

Research paper

A qualitative study exploring refugee minors' personal accounts of post-traumatic growth and positive change processes in adapting to life in the UK

Vicky Sutton BSc PsychD
Clinical Psychologist

Ian Robbins BSc MSc PsychD RGN RMN CPsychol AFBBS
Clinical Psychologist

Traumatic Stress Service, St George's Hospital, London, UK

Vicky Senior BSc MSc PhD
Research Tutor, Psychology Department, School of Human Science, University of Surrey, UK

Sedwick Gordon
Social Worker, Social Services for Children, Mitcham, Surrey, UK

ABSTRACT

An emerging field of psychological research is concerned with the experiences of positive change following traumatic events. To date, few studies have examined this phenomenon with non-adult and non-western populations. However, findings from previous studies exploring trauma reactions within non-western child refugee populations have commented upon the 'remarkable resilience' that young people demonstrate in surviving a wide range of human atrocities. In the UK, many asylum-seeking young people looked after by social services not only seem to manage and cope well with the effects of their traumatic experiences, but some go on to achieve a very high quality of life, for example excelling in academic pursuits. A greater understanding of the process of positive change following trauma may prove beneficial to clinicians and professionals working with this vulnerable group of young people, helping to maximise their potential for recovery and growth.

The study presented here aimed to explore the process of positive change and post-traumatic growth within a sample of eight unaccompanied refugee minors living in the UK. An interpretative phenomenological analytical approach was used as a basis for interviews which explored participants' subjective experiences of positive change following their survival of multiple traumas. Data analysis revealed four main themes: the impact of trauma, variables influencing the process of positive change, positive outcomes and dissonance. The findings emphasise the importance of helping young people to access a wide range of supportive networks and, at the same time, providing a safe space in which they can talk about the trauma they experienced. Overall, the findings suggest that professionals can play a vital role in helping young people cope effectively with trauma and rebuild their lives.

Keywords: positive change, post-traumatic growth, PTSD, unaccompanied refugee minors

Introduction

In recent years, the UK has seen a dramatic increase in the number of people seeking asylum. Bardsley and Storkey (2000) estimated refugee populations living in the London area to be around 240 000. Davies and Webb (2000) comment that at least 40% of the above figure represents children, some of whom arrived unaccompanied. A review of the literature has emphasised the vulnerability of child refugee populations to developing a range of problems in biological, social and psychological functioning following their survival of multiple traumas. However, many of these studies have also commented on the 'remarkable resilience' demonstrated by refugee children, and have highlighted this as an important area of future research (Ajdukovic and Ajdukovic, 1998; Kohli and Mather, 2003).

Post-traumatic stress disorder (PTSD) symptoms such as intrusive re-experiencing, hyperarousal and avoidance commonly present following traumatic experiences. A review of the literature has found prevalence rates in adult refugee populations ranging from 16% to 38% (De Jong *et al*, 2001, cited in Green, 2003). In comparison with adult populations, it is only relatively recently that researchers have investigated the effects of trauma on child populations in both refugee and non-refugee populations. There is a general consensus among many researchers that the degree of psychological distress experienced by refugee children exposed to the trauma of war is significantly higher than in general populations who have been exposed to different traumatic events during peacetime (Ajdukovic and Ajdukovic, 1998; Sourander, 1998; Fazel and Stein, 2002; Yule *et al*, 2003). Fazel and Stein (2002) reviewed a series of studies exploring the prevalence rates of mental health problems amongst Cambodian child refugees, and found PTSD rates to be at the level of 40% immediately following trauma, increasing to 48% three years later and 'still prominent' at six years (Fazel and Stein, 2002).

As yet, there is a distinct lack of studies investigating the mental health of unaccompanied refugee minors in their host country. In searching psychological databases, only one study by Sourander (1998) was identified that aimed to explore the mental wellbeing of unaccompanied refugee minors in their host country. Sourander (1998) found that around 50% of unaccompanied minors accessing a refugee centre in Finland presented with emotional and behavioural symptoms that reached the clinical or borderline range.

What the above studies also demonstrate is that around 50% of refugee children are not presenting with PTSD or other types of emotional and behavioural pathology that reach clinical significance. This fact has largely been ignored by many researchers within the field (Glenn, 2002). The trend to focus on

identifying negative symptoms within the refugee population has been criticised by Berman (2001). She comments on how studies have highlighted 'weakness and deficits', while 'simultaneously overlook[ing] the strengths and resources that enable children to grow and thrive in the face of seemingly overwhelming challenges' (Berman, 2001).

Some researchers are beginning to adopt a more positive psychological perspective and have found considerable evidence to support the presence of more positive responses following the survival of traumatic events. For example, Linley and Joseph (2003) have found that between 30% and 90% of trauma survivors from mainly western populations report experiences of growth. Researchers are currently developing psychological models to explain its occurrence; however, further research is needed to verify findings (Linley and Joseph, 2003; Calhoun and Tedeschi, 2004).

