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# **A PORTFOLIO OF RESEARCH, PRACTICE AND STUDY**

**Submitted in fulfilment of the  
requirements for the degree of  
Doctor of Clinical Psychology  
(D. Clin. Psych.)**

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May 1997**

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## **SECTION A : PREFACE**



## PREFACE

My interest in studying the psychological and social adjustment and integration of people who move from one culture to another, where their intention is to be permanent, was first stimulated by my own family history of immigration (most of my family of origin were naturalized as South Africans), and maintained by the growing phenomenon of white emigration which began in South Africa in the 1960's when I was just a child. Always in the air from those early days and usually shrouded in secrecy and accompanied by a variety of fears, were the questions of "to leave, or not to leave"; "where to go" and, even more importantly, "how to 'get in' to another country". These historical underpinnings culminated in my personal experience of emigration to the UK in 1991. Naturally, my attempts to deal with the struggle which ensued - between the inner and outer realities of a new world and environment - are not unrelated to my interest in, and commitment to the theme.

Encounters with other South African immigrants in the UK whose experiences were similar to mine in some ways and markedly different in others, coupled with my work as a Clinical Psychologist in the National Health Service (NHS) which brought me into contact with several, second generation immigrant patients (particularly young adults dealing with the problems of being caught between two cultures), led me to wonder about

the processes of immigration and its immediate and long-term consequences, and the factors which facilitate or hinder successful adjustment. Overall, it appears that regardless of one's country of origin, cultural background, financial status, achievements or experience, no-one - not even second generation immigrants - escapes the effects of immigration. For, as Oberg (1960) suggests, migration situates the individual in a place in which one loses the most basic sense of when to do what and how. As such, migration demands a total life change, and stress is usually a key feature.

Throughout the history of the African continent, there has been a constant flow of movement both North and South, and this dispersal and movement - usually away from conflict and strife - has always been a political issue. Traditionally, South Africa has been a popular destination country but more recently, movement has tended away from the tensions and difficulties. While my intention was not particularly aimed at propagating a political view, South Africans reading this will know that white South African emigration is not a non-political issue. Indeed, it is intrinsically political. In the context of the present study, interpretations of some of the results, or even the initial questions posed in the survey may, at times, inevitably reflect political issues.

With these thoughts and experiences in mind, the broad theme of this project emerged. Section B (the research project) took thinking about the

migration experience one step further and an empirical exploration of the adjustment of South African settlers in the UK was carried out. The overall aims of the research were to conduct a cross-sectional survey of South African settlers in the UK, to assess their levels of adjustment and to explore the factors which impact on adjustment. In pursuit of these aims and the objectives outlined below, it was necessary to (i) develop a scale for the measurement of the adjustment of South African settlers, (The South African Settlement Scale - SASS); (ii) to administer this scale in addition to two standardized scales commonly used to measure adjustment in other migration studies; (iii) to collect biographical and other data on South African settlers such as age, gender, length of time in the UK, reasons for leaving South Africa; (iv) to explore the impact of a number of independent variables on various measures of adjustment, and (v) to obtain qualitative data to help with inference and to enhance interpretation of the quantitative data analyses.

The main research objectives were as follows. Firstly, to contribute toward a body of understanding in an important area of the current South African experience. Secondly, to add to an area of the migration literature in which the topic of South African settlers has not been addressed. Thirdly, to provide information for new settlers on the basis of responses to the present survey and to suggest possible ideas for those offering advice and counsel to South Africans living in the UK. Fourthly, the development of a new scale, "The South African Settlement Scale" is a further

achievement. Finally, the present project will provide baseline data on South Africans living in the UK from which future research may take direction.

The data from 216 survey questionnaires showed that 'length of time in the UK', having reliable sources of support and 'years in education' are the most reliable predictors of positive adjustment for South African settlers. These are followed by the number of reasons for leaving South Africa. Neither gender nor marital status predict overall adjustment. However, statistically significant gender differences feature in the degree of migration stress and self-esteem, with women showing lower self-esteem and reporting a greater degree of migration stress than men. These findings are discussed in detail in the latter part of the project.

Section C derives from my work as a Chartered Clinical Psychologist in a busy NHS psychology department. The aims of this writeup are three-fold. (i) To reflect upon the experience of a 12 session, structured group for women survivors of childhood sexual abuse, placing an emphasis on the significance of group process issues; (ii) to promote the use of time-limited groups for CSA survivors; and (iii) to contribute to the development of short-term group work by offering some guide-lines for prospective group therapists. It is hoped that the availability of specialized, professional help offering the treatment of choice for this client group will increase - even within the pressures of the NHS.

This section of the project details a working model of a structured, focused, 12-session group for women survivors of childhood sexual abuse. The introduction provides the rationale for the group within the context of an NHS psychology department and a brief review of the current literature on group methods with this particular patient group. The middle section elaborates on practical issues such as selection procedures, group rules, the setting of boundaries and the structure of the sessions. It outlines the psycho-educational material presented and the specific methods, techniques and exercises used. Evaluation of the group experience, outcome measures and patient satisfaction data are presented and discussed.

Various group process issues and themes, considered to be of particular significance in working with this patient group are discussed in analytic terms in the latter section of the write-up. These include the importance of well-established boundaries for safety in the group; anger and envy in the group; transference and countertransference issues, and the role of unconscious group processes. Termination anxiety is considered as a dominant theme.

Section D moves back to the main theme of the project and attempts to broach some of the more theoretical questions which arose for myself and for other South African settlers. It concerns a deeper understanding of the processes - the "why's and wherefore's" of the consequences of migration.

As such, some of the more theoretical aspects - the developmental and stage theories of immigrant adjustment and theories of culture shock - are reviewed in section D.

The review draws on the traditional and more recent models of culture shock, stage theories of adjustment, and the application of developmental, psychosocial, psycho-analytic and object-relations theories to the concept of immigrant adjustment. Broadly the aims are (i) to reflect upon and think about the process of adjustment to a new world and environment; (ii) to provide an overview of the different conceptualizations of culture shock - both the traditional and the more recent models; (iii) to evaluate five different theories of immigrant adjustment, specifically the general stage theories, and the application of developmental and psychosocial theories and the psychoanalytic and object-relations perspective as a way of understanding immigration and subsequent adjustment. This is done by applying two sets of criteria: (i) those established by Furnham and Bochner (1994) for evaluating eight culture shock models, and (ii) the formal criteria for evaluating the adequacy of a theory as described by Maddi (1980). The majority of the theoretical models were found to be lacking in empirical validity (or predictive capability), but they are considered to be important and stimulating, and to offer valuable insights and enriching descriptions of the personal, felt-experience of those who have been through the difficult process of immigration.

Although it was never a fully conscious motive, my work on this project has brought me to a point where I feel I have been able to complete some of my own "unfinished (migration) business". I have enjoyed the luxury of having the time, unfettered by clinical responsibilities, to reflect upon some of the issues associated with adjusting to a new world and environment. In the course of this work, I have met, talked to, and shared the exploration of an important process - sometimes agonizingly, and sometimes delightfully - with some of my countrymen and women with whom I share this significant life experience. I am very grateful for their participation in my project and I hope they also gained something from the time we spent together. This work has been both very challenging and very rewarding.

## **SECTION B : RESEARCH**



**THE ADJUSTMENT OF SOUTH AFRICAN IMMIGRANTS IN THE  
UNITED KINGDOM : THE DEVELOPMENT OF A SCALE AND AN  
EXPLORATION OF CONTRIBUTING FACTORS**

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## KEY TO ABBREVIATIONS

SA	South Africa
UK	United Kingdom
SASS_TOT	South African Settlement Scale total scores
GHQ_TOT	General Health Questionnaire total scores
RSE_TOT	Rosenberg Self-Esteem scale total scores
SATISFN	Satisfaction
SR_ADJ/SR_ADJST	Self-rated adjustment
YRS_EDUC	Number of years in education
TIME_UK	Length of time in the UK
MARR_NOT	Married/not married
N_REASON/N_REAS	Number of reasons for leaving SA
EMPLY/NOT	Employed/unemployed
df	Degrees of freedom
MS	Mean squares
$\alpha$	Alpha
$r$	Pearson product moment correlation

## ABSTRACT

The topic of South African emigration has always been considered in political terms. The present study focuses specifically on the psychological aspects of South African immigrants in the UK. The adjustment of a sample of white, middle-class South Africans is examined, and the relationship between their psychological adjustment and a number of predictors is explored. Gender, support, education, length of stay, the number of reasons for leaving South Africa and marital status were taken into account to understand three measures of 'adjustment' and two measures of 'psychological state'.

Two hundred and sixteen South African immigrants responded to a survey mailed in 1996. The survey contained two standardized mental health measures: the General Health Questionnaire (GHQ-12, Goldberg, 1978), the Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1965), and a scale developed specifically by the researcher: "The South African Settlement Scale" (SASS). Satisfaction items were included in the six-part survey and biographical and other information were elicited by means of open-ended questions. A factor analysis of the 30-item SASS revealed five factors which corresponded closely to the dimensions proposed by Taft (1987) for the analysis of immigrant adjustment. The SASS proved to have good reliability and there was some evidence supporting construct validity.

Multiple regression analyses were performed to explore the relationships between three measures of 'adjustment', two measures of 'psychological state', the length and degree of migration stress and a set of six predictors. Results indicated that length of time in the UK, education and reliable support were the most significant predictors of positive adjustment. Gender was found to be a reliable predictor of self-esteem and the degree of migration stress, and was approaching significance as a predictor of symptomatology. The number of reasons for leaving South Africa only predicted self-rated adjustment and symptomatology with slight significance. Neither age nor marital status appeared to have any effect on adjustment. The study showed that as a group, white, middle-class South Africans are satisfied with life in the UK, they are well-adjusted and they have high levels of self-esteem.

While the generalizability of the results is clearly limited, the study provides a valuable, first contribution to knowledge about South African settlers and baseline data for future comparisons. Some further limitations of the present study are considered. Suggestions are made for the facilitation of the psychological and social adjustment of people making the transition and for future research.

## CHAPTER I

### THE ADJUSTMENT OF SOUTH AFRICAN IMMIGRANTS IN THE UNITED KINGDOM : THE DEVELOPMENT OF A SCALE AND AN EXPLORATION OF CONTRIBUTING FACTORS

#### 1.0 INTRODUCTION

Migration and exile have been themes of human existence since ancient times. As themes they have not only endured through the ages, but are very much present in the twentieth century. Kim (1987) states that cross-cultural migration is more alive than ever, and that millions of people relocate across the globe in a single year. The current growth of migration presents social, cultural, economic and political problems which demand attention from governments in both the national and international arenas (Hertz, 1987). These problems also prove to be a source of keen interest for research on culture-change. Sociologists, political scientists, historians, anthropologists, social psychologists, epidemiologists and psychiatrists have been studying human migration - its causes and consequences, the effects on the individual and on the group - for the past one hundred years (Richardson, 1974). However, it is only in the past thirty to forty years that

applied psychologists, and other mental health professionals have become interested in migration and its consequences for both migrants and their hosts. Furnham and Bochner (1994) suggest that it is because the disciplines interested in studying migration are themselves young sciences, that migration is often considered a modern phenomenon.

The topic of emigration is a feature of contemporary white South African consciousness which spans at least four decades. The question of "to leave, or not to leave" and, for many of those who left during the apartheid era, "to stay, or to return" is a subject which is in the everyday repertoire of a great many white South Africans. It is, however, a topic which has received surprisingly little attention from writers, researchers, international journalists, political economists or other potentially interested parties. While South Africans are occasionally mentioned amongst groups of immigrants in studies emanating from countries such as Australia (for example, Scott & Scott, 1989), it appears that as a group, we are generally not considered to be of sufficient size, or difference, to arouse much interest. Specifically, in what has grown into a very substantial body of migration literature since World War II, South African settlers, and expressly those in the UK, have been virtually ignored.

There is a common perception - held by South Africans and others - that as a result of many years of British colonialism, a cultural closeness exists between the white South African and British cultures. It is also believed

that this residual 'Britishness' makes it relatively easy for white South Africans to settle in the UK. While this is true to some extent, it has to be said that South Africans of British and European descent consider themselves to be one hundred per cent South African. Further, despite colonial and other influences, there are nevertheless fundamental differences requiring social and psychological adjustment which can be exceedingly difficult for the individual to make. The present study focuses on the migration and adjustment of a relatively small, but significant group of white South Africans - a group which has been largely overlooked. In so doing, this project takes an important, first step toward filling a gap in the migration literature.

## **1.2 The psychology of migration**

### **1.2.1 What is migration?**

Migration is usually defined as "the more or less permanent movement of persons or groups over a significant distance" (Hertz, 1987, p.160). A somewhat more comprehensive definition has been provided by Mangalam (1968).

