difficulties, however the realisation and acknowledgement of these opportunities was expressed at different timeframes for refugees depending at what age they arrived.

There was a systematic discrimination in the way that



Figure 1. A conceptualised model of psychological growth (PG) cycle in refugees. The conceptualised PG cycle has been simplified to four key stages: Appreciation of Life Opportunities; Increase in Self-belief; Strengthening of Cultural and Social Connectedness and Proactivity

refugees are perceived as not knowing English and that you are dumb and poor...even though my Year 12 certificate I completed in Kenya was in English they were telling me to translate it...It was a nightmare and I saw that I did not have a chance to go to university. Also because I was turning 22 I was being told that no one would accept me in high school so only opportunity I had was to go to TAFE....This was tough and challenging...the first semester I tried working all night and going to class all day and not sleeping and drugging myself with coffee...so eventually with persistence and keeping my part-time job, and aiming high academically, I was able to manage studying full time and working...The fact that you could see your friends working and earning money and were driving cars and had

laptops was tempting...they were telling me that I could wait and keep on waiting, go to University and never get the job and have these stuff... (Michael)

Michael and Daniel demonstrate a cohesive sense of identity and a realisation of opportunity that was formed through ongoing reflection and maturity prior to arriving to Australia. In contrast, refugees arriving at a younger age may not have had the maturity and also the opportunity to compare current living conditions to their homeland, and may have needed a longer time to fully appreciate the opportunities available to them (Schweitzer et al., 2007). In line with the Eisenbruch's (1998) interpretation of Erickson's developmental theory, adolescence is an especially critical time when refugee children are faced with additional challenges of resolving normal psychological crises to help them transition into adulthood. Certainly for the refugees

coming from former Yugoslavia, arriving in Australia as children entering adolescent years, it was only after coping and resolving many of the crises related to their identity, values, and feeling different to their peers that they were able to fully appreciate the opportunities that were made available to them.

In school they could not understand why you speak another language at home and why you have these gatherings at homes...It helps you become a better person and stronger character...as I started maturing I realised that it was OK to be a little different... (Mary)

Whilst I was upset initially that I had to worry about all these things, when I wanted to be an adolescent having fun and enjoying life, I think I can see how it has impacted me in a positive direction...it made me realise what is important in life...(Sophia)

For the three refugees who came from the former Yugoslavia (Mary, Peter and Sophia) it was only after living in Australia for several years, and comparing their living standards to those of their family overseas, that they began to fully appreciate the opportunities and freedom available to them in Australia which enabled them to remain hopeful and optimistic about their future.

Lily also described how the realisation of opportunities and freedom in Australia, along with the determination to succeed, enabled her family to cope with language difficulties and deal with initial settlement issues and challenges.

There were times that we would get lost... There were times where I just wanted to give up. I did not because I was thinking that if we gave up where would we go? I do not want to go back to Afghanistan...The thing which kept me going was the opportunities that were available here. I knew that I could do whatever I wanted. I could do so much here and every door I open would be full of opportunities so that is what kept me going. (Lily)

The importance of identifying strengths

and adaptive thoughts and feelings to promote PG and psychosocial wellbeing has been strongly supported in the current study. These participants did not perceive themselves as hopeless victims, but rather described themselves as being mature for their age, having the coping resources and life experiences that better equip them to overcome difficult situations in comparison to their peers. This maturity was also highlighted through the narratives of the participants who exhibited insight, which to the researcher was felt to be beyond their years.

Stage 2: Increase in self-belief. All of the participants described how dealing with, and overcoming, various life difficulties enabled them to reflect on their own strengths and innate resources to enable them to cope. In line with Rogers' (1959) concept of positive human growth and Joseph's (2004) concept of "innate motivational directional force" all participants engaged in deliberate self-reflection and desire to learn and grow from their experience to help them develop a stronger sense of self. In the current research, recognition of individual strengths and innate resources was expressed through two of the sub stage themes: identification of personal strengths and development of positive bi-cultural identity. Identification of personal strengths and the development of bi-cultural identity

Both Daniel and Michael described how the harsh and dangerous life experiences in Africa enabled them to approach challenges in Australia with a positive frame of mind.