Tedeschi and Calhoun (1995) first proposed an explanatory model of the mechanisms by which post-traumatic growth occurs. They draw on the work of Janoff-Bulman (1992) and consider how experiences of trauma can shatter assumptions relating to the self as worthy, and the world as benevolent and meaningful. As trauma survivors attempt to rebuild their view of the world, adaptations to previously held schemas could include more positive perceptions of the self and others. Cognitive processes such as intrusive thoughts and avoidance are seen as mechanisms that allow for the processing of distressing information in bite-size forms. Rumination is seen as an adaptive mechanism that can facilitate the assimilation of new information arising from the trauma with existing schema. The cognitive processes described above allow for the completion of three main tasks from which growth can emerge: *manageability*, *comprehensibility* and *meaningfulness*.

An important criticism of Tedeschi and Calhoun's model concerns the limited consideration that has been given to the role of cultural factors in influencing growth experiences. Although the role of social relationships is discussed, little attention has been given to the broader cultural context (McMillen, 2004; Pals and McAdams, 2004; Park, 2004). Much of the therapeutic care offered to refugee populations recovering from traumatic experiences is based on theoretical models of understanding that have developed from a western conceptualisation of the problem (Davies and Webb, 2000). These models of care may not provide the best fit for helping non-western populations.

The current research aimed to explore how unaccompanied minors have actively constructed their experiences of trauma and the important meanings they have attached to these experiences that have led to positive changes and feelings of growth in the face of so much adversity. What is considered a growth experience or positive change may differ from western

populations, as too may the pathways to achieving this experience. Ideological and political meanings attached to the trauma experience may prove important in facilitating a *growth* narrative, along with other important cultural factors such as performing rituals or participating in culturally practised ceremonies. An understanding of how these factors have influenced the development of a meaningful narrative that can facilitate growth experiences is important for guiding therapeutic intervention. Informed practitioners can help to co-construct a post-trauma narrative that better reflects the unaccompanied minors' authentic and personal meaning. As yet, no research studies have explored the process of growth following trauma in unaccompanied refugee minors. Woodward and Joseph's (2003) review of the literature has shown that people who report more growth experiences following trauma show better long-term adjustment. A greater understanding of the internal processes that facilitate growth experiences is considered particularly valuable when considering the horrific nature of unaccompanied refugee minors' trauma and the enormous task of adapting to such change. Woodward and Joseph (2003) recommend further qualitative research to explore whether the growth processes described above can be generalised to non-western populations.

Method

For a number of reasons, an interpretative phenomenological analytical (IPA) (Smith *et al*, 1999) approach was considered the most suitable method in exploring refugees' personal accounts of growth and positive change following trauma. For example, the epistemological underpinnings of a phenomenological approach aim to provide the researcher with a method for conducting a detailed analysis of a participant's subjective experience of the phenomenon in question. This method avoids using *a priori* systems of meaning that occur when using standard quantitative instruments, and therefore avoids limiting participants' response options. Consequently, they are free to express novel and challenging views that perhaps do not readily fit a predefined model; this allows for the possibility of new theoretical insights. An ethics committee attached to the author's university gave approval for the study, as did the NHS local research ethics committee.

Two social services departments agreed to help with the recruitment of participants. The principles of purposive sampling (Willig, 2001) were taken into consideration when selecting suitable participants with the social workers. This approach aimed to identify those participants who were most likely to provide theoretical insights into the research question. Participants identified had, therefore, sought asylum

as unaccompanied minors, and were willing to discuss post-trauma experiences in relation to growth and positive change. The social workers discussed the purpose and aims of the study with possible participants. A letter and information sheet were given to each person. Eight people agreed to participate in the study, and two participants approached refused (see Table 1).

Interviews

Semi-structured interviews were constructed following guidelines outlined by Smith and Osborn (2003). The first author obtained written consent and conducted the interviews. Each participant was asked if they would like an interpreter to assist with the interview process, and two participants opted for this. Interviews lasted approximately 40 minutes. The interviews were tape recorded and transcribed verbatim with identifying features changed (see Box 1).

Data analysis

The interview transcripts were analysed in accordance with the principles of IPA as outlined by Smith *et al* (1999). This involves a four-stage process of analysis.

- 1 The first author engaged in a process of reading and rereading the interview transcript, jotting down notes in the left hand margin concerning initial thoughts and observations in response to what was read.
- 2 The emerging themes were given titles, written in the right-hand margin of the transcript, which reflected her interpretation of the essential quality of the participant's expressed meaning.
- 3 The emergent theme titles were then listed on a separate piece of paper and examined to see if any of the themes were connected or related to each other. Some themes were clustered together to capture a specific category of meaning. These superordinate themes were then given a separate label.
- 4 The themes and superordinate themes, together with the location of relevant quotes, were then summarised in a table. Tracing back each theme and superordinate theme to the relevant quote ensures that the data are grounded in the participant's account.