"Migration is a relatively permanent moving away of a collectivity, called migrants, from one geographical location to another, preceded by decision-making on the part of the migrants on the basis of a hierarchically ordered set of values or valued ends, and resulting in changes in the interactional system of the migrants" (Mangalam, 1968, p. 8).

Shaw (1975) contemporises this definition to exclude nomads, rangers, those who flee from natural disasters, the exodus of a whole population to an unknown place, or politically driven migration. He elaborates that Mangalam's (1968) definition is based on the assumptions that migration is a voluntary act; that alternatives are considered within the decision-making process for destination choice and for the mechanisms of the move; that a losing population exists in each migration context and that there is a possibility of there being a 'gaining' population. Finally, the migrant destination is always known (Shaw, 1975).

Migration also occurs when people move from rural to urban settings, when people move within their own country and when locating from urban to suburban environments. Migration can thus be internal, within a country; international, within a continent; or overseas, to a different continent. Migration can also be classified as voluntary, forced, ideological, political and legal or illegal (Hertz, 1987).

Berry and Kim, (1988) describe migrants as "those who move from one cultural or national situation to another, do so voluntarily, and with the intention of being permanent". Scott and Scott (1989) contend that there will always be a lack of clarity in the three defining factors - cross-culture, voluntariness and permanence, as these must always be considered as continuous rather than discrete variables. Even when migration is voluntary, it may also be largely driven by social, economic or political

issues. Eitinger (1981) emphasises that the degree of voluntariness may differ. Following Richardson's (1974) definition, the majority of South Africans in the UK are true emigrants as they come to the UK with the intention of permanence both psychologically and demographically. Thus in terms of intention, they are neither sojourners nor visitors.

### **1.2.2 The impact of migration**

Researchers of all disciplines concur that moving from a familiar to an unfamiliar environment results in some degree of stress. Anderson and Stark (1986) report that "as many as one-third of all moves typically do not go well". Grossmann (1983) indicates that the average adjustment period is 6 to 18 months for aspects such as settling-in, establishing new roots and developing deep friendships.

Hertz (1987) argues that migration should be viewed in terms of trauma and crisis, as relocation can produce localized, and time-related symptomatology. Coping mechanisms can become disrupted and may become maladaptive. Hertz (1981a) contends that the concept of crisis adds to the understanding of the process of adjustment by introducing the developmental approach. This broadening of ideas allows for the acceptance of a natural response to the stress of migration which is similar to the natural response to any stressful or even life-threatening situation. Crises are generally seen as transitional periods in any life process which

offer both the opportunity for growth and change, as well as the danger of increased vulnerability for mental breakdown (Grinberg & Grinberg, 1989). These authors note that migration can promote the outbreak of latent psychopathology in vulnerable individuals. And they go as far as to say that "migration, unquestionably a crisis situation, may on occasion cause an outbreak of madness or a slow, inexorable descent into mental illness" (p.135).

The view of migration as a time-limited crisis is contested by Carlisle-Frank (1992) who asserts that while migration

"has traditionally been viewed as a relatively short-term and acute life-event which may impose considerable stress on the individual, . . . . characterising relocation as a discrete life event minimises the dynamic quality of mobility . . . . (and) ignores the fact that relocation creates enduring changes in the over-all life situation" (p. 837).

She argues that the changes brought about through relocation are long-term and enduring, and that they affect almost every aspect of the person's life.

### **1.2.3 Migration literature**

There exists a great deal of literature on the topic of intercultural contact dating from the 1930's. The literature has been generated by a variety of disciplines including anthropology, demography, psychology, psychiatry and sociology. While theories and methods may differ, both empirical



and non-empirical research in the form of surveys, studies and experiments are the result of many decades of interdisciplinary endeavour. Social psychological theory and research cover aspects such as geography and culture, or culture shock; emigration as a composite of negative life-events (e.g., Furnham & Bochner, 1994); identity, group membership and support (e.g., Breakwell, 1986); ethnicity and mental illness, adaptation, race and culture (e.g., Littlewood & Lipsedge, 1989) and psychological acculturation (e.g., Berry, Kim & Boski, 1988). Psychoanalytic theory has been interested in the phases of adaptation and adjustment in terms of internal or intrapsychic processes and defenses (e.g., Grinberg & Grinberg, 1989). Psychiatrists have been interested in aspects of culture change in relation to mental illness and hospital admissions or suicide rates.

Migration research in Britain has mostly been concerned with the mental health of immigrants, although there are a number of descriptive studies on a variety of other issues. Among the central areas of interest, and those which appear to be most widely explored in relation to migration, are culture shock and the concept of adjustment. Theories of culture shock, stage theories of adjustment and the application of developmental, psychosocial and psychoanalytic theory to the process of immigrant adjustment will be discussed in Section D (p.277) while the concept of adjustment and some background factors underlying adjustment will be discussed in section 3.0 below.

## CHAPTER 2

### 2.0 SOUTH AFRICAN EMIGRATION

Since the early 1950's there have been four distinct emigration periods for South Africans of all ethnic groups. Haysom (1995) reports that the first wave of South Africans departed after the Nationalist Party came into power in 1948. It was at this time that 'apartheid' or 'apartness' became institutionalized after a surprise victory by the Nationalist Party under the leadership of Dr Malan. The Nationalist Party was to remain in power until the multiracial elections in 1994. People who left South Africa at that time were either those who were directly affected by apartheid, or those opposed to the ideology of white supremacy.

The second wave of South African emigration occurred subsequent to the Sharpeville massacre in 1960. Mandela (1994) describes this event, which began as a demonstration against the 'pass' law requiring all Africans to carry a pass (a form of identification) at all times, in his autobiography.

"Sharpeville was a small township about thirty-five miles south of Johannesburg . . . In the early afternoon, a crowd of several thousand surrounded the police station. The demonstrators were controlled and unarmed. The police force of seventy-five was greatly outnumbered and panicky. No one heard warning shots or an order to shoot, but suddenly the police opened fire on the crowd and continued to shoot as the demonstrators turned and ran in fear. When the area had cleared, sixty-nine

Africans lay dead, most of them shot in the back as they were fleeing. All told, more than seven hundred shots had been fired into the crowd, wounding more than four hundred people, including dozens of women and children" (Mandela, 1994, p. 225).

The world was outraged at the massacre and began to put pressure on South Africa to move towards racial equality. Once again, due to continued rioting and fears for the future, white South Africans were making plans to emigrate. The third wave of emigration followed the Soweto uprising in 1976. South African government officials had recently declared that Afrikaans would be the language used in half of all the classes taught in secondary schools. The objections of black children, their teachers and parents were ignored and on the 16th June 1976, fifteen thousand school children gathered in Soweto (a black settlement area, or township) to protest. The protest was met with police fire. Hundreds of scholars were killed or wounded and violence and rioting ensued throughout the country. Fears about personal safety, and for the future, resulted in many whites seeking to emigrate.

The so-called 'Rubicon' wave began in 1985 with the re-affirmation of apartheid by P.W. Botha, the Prime Minister at the time. International pressure was intense and trade and economic sanctions were impacting negatively on South Africa's economy. Unrest and politically driven violence were escalating throughout the country and a state of emergency had been declared. The armed struggle mounted by the African National Congress (ANC) had intensified, and white South Africans were again

seeking to emigrate.

## 2.1 Current South African emigration

White South Africans presently continue to emigrate at the official rate of about 750 to 1000 per month (Central Statistical Service, (CSS) 1996). However, it is generally thought that emigration rates are under-reported as many South Africans simply leave with the intention of not returning without technically emigrating. These figures are unknown. McNeill (1996) suggests that the true emigration figure could be as much as double the reported figure, since the number of visas issued to South Africans by host countries does not correspond with the number of South Africans declaring their intent to emigrate on their airport departure forms. Reasons include the wish to avoid foreign exchange control mechanisms or the attention of the tax office. In addition, up to 500 000 South Africans have British ancestry and hold dual nationality which entitles them to automatic entry into the UK. It is estimated that 32 790 white, mainly professional South Africans have left since 1993, rather than the official number of 5 752 reported by the CSS (McNeill, 1996). McNeill (1996) cites the current reasons for leaving as "the plunging rand, militant trade unionism, disarray in the education and health care systems, the growing impact of affirmative action and the appalling crime rate". He confirms that the 'brain drain' is accelerating (McNeill, 1996, p.49). Prior to the present problems, one third of South Africa's annual population increase

was the result of immigration, but even in 1981, Stoller (1981a) reported that South Africa was losing its most highly qualified people at the rate of around 1000 per month. In 1996, Leshilo stated that "it is not only doctors and lawyers (who are) leaving, but also diesel mechanics and farmers".

The most popular destinations for white South Africans are Britain and Australia, with New Zealand, the United States and Canada following. It is reported that around 14 000 South Africans were accepted for settlement in the UK in the period 1973-1986 (Immigration statistics (1996) - Home Office, UK), and according to McNeill (1996) it is estimated that 120 000 South Africans have settled in the UK.

In sum, while a number of white South African emigrants have been ideologically or politically driven to leave, for others, the rise of urban terrorism or economic instability have been the central issue. For still others, the country-wide upsurge in violent crime gave rise to fears for the present and the future which made it untenable for them to stay. There are also those who do not migrate intentionally, but come to the UK as holiday makers or sojourners. Some may eventually become settlers as they take on commitments which result in the foundations for a new life.

## CHAPTER 3

### 3.0 ADAPTATION AND ADJUSTMENT

It is difficult to generalize about the nature and process of adjustment for any individual. However, there is inevitably a period of settlement which all migrants will experience, regardless of the circumstances of their migration. Arredondo-Dowd (1981) contends that despite the desire to be in a new country and to improve the quality of their lives, confronting the realities of living in a new environment may arouse feelings of sadness and disorientation.

Adaptation is seen as a life-long process and aptly described as such by Samuel Butler (cited in Antonovsky, 1974) as follows.

"All our lives long, every day and every hour, we are engaged in the process of accommodating our changed and unchanged selves to our changed and unchanged surroundings; living, in fact, is nothing else than this process of accommodation; when we fail in it a little we are stupid, when we fail flagrantly we are mad, when we suspend it temporarily we sleep, when we give up the attempt altogether, we die".

Carlisle-Frank (1992) views adaptation as "an ongoing process of interaction between individuals and the system of the family, work environment, social network, community and the society". Taft (1977)

writes that adaptation to an unfamiliar culture is "a special case of responding to a new environmental event, where that event is complex, enduring, and social in nature, and where it has a cultural context that is unfamiliar to the actor" (p.121). Taft (1987) asserts that migration is only one example of a variety of situations such as tourism, foreign study or diplomatic service, in which the "repertoires and strategies that people normally use to cope with their customary social environment are inadequate for meeting the demands of a new one" (Taft, 1987, p.151). The author points out that when faced with a deficit between demands and resources, confusion, deprivation, social impotence and moral indignation may result. When associated with culture change these are collectively considered indicative of culture shock. Taft (1987) suggests that adaptation involves culture learning, and that the newcomer is required to make cognitive, attitudinal and behavioural changes. Failing these changes, the individual is likely to suffer culture shock and acculturative stress.

Taft (1987) has drawn up a model (replicated below in Table 3.1) for the analysis of immigrant adjustment. This model appears to offer by far the most comprehensive view of migrant adjustment and, to a greater extent than most others, embraces its complexity. Taft (1987) separates the various facets of adaptation into socio-emotional adjustment, and social and psychological integration. The latter category incorporates four aspects of integration. These are national and ethnic identity, social absorption,

cultural competence and role acculturation. Each of the five dimensions of adaptation has an internal, or subjective aspect and an external, or objective manifestation.

The various facets of this model will be detailed further in the section on instrument development. A scale is developed which aims to obtain a measure of the adjustment of South African settlers in the UK following Taft's (1987) model of immigrant adjustment. The scale is called "The South African Settlement Scale" (SASS).



