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Research papers

Hardiness and transformational coping in asylum seekers: the Afghan experience

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ABSTRACT

Understanding trauma and the individual's responses to it requires a complex approach. Hardiness refers to the characteristic response some people make to adversity and involves the concept of *transformative response*. In this context adversity is something that can be viewed as a learning experience, a challenge rather than a catastrophe. Response to adversity becomes a commitment rather than simply being reactive, and the individual's sense of control over outcomes remains positive, rather than emphasising that person's vulnerability. In the current paper *hardiness*, and the concept of *transformational coping* derived from it, are utilised to explore the response to trauma and dislocation experienced by various refugees from Afghanistan to Australia. Our interviews show that cultural dimensions broaden the notion of *transformative coping*. The traditional approach to categorising coping has been to contrast *transformative coping*, that emphasises commitment, challenge and control, with *regressive coping*, denial, associated with avoidance and withdrawal, and *stoical coping*, which includes the use of humour and religious beliefs. Our informants reveal that *stoical coping* is a springboard from which a transformative approach to trauma can be generated. It is proposed that highlighting the transformative properties implied in *hardiness* reverses the current policy response to pathologise coping. In so doing, it highlights opportunities for enhancing the behaviour of refugees within a multicultural Australian community.

Keywords: asylum seekers, hardiness, transcultural psychiatry, trauma

Introduction

There is now a copious literature about the medical and psychological response of people to war and conflict, and on the refugee Afghan situation in Australia (Harris and Telfer, 2001; Steel and Sil, 2001; Sultan and O'Sullivan, 2001), and in other countries (Bradford, 1994; Halimi, 2002; Keyes, 2000; Lipson *et al*, 1995a,b; Lipson and Omidian, 1997). Specific vulnerabilities that are not unique to the Afghan people but impact on coping, responding to trauma, and resettlement are reviewed by Lipson (1993) and her associates (Lipson *et al*, 1995a) as well as others (e.g. Khamis, 1998; Summerfield, 2000). Generally, such vulnerabilities are poorly understood outside relief agencies. It should be noted that these vulnerabilities impact on the perceptions by Afghan people of the resettlement process and have the ability to create inherent conflicts of understanding between refugees, refugee support agencies and host countries.

Examples of such vulnerabilities are:

- the absence of men from the household because of war, death, political actions, 'disappearances' or deportation
- the absence of men adding to the pre-settlement burden on women and children (Khamis, 1998)

- for men, absences from their family due to enlistment or forced enlistment in armies, imprisonment, and the need to find money by having to move away from the village to work elsewhere
- the disruption of families leading to disturbed attachments and altered adult adjustment (Goodwin, 2003)
- the forced restructuring of family roles to cope with conflict and economic degradation in their home country, and social policies in the host country (Khamis, 1998).

In order to understand the experiences of Afghan people in Australia it is important to know something of their background. The population of Afghanistan has always been multi-ethnic. The interests of foreign powers determined the modern country's boundaries, and in every side they cut arbitrarily through land traditionally occupied by one ethnic group or another. Citizens naturally identify with those who speak their language and who share their culture. However, while the various groups differ in language and culture they also share fundamental qualities. The Afghan people are renowned for being tough and resilient, with cultural traditions based upon religion, and tribal lore. Afghan people are classed as non-Arabs.

The experience of conflict and war has promoted emigration. Afghan people in Australia are likely to have experienced some of the vulnerabilities listed above in addition to culturally specific factors. For example:

- Afghan migration has gone through a variety of transitions with differing ethnic groups arriving at differing times. An Afghan community is made up of different groups whose members have had widely differing experiences of relocation, ranging from the relatively benign to the horrific. For this reason, intercommunity understanding may be difficult to achieve and the community understanding of the resettlement process will not be homogenous
- Afghan culture is based on a tribal system in which particular groups such as the Hazaris are persecuted within Afghanistan (Robson and Lipson, 2003).
- according to Lipson (1993), Afghan people are accustomed to corrupt government both within their own country and within the countries benefiting from the UN refugee operation. A protective veneer of cynicism about the self-interest of officialdom is adaptive within such contexts, but conflicts with the publicly expressed role of government institutions in Australia. The conflict in perceptions, however, can create situations in which the agencies vested by government to provide the necessary services to resettlement refugees fail to do so because of the lack of mutual understanding of these perceptions and adoption of measures to counter those situations.