This four-stage process of analysis was repeated for each of the transcripts. Any themes that were only minimally supported by the data and/or were evaluated as providing only minimal insights were then dropped from analysis. The third and second authors monitored the analytical process, and a data analysis group with other trainee psychologists provided an additional forum for verification of identified themes.

Table 1 Demographic information

Participant	Sex	Age (years)	Interpreter	Time spent travelling to UK	Time in UK prior to interview	Religious beliefs	Experiences of personal violence, e.g. torture, rape, etc.	Witnessing violence to others, e.g. torture, rape etc.
1	Male	16	Yes	14 days	September 2004	Muslim	Yes	Yes
2	Female	18	No	2 days	April 2003	Muslim	Yes	Yes
3	Female	18	No	90 days	October 2004	Christian	Yes	No
4	Female	18	No	1 day	August 2002	Christian	Yes	Yes
5	Female	17	No	Very long	September 2004	Christian	Yes	Yes
6	Female	17	Yes	1 day	*	Muslim	Yes	Yes
7	Female	19	No	1 day	April 2002	Christian	*	*
8	Female	20	No	Days	1995	Christian	Yes	Yes

* Participant left response item blank.

Box 1 A broad outline of interview questions and prompts**Introduction to study**

Some people say that as a result of having struggled with a life crisis, positive changes have occurred to the ways in which they see themselves and their world. For example, knowing that you can survive very difficult situations can sometimes lead to feelings of increased strength and coping. It is possible for feelings and beliefs to change over time, or for people to feel good about some aspects of their life, while still feeling very bad about others. This study aims to look at the variety of ways in which people have made sense of their experiences which have led them to see themselves in a more positive light.

Confidentiality

All answers will be kept confidential, with any identifying features – such as your name – changed. This will ensure that you cannot be recognised from your answers when the study is written up as part of a doctorate qualification. The study may also be published in a professional journal, and a copy of the study will also be given to the service for you to look at if you so wish. You and your answers will not be discussed with anyone other than the researchers involved in the study. Confidentiality will only be broken if there is a concern that you or someone you know is at risk of being harmed.

Questions

1 In thinking about some of the traumatic experiences you have survived, can you tell me about any positive changes that followed?

Prompts: Have your beliefs about who you are changed? Have your beliefs changed about how you see others? What are these changes? Have your beliefs changed about how you see the world? What are these changes? Have your spiritual beliefs changed?

2 What did you most value about these changes? What was important about them?

Prompts: How has it been a change for the better? What important things have changed? What do you most value about this change and why?

3 How do you think this change came about?

Prompts: Were there any important events/experiences following trauma that led you to feel more positively about yourself and your world? What were these events? What was important about them and why? Can you remember any 'key turning points' or changes in your life that led you to feel more positively about yourself and the trauma you experienced?

What do you consider to be the most important factor(s) that helped you to feel more positively about your self, your world and your trauma experiences?

4 How do you think this will affect your future?

While IPA is concerned with gaining as much of an insider perspective as possible, the approach recognises that the researcher cannot present this in its entirety, as the researcher's own beliefs, experiences and motivations will colour the interpretative process. A personal account describing the first author's motivations for conducting the research and possible influences on her interpretations can be found in Box 2. This will allow the reader to decipher how much the above factors may have influenced the findings and to consider alternative interpretations from a different perspective.

Results and discussion

While the study aimed to explore the processes of growth and positive change following trauma, the

degree to which each young person had experienced this phenomenon varied. However, a common pattern of themes did emerge from the analysis. These themes were grouped under four main superordinate themes (see Box 3) each of which is addressed below.

The impact of trauma

Participants described the ways in which the traumas they had experienced had impacted on their lives. Two main themes emerged from analysis: a search for meaning, and dislocation and loss.

Theme 1: a search for meaning

Participants spoke of engaging in a process of questioning why events had happened and what it had

Box 2 Owning one's perspective

I am a white British female trainee clinical psychologist in my final year of studies. I was born in the UK and have lived here for all of my life. I have never experienced any kind of human rights atrocity or any event that could be described as traumatic. Having reviewed the literature concerning refugee trauma, I wondered whether I was naive to think that anyone could possibly experience 'growth' from surviving such events. I held very few expectations as to what kinds of responses my questions might yield, and my lack of experience of directly working with refugee populations in a trauma setting, I hoped, would enable me to probe at a deeper level, clarifying with participants what they meant by their responses, instead of assuming I knew.

I have some limited experience of working with young refugee populations, including unaccompanied refugee minors, in a supportive environment. Prior to beginning training as a clinical psychologist, I worked voluntarily with young people who were affected by HIV. The majority of young people accessing the service were of black African ethnicity; many had recently arrived in the country having fled war, poverty and/or deprivation. During my time in this service, I was privileged to get to know the young people and listened to their stories of how they came to be in the UK, how they felt about their HIV status and what their hopes were for the future. Many of the stories included incidences of trauma and loss. However, many stories also included examples of great courage and hope. Young people talked positively about themselves and their new situation. They spoke of their determination to do well in their 'host' country, achieving academically, making new friends, and living their life in a way they believed would make parents and relatives proud, etc. I was very much impressed by their resiliency and strength, particularly in light of their continuing endurance of so much adversity – including coming to terms with a life-threatening illness. I wondered how these young people managed to cope so well, having lived through so much adversity.