On the contrary I had some friends who were short sighted and when they crossed all those obstacles they went into the workforce and were doing labouring duties and they were telling me to forget about school... So eventually with persistence and keeping my part-time jobs and aiming high to succeed academically I was able to find time myself to juggle both studying full-time and working part-time to earn some income. (Michael)

Daniel also described how his strengths

and resilience set him apart from his peers in being able to remain focused on his career goals, despite facing financial difficulties. Lily and Sophia discussed how taking on extra responsibility at a young age, once resettling in Australia, forced them to become more mature which enabled them to cope and manage life difficulties.

Whilst I was upset initially that I had to worry about all these things, when I just wanted to be an adolescent having fun and enjoying life, I think now I can see that it has impacted me in a positive direction. For start, I realised that I am capable to deal with a lot of challenges and it has perhaps shown me how strong and supportive I can be. (Sophia)

Peter and Mary described how continuous disruption and constant moving between different countries and schools made them feel different and unaccepted. However, eventually they were able to accept and identify unique strengths and individual qualities.

It helps make you a better person and have a stronger character...as I started maturing I realised that it was OK to be a little different...I feel that I can understand people from different backgrounds. You can be compassionate and a little bit emotive and understand that it is not easy; you have been through it yourself. (Mary)

You end up almost with your own inner toolbox for different situations... I think it made me more of a stronger personit gets you a thicker skin in a way. Ok some people might say that you speak funny, you do not know what you are doing, they are going to have a different misconception of who you are, where are you coming from... you can take that and feel sorry for yourself or you can take it and say - yes I am different, but that is what makes me interesting. (Peter)

As suggested by Joseph and Linley (2005) it is often not until people find themselves in a challenging situation that

they are able to draw on and recognise personal strengths and abilities. The participants were able draw on their own psychological resources (Ryan, Dooley & Benson, 2008) to negotiate settlement challenges. A difficulty reported by all participants was that associated with trying to adhere to one's cultural and familial values, as well as trying to adjust and conform to the wider Australian society. Daniel and Michael described the perceived discrimination they experienced.

People think of the refugees in terms of people that want to take away from the community without giving anything back – which is not true... there are people that thinks that they will spend tax payers' money... . (Daniel)

You know when you hear in media, in the news, getting refugees getting nasty comments obviously when you are in certain places in trains you get people getting out of the seats and leaving you in your own seat in the train.... No doubt those are my roots and if for one part people want to make a living of tarnishing that part than it damages you as a person. Most often it's your dignity and reputation that makes you an individual and if someone strips you of it you are a naked person and you often can't restore it. (Michael)

All participants described how they eventually realised the strengths and benefits of integrating both of their cultural identities and their refugee experience. Two main strengths were identified: providing a better focus and resources to cope and think about life difficulties; and, the ability to relate to others.

I could never understand how someone can judge someone based on the groups they belong to. I also have seen many people who were doctors and lawyers overseas but came here and became cleaners and factory workers. I have learned to appreciate people, no matter what their background is, and to judge people on not what they do or have, but rather on

their values and goodwill. (Sophia)

These findings also support the need to broaden the focus of attention on sources of distress for refugee clients and to tailor psychological services to address the variety of needs that may be expressed (Miller, Kulkarni, & Kushner, 2006). All of the participants described ongoing stressors following resettlement which extend well beyond the pre-migration trauma proposed by the medical model. Post-migration familial and social stressors, such as limited social support, difficulty adjusting to a new environment, initial language and educational difficulties, and greater family responsibilities, were key concerns emphasised in participant narratives. Similar findings have been reported by other qualitative studies indicating that post-migration stressors were the priority concern for young adult refugees in comparison to pre-migration traumas (Copping et al., 2010; Schweitzer et al., 2007; Sutton et al., 2006).

Stage 3: Strengthening of cultural and social connectedness. All six participants described the importance of both innate and environmental resources to assist in coping with distress and also with pursuing own growth enhancing fulfilments. This is commensurate with the Resource-Based models of wellbeing that emphasises the importance of integrating an individual's psychological, social and cultural resources for personal growth (Ryan, Dooley & Benson, 2008).