Aspect	Perspective	
	Internal	External
Socio-Emotional Adjustment	Feelings of satisfaction Sense of well-being Emotional comfort	Quality of life Mental health
Social and Psychological Integration		
I. National and Ethnic Identity	Self-perceived identity Feeling of belonging Ethnic reference group	Citizenship Overt social identity
II. Cultural Competence	Self-perceived competence Feeling of mastery	Language competence Potential for role performance
III. Social Absorption	Favourable attitude to social relations with hosts  Perceived acceptance	Interpersonal interactions with host group Member in organisations Social acceptance
IV. Role Acculturation	Language preference Attitude to conformity	Language use Behavioural conformity

**TABLE 3.1 Analysis of the adaptation of immigrants (Taft, 1987)**

### 3.1 Factors affecting adjustment

Literature reveals that there are a number of factors, internal or intrapsychic, external, interpersonal and demographic, which may impact upon an individual's ability to adapt to a new environment. Internal factors include the ability to tolerate and process psychic pain and loss; the capacity to internalise and hold positive experiences; the success or failure of earlier separation/individuation processes; self-esteem and confidence and the ability to utilize the more sophisticated defense mechanisms, as opposed to the more primitive ones such as splitting, idealization and devaluation (e.g., Grinberg & Grinberg, 1989; Denford, 1981; Paris, 1978). External and interpersonal factors include the lapse of time since relocation; reasons for leaving the old country; the new environment; social supports; social, financial and professional status; job satisfaction; climate; membership of clubs; visits home and even the friendliness of neighbours (e.g., Hertz, 1981b; Scott & Scott, 1982). Demographic factors include gender, age, marital status and education (e.g., Fischman, 1986).

In addition to internal, external, interpersonal and demographic factors, the environment itself and host attitudes towards, and beliefs about immigrants can have a considerable effect on immigrant adjustment. Furnham and Bochner (1994) contend that almost no research has been done on native inhabitants' beliefs about, or explanations for either immigration or emigration.

### 3.2 Focus of the present study

While much research has been dedicated to migration and exile in general, and some studies have addressed the question of black migrant workers within South Africa (e.g., Magwaza & Bhana, 1991), and the 'brain drain' of South African professionals (Louw & Foster, 1986), the question of the adjustment of South Africans living in countries perceived as having a cultural closeness has not been adequately addressed. As previously noted, it is largely assumed that since South African and British cultures are similar in many ways - industrialised, English-speaking, modernised - white South Africans should have few, if any adjustment problems. However, it is clear that there are some fundamental differences requiring social and psychological adjustment.

From the discussion thus far, it can be seen that a number of factors can contribute towards, and impact upon an individual's adjustment after migration. It is the aim of the present project to investigate South African immigration and adjustment in the UK, as this appears to be as yet an unexplored area in both academic and applied psychology. And it is for this reason that the proposed study could prove to be of substantial significance.

In the present study, the adjustment of South African settlers will be viewed in terms of a number of dependent variables (DV's) which are

seen to offer measures of various aspects of overall functioning which collectively indicate adjustment or lack of adjustment. These are (i) self-esteem, (ii) general mental health, (iii) satisfaction with life in the UK and (iv) self-rated adjustment. Adjustment will also be measured by a specifically developed scale - "The South African Settlement Scale" (SASS). This scale follows Taft's (1987) model of immigrant adjustment and embodies both social and emotional adjustment and social and psychological integration. The development of the SASS is discussed in detail below (section 5.0). The impact of a number of independent variables (IV's) incorporating external, interpersonal and demographic factors on the adjustment of South African immigrants will be explored. The IV's are: (i) marital status, (ii) social support, (iii) gender, (iv) education, (v) length of time in the UK and (vi) the number of reasons for leaving South Africa. These particular independent variables were selected as they are considered relevant in the migration literature and pertinent for a South African sample for reasons which are described below (section 3.3).

### **3.2.1 The dependent variables : self-esteem, general health, satisfaction, self-rated adjustment, and SASS scores**

#### **3.2.1.1 Self-esteem and general health**

Coopersmith (1981) suggests that self-esteem is "an attitude of approval or disapproval and indicates the extent to which a person believes him- or herself capable, significant, successful and worthy". He asserts that self-esteem may vary across different areas of experience, and according to gender, age and various roles. Coopersmith (1981) asserts that as an attitude, self-esteem is a relatively enduring estimate of general self-worth and that it is an appraisal which remains constant over several years. Attitudes toward the self may be conscious or unconscious and they are influenced by affective, intellectual and motivational processes (Coopersmith, 1981). Rosenberg (1965) suggests that people with high self-esteem have self-respect, consider themselves to be a person of worth and appreciate their merits. They recognise their faults and hope and expect to overcome them. In contrast, people with low self-esteem lack respect for themselves, consider themselves unworthy and inadequate, or otherwise seriously deficient as a person.

In a longitudinal study of Australian immigrants, Scott and Scott (1989) found that younger respondents of English cultural background tended to score highest in self-reported self-esteem, as did males in general. The

strongest predictors of self- and other-rated self-esteem were sex (male), non-housewife status, diverse cultural experience, pre-migration English fluency, post-migration cultural skills, pre-migration family solidarity, and post-migration material well-being (Scott & Scott, 1989).

Scott and Scott (1989) note that self-esteem and emotional well-being (or the absence of chronic symptoms) are correlated, but that they should be treated as empirically distinct variables. Many migration studies have shown that female immigrants tend to be more symptomatic than males. Some of these studies are described in the section on gender, (3.3.1 below).

Migration demands a series of major life changes, both pleasant and unpleasant, and there is hardly any aspect of everyday life which is left untouched. With stress a key feature, as the immigrant attempts to restore his or her lifestyle and status, disruptions and challenges, delays and failures will inevitably occur. For example, in the case where self-esteem derives from professional or financial status, or from relationships, employment may be difficult to achieve and friends hard to make and a loss of self esteem may be the result. Also, foreign exchange control and exchange rates may make South African immigrants less affluent than they were in their country of origin and as a result they may lose status and self-esteem may be affected. South Africans who suffer a loss of self esteem for these reasons may express their distress by showing an increase in psychological or even in physical symptoms. Thus, as measures of an

important aspect of overall functioning, that is, 'psychological state', self-esteem and general health scores should correlate highly with each other, and at least moderately with the other DV measures of adjustment.

### **3.2.1.2 Satisfaction**

Immigrants and native-born alike are concerned with subjective satisfaction and life satisfaction is considered to be a major outcome measure by migration researchers such as Scott and Scott (1989) and Taft (1966). Scott and Scott (1989) outline the following satisfaction items in order of importance for the immigrant. These are satisfaction with material well-being, family, self, job or school, community, environment, recreation and the nation as a whole. Other studies measuring satisfaction have included the following items. Job satisfaction, satisfaction with accommodation and the place of residence, achievements, occupational prospects, education and the childrens' future, standard of living, number of close friends and general lifestyle (Taft, 1966). Since this survey is specifically concerned with the level of satisfaction of South African immigrants with life in the UK, the satisfaction index will incorporate issues which are likely to be of particular relevance to South African settlers. (The satisfaction items are detailed further in section 3.5.3 below).

### 3.2.1.3 Self-rated adjustment and SASS scores

Davis and Ostrom (1984) contend that most research requires the assumption that people are aware of their attitudes, that they are willing to convey them fully and accurately, and that this is a reasonable stance to take. Like any self-report survey, this study relies heavily on the willingness of participants to perform the tasks of reflection and self-assessment with accuracy in responding to the questionnaire. In this context, and in the absence of 'other-reported' - or more objective data - a direct question as to the individual's perception of his or her own adjustment seems to be a feasible alternative. Scores on the self-rated adjustment item should correlate highly with the other DV adjustment measures and especially highly with SASS scores, since they are professedly measuring the same concept. As discussed elsewhere, the SASS was developed in accordance with Taft's (1987) model of immigrant adjustment to incorporate a broad range of cognitive, affective and behavioural components of social and emotional adjustment and social and psychological integration.



### **3.3 Previous findings and hypotheses/relationships to be explored**

The demographic and individual factors impacting on adjustment which will be explored and discussed within this project are gender, age, marital status, language, education, length of residence and social support.

#### **3.3.1 Gender**

Females who migrate are generally reported to show higher levels of symptoms than males and this finding has been noted in several migration studies (Scott & Scott, 1989). Examples of studies cited in Scott and Scott (1989) which support this notion are: Aviram and Levav (1975) on reviewing five Israeli studies; Berry and Kostovcik (1983) on Malaysian student sojourners in Canada, and Cochrane and Stopes-Roe (1977, 1980, 1981) on Indian and Irish immigrants in the UK. Various explanations for the findings of higher rates of symptoms in female migrants have been offered. For example, women do experience more psychiatric illness than men; women report mental illness or symptoms more readily than men; women feel less adequate than men and their symptoms offer them a means to express these feelings; women are more sensitive to stressful life events. This latter hypothesis is not empirically supported with any consistency (Scott & Scott, 1989). However, Bardo and Bardo (1980) confirm that females find adjustment more difficult than males as does

Huntington (1981). Huntington continues that women, especially those in their 30's, experience migration as more traumatic than men due to their being more centered in their relationships and suffering the effects of this loss more acutely than men. In addition, Huntington (1981) suggests that more often than men, women are involuntary migrants who accompany their men - thus they are not the primary decision-makers, and they may suffer a delayed grief reaction. In contrast, men may complete their worry and grief work around separation before leaving. Scott and Scott (1989) conclude their review by stating that there is no statistical basis for sex differences in levels of symptomatology, as symptom levels tend to mirror findings in native born respondents and cannot therefore be attributed to migration stress.

In the present study a number of gender differences are examined. These are: levels of symptomatology as measured by scores on the GHQ-12 (Goldberg, 1978); self-esteem as measured by scores on the Rosenberg self-esteem scale (RSE; Rosenberg 1965); the length and degree of migration stress as measured on survey items which are self-rated; satisfaction as measured on the satisfaction items on the survey questionnaire and adjustment as measured on a self-rated adjustment item and on the SASS.

Since South African migrants of both sexes who are able to achieve migration to the UK are generally equally well-educated, and are also likely to be of higher socio-economic status than the general immigrant

population, it is unlikely that South African women will have more symptoms and lower self-esteem than men as has been shown in some migration studies.

However, South African women are accustomed to having at least part-time domestic help. In addition, women (and men) are used to the idea of having 'open homes', where informal visitors, friends or family 'drop in' on a regular basis, thus representing well-established family and social support networks. Like Huntington (1981), Scarfe (1980) asserts that women's lives are more centred on relationships, and that where relationships are threatened, as no doubt occurs through the act of migration, their self-concept, which is largely anchored in their relationships is also threatened. If one supports this hypothesis, then it is possible that the loss of regular social and family support, in combination with being deprived of domestic help, will impact on the self-esteem and on levels of stress for South African immigrant women. Consequently, this may result in women reporting higher levels of symptomatology, lower self-esteem and a greater degree of migration stress than men. As regards general adjustment as measured on the SASS, the satisfaction and self-rated adjustment scores, there do not appear to be any specific reasons to expect gender differences.

Overall, it can be seen that there are a variety of factors both potentially for, and against there being gender differences on the majority of the

dependent measures described above. Therefore it is one of the aims of this study to explore the relationships and to see what emerges. In particular, an attempt will be made to trace such differences as do exist back to the instrumental factors, such as the lack of social support, that may have caused them. It is also possible that some of the qualitative data from other parts of the survey will help to explain the findings.

### 3.3.2 Age

In general, it is assumed that younger people adapt more readily to migration as they have greater flexibility than older immigrants. They are thus better able to cope with change and adapt their lives according to cultural and other demands (Scott & Scott, 1989). The authors cite Chang (1980) who found that Chinese women who were older at the time of migration showed more psychiatric symptoms than the young. Stoller (1966) contends that immigrants who are older at the time of migration find adjustment more difficult as they are more heavily invested in maintaining "the old personality structure, their modes of thought, their accent and their language" (p.3).

Nicassio and Pate (1984) demonstrated a positive correlation between alienation and age of Vietnamese immigrants to the United States. Similar findings were reported among Pakistani males in the UK by Cochrane (1977) and among Indian females by Cochrane and Stopes-Roe

(1981). Johnston (1972) found that immigrant children in Perth were better assimilated in terms of food, language, social contacts and leisure activities than their parents. However, Scott and Scott (1989) point out that the ease of adaptation broadly demonstrated by the young is not true for all aspects of adaptation. They conclude that overall, while social assimilation is achieved more easily by younger immigrants, other criteria, such as cultural skills, satisfaction and even neurotic symptoms do not show significant differences in relation to age (Scott & Scott, 1989).

In the present study, there is no reason to expect that age will produce different results from the overall findings in other migration studies. However, since the history of white South African migration is one which has continued at an ever-increasing rate, it is a fact that many older, retirement age South Africans are recent immigrants to the UK. Thus, although age and time in the UK would be likely to be highly correlated under normal circumstances, there are also many older South African immigrants who have been in the UK for a short time only. It would be interesting to explore the differential effects of age on adjustment, controlling for 'time in the UK' and, in particular, looking at the effects of age in the sub-sample of recent immigrants (perhaps those who have been in the UK for five years or less). Further, Scott and Scott's (1989) above-mentioned finding (that satisfaction and symptomatology do not show significant differences in relation to age) will be tested on the present sample of South African settlers. Since the variable 'time in the UK' is

considered a stronger correlate of adjustment than age by itself, 'time in the UK' will be used as an independent variable for the main data analyses rather than age. The variable 'length of residence' or 'time in the UK' will be discussed further in section 3.3.6 below.