The current study reports on an understanding of Afghan refugees' experience of resettlement in Australia from the perspective of the Afghan people themselves. While we acknowledge that our research has found a wide range of poor outcomes in focus groups with refugees, we do not dwell solely on these because it is neither respectful to the individuals concerned to simply focus on their problems, nor reflective of the complex situation they face. We explore the issues of coping among Afghan refugees by first undertaking a literature review with relevance to *transformative coping* and then contrasting this with conventional notions of post-traumatic stress disorder in refugee groups. Through both literatures we refer to our interviews with our key informants, to highlight specific issues.

The research study

A full account of the methodology of this study has been reported elsewhere (Omeri *et al*, 2004) and is informed by the work of Agar (1980) and Leininger (1985), amongst others. A qualitative research method was used. This took the form of focus groups and semi-structured interviews with key and general informants to investigate access to, and the appropriateness of, mental and physical health services for the Afghan community in New South Wales. Access to the Afghan community was facilitated initially by the Afghan Community Network Association and by informal contacts with members of that community. The fact that the principal researcher was an Iranian and understood the Dari language was influential in establishing entry and trust in the community.

The Human Ethics Committee of the University of Sydney granted ethical approval for the research in 2001. The Afghan people who participated in this study signed consent forms following provision of information describing the study. A duplicate copy of the consent form was left with each participant interviewed. The original signed form was kept in a confidential file with the principal researcher. A National Authority for Accreditation of Translators and Interpreters (NAATI)-accredited Dari-speaking interpreter/translator translated consent forms and information for participants about the research into the Dari language.

A total of 38 participants were recruited. These were divided into two groups: key and general informants. Key informants are persons who are most knowledgeable about the domain of inquiry of interest to the investigator (Leininger, 1985, 1991) and who show potential to reveal substantive and relevant data. They reflect the cultural values and norms as well as general lifeways of the people (Leininger, 1985). The 13 key

informants in this research were deliberately chosen according to purposeful selection based on their knowledge of the domain of inquiry and in line with the following criteria:

- born in Afghanistan and being a refugee in Australia
- 18 years of age or older
- identified as an Afghan, regardless of ethnic origin or religion
- knowledgeable about the Afghan culture and the domain of inquiry
- willing to participate in the research
- able to speak some English and Dari/Persian, as all interviews were conducted in Dari with the presence of a Dari-speaking interpreter. English was used at times to clarify meanings.

These 13 key informants consisted of seven males and six females, ranging in age from 30 to 55 years. All seven males and two of the six females were married. Two females identified their marital status as widowed and two as single. Two of the 13 key informants spoke Dari and Farsi only, as well as being illiterate in their first spoken language, while the remaining 11 informants were found to be proficient in Dari, Farsi, Persian, and English; for one informant, English was the first and only spoken language.

In contrast to key informants, general informants, who were all Afghans, were not as knowledgeable about the domain of inquiry but had general ideas and a willingness to share them. They were not interviewed but provided information during brief encounters and were excellent resources for checking information discovered from key informants. The 25 general informants comprised 16 females and nine males ranging in age from 20 to 80 years. With the exception of two Australian-born general informants, these informants were married with children, of Islamic faith and born in Afghanistan prior to emigrating, directly or indirectly, to Australia. Only two of the general informants held temporary protection visas (TPV); the remaining key and general informants had either permanent residential status or citizenship in Australia. Formal education levels varied among both the key and general informants. Two male general informants and one female key informant had completed six years of primary school, and one female key informant had received no formal schooling at all. The other informants had completed either graduate or postgraduate qualifications and/or previously held senior employment positions in Afghanistan prior to migration.

A coding system was used as a means of identifying the informants in chronological sequence, and to maintain confidentiality. The system was explained to key informants. Informants' names, addresses and phone numbers were not recorded on transcripts but stored in a separate file on which the investigator could draw in order to check for truthfulness and credibility, or to follow up contacts and interviews. Key informants were numbered starting with K (Key) followed with Arabic numerals, chronological numbers identified the informants (K01, K02, K03, K13).

Informants were asked open-ended semi-structured questions based on the following research questions:

- what are the healthcare needs/requirements of Afghan communities that are considered necessary to contribute to their social, physical, mental and cultural wellbeing?
- what are the differences in healthcare needs for the Afghan communities as compared with the general population?
- are the healthcare needs of the Afghan community currently being met in NSW Australia?
- how do Afghan people access health and welfare services and what services do they use?
- what are the perceived barriers to accessing mental and physical health services?
- what cultural, economic and social factors determine the accessibility to health services by the Afghan community?
- what are the views of the Afghan people on the appropriateness of mental and physical health services?