Daniel and Michael described the importance of the support from their community in enabling them to cope whilst living in Africa and after resettling to Australia. Feelings of connectedness and community provided them with a sense of belonging and empowerment to deal with, and overcome, difficult situations. This is similar to from Copping and colleagues (2010) who discuss strengthening of community and cultural resources for collectivist societies as an adaptive coping strategy and a catalyst for growth. Michael described the disintegration of African families and community ties in Australia as being the central cause for many young African youth engaging in risk-taking

behaviour such as careless driving and drug-taking. For him, valuing and appreciating community support was strengthened following his resettlement to Australia.

I thought to myself that I will take this opportunity to make a new family and that is when I joined the association and got to know people from Africa, from different parts...I've tried to get to know them and to build my community around them. (Michael)

Family was described as the main coping resource and support network utilised by Lily, Peter, and Sophia in overcoming resettlement issues.

The experience that we have been through has brought us closer...we always talk about these experiences – they are no longer traumatising but rewarding. (Lily)

I also think that I was able to maintain best aspect of my Bosnian heritage and the Australian society which has helped provide focus and direction in life. For example, I know the importance of family and friends, has always been emphasised in my culture and something perhaps I realised the real value of...I appreciate the importance of family as I think family can overcome many of the life challenges. ..I know other families which have divorced of the family fell apart once moving to Australia. I think it was the string family support that in a way was strengthened throughout life which made us realise how important we are to each other (Sophia)

We stick with the Bosnian community. Once you are together it is a lot easier at least there is someone feeling what you are feeling. (Lily)

Peter did not directly state the strengthening or importance of family, although throughout his narrative he disclosed how his brother and his parents were the main people who helped him, and on whom he depended. This appeared to help

him deal with continuous disruptions to his education and difficulty in fitting in during high school years.

All participants described how their experiences of surviving war and overcoming resettlement difficulties provided them with greater insight into what was really important in their lives.

Firstly, it made me appreciate about what is really important in life. For example, I really appreciate the importance of family as I think with family you can overcome many of life challenges. I have seen that my parent's marriage had enabled them to cope and really overcome events that most people would not even witness through Hollywood movies. (Sophia)

Additionally, participants described how the experiences gave them a more optimistic view of the world and enabled them to accept and appreciate the simplest things they have in life.

...has given me a positive outlook on life that I have to appreciate whatever little that I've got and not so much for something that is not there... In other words, I do not whine about meaningless things and it has also taught me to embrace human life – appreciate what I have and not what I don't (Daniel).

... I look at the world very differently than if I was a 30-year-old brought up in Australia. I would have wanted all the luxuries in Australia, now I make the luxury out of the smallest things. Even on a Sunday if I spend time with my mum and my family, I think that is better than anything else for me. It's so special. So it has made me appreciate how much they mean to me and I look at the world very positively. I try to find happiness in everything that I do. (Lily)

In line with the underlying assumptions of positive psychology, the findings from the current study support the need to conceptualise the adjustment and wellbeing of refugees within individual and socio-

cultural contexts (Miller et al., 2006). Consequently, the term psychosocial wellbeing is an effective choice for characterising the adjustment process of refugees (Earnest, 2005/2006; Miller, & Rasco, 2004). As postulated in the Resource Based Model, the wellbeing of refugees could be defined as the ability to satisfy personal needs and demands, as well as those relating to adjusting to a new socio-cultural setting (Ryan et al., 2008).

These findings also suggest that a cultural collectivist-familial dimension can influence the expression of PG (Copping et al., 2010; Powell et al., 2003; Shakespeare-Finch & Copping, 2006). The two participants from Africa came from collectivist societies and described the importance of their community support, whilst other participants described the importance of family support. As suggested by Berger and Weiss (2009), these cultural values are further strengthened when utilised as coping resources in difficult times, such as during war and in subsequent adjustment following resettlement.

Stage 4: Proactivity The combination of positive change and outcomes resulting from recognition of opportunities, identification of personal strengths and social support, in conjunction with coping, engendered a more overall *proactive* approach to dealing with situations. This is in line with Hobfoll and colleagues' (2007) behavioural expressions of PG, where moving forward and engaging in meaningful activities helps individuals make sense and fully appreciate their experience, and maximise their growth. The importance of incorporating behavioural components of growth (Hobfoll et al., 2007) was further supported by the findings. For the participants, pursuing their educational as well as career aspirations enabled them to cope and overcome various pre-migration traumas and post-migration stressors. For example, both of the African participants described how it was their desire to complete their educational studies which enabled them to cope with living under harsh conditions in refugee camps. It was also their persistence

to achieve academic success and empower the African community in Australia which enabled them to deal with various post-displacement stressors. This line of findings supports other qualitative studies that have suggested the importance of encouraging behavioural actions to promote positive psychological and social changes (Hobfoll et al., 2007; Sutton et al., 2006).