### **3.3.3 Marital status**

Some studies have shown that married migrants experience less alienation and a lowered rate of self-reported psychiatric symptoms (e.g., Bardo & Bardo, 1980; Berry & Blondel, 1982). Lasry and Sigal (1975) investigated Jews from North Africa living in Canada. They controlled for age and reported no significant difference in psychiatric symptoms between married and unmarried respondents. Lin, Masuda and Tazuma (1984) investigated Vietnamese refugees in the United States and found elevated levels of psychiatric symptomatology in a group of married adults when controlling for age and sex. Scott and Scott (1989) did not find a significant relationship between marital status and psychiatric symptoms or self-esteem in a sample of immigrants in Australia. However, they report that married immigrants in Australia are more satisfied with their local community and they interact more with their own ethnic group than their single counterparts. Overall, the authors report mixed findings with respect to the effect of marital status on migrant adjustment.

On the whole, South Africans are accustomed to easy access to strong

support networks of family and friends, and it seems reasonable to assume that whether respondents are married or not will impact significantly on the amount of emotional support they are able to access. Marital status may also contribute to the variance in GHQ, RSE, adjustment and satisfaction scores.

In addition to the possibility of support, there is the aspect of shared responsibility and being married or in a stable relationship is thus likely to result in a reduction of migration stress, perhaps even more so for men than for women. This is because women are traditionally the providers of nurturance and, if they are full-time homemakers, they will also take care of the bulk of the everyday tasks of running a home and family. In contrast, men may have to deal with the added stresses of the professional world in which they have to re-establish themselves, often starting from scratch and with the pressure of dependents to support. While women at home may not have to tackle the outside world in terms of a career, they may be deprived of social and other interpersonal contacts and opportunities which men may achieve more easily by being out in the work place. Thus it may take women longer to integrate socially, and to form friendships and support networks. However, married women who are involved in a career may have the most stressful circumstances out of all these groups. They have the stress of a career, the traditional expectations of providing nurturance and the task of running a home, which may, or may not be shared. Immigrants who move over on their

own may also have the dual tasks of both establishing a career and trying to run a home.

However, since women are often more concerned with creating a nourishing home environment than men, it is possible that of those immigrants who are single, women will experience more stress if they are also involved in a full-time career. It is also possible that as one member of a stable relationship settles well and the other does not (perhaps in the case where a spouse accompanies their partner), the stress of the main immigrant may be increased.

On the basis of the above discussion, it seems feasible to predict that (i) married men will have lower 'degree of stress' and 'length of stress' scores than married women; (ii) that single men will have lower 'degree of stress' and 'length of stress' scores than single women; (iii) that married women in full-time employment will experience a higher degree of stress than those who stay at home; (iv) that married men in full-time employment will have higher stress scores than married, unemployed men; (v) single females in full-time employment will have higher stress scores on both measures than single women who are unemployed; and (vi) that single, working men will have higher scores on both measures than single, unemployed men. Further, as in Scott and Scott's (1989) study described above, it is predicted that the findings in this study will show that symptomatology and self-esteem are not directly affected by marital



status.

### **3.3.4 Language**

Communication difficulties and the need to learn a second or third language would be considered a significant source of stress for many migrants. However, it can reasonably be assumed that the majority of South Africans migrating to the UK will be likely to have English as their mother tongue or, if not, then perhaps as a second language. Therefore, although this is a commonly investigated variable in migration research, it will not be considered within this study.

### **3.3.5 Education and employment**

Socio-economic level is found to be a consistent predictor of symptomatology in local nationals, but findings among immigrant populations are less reliable (Scott and Scott, 1989). In a study on North African Jews living in Canada, Lasry and Sigal (1976) noted a negative relationship between education level and symptomatology. Berry and Blondel (1982) reported a similar finding in a study on Vietnamese refugees in Canada, as did Berry, Kim, Minde and Mok (1987) amongst Malaysians (students and refugees) in Canada.

It generally follows that better educated people obtain better jobs, and that

they are also more likely to rate highly in employability and are able to change a job which may be unsuitable either from the point of view of job satisfaction and/or financial reward. The majority of South African settlers are well educated and there are many South Africans in the UK who occupy top managerial, medical, academic or other positions. However, it is feasible that those with less education have poorer occupational prospects and that this impacts on job satisfaction and financial security. In turn, adjustment may be affected in a variety of ways. For example, the inability to obtain appropriate and rewarding work may produce increased symptomatology or lower self-esteem as the individual struggles to make sense of his or her new life and environment and the decision to migrate. This scenario may be highlighted in the light of poor job opportunities in the current UK climate of unemployment, especially at the lower end of the job market.

Although South Africans have an excellent reputation and are generally very highly regarded in the work-place, less educated South Africans may experience lower overall satisfaction and self-esteem as they try to compete in an environment where other South Africans have succeeded and, although they are generally among the "invisible immigrants" - to use Richardson's (1974) term - their accent betrays them. An increase in migration stress can also occur as individuals of all educational levels may experience a loss of status, of their customary living standards and of the support of friends and family. However, most South Africans are

intensely aware of their reasons for leaving South Africa, and the sense of personal safety and security in the UK compared with the acute lack of the same in South Africa could, for many, compensate (at least intellectually) for some of the losses described above.

Of course, there are also a group of highly qualified South Africans, for example, lawyers or other professionals, who have to partially or virtually re-qualify on entering the UK, and they may have to take unsuitable jobs in order to survive financially. This group may undergo enormous stresses during the qualifying period as they try to work and study simultaneously. There are also many professionals in so-called 'shortage professions' in the UK who may accept unrewarding jobs so as to gain entry to the UK by virtue of a work permit.

In the present study, the effect of education on adjustment, symptomatology, satisfaction, self-esteem and the length and degree of migration stress will be explored. It is possible to predict that higher levels of education will have a positive impact on adjustment and settlement, and that education will impact positively on self-esteem and GHQ scores. It is also possible to predict that those South Africans who are better educated will experience less migration stress (both shorter and less intense) for the reasons mentioned above.

### 3.3.6 Length of residence

It appears that researchers concur that the length of time spent in a new country and adaptation generally show a positive correlation (eg., Scott & Stumpf, 1984; Scott & Scott, 1989). Scott and Stumpf (1984) obtained positive correlations between length of residence in Australia and 15 measures of satisfaction; 11 measures of improved circumstances; five measures of self-esteem; five measures of acculturation and 23 measures of role performance judged by others. The highest correlations with length of residence were cultural knowledge and improvement in possessions, while the lowest were frequency of social interaction and use of community facilities for educational or recreational purposes.

It appears that there is some evidence for the hypothesis that length of residence correlates negatively with symptomatology. For example, in a study on Indo-Chinese refugees in America, Nicassio and Pate (1984) demonstrated a negative correlation between length of residence and both alienation and problems associated with acculturation, although family problems tended to show an increase with time. Similarly Kuo (1976) showed that the length of time a group of Chinese immigrants had been living in Washington correlated negatively with their levels of depression and psychiatric symptoms. Scott & Scott (1989) state that while there are individual differences in adaptation over time which may be described in either a curvilinear or cyclical pattern, the general, average pattern is that

adaptation improves gradually over time (Scott & Scott, 1989).

For South Africans, as for most other groups of immigrants, it is very likely that time will take care of most of the issues, the struggles, the traumas and crises, the changes and differences to which they have to adjust, as time tends to heal most things. Over time, familiarity is increased and a reduction of the stresses of not knowing when to do what and how, as Oberg (1960) puts it, or the stresses of re-learning and re-establishing the basics of everyday living are likely to be diminished. Mourning for losses may be completed at least to some extent and, as a new circle of friends is made and support networks are increased, isolation is reduced and some lost relationships may be replaced. Through the passage of time new roles are established, there is a re-establishment of routine and lifestyle and, within the processes of adjustment and integration, as Taft (1966) puts it, one eventually moves "from stranger to citizen".

In the present study, it is expected that length of residence will make a significant positive contribution to scores on all the DV's (satisfaction, self-rated adjustment, SASS scores, RSE scores and GHQ scores).

### **3.3.7 Social support**

In addition to internal buffers against stress and maladjustment such as

ego strength and self-esteem, families, ethnic groups and also welfare agencies are seen to provide a buffer of considerable value. Holahan and Moos (1981) emphasize the central role of social support in psychological distress or maladjustment. In an investigation of families over a one year period, levels of depression and psychosomatic symptoms were measured. Findings confirmed that changes in social support (within the family and at work) were significantly related to changes in psychological adjustment (Holahan and Moos, 1981).

Scott and Scott (1989) maintain that there is unclear evidence for social buffers against stress in native-born or immigrant populations. The authors assert that while some studies show that people who have access to more social contacts are better adjusted, it is difficult to exclude the alternative interpretation - that people who are better adjusted are better able to form and maintain social relations.

Since South Africans are used to having easy access to family and social support, for the purposes of this research, it is predicted that those who report that they have reliable support will have higher scores on all the dependent variables. The issue of support is also discussed elsewhere in the sections on gender (3.3.1) and marital status (3.3.3).

### **3.4 Background issues related to measurement techniques**

#### **3.4.1 Measuring adjustment**

Both psychological and social adjustment pose problems for accurate measurement as a large component of adjustment is internal or unseen, and different conceptualizations require different types of measurement. Various measures have incorporated aspects of social and emotional adjustment, social and psychological integration, culture shock, life-events and stress, person-environment fit, subjective expressions of psychological well-being and life satisfaction, or objective measures of mental health.

Currently, there does not appear to be any single scale, or collection of instruments, that is more often utilized or considered better than the rest for the purposes of measuring immigrant adjustment. Some researchers have developed specific 'immigrant adjustment' scales but the majority seem to use a variety of standardized scales - usually depression or anxiety or self-esteem scales as measures of mental health, and satisfaction scales to determine general satisfaction, both of which are seen as important indicators of adjustment. Other studies include measures of self-concept, identity, alienation, anomie, personality factors, health, locus of control, loss, grief and so forth. Other researchers, for example Taft (1962) have developed specific scales which have been used in addition to standardised scales to obtain a composite assessment of immigrant adjustment. The

'Taft Australianism Scale' (1962) which was designed to discriminate between the socio-political attitudes held by Australians and those held by immigrants is one example.

As previously mentioned, one of the aims of this study is to develop an instrument which will provide a composite measurement of adjustment which incorporates (i) the complexity of immigrant adjustment in terms of both socio-emotional adjustment and social and psychological integration, and (ii) the uniqueness of the issues facing South African settlers. The "South African Settlement Scale" (SASS) was developed for this specific purpose. The development of this scale (detailed in section 5.0 below) follows the methodology for questionnaire construction outlined by Rust and Golombok (1989).

### **3.5 Questionnaires - The dependent variables (DV's) : standardised measures of mental health**

There are a number of existing scales which measure mental health or which aim at the detection of psychological or psychiatric disorder. An example of a research study on immigrants using standardized scales is that conducted by Lakatos (1993), who studied a group of 100 adult Hispanic immigrants in the United States of America. She used the Brief Symptom Inventory (BSI, Derogatis & Spencer, 1982), the Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1965) and the Centre for Epidemiological



Studies-Depression checklist (CES-D, Radloff, 1977). For the purposes of the present study the above-mentioned scales and a variety of others were considered. These include the Beck Depression Inventory (BDI, Beck, 1978) and the Hospital Anxiety and Depression Scale (HAD) (Zigmond & Snaith, 1983). Overall, it was concluded that the majority of these scales were excessively clinical in nature, and that their inclusion would be likely to have a negative effect on the response rate of South Africans, as it might on any non-clinical sample. Consequently the General Health Questionnaire (GHQ-12, Goldberg, 1978) and the Rosenberg Self-Esteem Scale (RSE, Rosenberg, 1965) were selected as the most appropriate standardised scales for the present survey.

### **3.5.1 The General Health Questionnaire (GHQ, Goldberg, 1978)**

The GHQ-28 (containing 28 items) which is used mainly for research purposes was considered, but it was rejected on the basis that the four scaled subscores (somatic symptoms, anxiety and insomnia, social dysfunction and severe depression) were redundant. In addition, the scale is long and excessively clinical at face value. For the purposes of this project and on the basis of the following points, the GHQ-12 was selected as the most appropriate measure of psychological distress. (i) The GHQ-12 is short; (ii) it is not overly clinical at face value; (iii) it focuses on disruptions in normal function rather than on long-term functioning, and (iv) it adequately discriminates between symptomatic and non-

symptomatic individuals.