While training, I have been particularly influenced by theories that emphasise the powerful role of thoughts/interpretation (the meanings people attach to experiences) in influencing feelings and behaviours. Both cognitive and psychodynamic theories have explored maladaptive patterns of thinking, with psychodynamic theory focusing also on unconscious thought processes that may maintain maladaptive behaviours and mood states. These theories, understandably, have primarily concerned themselves with understanding pathological states. However, with the new, emerging field of positive psychology, understanding adaptive thoughts, feelings and behaviour has also been emphasised as an important area of study. I am interested to understand further how, when experiencing very similar types of trauma, people come to react so very differently, and to explore the underlying thought processes that might be at play.

Box 3 Themes and superordinate themes**Superordinate theme: the impact of trauma**

- 1 A search for meaning
- 2 Dislocation and loss

Superordinate theme: variables influencing the process of positive change

- 3 Social support
- 4 Activity
- 5 Religion

Superordinate theme: positive outcomes

- 6 Positive changes in self-perception
- 7 Desire to live a purposive life

Superordinate theme: dissonance

- 8 Co-existence of ongoing distress and positive changes
- 9 Mismatch between internal feeling state and external presentation

meant that they had survived while others had not. For example:

'I used to think about ... and I'm like why? How is it so? Why is it only me who survived? Why did it have to be me?

I should have gone and other people stayed ...' (Participant 2)

'You ask yourself what has happened. The question you keep asking ... the first question is why? Why did it happen like this?' (Participant 7)

In their search for meaning, many participants described a process of continually thinking about what had happened to them, repeatedly going over and over events in their mind:

'... but you know there are days and nights that I can't stop thinking about it ... but ... I can't stop thinking about it.'
(Participant 4)

Engaging in a process of questioning why traumatic events have happened is a common experience for many trauma survivors, and has been understood as a reflection of their internalised state of shock and bewilderment (Janoff-Bulman, 1992). Tedeschi and Calhoun (2004) consider rumination to be an adaptive process in helping to integrate the traumatic experience into newly rebuilt schemas and revised assumptions. For the majority of participants, engaging in a process of thinking about what had happened to them, and why, appeared to be beneficial as they were able to describe some positive outcomes following this.

Theme 2: dislocation and loss

This theme emerged from participants' descriptive accounts of the types of losses they had endured. These feelings were frequently connected to experiences of separation from family members and loss of a familiar way of life:

'... because ... I lost a lot of things ... I lost everything.'
(Participant 4)

'First of all when you are in a country which you don't speak the language, you don't know the rules and regulations, you have no friends, nobody really just to say hello or to talk to.'
(Participant 1)

The losses described by participants in this study are consistent with findings from existing literature reviewed (see, for example, Ajdukovic and Ajdukovic, 1998). Less well documented in the literature is the sense of overwhelming responsibility participants described as a result of enduring such losses. For example:

'... But now, here by myself, on my own, it is very hard, it is very difficult to cope, you know, day-to-day life, you know, today what should I do with this, what should I do with that, where should I go now ... these are not easy.'
(Participant 1)

Variables influencing the process of positive change

A number of key experiences and/or turning points were identified from participants' accounts that appeared to act as vehicles for positive change.

Theme 3: social support

The variable social support influenced the process of change on a number of different levels. First, the experience of putting the trauma into words appeared to help participants to process what had happened, and reach a greater understanding because:

'... when you talk about it you come to understand it, maybe ... maybe it happened for a reason.'
(Participant 2)

The finding supports Tedeschi and Calhoun's (2004) view in which they emphasise the important role others can play in helping the traumatised individual to verbalise their experiences, creating a narrative that will aid trauma recovery. The role of the listener was also identified as an important factor in this process. For example, supportive and sympathetic responses mattered greatly to the young people and appeared to influence the development of greater self-esteem and more positive schema reconstruction. From their point of view:

'... it's like, if someone could listen to you, it means a lot, it means a lot, it means a lot to you because when someone sits down, you know, this is like my time, you know, you feel special in that moment because someone is there just to listen to you. It's all about you in that moment ... it feels good.'
(Participant 8)

Neimeyer (2004) discusses how emphatic responses from others can solicit 'validation of one's experience and the provision of social support that can facilitate healing and growth'. Cryder *et al* (2006) also found that a supportive social environment played a key, influential role in the development of positive competency beliefs in his sample of children who had survived a hurricane. Being with people and sharing experiences, particularly with people who had survived similar traumatic events, allowed participants in this sample to compare their own situations with others'. Participants spoke of comparing with others who were managing well, and used their observations to help them to generate new goals and possibilities for their own futures:

'... my mate, she was like ... she used to talk about "now you see I finish college, I have to go for this, I have to go for this" and I was like, yeah, maybe I could also do it.'
(Participant 2)

Tedeschi and Calhoun (1995) also discuss the important role of social support provided by people who have shared similar experiences. They discuss how trauma survivors are more likely to incorporate new perspectives from people who have 'been there', and this can lead to more adaptive schema integration.