Five participants disclosed how reflecting on the positive outcomes of their experience (including their ability to relate to people and recognise life priorities and values) made them want to engage in careers which would enable them to help other people overcome similar difficulties.

So I started working there and realising how little English people speak and how helpful I can be to them.

Communicate to them the basic things such as have you gone to the toilet? Have you eaten? Do you understand what operation you are having? Just being able to translate for them sort of tells them that I know what you are going through made me realise that was a good thing. (Mary)

It is through this knowledge and experience that I wanted to do something meaningful and get involved in doing something which will help people and make a difference. (Sophia)

Four of the participants described how they wished they could help people in their homeland who are still struggling with war and poverty. However, they were realistic in knowing what was within their control and what they are unable to change. They were all able to accept that war and poverty in their homeland was something that might be unchangeable as it has been a re-occurring theme through history.

I do know that I do not have to have a very idealistic approach to life as research and common knowledge have taught us that is how it has been since the beginning and probably that is how it is going to be. Also looking from a realistic point of view, I have enough knowledge and strengths to know of

what can be changed and what can't be changed, and, you know, direct the image in a positive way instead of making useless noise. (Daniel)

However, both Daniel and Michael were hopeful that with their careers they would be able to make a significant contribution to Africa in the future.

Right now it is quite dangerous to engage in and we do tend to observe those things quite closely...if the country thrives and is ready to receive some advocacy on human rights and good governance no doubt that some of us would be interested to do some work and at some point down the track. (Michael)

Application of research to theory and practice

The current findings provide insight into the adjustment and resettlement processes of young adults of refugee backgrounds including sources of distress and the resources which assisted them. The findings also highlight the need to broaden the focus of mental health services for refugee clients following resettlement. From the data, a model of the process of PG following adversity was derived and includes four key interconnected stages. The successful migration experiences reported here appeared to be based on having an openness to new opportunities, the realisation of inner strengths through facing challenges, connectedness to social and family structures, and a proactive action orientation.

The domains of PG process in the current sample are in accord with quantitative measures, such as the PTGI (Tedeschi & Calhoun, 1996). There were however, noteworthy differences in the way these factors were identified and expressed. The three common domains assessed by quantitative measures: enhancement of relationships (current sample: strengthening of socio-cultural support), new self-perceptions (current study: increase in self-awareness) and changes in life philosophy and purpose in life (current study: proactivity) were supported in the current

findings. Following the participants' traumatic experiences, they were strengthened or developed through dealing and coping with post pre-migration and post-settlement stressors. It was also through their life experiences that the participants were able to develop an understanding of their purpose in life.

The findings also highlighted additional components of PG which are not currently captured by popular quantitative measures. For the current participants, strengthening of social and cultural supports and proactivity were additional socio-cultural as well as behavioural components described in the PG model that currently are not captured or assessed by the quantitative measures (Tedeschi & Calhoun, 1996). These findings provide support for the recently revised PG models that move beyond the cognitive models of PG, and towards acknowledging how relational, familial and community systems can be strengthened and changed in the aftermath of trauma (Berger & Weiss, 2009).

Limitations of the current study

Firstly, a central tenet of the growth process is that the traumatic events experienced by individuals are severe enough to shatter basic assumptions and schemas relating to self and the world (Janoff-Bulman, 1989; Tedeschi & Calhoun, 1996). Whilst all the participants in the current study described experiencing severe levels of distress and negative life experiences, the magnitude of distress (e.g., such as presence of PTSD or depressive symptoms) was not explicitly assessed. However, the post-traumatic growth reported by participants in this study can also be seen as an indication of post-traumatic stress given the U-shaped relationship between stress and growth reported in previous research (Joseph, Murphy, & Regel, 2012). The authors argue that a moderate level of post-trauma stress is experienced but the individual is still able to cope and cognitively process the event. Secondly, all of the participants described using various coping processes, as well as positive cognitive appraisals, from a young age to deal with traumatic experiences. However,

for refugees resettling to Australia, who do not have the educational strengths or social support to manage their pre- and post-migration stressors, the current PG model might not be as relevant. Additionally, participants were all younger refugees who had the necessary English language skills to undertake the interview and this might not be an accurate reflection of the wider refugee community. Consequently, the coping resources, adjustment journey and PG process might vary. Finally, future studies could also investigate how factors such as gender and family structure influence the PG process.