Following the transcription of the expanded version of field notes, each interview was processed by the researcher into the computer, which stored a copy of the field notes in the permanent file. One file was created for each key informant. This contained all data collected via naturalistic interviews, observation–participation–reflection and contextual data, and related meanings and reflections and feelings by the investigator. Analysis was continuous and concurrent with the data collection phase that began in July 2001. This continuous comparative analysis allowed the researchers to code, categorise and conceptualise about the research almost from the beginning of the study, and led to the identification of *emic* categories of knowledge that related to the participants' experiences of settlement and their reactions to the trauma of war and displacement as well as the discovery of cultural values influencing their perceptions of mental illness. Saturation and redundancy of recurrent patterns were reached when no new information was forthcoming in the interviews. Completed transcripts were then circulated to each member of the research team for personal reflection, addition and/or corrections of possible misinterpretations of data.

Criteria for trustworthiness, confirmability, credibility, and believability of data findings involved repeated readings and transcribing of verbatim data. Throughout the interview process, discovery and

analysis of data, the interviewer/s confirmed and reconfirmed their understanding of the informants' meanings by asking for confirmation of the accuracy of data interpretations from informants. Participants and focus group facilitators (Dari speaking) were asked to view transcripts of findings, together with verbatim statements, to confirm the accuracy of interpretations. This approach is consistent with Lincoln and Guba's (1985) suggestion that credibility concerns the 'truth' accuracy of the research process and the 'believability' of the findings. The criterion of meaning-in-context was also significant in this study, in order to establish the meaningfulness and relevance of the findings for the informants within a specific, holistic context.

Several specific concepts were utilised in the investigation. First, the concept of *hardiness* is a presumed personality dimension that protects some from stress. According to Kobassa (1979) *hardiness* refers to three characteristics: control, the person's belief that they can influence events; commitment, the sense of purpose or involvement people have in the events that surround them; challenge, the tendency to view vicissitudes as incentives or opportunities for growth rather than as catastrophes. *Hardiness* is conventionally viewed as a personality trait, a relatively fixed aspect of the person that creates the potential to respond to events in certain ways. It is seen as a constellation of traits, effectively discriminating between individual responses to stress (Sarafino, 1990) and is one of a series of concepts introduced to describe the phenomenon of resilience (Rutter, 1987). Some people appear to be more resilient in adversity than others (Hodes, 2002). Resilience is probably a function of both biological influences (Werner, 1987) and learnt behaviours (Epel *et al*, 1998).

Second, *transformative coping* refers to active coping and shares characteristics with survivor personality and sense of coherence (Antonovsky, 1987); dispositional optimism (e.g. generalised expectancies for positive outcomes: Schier and Bridges, 1995); thriving (Calhoun and Tedeschi, 1998; Epel *et al*, 1998) and constructivist self-development theory (Saakvitne *et al*, 1998). While personality characteristics conceptually related to resilience imply functional coping, personality characteristics that may be seen as dysfunctional may not preclude good adaptation to circumstances. Thus, pessimism may be seen as a less desirable personality trait, but some pessimistic people make good responses to trauma and develop resiliency (Saakvitne *et al*, 1998).

The research in trauma and coping field contrasts *hardiness* as a given personality trait or disposition present in greater or lesser degrees in people, to a more dynamic conception: the concept of 'thriving' (Epel *et al*, 1998). By this is meant the observation that trauma can induce both loss and grief reactions, and psychological growth at the same time. At its most basic, thriving is akin to effective coping, but includes a psychological dimension of personality enhancement. Thus, psychological health can be seen as independent of psychological distress. *Hardiness* has relevance in that it provides a useful means of conceptualising the kinds of changes or outcomes associated with this enhanced personality formation. *Transformative coping* (Maddi and Hightower, 1999) relates to 'thriving' through the strategies that 'hardy' people use when faced with adversity. The strategies of *transformative coping* are said to be: (a) emphasising action, (b) planning, (c) positive re-interpretation of events, and (d) seeking of instrumental help.