Participants also spoke of comparing with others who were perceived to be less well off. This appeared to

help the young people to recognise and appreciate their own strength and resiliency. For example:

‘... I see how other teenagers act as well, you know, I am saying to myself, I wasn’t that bad ... you know, when I compare myself to other people ... the way I went about things, I didn’t end up drinking, taking drugs or anything ...’ (Participant 8)

Downward comparisons have been found to be a particularly favoured cognitive strategy used by people who have experienced trauma, resulting in increased self-esteem as well as decreasing feelings of anxiety and depression (Tedeschi and Calhoun, 1995).

Participants spoke about how important support was, particularly from social services, in meeting basic needs and how much it was appreciated. However, participants also spoke of how this in itself was not enough to foster more positive feelings. What was seen as equally important by participants was the availability of someone to confide their worries to and who could offer comfort:

‘... my social worker spoke to me about it, and she was so cross with me because my landlord was saying I was not staying in the house, maybe she has a boyfriend or whatever. But then, they didn’t get my point. I didn’t want to be lonely, because when I was lonely I could get upset, all the memories would come back ... I had to find a friend ... at least like for two people, you could console each other.’ (Participant 5)

Much of the post-traumatic growth literature has focused on how the caring and supportive responses of others can influence cognitive processing and schema change. From the analysis of transcripts, it appeared that participants were also expressing the important role others play in helping to soothe and manage distressing feelings related to the trauma experienced. Drawing on attachment theory, the process of seeking comfort from others can activate an internalised secure base experience, producing a physiological response that can help to regulate affective states (Holmes, 2001). The strong physiological response of being comforted and soothed by others appeared to play a significant role in trauma recovery for these participants, and helped to lay the foundations from which growth and positive change emerged.

Theme 4: activity

Connected to social support is the role of activity in helping recovery from trauma and facilitating positive changes. Engaging in pleasurable activities provided a welcome distraction from distressing memories of past trauma, and an outlet for managing strong affective states. For participant 8 it helped:

‘... to deal with my anger, I go to the gym, do boxing, do running on the treadmill, that will cool me down. I can’t

shout back ... I find it hard to shout at people, you know, or ... express my anger verbally, you know, I do it in the gym ...’ (Participant 8)

Increasing pleasurable activities is well known to be an effective intervention for reducing the depressive affect in depressed populations (Beck, 1989). It might also prove a very useful intervention for helping young people manage negative ruminations and increase positive feelings from engaging in activities they find enjoyable. Some of the young people in this study chose to engage in activities whereby they could be of use to others and this also appeared to play an important role in fostering self-esteem and self-efficacy because:

‘... here in the UK, they call me for like conferences and seminars to talk about my experiences and my achievements, so ... like this can ... empower other young youth ... becoming more ... realising their ambitions and give them another way ... I just think of myself and I feel proud.’ (Participant 5)

‘... because I do sometimes voluntary work for like kids that have got AIDS and ... some of them have been through the same situation as me but ... so I go there and I speak to them and they say I am a very understanding person because ... you’ve been there ... and I love going there because then you feel better about yourself because you’re not worse ... They smile because you went there and said hello or just rubbed their hand and just said everything is going to be OK ... and that makes them smile and you’re thinking ... maybe my life is not that bad ... you know, maybe I’m doing a bit better than I thought ... it’s very good ... you know, way to find a way, I like doing something like that ...’ (Participant 8)

Tedeschi and Calhoun (1995) comment on how the experience of having survived such traumatic events can lead to a ‘recognition that one has something precious to offer other people in great turmoil’. Survivors can perhaps relate to and empathise with the distressed individual in ways that others who had not endured such experiences might find difficult.

Theme 5: religion

Many of the young people in this study spoke of the important role religion played in facilitating positive change/feelings of growth. Religious beliefs functioned as a guide for how to lead one’s life, and facilitated the development of meaning and comprehension in coming to terms with the impact of the trauma. In their view:

‘... if you have a strong religion, you will leave most of the things that have happened to you, you know, in someone else’s hands. We believe that whatever comes for us, you know, it’s God really, who wants it to happen, or, you know, just for us to go forward or do something with the help of him, really.’ (Participant 1)

In the absence of parental guidance, and living in a country where nothing is familiar, the need for guidance from some other source is increased. Through attending a church or mosque, reading the *Bible* or *Koran*, for example, and listening to religious teachings, there is an opportunity to meet this need.