Therapeutic implications for mental health professionals working with refugees

Underpinning the practice and research of mental health matters is usually a medical model which has been criticised as providing a narrow understanding of the refugee experience by focusing solely on the impact of individual pre-migration trauma (Miller & Rasco, 2004; Ryan et al., 2008). We argue that the use of person-centred principles and techniques would be of therapeutic benefit and could be integrated into other existing approaches to therapy with refugee clients (Joseph & Murphy, 2013).

There has been some debate as to whether one therapeutic approach can both treat trauma symptoms and facilitate growth (Joseph et al., 2012). We argue that a holistic approach, guided by person-centred principals, is best suited to working with refugees to facilitate positive outcomes and growth. The participants in this study exemplified the positive outcomes possible after forced resettlement following extremely stressful experiences. They also embodied the human actualising tendency. All of the participants demonstrated strong motivation to evolve and hence improved their overall wellbeing. They were able to do this by drawing on a wide variety of supports available to them, most notably familial support and enacting inner resources. The participants described their ongoing trauma as a burden but also as a source of growth and transformation. There was also evidence of the psychological tension between holding

on to the pre-trauma self-structure and the integration of new meaning (Joseph, 2004). The traumas experienced by the participants gave them an awareness of the fragility and uncertainty of life that necessitated a significant change in their self-structure. It is noteworthy that these traumas were a continual presence that required ongoing negotiation and could not be simply left behind as the participants began new lives in their adopted country. It follows then that a therapeutic relationship can provide a safe environment to assist the client in moving toward positive outcomes and PG: this journey may be an effortful endeavour involving deliberate coping efforts and conscious emotional processing in order to search for positive outcomes and contemplate the broader context (Janoff-Bulman, 1989).

If we accept that self-actualisation is innate, then the role of the therapist is to assist the individual to release that potential and direct it towards life activities. The fundamental elements for this to occur, according to the participants, were a sense of hope and of opportunity. While the client's environmental context will be a significant factor, the therapist can assist in recognising and bringing into awareness the unique opportunities in the client's present and future. The next phase of therapy should focus on the building of client self-confidence and the strengthening of support networks. According to the participants, by identifying personal strengths and by valuing their bi-cultural identities they were able to engage in meaningful activities. Success in these pursuits further strengthened their self-confidence and began a positive feedback and growth cycle. Post-trauma self-acceptance appeared to be the pinnacle so far of this growth process. When applying the current PG model to trauma therapy, exposure to the trauma would not be initiated or avoided within the therapeutic relationship but would be dealt with as it arises throughout the growth cycles. This would mean that the trauma would be introduced to therapy by the client and would function as a barrier or challenge to the growth process. This is a point of difference to most exposure-based

therapies where trauma exposure is encouraged or introduced by the therapist (Elliott et al., 2013). It must be noted however that the model developed here is based on a small qualitative study and requires further application and evaluation.

In order to provide services that promote a person-centred framework and cultural competence it is paramount in psychological practice to assess the perceived goals and life priorities of the refugee client. The importance of trauma counselling should not be dismissed, and should be a priority for some clients. However, the findings suggest that for some refugees this might not need to be the primary focus. Assisting the refugee client to recognise the opportunities available to them, to encourage determination and hope might be an important initial role for mental health professionals. For other refugee clients, helping them recognise their own strengths as well as discussing adaptive coping mechanisms might form an important part of therapy.