Third, *transformative coping* is contrasted with *regressive coping*, strategies that promote disengagement from the stressor through avoidance, denial or withdrawal. Maddi (1999) and Maddi and Hightower (1999) also distinguish *transformative coping* from strategies they refer to as *stoicism*, that is a reliance on humour, stoical suffering, and religious involvement. In their view, such strategies may have short-term gains but end up in *regressive coping*. However, as many of our informants noted, it is exactly these 'stoical' strategies that appear to provide the context for what becomes *transformational coping*.

Cultural issues also affect the typology of coping. For instance, Rassool (2000) argues that western approaches to coping separate religious involvement and spiritualism, a duality that is inappropriate for Islamic populations. Hence, what might be stoical in western thought is transformative in Islamic experience. According to Rassool (2000), Islam accentuates the 'oneness of experience' and emphasises a spiritual re-interpretation of events. In this view, Islam is a primary, problem-solving approach and should not be seen as simply encouraging a stoical acceptance of fate. In general, our informants highlighted the important role religion played in transforming the felt experience of trauma and subsequent relocation traumas. While such an argument appears to support the view of religious coping in Islam as different in kind from western religious coping, not all our informants supported this view. One of them explicitly identified his approach as that of instructing his compatriots in matters of spirituality and Qu'ranic understanding, while avoiding involvement in material matters, such as helping with employment, housing needs or health needs.

Findings

This paper concentrates on the presentation of information from key informants with particular reference to responses to trauma, post-traumatic stress disorder

and coping, cultural beliefs and attitudes as a response to trauma, and the effects of social policy. Each of these themes is discussed below.

Transformative coping: informants' responses to trauma

Box 1 reports on the strategies reported by various key informants that outline the transformative approach to coping. It should be noted that some of the informants did not identify specific strategies of transformative coping. Some were concerned to highlight the problems for their people, but without themselves having experienced much in the way of transformative coping. As the box shows, we have used the broad categories of control, commitment and challenge to group many of the actions taken by these individuals. However, we recognise that we could have viewed these behaviours in terms of planning, emphasising action, positive re-interpretation of events and instrumental help seeking. It was of great interest to note that while we kept the interviews unstructured, most of the respondents emphasised action and planning as key elements of their own response to the adversity of their compatriots. The reality is that resources for refugees in Australia are few, particularly recently arrived Middle Eastern refugees, and there appears to be little people could be advised to access outside of the actions of the informants themselves. As a consequence, the Islamic understanding, that God causes events so as to help us better understand our nature and the nature of God, is emphasised rather than instrumental help seeking.

Post-traumatic stress disorder and coping

Literature on the traumatic responses of refugees details the horrors they are exposed to, and discusses behaviour in terms of post-traumatic stress disorder (PTSD) symptoms, survivor guilt, torture responses, dissociative and automaton-type behaviours, and mental illness (e.g. Lipson, 1993; Cunningham and Cunningham 1997). This contextual positioning of the trauma response as one of deep injury is understandable given the nature of the injuries sustained (Khamis, 1998), Current attempts to re-conceptualise PTSD note that the traumatic event may not be as central to the later course of the condition as predisposing factors and post-event factors such as social support (Dirkzwager *et al*, 2003).

The diagnosis of PTSD has grown in popularity after its introduction in DSM-111 (Hodes, 2002). PTSD can apply to peace time disasters as well as war and can be exacerbated by events following the initial activating event(s). For example, in studies of Cambodian children, resettlement stress was associated with increased rates of PTSD in children and young mothers (Sack *et al*, 1996). PTSD is characterised by behaviours associated with uncontrollable intrusive memories and feelings of the activating event(s), and avoidance of things that remind people of such events. The condition is associated with emotional numbing as well as over-arousal and hypervigilance (Dirkzwager *et al*, 2003).

Effective responses to such trauma are thought to engage two broad systems of psychological resources. These two systems are (i) the means of maintaining or developing interpersonal ties, attachment processes to provide support and protection, and (ii) a set of resources attempting to establish autonomy from and control over external events, hardiness type processes (Zakin *et al*, 2003).