Another important function religion appeared to serve was in meeting participants' emotional needs. Many spoke of the comfort they received from their beliefs as well as the social support received from other church members:

'... I am Muslim and emmm ... I tell him, you know, all my problems, everything that happened and he gives me strength.' (Participant 6)

The role of religious beliefs in providing guidance and in meeting emotional needs is also not well documented in Tedeschi and Calhoun's (2004) model. Their emphasis is on the function of religious beliefs influencing cognitive processing and the development of meaning/comprehensibility. Omeri *et al* (2004) also comment on the importance of religious beliefs in giving meaning to traumatic events, and emphasise their role in bringing the community together with a shared understanding and response to the effects of trauma. This shared understanding and support from the young people's religious community appeared an important factor in providing much-needed guidance and comfort.

Positive outcomes

Participants were able to identify positive changes that had occurred following their experiences of trauma. For some, positive changes experienced were extremely limited and concerned only the removal of threat; others perceived greater changes.

Theme 6: positive changes in self-perception

The majority of participants perceived a greater sense of personal strength, and some also perceived a greater empathy and ability to care for others. For example:

'... I've become stronger ...' (Participant 2)

'I've managed to be strong ... I'm just like more ... more sensitive ... yeah, like patient, like self-content ... and kind ...' (Participant 5)

In the literature reviewed by Tedeschi and Calhoun (1995), a greater sense of personal strength was found to be a common post-traumatic growth outcome. They discuss how 'the crisis event can set in motion the need to meet a wide array of specific demands, and meeting these successfully can greatly enhance the individual's personal strength' (Tedeschi and Calhoun, 1995). Having endured a number of crisis events,

resulting in a need to meet a wide range of demands, success in meeting these demands without the support of family networks is highly likely to lead to a greater sense of personal strength and self-reliance.

Theme 7: desire to live a purposive life

Participants also spoke of their desire to live a purposive life, including altruistic goals of wanting to help others. For Participant 2:

'... if at all I could go to uni, I would maybe work in a hospital or something. Get money that would benefit some other kids ... or people who are down ...' (Participant 2)

For some, this desire stemmed from their own experiences of suffering and wanting to share the knowledge and understanding they gained from these experiences, in the hope that they could be of help to others:

'... I've just developed like ... helping other people ... cause in my suffering I ... I just feel like other people are suffering just like me as well ... I just feel young people especially; I just feel that they are vulnerable and if I can ... I can help them with their lives ...' (Participant 5)

'Social work? Yeah, I want to do it because I have been through it and it feels like social workers ... most of them haven't, they haven't been through it. So they don't listen, you know, all of us young people ask for is someone to listen ... you see, that's why I want to do it ...' (Participant 8)

Tedeschi and Calhoun (2004) also recognise greater compassion and empathy for others as an outcome of post-traumatic growth, which they have placed within the growth domain of more intimate relationships with others. They comment on how trauma survivors engaged in a process of post-traumatic growth are more likely to offer support to others in similar situations and are more likely to empathise with their distress.

Dissonance

Participants described how their perceptions of positive change co-existed with ongoing feelings of distress and worry. Participants also spoke of a mismatch between their positive external presentation and their internal experience of distress.

Theme 8: co-existence of ongoing distress and positive changes

Participants described how, through their experiences of having survived traumatic events, they had come to see themselves as much stronger and much more self-reliant. However, ongoing worries and concern led to the co-existence of feelings of distress alongside the recognition of positive change because:

'... everything has just went forward slowly in a good way which I am very happy and grateful [about] ... But, as I say, not to have any word from my mother, because it seems

they have lost the family home that we had. So that is another bad news, because I do not know where my mother or remaining family is living ...' (Participant 1)

Tedeschi and Calhoun (1995) have emphasised in their model of growth that the presence of post-traumatic growth does not necessarily mean an absence of psychological pain; the two can co-exist. The personal accounts from participants would support this view. Participants in this study continued to face a number of challenges as a result of their refugee status. Participants reported a number of ongoing concerns including difficulties with housing, financial problems, worries about family members and their asylum status. In the face of such difficulties, the presence of emotional distress should not be underestimated.

Theme 9: mismatch between internal feeling state and external presentation

Two participants described how they would portray a positive exterior that hid their true feelings of distress and worry. For example:

'... I am trying my best, you know, to look better and to give me a little bit, you know, to lift myself and I am doing that. For example, this house is beautiful but you don't know what's inside. So, it's the same thing, like that one.

For me, just to wash up and dress up and make my hair and clothes like this is just to look much better.' (Participant 6)

The mismatch between participants' external presentation and internal feelings is likely to be a factor that could lead to an underestimation of current feelings of distress. Participants in this study reported that the function of this mismatch was to increase positive feelings and to protect the self from being judged negatively by others. Participants describing this phenomenon also reported an absence of a supportive and empathic listener. Without the support of others, the young person misses out on opportunities for validation that may have fostered feelings of self-worth and lessened the need for a protective exterior.