References

- Andriessen, K. (2009). Can postvention be prevention? *Crisis: the Journal of Crisis Intervention and Suicide Prevention*, 30 (1), 43-47.
- AnglicareWA. (2016). ARBOR. Retrieved 14th May 2016, 2016, from <http://www.anglicarewa.org.au/relationships/suicide-prevention-postvention/arbor/default.aspx>
- ASCEM & RANZCP. (2000). Guidelines for the management of deliberate self-harm in young people. Melbourne: Australasian College for Emergency Medicine (ACEM) and The Royal Australian and New Zealand College of Psychiatrists (RANZCP).
- Beautrais, A. L. (2000). Risk factors for suicide and attempted suicide among young people. *Australian and New Zealand Journal of Psychiatry*, 34, 420-436.
- Belfer, M. L. (2008). Child and adolescent mental disorders: The magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry*, 49(3), 226-236.

- Boldero, J., & Fallon, B. J. (1995). Adolescent help-seeking: What do they get help for and from whom. *Journal of Adolescence*, 18(2), 193-209.
- Bolton, J. M., Au, W., Leslie, W. D., Martens, P. J., Enns, M. W., Roos, L. L., . . . Sareen, J. (2013). Parents bereaved by offspring suicide: A population-based longitudinal case-control study. *JAMA Psychiatry*, 70(2), 158-167.
- Brent, D. A., McMakin, D. L., Kennard, B. D., Goldstein, T. R., Mayes, T. L., & Douaihy, A. B. (2013). Protecting adolescents from self-harm: A critical review of intervention studies. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(12), 1260-1271.
- Byrne, S., Morgan, S., Fitzpatrick, C., Boylan, C., Crowley, S., Gahan, H., . . . Guerin, S. (2008). Deliberate self-harm in children and adolescents: A qualitative study exploring the needs of parents and carers. *Clinical Child Psychology and Psychiatry*, 13, 493-504.
- Cauce, A. M., Domenech-Rodríguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*, 70(1), 44-55.
- Charyton, C., Elliott, J. O., Lu, B., & Moore, J. L. (2009). The impact of social support on health related quality of life in persons with epilepsy. *Epilepsy & Behavior*, 16, 640-645.
- Cohen, L. H., McGowan, J., Fooskas, S., & Rose, S. (1984). Positive life events and social support and the relationship between life stress and psychological disorder. *American Journal of Community Psychology*, 12, 567-587.
- Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, 13, 99-125.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, 310-357.
- Costello, E. J., Foley, D. L., & Angold, A. (2006). 10-year research update review: The epidemiology of child and adolescent psychiatric disorders: II. Developmental epidemiology. *Journal of the American Academy of Child & Adolescent Psychiatry*, 45(1), 8-25.
- da Silva Cais, C. F., da Silveira, I. U., Stefanello, S., & Botega, N. J. (2011). Suicide prevention training for professionals in the public health network in a large Brazilian city. *Archives of Suicide Research*, 15(4), 384-389.
- De Gioannis, A., & De Leo, D. (2012). Managing suicidal patients in clinical practice. *Open Journal of Psychiatry*, 2(1), 49.
- de Le, D., & Heller, T. (2008). Social modeling in the transmission of suicidality. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 29(1), 11-19.
- De Leo, D., & Heller, T. S. (2004). Who are the kids who self-harm? An Australian self-report school survey. *Medical Journal of Australia*, 181, 140-144.
- Donely, E. (2013). Suicide risk of your client: Initial identification and management for the allied health professional. *Journal of Allied Health*, 42(1), 56-61.
- Dyregrov, K. (2002). Assistance from local authorities versus survivors' needs for support after suicide. *Death Studies*, 26(8), 647-668.
- Eisenberg, M. E., Ackard, D. M., & Resnick, M. D. (2007). Protective factors and suicide risk in adolescents with a history of sexual abuse. *The Journal of Pediatrics*, 151(5), 482-487.
- Esposito, C. L., & Clum, G. A. (2002). Psychiatric symptoms and their relationship to suicidal ideation in a high-risk adolescent community sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(1), 44-51.