### 3.5.1.1 Psychometric properties of the GHQ-12 : reliability and validity

The scaled GHQ, or the GHQ-28 correlates highly with other self-report mental health measures. For example, correlation with the BDI was found to be 0.72 (Cavanaugh, 1983). Table 3.2 below shows the reliability and validity coefficients for the shorter versions of the GHQ (Goldberg & Williams, 1991).

**TABLE 3.2 Reliability and validity coefficients for the shorter versions of the GHQ**

	Split-half	Test-retest	Specificity (%)	Sensitivity (%)
GHQ-60 (threshold 11/12)	0.95	0.76	87.8	95.7
GHQ-30 (threshold 4/5)	0.92	0.77	87.0	91.4
GHQ-12 (threshold 1/2)	0.83	0.73	78.5	93.5

### 3.5.1.2 Concurrent validity of the GHQ

Concurrent validity between the GHQ-12 and a standardized psychiatric assessment interview has been shown to produce a median correlation of 0.70 over 22 independent studies (Goldberg & Williams, 1991). This

estimate takes into account that the criterion (the interview) is unlikely to be error-free. The authors suggest that when using an interview schedule with a reliability coefficient of 0.92, such as the Clinical Interview Schedule (CIS) (Goldberg, Cooper, Eastwood, Kedward, & Shepherd, 1970), the correlation between the GHQ-12 and the criterion would be increased to 0.81 (Goldberg & Williams, 1991).

### **3.5.1.3 Reliability of the GHQ (test-retest and internal consistency)**

According to Goldberg (1992) test-retest reliability of the GHQ is 0.73 and internal consistency, assessed by Cronbach's alpha ranges from 0.82 to 0.90. Mean scores on the 30-item GHQ for various clinical and community groups of people in Britain are available, although no percentiles or standard scales have been published. As yet, no means have been published for scores on the GHQ-12.

### **3.5.2 The Rosenberg self-esteem scale (RSE, Rosenberg, 1965)**

There are a variety of scales which measure self-esteem. However, the RSE is the most widely used scale in health psychology although relatively little data is available on its psychometric properties. The mean score for men and women (N = 2,294) in the age range 18-65 is 34.73, with a mode of 36 and a standard deviation of 4.86. Approximately 20 per cent of adults obtain a maximum score of 40 points (Wright, Johnston & Weinman,

1995).

### **3.5.2.1 Psychometric properties of the RSE**

#### **3.5.2.2 Reliability : internal consistency and test-retest**

Reporting on the internal consistency of the RSE, Fleming and Courtney (1984) obtained a Cronbach alpha of 0.88. Silber and Tippet (1965) investigated test-retest reliability and showed a correlation of 0.85 after a two week interval. A correlation of 0.82 after a one week interval was reflected in the work of Fleming and Courtney (1984).

#### **3.5.2.3 Validity : convergent and discriminant**

Fleming and Courtney (1984) demonstrated a negative relationship between the RSE and a variety of aspects associated with low self-esteem. For example, they obtained a correlation of -0.64 with anxiety and -0.54 with depression. In addition they obtained positive correlations with general self-regard, social confidence, school abilities and physical appearance. Demo (1985) obtained a correlation of 0.55 with the Coopersmith Self-Esteem index, and 0.32 with peer ratings of self-esteem. Discriminant validity has been demonstrated by Fleming and Courtney (1984). The authors found no significant correlations between the RSE and gender, age, work experience, marital status, birth order or vocabulary.

### 3.5.3 Satisfaction items

The aim of creating a satisfaction scale was to establish a satisfaction index for South Africans living in the UK incorporating variables considered relevant in the literature and those which might have specific relevance to South Africans living in the UK. As mentioned above (section 3.2.1.2), a set of satisfaction items would usually include satisfaction with jobs and housing, educational and occupational prospects, standard of living, friends and general lifestyle. The inclusion of an item on satisfaction with the British weather (in direct contrast to the South African sunshine) was an obvious choice.

Items on leisure activities, public transport and shopping were included in addition to the usual satisfaction items such as accommodation and professional status or work standing. Leisure time in SA is largely spent outdoors and shopping facilities for local consumers are often lacking in terms of the quality and choice of goods. Prices of both local and imported quality goods can be exorbitant and out of the reach of the general consumer. Public transport in most urban and suburban areas is limited. A final item on the quality of personal and social life was added as it was anticipated that this area might present problems in terms of the contrast between the perceived openness, spontaneity and informality of South African hospitality and what is commonly referred to as 'British reserve'.

### 3.6 Questionnaires - The independent variables (IV's) : individual details

The aims of this section of the questionnaire were as follows:

- (i) To gather information about a number of background and individual characteristics of South Africans living in the UK including the independent variables such as gender, age, marital status, education, support and length of time in the UK. Some responses were used as IV's for statistical purposes, and open questions provided qualitative data.
- (ii) To gather information about South Africans' reasons for leaving SA (including the date left, triggers for leaving and visits to SA).

### 3.7

#### **Aims of the proposed study**

- (i) To develop a scale (The South African Settlement Scale - SASS) for the measurement of the adjustment or settlement of South Africans living in the UK.
- (ii) To establish the reliability and validity of the scale.
- (iii) To obtain objective mental health measures of South Africans living in the UK using the General Health Questionnaire (GHQ) (Goldberg, 1992) and the Rosenberg Self-esteem scale (RSE) (Rosenberg, 1965).
- (iv) To obtain a measure of satisfaction of South Africans living in the UK.
- (v) To obtain measures of a number of independent variables (IV's) as considered relevant through the literature (e.g. gender, age, marital status, education, length of time in the UK, reliable support and reasons for leaving South Africa).
- (vi) To examine the impact of the above-mentioned variables on adjustment.
- (vii) To compare the levels of self-esteem and symptomatology of South African settlers with those of British nationals using norms for the RSE and the GHQ-12 (if obtainable).
- (viii) To obtain data through a series of open questions which could be used to enhance the interpretation of quantitative data or analysed using qualitative methods.

In the light of the above,

- (ix) to suggest ways in which the settlement process could be facilitated.
- (x) To contribute to knowledge and understanding and clinical practice in an unexplored area.
- (xi) To offer information and baseline data which may contribute towards the future planning and development of immigrant support programmes, to clinical practice and to future research.



### **3.8 Summary of relationships to be explored**

#### **3.8.1 The dependent variables**

The relationship between measures of adjustment or settlement as measured by scores on the SASS, satisfaction, self-rated adjustment, the GHQ and the RSE will be explored.

#### **3.8.2 The DV's and the IV set**

The impact of variables in the IV set (gender, years in education, time in the UK, number of reasons for leaving, reliable support and marital status) on adjustment as measured by scores on the SASS, the GHQ, the RSE, satisfaction, self-rated adjustment and the length and degree of migration stress will be explored.

#### **3.8.3 Gender differences**

Gender differences in scores on the following scales and variables will be explored : SASS, RSE and GHQ, satisfaction and self-rated adjustment; and the degree and length of a period of migration stress.

#### 3.8.4 Further relationships to be explored

- (i) The moderating effects of employment and marital status on the degree and length of a period of migration stress for South African men and women;
- (ii) the effect of age on adjustment controlling for 'time in the UK';
- (iii) the interaction between satisfaction and time in the UK; and the effect of age at the time of immigration on later adjustment and satisfaction in a sub-group of more recent immigrants.

From the above discussion, it follows that if it is possible (i) to assess the adjustment of South Africans living in the UK and (ii) to identify some of the factors which impact on their adjustment, then a number of objectives may be achieved. Firstly, this study could contribute toward a body of understanding in an important area of the current South African experience. Secondly, it could add to an area of literature in which this topic has not yet been directly addressed. Thirdly, it may provide information for those offering advice and counsel to South Africans living in the UK. Fourthly, it could offer guidance for psychological and other primary care services in directing their efforts toward specifically targeted groups.

## CHAPTER IV

### 4.0 METHOD AND PROCEDURES

#### 4.1 Design of the study

The present study was designed to empirically investigate the adjustment or degree of settlement of South Africans living in the UK by means of a cross-sectional survey. In addition to the use of standardised tests, a self-report questionnaire was developed to measure the dependent variable (DV) (settlement) and questionnaire items were formed for the independent variables (IV's) (demographic and biographical details). The questionnaires were piloted in two stages and an evaluation of the pilot data was carried out. The results of the pilot studies determined the necessary modifications of the questionnaires and the final versions were compiled. Sampling was achieved through the use of South African Alumni lists, the South African Business Club and the snowballing or networking effect. The main data collection was carried out. Reliability and validity of the South African Settlement Scale (SASS) was established. The main data were analysed using the STATISTICA statistics package for the Macintosh, and the Statistical Package for the Social Sciences (SPSS) for Windows 6.0. Various conclusions are drawn and discussed.

## 4.2 Questionnaires - the dependent variables

In the stage 1 pilot study, the dependent variables were measured by means of two standardised measures (the GHQ-12 and the RSE; see appendix 1), a self-rated adjustment score, and a satisfaction score (items on the general information section of the survey questionnaire).

### 4.2.1 Standardised sections of the survey questionnaire : The GHQ-12 and the RSE

The GHQ-12 was used to measure general health as an indicator of adjustment. It comprises twelve Likert scale items and is scored on a four-point scale from "better than usual" or "much more than usual" to "much less than usual" or "not at all". Six items are positively stated and six items are negatively stated. The scale requires that respondents report on their experience of "the last few weeks". No threshold score has been validated for the Likert scoring method, but higher scores indicate a greater probability of clinical disorder (Goldberg, 1992).

The RSE scale was used to measure self-esteem as a further indicator of adjustment. The ten items on the RSE scale are scored on the Likert method from 1-4 (1 = strongly agree, 4 = strongly disagree). Five items are negatively scored (items 2, 5, 6, 8, 9) and five items are positively scored (items 1, 3, 4, 7, 10). The scoring range on the RSE scale is from 10 to 40,

with low scores indicating high self-esteem.

#### **4.2.2 Non-standardised sections of the survey questionnaire : The biographical and information section**

The rationale for this section of the survey questionnaire (for example the questions on gender, age, marital status, educational level, social support and other personal details) is described in sections 3.3.1 to 3.3.7 (p.47-60) above. The items were generated through two methods; (i) by the researcher according to items used in other studies described in the migration research literature and (ii) through informal interviews with South Africans who have been in the UK for differing lengths of time.

#### **4.3 Pilot study - Stage 1**

The pilot version of the survey questionnaire was comprised of the following sections. (See appendix 1).

- 1. A covering letter**
- 2. Part 1 : Reasons for leaving**
- 3. Part 2 : General satisfaction items**
- 4. Part 3 : General Health Questionnaire (GHQ-12)**
- 5. Part 4 : The Rosenberg Self-esteem Scale (RSE)**
- 6. Part 5 : Personal Details**
- 7. A feedback form**

#### **4.4 Participants**

Participants in the stage 1 pilot study were twenty South Africans who had been living in the UK for differing periods of time ranging from six months to 21 years, with a mean of 5.2 years. The pilot questionnaire was distributed in the first week in May, 1996. Eight respondents were Clinical Psychologists (colleagues and associates of the researcher) and twelve were not psychologically trained people (personal contacts of the researcher and her colleagues). Respondents were invited to comment on a feedback form included with the questionnaire. The feedback form asked about various aspects such as the lay-out, the content, the clarity of the questions, the instructions and the length of time taken to complete the questionnaire. Respondents were also requested to add any aspects that they felt might be important. A stamped, addressed envelope was supplied with each questionnaire.

#### **4.5 Outcome of the Stage 1 pilot study**

A total of twenty-one questionnaires (105%) were returned, one respondent having taken the initiative to photocopy the form and give it to another South African. There were no reported problems with ambiguity or lack of clarity of the questions or the instructions. The questionnaire was not reported to be too lengthy. The layout and the content did not appear to be problematic in any way. However, there were

numerous comments and suggestions (both written and verbally communicated) about aspects of the migration experience which respondents felt could be meaningfully included. Examples were: (i) the nature of pre-migration expectations and whether they had been realistic; (ii) whether rural life in the UK had an impact on settlement; (iii) the length of time people had been thinking about emigrating; (iv) the severity and length of a period of stress specifically associated with migration; (v) the resources people found helpful in dealing with migration stress; (vi) whether people felt they had made the right decision in coming to the UK; (vii) whether they would encourage other South Africans to come to the UK or (viii) whether people were thinking of returning to SA or of moving elsewhere.

#### **4.6 Modifications of the non-standardised sections of the survey questionnaire**

On the basis of the feedback comments, it was felt that the breadth and complexity of settlement as well as the essence of some of the particular issues for South Africans were not being fully addressed. Several modifications were made.