Traumatic events that are powerful enough to create PTSD challenge the basic functions of survival. People's sense of and awareness of vulnerability is heightened, their trust in the continuance of the world they knew is shattered and, at a practical level, their routines and structures that promote wellbeing are lost (see, for instance, Jahoda, 1958, 1992). Clearly such a loss of illusions (Taylor and Brown, 1988) stands in contrast to the notion of *hardiness* where despite such events, a preparedness to face the present and the future remains. In addition, trauma can induce emotional and physical states that reduce optimal function, preventing problem solving. Where trauma involves relocation from one's country, it leads to multiple losses and the loss of external social, cultural and familial resources. Nonetheless, trauma does not have to have a simple clinical presentation (Saakvitne *et al*, 1998). The wider literature on trauma recognises its transformative role. Trauma may not just contribute to a clinical diagnosis; it changes a person's life. Trauma can have both good and bad consequences.

Within the western psychological tradition, when faced with trauma or dramatic change, a person attempts to respond to the change, initially at least, by trying to preserve what they know. Generally, faced with a changing world, a person seeks to create and hold onto consistency (Saakvitne *et al*, 1998). Severe trauma, such as being injured in conflict, being forced to leave one's homeland and the unexpected loss of family, status and material resources, disrupts the automatic process to maintain consistency of experience. It is at this point, when consistency is lost, that existential concerns dominate. These existential concerns, also referred to as fundamental psychological questions (Saakvitne *et al*, 1998), taken for granted by many adults, suddenly become unanswered. The transformative effects of trauma can evolve from the attempt to reaffirm the answers to questions such as: 'is the world safe?' (safety), 'whom can I trust?' (trust), 'do I

Box 1 Key informant responses coded as hardiness dimensions

Informant	Commitment	Control	Challenge
K01		Closing swimming pools to men to allow women to have culturally acceptable access; involvement in sport to increase activity and wellbeing	
K02	Involvement in research and publications of working with trauma, refugees and children. Undertaking studies in counselling	Negotiating with community elders and education authorities to establish her programmes	Established a female 'university' in refugee camp in Pakistan and set up specialist programmes for women and children
K03 (male) and K04 (female) joint interview			Adoption of feminism as a philosophy to orient activity (K04)
K05	Set up a charity. Advocacy for a Farsi interpretation of the Qu'ran that repositions women within Qu'ranic culture	Taking a leadership role within the community. Working against domestic violence and male strategies that control and abuse women	Setting up specific programmes for women's health, within community organisations and mosques, and seeking to influence health services to empower women within the parameters allowed by the Qu'ran
K06			For this respondent it was working within a system but not causing trouble or becoming identified that represented a personal challenge
K07			
K08			This person identified many problems for refugees, including the loss of prestige and power associated with non-recognition of former qualifications and experience, and inability to get a 'proper' job
K09	Political advocacy for refugees from Afghanistan. In Australia runs classes instructing others in correct Arabic and interpretation of the Qu'ran; and raised money to build a mosque. This informant identified his role is supporting spiritual rather than material needs which he judges as outside his sphere of influence		
K10	Participating in the current research project	Reciting prayers and the Qu'ran	Identified many problems associated with lack of English and money and absence of supportive organisations and 'follow-through' help; problems especially coping with loss, death and inability to communicate with family in Afghanistan but found counselling 'hurt too much'
K11 and K12	Dealing with stereotype responses of refugees and low self-esteem through modelling high self-esteem		Working against cultural stereotypes – developing a book to help expand awareness of differing cultures, and different roles for people to follow, especially young women
K13		Seeking support from a mosque	

have any control?' (control), 'whom do I respect now?' (esteem), 'do I want to be connected?' (intimacy).

Cultural beliefs and attitudes as a response to trauma

PTSD is a common response among people who suffer major life events. To recover from trauma it has been proposed that growth or positive responses to trauma are associated with three sets of conditions: (a) changes in perception of the self, self-reliance and increased levels of coping; (b) changes in relationships with others, increase in perceived closeness to others, freedom to express emotions, increase in sympathy and empathy for others; (c) changed philosophy of life towards developing a deeper appreciation for life (Calhoun and Tedeschi, 1998). The processes outlined by Calhoun and Tedeschi (1998) are not that different from the reality acceptance and community-embracing comments made by our informants. One informant (K04) provides a quote that further explains the relationship between trauma and the focus on transformative coping. K04 is a middle-aged female social worker and director of a charity established by herself. She is herself the survivor of tremendous adversity.

> 'I want a healthcare system that allows us Afghan people to deal with problems in an acceptable manner to Islam and our culture. For example, counselling strategies such as reliving the event to change past circumstances in your mind are unacceptable, as it does not allow you to face and accept reality. The approach is a western way of thinking and is not honest or congruent with Islamic beliefs.'