- Evans, E., Hawton, K., Rodham, K., & Deeks, J. (2005). The prevalence of suicidal phenomena in adolescents: A systematic review of population-based studies. *Suicide and Life-Threatening Behavior*, 35(3), 239-250.
- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health*, 26, 399-419.
- Fleischmann, A., Bertolote, J. M., De Leo, D., Botega, N., Phillips, M., Sisask, M., . . . Wasserman, D. (2005). Characteristics of attempted suicides seen in emergency-care settings of general hospitals in eight low- and middle-income countries. *Psychological Medicine*, 35(10), 1467-1474.
- Fleming, T. M., Merry, S. N., Robinson, E. M., Denny, S. J., & Watson, P. D. Self-reported suicide attempts and associated risk and protective factors among secondary school students in New Zealand. *Australian and New Zealand Journal of Psychiatry*, 41(3), 213-221.
- Fortune, S., Sinclair, J., & Hawton, K. (2008). Adolescents' views on preventing self-harm. A large community study. *Social Psychiatry and Psychiatric Epidemiology*, 43(2), 96-104.
- Fountoulakis, K. N., Pantoula, E., Siamouli, M., Moutou, K., Gonda, X., Rihmer, Z., . . . Akiskal, H. (2012). Development of the Risk Assessment Suicidality Scale (RASS): A population-based study. *Journal of Affective Disorders*, 138(3), 449-457.
- Gagnon, J., & Hasking, P. (2012). Australian psychologists attitudes towards suicide and self-harm. *Australian Journal of Psychology*, 64(2), 75-82.
- Gask, L., Dixon, C., Morriss, R., Appleby, L., & Green, G. (2006). Evaluating STORM skills training for managing people at risk of suicide. *Journal of Advanced Nursing*, 54, 739-750.
- Gilchrist, H., Howarth, G., & Sullivan, G. (2007). The cultural context of youth suicide in Australia: Unemployment, identity and gender. *Social Policy & Society*, 6(2), 151-163.
- Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), 386-405.
- Gould, M. S., Wallenstein, S., Kleinman, M. H., O'Carroll, P., & Mercy, J. (1990). Suicide clusters: An examination of age-specific effects. *American Journal of Public Health*, 80(2), 211-212.
- Gridley, H., & Sampson, E. (2010). Community psychology - an essential part of the health reform agenda. *InPsych*, 32 (3).
- Hargus, E., Hawton, K., & Rodham, K. (2009). Distinguishing between subgroups of adolescents who self-harm. *Suicide and Life-Threatening Behavior*, 39, 518-537.
- Gould, M. S., Wallenstein, S., Kleinman, M. H., O'Carroll, P., & Mercy, J. (1990). Suicide clusters: An examination of age-specific effects. *American Journal of Public Health*, 80(2), 211-212.
- Gridley, H., & Sampson, E. (2010). Community psychology - an essential part of the health reform agenda. *InPsych*, 32 (3).
- Hargus, E., Hawton, K., & Rodham, K. (2009). Distinguishing between subgroups of adolescents who self-harm. *Suicide and Life-Threatening Behavior*, 39, 518-537.
- Joseph, S. (2004). Client-centered therapy, post-traumatic stress disorder and post-traumatic growth: Theoretical perspectives and practical implications. *Psychology and Psychotherapy: Theory, Research and Practice*, 77, 101-109.
- Joseph, S., & Linley, P. A. (2005). Positive adjustment to threatening event: An organismic valuing theory of growth through adversity. *Review of General Psychology*, 9, 262-280. doi: 10.1037/1089-2680.9.3.262