Conclusion

The research aimed to explore experiences of positive change following trauma in a sample of unaccompanied refugee minors. The findings illustrate the process of positive change within this sample (see Figure 1) and further research is now needed with other refugee and asylum-seeker populations to see if findings can

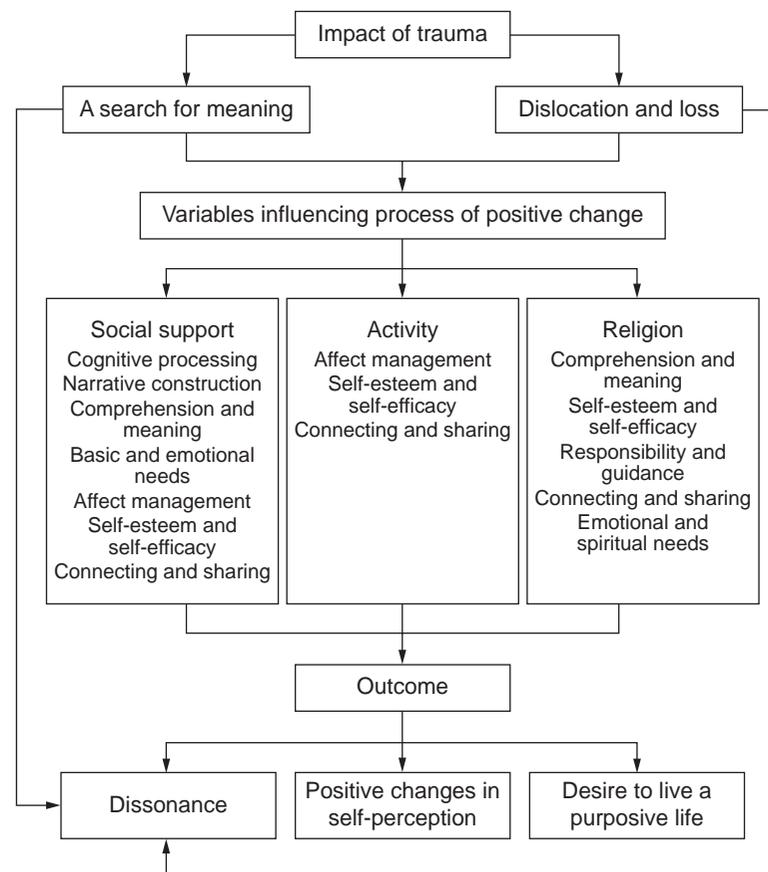


Figure 1 Schematic representation of themes and possible links between them in describing the process of positive change within this sample

be replicated. Many of the themes discussed in this study were very well supported in a number of different accounts, and link with findings from existing literature. This suggests a clear direction in which appropriate interventions should develop. The findings highlight the important role social support, activity and religious beliefs play in facilitating positive change/post-traumatic growth. For service providers aiming to meet the needs of unaccompanied refugee minors, interventions should focus on helping the young person to access a wide range of supportive networks such as support groups, voluntary work, after-school activities, and religious communities. Professionals should also provide a space in which the young person can feel safe to disclose their trauma history, feel listened to and be responded to in a way that conveys empathy, warmth and understanding.

As discussed in the introduction, western models of post-traumatic growth have been criticised for lack of consideration given to cultural contexts in which positive change can emerge. However, the findings from the above study appeared to link well with Tedeschi and Calhoun's (2004) explanatory model. The importance of religious beliefs in fostering feelings of positive change was a theme that may well have been driven by a strong cultural narrative in which religion is highly valued and plays a key role in many of the countries from which participants came; however, other cultural factors such as strong political ideologies and particular cultural rituals were not commented upon. The findings above echo the universality of human experience following trauma.

However, while participants did not comment specifically on particular cultural influences, this does not mean they did not exist. Participants may not have felt comfortable disclosing specific cultural practices to a white, middle class researcher. Had participants been interviewed by someone from their own culture, these cultural themes may have been more easily elicited. Many research findings such as those reported by Omeri *et al* (2004, 2006) emphasise the importance of attending to culturally specific issues when working with refugee populations, as a lack of sensitivity to these issues frequently results in barriers to accessing appropriate services, for example services and procedures incompatible with cultural beliefs and practices, a lack of translated health information and lack of interpreters. Balancing an awareness of difference with recognition of shared experience may prove beneficial to service developers. Overall, the findings suggest that professionals working with unaccompanied refugee minors can play a key role not only in recognising and alleviating distress, but also in helping the young person to rebuild their 'shattered' world, seeing themselves as once again worthy and the world as benevolent.