For this informant, Islam had to underlie the response to relocation and trauma. Among other things, for this key informant, Islam meant 'peace, kindness, forgiveness, compassion and mercy, and to have pleasure and enjoy life and treat your women well'. That is, the response to trauma had to recognise an underlying spiritual and community approach rather than a mental health intervention.

Religious coping can be linked to either positive wellbeing outcomes or negative mood states, depending on the type of religious orientation the respondent possesses (Maltby and Day, 2003). Religious coping that emphasises intrinsic religious orientation, defined as a whole commitment to one's beliefs and the influence of religion in every aspect of the person's life, akin to Rassool's (2000) all-embracing definition of Islam, is identified with wellbeing (Fava and Ruini, 2003). In contrast, extrinsic religious orientation, religion as a means to participate in a powerful in-group or providing protection and consolation, is linked to negative mood states and poor coping outcomes. Given current beliefs that a person's response to trauma is a powerful influence on whether he or she goes on to develop trauma reactions or not, extrinsic religious orientation becomes a risk factor for effective coping (Beasely *et al*, 2003; Dirkzwager *et al*, 2003).

Epel *et al* (1998) suggest that without a sense of perceived personal control over events and/or resources, thriving may not be possible. One informant (K05) pointed out the specifics of how a response could be organised for Afghan women:

> 'I think [that which] would empower the Afghan women would be [a] relaxation treatment centre a drop-in centre that would holistically address the body and mind, so they are not just spending their lives on mind-wasting and time-passing activities such as watching reality television programmes all day. [That is, having control over their own environment, free from the influence of men.] The Afghan women need programmes that will encourage the development of self, through the learning of new coping strategies that encourage the growth of confidence, dignity and permission to enjoy life and drink the water.'

On reflection, the informant is identifying that a programme response to women who have undergone trauma is one of increasing both individual strength and the community response, but also one of embracing change. The response involves embedding transformational processes within a religious and stoical framework, and legitimising transformational approaches through this stoical framework.

A second informant, an elderly male (K06), identified that Afghan people were not comfortable with the process of counselling, fearful of the need or request to provide personal information and subject to experiencing shame if having to reveal apparent failings. Hence, this informant identified systemic responses such as providing better access to English classes and particularly employment as more likely to provide a better response to trauma than mental health approaches. However, these approaches require a legislative framework that allows refugees to engage with the host society, and also requires commitment on the part of the refugee to using the refugee situation to the person's advantage. Examples of the transformative aspect of these responses are shown in the comments of our key informants. For example, K09's development of her and other women's leadership roles in underpinning cultural responses to refugees, especially refugee women in contrast to what had been their middle class lives back in Afghanistan, and K04's adoption of feminism.

Within the Australian cultural setting western psychological approaches to resolving trauma may not have much legitimacy for those who do not share and are not allowed to engage in the dominant culture because:

> 'mental health issues are such a complex issue in relation to the Afghan people and coming from a background where they never had such an experience, and where psychology is not viewed as compatible with their religion, it is an

> image of God that will help you, not yourself … Afghan people are expected never to talk about psychological problems especially a man in Afghan society, that no matter what happens to you, you are not to talk or cry about it. But rather to learn from the experience and you become wiser.' (K04)

This quotation illustrates how the issue of spirituality and cultural response to trauma overshadows psychological concepts of coping. The speaker positions coping in the stoical tradition, but also identifies a key part of the transformative approach to trauma, that of challenge, or learning about herself and the situation to develop wisdom.

The same informant identified patterns of behaviour that she regarded as not healthy for Afghan refugees, and which fitted the definition of *regressive coping*. She stated that many refugees 'worked like a machine', throwing themselves into two jobs, working long hours, in order to deny the pain they were suffering. However, this has to be seen within the context of Afghan tradition in which the family is important. Resilience can be defined not so much by the survival of the individual but by the survival of the family group. Thus individual sacrifice, working like a machine, may have the consequence of providing for the family and legitimates the behaviour. A less desirable pattern identified by a different informant (K09) is that of domestic violence, in which the men, denied legitimate roles in Australian society, vented their emotional frustration on women. Attempts by men to legitimate those behaviours by reference to Qu'ranic tales were discussed by some key informants, but were regarded by them as distortions of the Qu'ran and examples of extrinsic religious coping.