- Joseph, S., Linley, P.A., & Harris, G. (2005). Understanding positive changes following trauma and adversity: Structural clarifications. *Journal of Loss and Trauma: International Perspectives on Stress and Coping*, *10*, 83-96. doi: 10.1080/15325020490890741
- Joseph, S., & Murphy, D. (2013). Person-centred approach, positive psychology, and relational helping: Building bridges. *Journal of Humanistic Psychology*, *53*, 26-51. doi:10.1177/0022167812436426
- Joseph, S., Murhy, D., & Regel, S. (2012). An affective-cognitive processing model of post-traumatic growth. *Clinical Psychology and Psychotherapy*, *19*, 316-325.
- Klasen, F., Oettingen, G., Daniels, J., Post, M., & Hoyer, C. (2010). Posttraumatic resilience in former Ugandan child soldiers. *Child Development*, *81*, 1096-1113.
- Miller, K. E., Kulkarni, M., & Kushner, H. (2006). Beyond trauma-focused psychiatric epidemiology: Bridging research and practice with war-affected populations. *American Journal of Orthopsychiatry*, *76*, 409-422. doi:10.1037/0002-9432.76.4.409
- Miller, K. E., & Rasco, L. M. (2004). An ecological framework for addressing the mental health needs of refugee communities. In K. E. Miller & L. M. Rasco (Eds.), *The mental health of refugees: Ecological approaches to healing and adaptation* (pp.1-64). Mahwah, NJ: Erlbaum.
- Morris, B., Shakespeare-Finch, J., Rieck, M., & Newbery, J. (2005). Multidimensional nature of posttraumatic growth in an Australian population. *Journal of Traumatic Stress*, *18*, 575-585. doi:10.1002/jts.20067
- Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling*, *9*, 301-312. doi:10.1080/13642530701496930
- Powell, S., Rosner, R., Butollo, W., Tedeschi, R.G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology*, *59*, 71-83. doi:10.1002/jcpl.10117
- Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client centred framework. In S. Koch (Ed.), *Psychology: A study of a science: Vol. 3. Formulations of the person and the social context* (pp.184-256). New York, NY: McGraw Hill.
- Rubin, D. C., Berntsen, D., & Bohni, M. K. (2008). A memory-based model of posttraumatic stress disorder: Evaluating basic assumptions underlying the PTSD diagnosis. *Psychological Review*, *115*, 985-1011. doi: 10.1037/a0013397h
- Ryan, D., Dooley, B., & Benson, C. (2008). Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. *Journal of Refugee Studies*, *21*, 1-18. doi:10.1093/jrs/fem047
- Shakespeare-Finch, J., & Copping, A. (2006). A grounded theory approach to understanding cultural differences in posttraumatic growth. *Journal of Loss and Trauma: International Perspectives on Stress and Coping*, *11*, 355-371. doi: 10.1080/15325020600671949
- Shakespeare-Finch, J., Schweitzer, R. D., King, M., & Brough, M. (2014). Distress, coping, and posttraumatic growth in refugees from Burma. *Journal of Immigrant & Refugee Studies*, *12*, 311-330. doi: 10.1080/15562948.2013.844876
- Schweitzer, R., Greenslade, J., & Kagee, A. (2007). Coping and resilience in refugees from the Sudan: A narrative account. *Australian and New Zealand Journal of Psychiatry*, *41*, 282-288.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse:

- Using interpretive phenomenological analysis in health psychology. *Psychology and Health*, 11, 261-271.
- Smith, J., Jarman, M., & Osborne, M. (1999). Doing interpretive phenomenological analysis. In M. Murray & K. Chamberlain (Eds.), *Qualitative Health Psychology* (pp. 218 – 240). London, UK: Sage.
- Storey, L. (2007). Doing interpretive phenomenological analysis. In E. Lyons & A. Coyle (Eds.), *Analysing qualitative data in psychology* (pp.51-64). Los Angeles, CA: SAGE.
- Sutton, V., Robbins, I., Senior, V., & Gordon, S. (2006). A qualitative study exploring refugee minors' personal accounts of post-traumatic growth and positive change processes in adapting to life in the UK. *Diversity in Health and Social Care*, 3, 77-88.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455-471.

Address for Correspondence

anja_cop@hotmail.com

Author Biographies

Anja Copelj

Anja Copelj completed her Masters of Clinical Psychology from Federation University in 2013. Her research interests include transcultural psychology, refugee mental health and the migration experience. She has over five years of experience working with refugee and migrant communities in Victoria, Australia.

Peter Richard Gill

Dr Peter Richard Gill is a lecturer in Psychology at Federation University. His research interests include intercultural psychology, men's health and masculine identity negotiation, and gambling behaviour. Peter also specialises in qualitative methodologies and was awarded a PhD in 2009 from Victoria University for an ethnographic investigation of male identity in a gymnasium context.

Anthony W. Love

Anthony Love is Professor of Psychology at Victoria University and a Clinical Psychologist. His research interests focus on psycho-social aspects of coping with major life-changing events, such as health conditions, particularly cancer. He is Chair of the Ethics Committee of the Australian Psychological Society, and works to promote principled ethical practice by psychologists.

Susan J. Crebbin

Susan J. Crebbin is a lecturer in Psychology at Federation University. Her research interests include posttraumatic growth/stress-related growth, resilience and health. Sue is currently completing her PhD from Melbourne University investigating how anxiety, depression, cognitive and coping style and resilience are associated with benefit-finding and psychological growth in cancer patients.