- (i) An item on expectations was added
- (ii) an item on residential location was included
- (iii) self-rated items on migration stress, addressing the length and

degree of stress were added

(iv) a question on what people found helpful in dealing with migration stress was included

(v) a specific scale named "The South African Settlement Scale"

(SASS) was developed as a further dependent variable to include with the GHQ-12, the RSE and the satisfaction items. In this way, most of the feedback comments and suggestions from the Stage 1 pilot study were either incorporated into the non-standardised section of the questionnaire, or used to develop items for the SASS (see section 5.1.1 below)

(vi) a few items were dropped as they were thought to be irrelevant

(vii) the 'personal details' section was moved to the beginning of the survey

(viii) the satisfaction items were reformatted so as to reduce the number of pages.



## CHAPTER V

### 5.0 THE SOUTH AFRICAN SETTLEMENT SCALE - (SASS)

#### 5.1 Procedure for the development of the SASS

As mentioned previously, the central aim was to develop a scale which would provide a comprehensive measure of the degree of adjustment or settlement of South African immigrants in the UK which would incorporate both psychological and social adjustment and social and psychological integration following Taft's (1987) model of immigrant adjustment.

##### 5.1.1 Item generation

The initial item pool for the SASS comprising 81 items was generated through four methods.

- (i) Spontaneous statements gathered during informal face-to-face or telephone interviews with South Africans (psychologists and non-psychologists) who had spent different lengths of time in the UK
- (ii) feedback comments from respondents who completed the Part 1

pilot study - these comments were verbally communicated, or written on the pilot version of the information questionnaire (iii) by the researcher based on the content areas (socio-emotional adjustment and social and psychological integration) as specified on the blueprint which was developed following Taft's (1987) model of migrant adjustment (see Table 5.1 below) (iv) by the researcher in her role as 'participant observer'.

The items were assessed by four UK-based South African clinical psychologists and six non-psychologist South Africans. Their tasks were to examine the appropriateness or face validity of the items, and to rate them as positive or negative for scoring purposes. The statements were printed on cards and judged by a panel of three clinical psychologists according to their representativeness of the content areas and manifestations described in the matrix below. This step was taken to enhance the construct validity of the scale. On the basis of these assessments, seven items were discarded as ambiguous or unrepresentative. A few words or phrases were modified to improve clarity. Seventy-four items (a minimum of four in each cell) were retained. The items were then randomized by shuffling the cards, and adjustments in the order of items was made for any that were placed inappropriately on the final version of the pilot questionnaire.

## 5.2 Matrix for the development of the SASS

Table 5.1 below shows the matrix used for the development of the SASS. The horizontal axes incorporate the content areas of socio-emotional adjustment and psychological and social integration, while the vertical axes incorporate the cognitive, affective and behavioural manifestations of these content areas.

Table 5.2 below shows the cell numbers of the same blueprint or matrix. Each cell has been given a number, for example "IA". This number identifies the cells by category and by cognitive, affective or behavioural manifestation for the purposes of facilitating later discussion. The categories are detailed below in sections 5.3 to 5.8.

MANIFESTATIONS	CONTENT AREAS				
	Socio-emotional Adjustment	Psychological and Social Integration			
		National and Ethnic identity	Cultural Competence	Social Absorption	Role Acculturation
	A	B	C	D	E
I  COGNITION	Identity continuity, Self-insights, Understanding of adjustment processes.	Beliefs about potential belonging, Beliefs about Ethnic groups, Ethnic preference.	Beliefs about roles, Beliefs about competence, Attitude to learning about host culture.	Beliefs about hosts as a group, Beliefs about social potential, Insights into social acceptance.	Language preference, Beliefs about values/differences, Insights into language use.
II  AFFECT	Confidence and self-esteem, Sense of well-being, Satisfaction, Self-perceived adjustment, Emotional comfort.	Self-perceived identity, Feeling of belonging/'at-homeness', Ethnic reference group, Integration of loss (cultural).	Self-perceived competence, Feelings of mastery and coping.	Favourable attitude toward social interaction with hosts, Perceived acceptance.	Attitude to conformity (dress, food sport, rules) Self-perceived convergence of values & attitudes.
III  BEHAVIOUR	Quality of life, Mental health.	Citizenship, Overt social identity, Commitment.	Language competence, Potential for role performance, Knowledge of host culture, Coping skills, Creativity.	Interpersonal contact with hosts, Membership in organizations, Social acceptance.	Language use, Behavioural conformity, Behavioural changes, Role behaviour and role changes.

TABLE 5.1 Matrix for the development of the SASS

MANIFESTATIONS		CONTENT AREAS			
Socio-emotional Adjustment		Psychological and Social Integration			
		National and Ethnic identity	Cultural Competence	Social Absorption	Role Acculturation
	A	B	C	D	E
I COGNITION	IA	IB	IC	ID	IE
II AFFECT	IIA	IIB	IIC	IID	IIIE
III BEHAVIOUR	IIIA	IIIB	IIIC	IIID	IIIE

**TABLE 5.2** Matrix for the development of the SASS showing cell numbers

### **5.3 Description of the SASS matrix : cognitive, affective and behavioural manifestations**

The categories on the vertical axis, namely cognition, affect and behaviour (the manifestations of the content areas), incorporate most of the internal and external aspects of adjustment and integration identified by Taft (1987) in his analysis of the adaptation of immigrants. For the purposes of this study, Taft's (1987) internal dimension was separated into two categories in order to change the balance between internal and external manifestations, providing more internal emphasis. These two categories (cognition and affect) would then account for two thirds of the items, rather than one half. This was considered an appropriate shift as it was not possible to obtain fully objective measures of external manifestations using a self-report questionnaire.

### **5.4 Description of the content areas by category/cell**

#### **5.4.1 Category A. Socio-Emotional Adjustment**

##### **5.4.1.1 Cell IA. Cognitive aspects of Socio-Emotional Adjustment (6 - items)**

This category addresses aspects of identity continuity, self-insights and the understanding of adjustment processes. An example is: "Coming to the

UK has raised questions about my identity".

**5.4.1.2 Cell IIA. Affective aspects of Socio-Emotional Adjustment (8 - items)**

This category deals with feelings of emotional comfort, the sense of well-being, feelings of satisfaction and self-perceived adjustment, including the awareness of loss. An example is: "I still experience a profound sense of loss which is directly related to leaving South Africa".

**5.4.1.3 Cell IIIA. Behavioural aspects of Socio-Emotional Adjustment (0 - items)**

This category addresses both 'quality of life' and mental health. No specific items were generated for this category as quality of life was incorporated as a series of satisfaction items which were included in the information section of the survey. The GHQ-12 and the Rosenberg self-esteem scales were taken as objective measures of mental health.

5.5            **B. Social and Psychological Integration**

5.5.1            **Category B. National and ethnic identity**

5.5.1.1            **Cell IB. Cognitive aspects of National and Ethnic Identity (5 - items)**

Beliefs about the potential for belonging, beliefs about one's ethnic group and identity and ethnic preferences were the criteria for this category. A further aspect was one of the idea of a shared 'fate' (Taft, 1977). An example of an item from this category is: "It is important for South Africans to stick together in a foreign country".

5.5.1.2            **Cell IIB. Affective aspects of National and Ethnic Identity (7 - items)**

This category incorporates ideas of self-perceived identity, feelings of belonging, 'at homeness', and feelings about one's ethnic reference group. For example: "I feel completely 'at home' here in the UK".

5.5.1.3            **Cell IIIB. Behavioural aspects of National and Ethnic Identity (8 -items)**

Aspects such as obtaining citizenship and commitment to staying in the



UK were taken as evidence for the behavioural component of ethnic and national identity. An item commonly used in migration studies (Taft, 1977) and included in this one, is: "Apart from possible holidays abroad or visits home, I would like to spend the rest of my life in the UK".

## **5.6 Category C. Cultural Competence**

### **5.6.1 Cell IC. Cognitive aspects Cultural Competence (4 - items)**

In this category beliefs about roles, about personal competence and attitudes towards learning about the host culture are included. The following is an example of some of the items in this category. "I think I have just about 'got it right' as regards coping with my new life and environment".

### **5.6.2 Cell IIC. Affective aspects of Cultural Competence (4 - items)**

This category incorporates self-perceived competence in the host language and feelings of mastery. "I feel I am able to get on with my life" is an example.

**5.6.3 Cell IIIC. Behavioural aspects of Cultural Competence (4 - items)**

A major component of this category is the acquisition of a new language. While most migrant South Africans in the UK would probably have English as a first, or perhaps a second language, there are nevertheless differences in meaning at the affective and interpretive levels which require a degree of mastery. Further aspects of cultural competence are the potential for role performance, knowledge of the host culture, actual coping and the potential for creativity. An example of an item in this category (negatively stated) is: "I seem to spend most of my time and energy just coping with everyday things, rather than getting on with my life creatively".

**5.7 Category D. Social Absorption**

**5.7.1 Cell ID. Cognitive aspects of Social Absorption (4 - items)**

These items reflect beliefs about the host nation as a group, beliefs about one's social potential and insights into social acceptance. Taft (1987) points out however, that although involvement with one's host group is positively correlated with all aspects of adjustment and integration, the continuation of relations with the original ethnic group is not necessarily seen as negative. An example of one of items in this subsection is: "I find

the British closed off and unfriendly".

#### **5.7.2 Cell IID. Affective aspects of Social Absorption (5 - items)**

These items include aspects such as a favourable attitude toward social participation with one's hosts, the perception of acceptance and a felt-acceptance. An item from this category is "If I were to marry, I would feel comfortable marrying a British person (or I already have)".

#### **5.7.3 Cell IIID. Behavioural aspects of Social Absorption (5 - items)**

Taft (1987) suggests that an external manifestation of social absorption is the degree to which the newcomer is acceptable to formal or informal groups. However, he continues that actual social interaction may vary greatly in intimacy and intensity. An item in this category is "I am often invited to social events or family celebrations by British people".

### **5.8 Category E. Role Acculturation**

#### **5.8.1 Cell IE. Cognitive aspects Role Acculturation (4 - items)**

This subsection incorporates aspects such as beliefs about values or differences, beliefs and insights into language use, and the perception of

the potential for coping. One of the items in this category (negatively stated) is: "The task of being successful or achieving a life that is more than just survival, seems almost impossible".

#### **5.8.2 Cell IIE. Affective aspects of Role Acculturation (4 - items)**

In this category attitude to conformity and 'fitting in' as regards dress, decor, food, sport, 'rules' etc., are addressed. An example is : "At International sporting events where SA vs UK, I would always support the SA team".

#### **5.8.3 Cell IIIE. Behavioural aspects of Role Acculturation (6 - items)**

Items in this final subsection incorporate aspects such as language use, behavioural changes and role behaviour and changes. The item "I make a conscious effort to moderate my South African accent" is one example. Appendix 2 contains a complete list of items in their respective categories.

## 5.9 Scoring on the SASS

Scoring on the SASS was on a Likert-type scale on a five point continuum from "Strongly Agree" (SA = 5 points) to "Strongly Disagree" (SD = 1 point). A summed score was obtained on both the pilot and the final versions of the questionnaire. In the pilot version 38 items were expressed positively, and 36 items were negatively expressed. This was done in order to reduce sources of bias such as the 'severity' or 'leniency' error (Kerlinger, 1986). The scoring range on the 74-item pilot version of the SASS was from 74 to 370, a high score indicating better adjustment or settlement.

## 5.10 Stage 2 - Pilot study - The SASS

### 5.10.1 Aims

- (i) To establish the facility ( $P$ ) and discrimination ( $r$ ) values of the items
- (ii) to examine the factor structure of the 74 SASS items
- (iii) to select the strongest items for the final version of the questionnaire on the basis of the ( $P$ ) and ( $r$ ) values of the items
- (iv) to assess the clarity of the instruction for the completion of the scale items
- (v) to estimate the completion time for the SASS

(vi) to check whether there were any statements that were deemed objectionable

(vii) to establish any ambiguity or lack of clarity of the items

(viii) to invite respondents to comment on the scale in general, on the items in particular, or on the completion task.

#### **5.10.2 Participants for the Stage 2 (SASS) pilot study**

Participants for the SASS pilot study were South Africans who had been living in the UK for varying lengths of time. Distribution was effected using the snowballing method. The SASS was printed and distributed to 95 respondents (in the first week in June, 1996) on the basis that the number of respondents in the pilot sample should exceed the number of items piloted, by at least one (Kerlinger, 1986).