Other informants (K11 and K12) expressed the view that the same behaviours seen as strengths by some of our informants could be liabilities. For instance, cultural stereotypes prevented women and young women in particular from adopting roles that promote self-esteem, limiting their behaviour to being good wives and mothers. For these informants, the host culture represented a context that required adaptation by the refugees. Culture and reliance on Islamic practice could inhibit adaptive responses as well as promote them. The emphasis on home-making had the potential to limit the roles women in Australia could enjoy, and to reduce the potential for cultural engagement by these women.

Another informant (K13) added that factions within mosques could lead to a sense of estrangement from the wider community and reduce access to potentially culturally valuable resources. This could happen through factions acting as gate-keepers, preventing some groups from utilising the resources available through the mosque. K10 identified a similar potential, but took a pro-active role with the mosque to reduce such tensions when they became identified.

Social policy and the role of temporary protection visas

The task of health and social care professionals is to decide how to help potential sufferers avoid the development of symptoms of post-traumatic stress and to maximise the transformative role of trauma; to help people turn the focus from post-traumatic stress to post-traumatic growth. We contend that this is not only a function of a therapeutic relationship, but a matter of social policy. Ultimately, for successful integration, individuals cannot respond to traumatic events; they respond to the meaning of those events, and that meaning is provided by their surrounding culture.

At its most basic level we can contrast the requirements of *transformative coping* with policy responses that prevent the first steps of such engagement. In Australia, recently arrived Afghan refugees are often illegal immigrants and given temporary protection visas (TPVs) that prevent the holder from engaging at almost any level with the Australian culture. English lessons are not available, they cannot make use of government interpreting services, they do not have effective medical coverage and they cannot apply for work. If we assume that immigration and the circumstances surrounding immigration may be traumatic, resettlement in a culture that prevents engagement is not conducive to the formation of *hardiness* or *transformative coping* but it may be conducive to stoical coping strategies.

Hodes (2002) argues that effective response to trauma is best handled through strengthening the community response. In resettlement groups, that response requires the development and delineation of a community and the development of interpersonal relationships within that community. Clearly factors that affect response to trauma for resettlement groups include powerlessness through loss of employment or status, and linguistic problems that prevent access to resources (Hodes, 2002). Host countries can either help or hinder the process of community development and formation. Policies that promote providing education and mentors from within the relevant communities may facilitate such processes. Policies that ignore the need for community development will lengthen or even prevent the adaptive process. At the extreme end, policies that actively promote the breakdown of communities paradoxically run the risk of increasing the burden on the host country by increasing the psychologically debilitating effects of the trauma the individuals have suffered.

Since most Afghan refugees are Hazari, another outcome of the current policy of TPVs is that their marginalised existence in Afghanistan is doubled on arrival in Australia. Our informants identified some important issues in terms of the provision of

community responses to coping. At least one significant drawback identified was the factionalism that occurred within mosques. While a number of key informants took the view that such factionalism represented a challenge that had to be overcome, it nevertheless prevented some non-Arabs, particularly Hazaris, from accessing community-based support.

Change in an adaptive direction is not just accomplished at the individual level. Social changes also impact upon adjustment. Facing severe disruption from a cataclysmic event and the disbelief of persons in authority, being treated by authorities as 'not a real refugee' and minimisation, by officials, of the hardships and sufferings experienced all impact upon the recovery process. Such events become in themselves agents of retraumatisation, working against successful adjustment. We noted that a number of our informants had embraced the challenge constituted by political processes that implied disbelief, or refusal to acknowledge the suffering of people. However, others identified that the lack of support to sponsors also hindered effective helping.

Conclusion

The analysis of informants' statements has proceeded through an assessment of those things that aid *transformative coping*, that is, those things that lead to successful adjustment, however defined. What the research has highlighted is the importance for Afghan refugees of religion as not only a measure of stoicism, but also a conduit for *transformative coping*. The informants found religious belief important, but it is the action promoted by Islam that has been most supportive in giving not only meaning and understanding, but also a focus for empowerment and instrumental acts, especially for women. Certainly, *transformative coping* offers an alternative policy agenda to governments to enable refugee programmes. Highlighting active, community-focused problem-solving approaches is a mantra within current policy debates. However, those responsible for policy can offer little but empty and politically motivated statements if they do not take into account the lived experiences of those who have coped, or seek to be informed by those who have found a way through the anguish of being a refugee.

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CONFLICTS OF INTEREST

None.

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