REFERENCES

- Adjukovic A and Adjukovic D (1998) Impact of displacement on the psychological well-being of refugee children. *International Review of Psychiatry* 10:186–95.
- Bardsley M and Storkey M (2000) Estimating the numbers of refugees in London. *Journal of Public Health Medicine* 22:406–12.
- Beck AT (1989) *Cognitive Therapy and the Emotional Disorders*. London: Penguin.
- Berman H (2001) Children and war: current understandings and future directions. *Public Health Nursing* 18:243–52.
- Calhoun LG and Tedeschi RG (2004) The foundations of posttraumatic growth: new considerations. *Psychological Inquiry* 15:93–102.
- Cryder CH, Kilmer RP, Tedeschi RG and Calhoun LG (2006) An exploratory study of posttraumatic growth in children following a natural disaster. *American Journal of Orthopsychiatry* 76:65–9.
- Davies M and Webb E (2000) Promoting the psychological well-being of refugee children. *Clinical Child Psychology and Psychiatry* 5:541–54.
- de Jong J, Komproe IH, van Ommeren M *et al* (2001) Lifetime events and posttraumatic stress disorder in 4 postconflict settings. *Journal of the American Medical Association* 286(5):555–62.
- Fazel M and Stein A (2002) The mental health of refugee children. *Archives of Disease in Childhood* 87:366–70.
- Glenn C (2002) 'We have to blame ourselves' – refugees and the politics of systemic practice. In: Papadopoulos R (ed) *Therapeutic Care for Refugees: no place like home*. London/New York: Karnac.
- Green MR (2003) Interventions with traumatized adolescents. In: Flaherty LT (ed) *Adolescent Psychiatry: developmental and clinical studies*. Hillsdale: Analytic Press, volume 7, pp. 283–305.
- Holmes J (2001) *The Search for the Secure Base: attachment theory and psychotherapy*. Hove and New York: Brunner-Routledge.
- Janoff-Bulman R (1992) *Shattered Assumptions: towards a new psychology of trauma*. New York: Free Press.
- Kohli R and Mather R (2003) Promoting psychosocial well-being in unaccompanied asylum seeking young people in the United Kingdom. *Child and Family Social Work* 8:201–12.
- Linley PA and Joseph S (2003) Trauma and personal growth. *The Psychologist* 16:135.
- McMillen JC (2004) Posttraumatic growth: what's it all about? *Psychological Inquiry* 15:48–52.
- Neimeyer R (2004) Fostering posttraumatic growth: a narrative elaboration. *Psychological Inquiry* 15:53–9.
- Omeri A, Lennings C and Raymond L (2004) Hardiness and transformational coping in asylum seekers: the Afghan experience. *Diversity in Health and Social Care* 1:21–30.
- Omeri A, Lennings C and Raymond L (2006) Beyond asylum: implications for nursing and health care delivery for Afghan refugees in Australia. *Journal of Transcultural Nursing* 17:30–9.
- Pals JL and McAdams DP (2004) The transformed self: a narrative understanding of posttraumatic growth. *Psychological Inquiry* 15:65–8.

- Park CL (2004) The notion of growth following stressful life experiences: problems and prospects. *Psychological Inquiry* 15:69–75.
- Smith JA and Osborn M (2003) Interpretative phenomenological analysis. In: Smith JA (ed) *Qualitative Psychology: a practical guide to research methods*. London: Sage Publications.
- Smith JA, Jarman M and Osborn M (1999) Doing interpretative phenomenological analysis. In: Murray M and Chamberlain K (eds) *Qualitative Health Psychology: theories and methods*. London: Sage Publications.
- Sourander A (1998) Behaviour problems and traumatic events of unaccompanied refugee minors. *Child Abuse and Neglect* 22:719–27.
- Tedeschi RG and Calhoun LG (2004) Posttraumatic growth: conceptual foundations and empirical evidence. *Psychological Inquiry* 15:1–18.
- Tedeschi RG and Lawrence GC (1995) *Trauma and Transformation: growing in the aftermath of suffering*. London: Sage Publications.
- Willig C (2001) Interpretative phenomenology. In: Willig C (ed) *Introducing Qualitative Research in Psychology: adventures in theory and method*. Buckingham: Open University Press.
- Woodward C and Joseph S (2003) Positive change processes and post-traumatic growth in people who have experienced childhood abuse: understanding vehicles of change. *Psychology and Psychotherapy: Theory, Research and Practice* 76:267–83.
- Yule W, Stuvland R, Baingana FK and Smith P (2003) Children in armed conflict. In: Green BL, Friedman M, de Jong J et al (eds) *Trauma Interventions in War and Peace: prevention, practice and policy (international and cultural psychology)*. New York: Kluwer Academic Publishers.

CONFLICTS OF INTEREST

None.

ADDRESS FOR CORRESPONDENCE

Dr Vicky Sutton, Traumatic Stress Service, Clare House, St George's Hospital, London SW17 0QT, UK. Tel: +44 (0)20 8725 0355; fax: +44 (0)20 8725 0354; email: victoria.sutton@swistg-tr.nhs.uk

Received 31 January 2006

Accepted 1 June 2006