#### **5.11 Procedure**

Ethical issues were considered and a statement on ethical issues can be seen in Appendix 3. A covering letter was drafted to outline the purpose of the study and to describe the other sections of the survey in brief for those who were only given the SASS to complete (see Appendix 4). Feedback items were included which invited respondents to comment on the layout, the clarity of the instruction or on the individual items (Appendix 4). Respondents were asked whether any items were

objectionable and whether it was felt that any further issues should be included. Ninety-five SASS questionnaires (see Appendix 5) were distributed as described above.

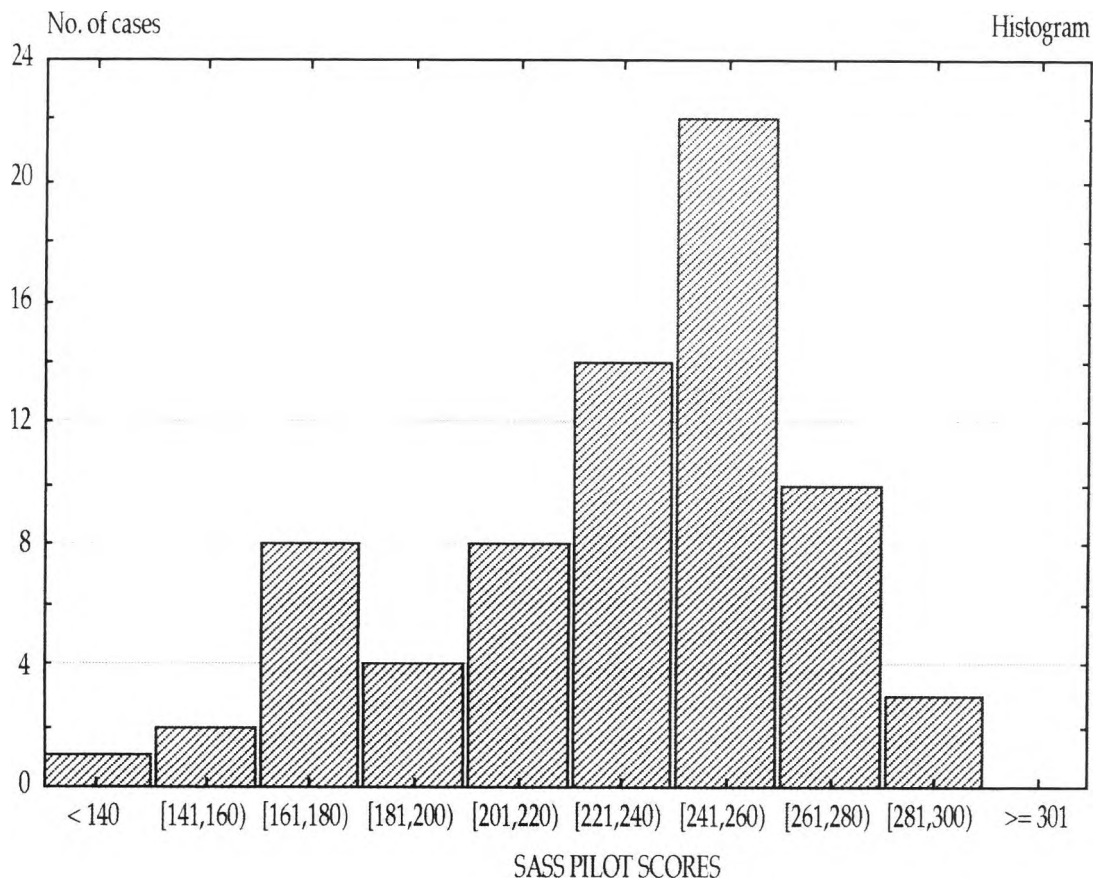
## 5.12 Outcome of the Stage 2 pilot study

### 5.12.1 Response rate

A total of 77 questionnaires (81 per cent) were returned. Two questionnaires were returned incomplete and were not included in the item analysis. Table 5.3 below shows the descriptive statistics of the pilot data while Figure 1 shows the distribution of scores on the 74-item pilot version of the SASS.

**TABLE 5.3 Descriptive statistics of scores on the 74-item pilot version of the SASS**

STATISTICAL STATISTICS	Descriptive Statistics						N of Cases = 75	
	Variable	N	Min	Max	Mean	Std.Err.	Std.Dev	
SASS-Pilot	75	131	291	230.9	4.222140	36.56480		



**Figure 1**      **Distribution of scores on the 74-item pilot version of the SASS** (N = 75)



### **5.13 Item analysis**

The function of an item analysis is to maximise test reliability. In conducting an item analysis, there are two measures to consider, the facility (P) and the discrimination ( $r$ ) indices.

#### **5.13.1 Facility index**

The facility index (P), or item difficulty index indicates the proportion of respondents giving a particular response. In person-based tests, it is the mean value of the item scores across respondents (Rust & Golombok, 1989). Items with a facility index equal to, or approaching either of the extreme scores for the item (ie., 1 = Strongly Disagree, or 5 = Strongly Agree) should be rejected. Items with a value between 2 and 4 inclusive are considered acceptable.

#### **5.13.2 Discrimination index**

The discrimination index ( $r$ ) indicates the extent to which a particular item discriminates between individuals with low and high levels of the characteristic in question, in this instance, adjustment or settlement. The discrimination index is determined by calculating the Pearson product-moment correlation coefficient between the item scores and the total scores. This reveals the extent to which each item correlates with the scale

as a whole and, according to Rust and Golombok (1989), the extent to which a particular item is measuring the trait in question. The discrimination index may take on values between +1.0 and -1.0. Rust and Golombok (1989) suggest that discrimination values should be as high as possible. On the basis of 75 protocols, the facility ( $P$ ) and discrimination ( $r$ ) values of the 74 items were established using STATISTICA for the Macintosh.

### **5.13.3 Factor analysis**

A factor analysis was performed on the 74-item version of the SASS. However, it did not reveal anything useful in terms of an underlying factor structure for purposes of construct validity since most of the items loaded on the first or the second factor. Supposedly, this was due to the possibility that a number of the items (those which were rejected on the basis of the item analysis) were not measuring the construct appropriately. A further factor analysis was therefore performed using the revised 30-item version of the questionnaire (see section 5.16.3 below).

### **5.14 Item selection**

The criteria for selecting items were: facility ( $P$ ) values between two and four inclusive, and discrimination ( $r$ ) values  $\geq 0.2$  (Rust and Golombok, 1989). The major criterion for selection was the discrimination ( $r$ ) value,

but where it was necessary to take into consideration the facility value of an item (perhaps only one item in a particular cell had an acceptable facility value), ( $r$  ) values may have been compromised to a small extent. Thirty items were retained in the final version of the SASS. At least one item per cell was included so as to preserve content validity. Of the remaining items, 11 were stated positively and 19 negatively. The elimination procedure is explained more fully below.

For example, if one views the top section (the first five items) of column A on Table 5.4 below, it shows that items 27 and 73 have the highest discrimination values (.5094 and .5128 respectively). Although some of the other items (items 7, 53, or 61) have somewhat better facility (P) values, the discrimination index was the main criterion and items 27 and 73 were selected above the others on that basis. The retained items can be viewed in their original cell positions in Table 5.5 below.

Further modifications were made to the SASS as follows:

- (i) Three items were restated positively so as to increase the number of positive statements to fourteen
- (ii) one item was discarded despite having strong (P) and ( $r$  ) values as it pertained to the working environment and it was felt that there might be a number of participants in the unemployed or retired categories who would not be able to respond

(iii) some grammatical inconsistencies were found and statements were rephrased or punctuation changed.

The stage 2 pilot study revealed that there were no objections to any of the items. There did not appear to be any problems with the layout, with the instructions or with the length of the questionnaire. A fair amount of interest in the project and some positive comments were expressed by respondents on the feedback forms.

Socio-Emotional Adjustment A	Social and Psychological Integration			
	National and Ethnic identity B	Cultural Competence C	Social Absorption D	Role Acculturation E
7. P = 2.813 r = .2585	3. P = 3.200 r = .6029	12. P = 3.080 r = .4852	4. P = 2.933 r = .3229	2. P = 3.880 r = .6394
27. P = 3.026 r = .5094	10. P = 2.933 r = .5532	19. P = 3.626 r = .0246	17. P = 3.386 r = .1271	14. P = 3.373 r = .6570
53. P = 3.013 r = .4507	20. P = 2.413 r = .649	33. P = 2.960 r = .1227	47. P = 3.000 r = .7181	29. P = 3.133 r = .6602
61. P = 2.333 r = .4426	46. P = 2.280 r = .5688	45. P = 3.466 r = .6884	55. P = 3.160 r = .6899	48. P = 3.573 r = .6005
73. P = 3.840 r = .5128	63. P = 2.586 r = .4371			
1. P = 3.613 r = .6007	22. P = 2.306 r = .5959	49. P = 2.2263 r = .4497	4. P = 3.386 r = .4081	9. P = 3.413 r = .6500
5. P = 3.386 r = .5059	37. P = 3.320 r = .5233	51. P = 3.040 r = .4211	44. P = 3.240 r = .6581	31. P = 3.640 r = -.0289
6. P = 2.706 r = .2271	39. P = 2.933 r = .4931	56. P = 3.280 r = .4776	59. P = 3.826 r = .3523	52. P = 3.293 r = .4326
15. P = 4.173 r = -.3371	42. P = 3.080 r = .7665	69. P = 3.840 r = .7357	68. P = 3.013 r = .5778	58. P = 3.426 r = .1131
16. P = 3.146 r = .6232	60. P = 2.946 r = .7029	71. P = 3.026 r = .6115	70. P = 3.146 r = .6613	66. P = 2.280 r = .3580
18. P = 3.293 r = .6296	62. P = 2.453 r = .5601			
30. P = 2.800 r = .5751				
43. P = 3.360 r = .2389				
	24. P = 3.573 r = .7154	8. P = 3.546 r = .4290	11. P = 2.853 r = .6055	21. P = 2.586 r = -.0722
	26. P = 2.386 r = .3722	32. P = 3.013 r = -.0289	13. P = 2.946 r = .6267	36. P = 2.946 r = .0581
	28. P = 3.853 r = -.0843	35. P = 2.986 r = .2011	23. P = 3.160 r = .0386	41. P = 2.880 r = .0351
	40. P = 3.093 r = .4230	38. P = 3.333 r = .4007	25. P = 2.786 r = .3666	50. P = 2.986 r = .0097
	57. P = 2.680 r = .2634	65. P = 3.866 r = .6641		54. P = 3.160 r = .2845
	67. P = 3.333 r = .3795			64. P = 3.466 r = .0559
	72. P = 3.040 r = .4212			
	74. P = 2.866 r = .6187			

TABLE 5.4 Facility (P) and Discrimination (r) values of the 74 item pilot SASS

Socio-Emotional Adjustment A	Social and Psychological Integration			
	National and Ethnic identity B	Cultural Competence C	Social Absorption D	Role Acculturation E
27. P =3.026 r = .5094	3. P = 3.200 r = .6029	12. P =3.080 r =.4852		2. P =3.880 r =.6394
	20. P = 2.413 r = .6496		47. P =3.000 r =.7181	
73. P =3.840 r =.5128		45. P =3.466 r =.6884	55. P =3.160 r =.6899	48. P =3.573 r =.6005
-----				
1. P =3.613 r =.6007				9. P =3.413 r =.6500
			44. P =3.240 r =.6581	
	42. P =3.080 r =.7665	56. P = 3.280 r = .4776		52. P =3.293 r = .4326
16. P =3.146 r = .6232	60. P =2.946 r =.7029	69. P =3.840 r = .7357		
30. P =2.800 r = .5751		71. P = 3.026 r = .6115	70. P =3.146 r =.6613	
-----				
	24. P =3.573 r =.7154	8. P =3.546 r =.4290	11. P =2.853 r =.6055	
			13. P =2.946 r =.6267	
			65. P = 3.866 r = .6641	54. P =3.160 r = .2845
	72. P =3.040 r = .4212			
	74. P = 2.866 r = .6187			

**TABLE 5.5** Items retained for the final version of the SASS showing their original cell position

## 5.15 SASS - Final version

The retained items were re-numbered (1-30) and re-ordered through shuffling the cards. The SASS constituted Part 3 of the full survey questionnaire (see Appendix 6). Fourteen of the items were expressed positively and 16 of the items were negatively expressed. The scores of the negative items would be reversed to obtain a total summed adjustment or settlement score for each respondent. The possible scoring range was between 30 and 150. Table 5.6 below shows the facility and discrimination values of the 30-item version of the SASS using data from the complete sample of 216 respondents. The results of the item analysis with the larger sample confirm that the items have good discrimination values (all are  $\geq 0.3$ ), and that the facility values are at an acceptable level (between 2.6 and 4.1).

Item Number	Means (Facility values)	Item to Total Correlations (Discrimination values)
SASS1	4.078704	.6490864
SASS2	3.564815	.5118603
SASS3	4.023148	.5509227
SASS4	3.787037	.6104664
SASS5	3.444444	.5712656
SASS6	3.657408	.5755594
SASS7	4.013889	.7010972
SASS8	2.643518	.3772040
SASS9	3.884259	.5978597
SASS10	4.111111	.5584912
SASS11	3.486111	.4664097
SASS12	4.037037	.6010759
SASS13	3.504630	.6905972
SASS14	3.620370	.7793930
SASS15	3.115741	.4985353
SASS16	3.212963	.4535521
SASS17	3.703704	.4943620
SASS18	4.000000	.7304264
SASS19	3.458333	.6020961
SASS20	3.930556	.6431485
SASS21	3.759259	.5337268
SASS22	3.819444	.7357310
SASS23	3.453704	.5432969
SASS24	3.666667	.5202416
SASS25	4.115741	.6533606
SASS26	3.884259	.6251916
SASS27	3.611111	.6457307
SASS28	3.430556	.3443209
SASS29	4.106482	.4688331
SASS30	3.268518	.6519667

(N=216)

**TABLE 5.6 Facility and Discrimination values of the 30-item SASS**



## 5.16 Reliability and validity of the 30-item SASS.

### 5.16.1 Inter-item Reliability

The final version of the questionnaire (30 items) was tested for internal consistency. The reliability is at an acceptable level for research purposes and confirms that the test is measuring the respondents' status with reasonable accuracy. The results are shown in Table 5.7 below.

Cronbach's alpha	= .9411	
Standardized alpha	= .9433	
Average inter-item correlation	= .3626	(N = 216)

**TABLE 5.7 Inter-item reliability of the SASS**

### 5.16.2 Construct validity

The SASS total scores were correlated with scores on the self-rated adjustment variable and with satisfaction scores. A correlation coefficient of 0.71 was obtained at the .001 level of significance with self-rated adjustment scores, and a coefficient of 0.69 was obtained with satisfaction scores. The relationships are as one would expect, and they show the beginnings of evidence for construct validity.

### 5.16.3 Factor analysis

A factor analysis was performed on the 30-item version of the SASS in order to determine the underlying factor structure of the 30 items. An oblique rotation revealed five factors with an eigenvalue of  $>1.00$  which accounted for about 58% of the variance. In the way that the items load together, the five factors which emerged appear to be measuring almost the same constructs that were identified by Taft (1987) in his analysis of immigrant adjustment.

Of the five factors which emerged, factor 1 appears to correspond with Taft's (1987) dimension of socio-emotional adjustment. This correspondence can be seen from a close inspection of the items loading on this, the strongest factor. Factor 1 shows that although some of the items were designed specifically to tap socio-emotional adjustment, rather than reflecting this general category, the three strongest of the 10 items (items 1, 3 and 25) seem to reflect an expression of satisfaction with the present and an optimism about the future. Of course, a positive attitude toward the present and the future would be highly unlikely to exist in an individual who is poorly adjusted and thus it could perhaps be appropriately interpreted as a central feature of 'socio-emotional adjustment'. Indeed, looking at column A on the matrix for the development of the SASS (p.82), the aspects of satisfaction or emotional comfort are quite well reflected under socio-emotional adjustment. Thus

it is possible that items 3, 4, 10, and 14 which originate from categories designed to tap other constructs might have been better placed in category A in the first instance.

Factor 2 seems to be closely related to Taft's (1987) concept of 'social absorption'. Most of the items (five out of the eight items) which loaded on this factor were generated with the category 'social absorption' in mind, and those items which load most heavily (items 5, 24, 6, 19) seem to reflect the concept accurately.

Four items loaded on factor 3 and these items correspond to the category 'national and ethnic identity'. Three of the four items were generated with this construct in mind, specifically those which loaded most heavily (items 28 and 23). From a conceptual point of view, the items clearly reflect the underlying theoretical construct. Similarly with factor 4 on which six items are loaded. Items 15, 16 and 21 are those which load most heavily and of these, items 15 and 21 were developed on the basis of the concept of 'role acculturation'. While two of the six items which loaded on Factor 4 were generated with a different construct in mind, the majority of the items reflect the concept of role acculturation.

Finally, factor 5 loaded with two items (items 9 and 2) and these items appear to reflect Taft's (1987) idea of 'cultural competence'. The items were generated with a different concept in mind, but item 9 - "I can only

really be myself in the company of other South Africans" appears to reflect the construct quite well. In summary, although inspired by Taft's (1987) model of immigrant adjustment, the 30 items do not load exactly according to the underlying theoretical model. However the five factors which emerged appear to reflect the original structure of immigrant adjustment quite well.

The overall findings from the statistical analyses of the SASS items indicate that the SASS is a reliable instrument, and that even though the adjustment items are not structured in a way that reflects Taft's (1987) theoretical model exactly, the scale appears to be measuring adjustment in terms of the conceptualization suggested by Taft's (1987) model of immigrant adjustment. Thus the beginnings of evidence for construct validity are demonstrated. Of course, it is possible that some of the items may have been somewhat too loosely defined in the first instance, and that this is the reason that the items have slipped across categories revealing the results in the present factor analysis. Table 5.8 below shows the underlying factor structure of the SASS and Table 5.9 below shows the individual scale items with their respective factor loadings in order of strength.

SASS item No.	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
1	.75861				
2					-.49265
3	.73780				
4	.53359				
5		.78629			
6		.72546			
7	.42167				
8		.45843			
9					-.65162
10	.63895				
11			.43308		
12				-.45572	
13				-.40160	
14	.35554				
15				-.63126	
16				-.77053	
17		.61481			
18	.46388				
19		.62826			
20			.35022		
21				-.61144	
22		.37844			
23			.47149		
24		.73974			
25	.66362				
26		.52737			
27				-.49091	
28			.81936		
29	.61741				
30	.47311				

**TABLE 5.8** Factor loading from an oblique rotation of the 30-item SASS

Item No.	Statements	Loading
Factor 1 (Socio-emotional adjustment)		
1	In general, I have a sense of well-being regarding my life in the UK.	.75861
3	I am able, or will be able to attain my personal or career goals here.	.73780
25	I feel I am able to get on with my life.	.66362
10	I believe that moving to the UK has enriched my life.	.63895
29	I definitely made the right decision in leaving South Africa.	.61741
4	Coming to the UK has left me unable to control many aspects of my life.	.53359
30	Apart from possible holidays abroad or visits home, I would like to spend the rest of my life in the UK.	.47311
18	I think I have more or less 'got it right' as regards coping with life in the UK.	.46388
7	I still feel traumatized by my move to the UK.	.42167
14	I feel completely 'at home' here in the UK.	.35554
Factor 2 (Social absorption)		
5	I am often invited to social events or family celebrations by British people.	.78629
24	Almost all of my friends in this country are South Africans.	.73974
6	I respect many of the attitudes and values which are part of the British way of thinking.	.72546
19	On the whole, I find the British closed off and unfriendly.	.62826
17	If I were to marry, I would feel comfortable marrying a British person (or I already have).	.61481

**TABLE 5.9 SASS items - factor loadings for a five-factor rotated solution**

Item No.	Statements	Loading
Factor 2 (Social absorption) (cont.)		
26	I feel comfortable about bringing up any children I have, or may have, in this country.	.52737
8	There are many more things I like about the British than about South Africans.	.45843
22	I feel as though I do not belong here in the UK.	.37844
Factor 3 (Cultural competence)		
28	I avidly read magazines or newspapers from, or about South Africa.	.81936
23	I feel more South African since coming to the UK than I did whilst living in South Africa.	.47149
11	I would never be able to cope with living here if I could not have regular telephone contact with friends and/or family in South Africa.	.43308
20	I feel that being away from South Africa gets more difficult, rather than easier over time.	.35022
Factor 4 (National and ethnic identity)		
16	Although as South Africans in the UK we speak the same language, things I say are often mis-interpreted because of cultural differences.	-.77053
15	I am much less spontaneous than I used to be in South Africa (e.g., with visiting friends, inviting people round or even chatting to strangers).	-.63126
21	I feel I do not yet know or understand many of the British 'rules' of communication and behaviour.	-.61144
27	I spend most of my time and energy just coping with everyday things, rather than getting on with my life creatively.	-.49091
12	The task of being successful or achieving a new life that is more than just survival, seems almost impossible.	-.45572
13	I still experience a profound sense of loss which is directly related to leaving South Africa.	-.40160

**TABLE 5.9 (Cont.) SASS items - factor loadings for a five-factor rotated solution**

Item No.	Statements	Loading
Factor 5 (Role acculturation)		
9	I can only really be myself in the company of other South Africans.	-.65162
2	It is important for South Africans to stick together in a foreign country.	-.49265

**TABLE 5.9 (Cont.) SASS items - factor loadings for a five-factor rotated solution**

### 5.17 Summary

Thus far, cross-cultural migration and adjustment have been discussed with a specific focus on contemporary white South African emigration. Various factors affecting adjustment were presented in the light of previous research, their significance for the adjustment of South Africans living in the UK, and in terms of the aims and objectives and the specific relationships which are explored in this study (Chapters I - III). The development of the biographical, information and satisfaction sections of the survey questionnaire, and a new scale (the SASS), were achieved through the conduct of a two-stage pilot study (Chapters IV and V). The SASS items are shown to have good discrimination values (all are  $\geq 0.3$ ), and acceptable facility values (between 2.6 and 4.1). The scale items are shown to have an average inter-item correlation of 0.36. The SASS has



good reliability (Cronbach's alpha = 0.94), and the beginnings of evidence for construct validity were demonstrated by a factor analysis of the final, 30-item version of the scale. A five-factor solution was found to reflect the original matrix for item development - based on Taft's (1987) analysis of immigrant adjustment - relatively accurately.

The following chapter (Chapter VI) moves on to the findings of the present study and their interpretation. These are presented and discussed in terms of the specific relationships which are explored by means of statistical procedures, and interpretation and inference is enhanced by the addition of qualitative data from the open-ended survey questions where appropriate.

## CHAPTER VI

### 6.0 DATA COLLECTION AND RESULTS

#### PART A

##### 6.1 Sampling method

The target population was white, middle-class, adult (16 or older) South African immigrants living in the UK (mainly in London and the surrounding areas). The sampling method that was used is known as purposive or convenience sampling. In purposive sampling, respondents are not randomly selected but the cases which are used are judged as "typical of some cases of interest to the researcher" (Barker, Pistrang & Elliott, 1994, p.78). de Vaus (1996) suggests that amongst other non-probability sampling techniques, purposive sampling is useful for preliminary research, for the testing of questionnaires in scale development and to conduct an exploratory look at patterns in the general range of responses that people might have. This type of sampling is also considered feasible where the representativeness of the sample - for purposes of generalizability across the total population - is less important

than the task at hand (for example, questionnaire development). Overall, purposive sampling is generally considered cheap and efficient (de Vaus, 1996).

For the present study, purposive sampling was considered appropriate for the following reasons: (i) the intended respondents were the most readily accessible group; (ii) the research aims included the development of a scale and (iii) the project involves an exploration of factors which impact on adjustment rather than a rigorous testing of hypotheses. Of course, since the sampling technique used resulted in not all South African immigrants having had an equal chance of being selected, there is no way of estimating how representative the findings of the present study are of the experiences of all South African immigrants in the UK - although immigration policies and self-selection for immigration to the UK may have created a similar selection bias toward mainly middle-class professionals. The overall results will therefore only be indicative of the type of results one might obtain from a white, adult, middle-class population of South African immigrants, and were helpful for questionnaire development.

### **6.1.1 Sample size**

The sample size was dictated by the number of variables which would be included in the multiple regression analyses, in this instance, six. Since the expected return rate for mailed questionnaires is 40-60 per cent

(Kerlinger, 1986), it was estimated that approximately 250 questionnaires would be returned. Thus a minimum of 60 to 90 cases - approximately 10-15 cases for each variable as suggested by Kerlinger (1986), would easily be achieved.

### **6.1.2 Sampling procedure**

Participants were obtained through a South African University mailing list; through a mailing list of South African Jews; through South African clubs or meeting places and through personal connections of the researcher and her colleagues. A directory from the South African Business Club was obtained and a selection of these members, who did not appear to have Jewish names were sent a questionnaire with a covering note from the researcher, who is also a member. No attempt was made to equalize the numbers of men and women in the sample. A total of 350 questionnaires were distributed through mailing lists. A further 150 were distributed using the snowballing method. A total of five hundred South African volunteers were each given a survey questionnaire or sent one by post. Each questionnaire was accompanied by a stamped, addressed return envelope.

### **6.1.3 The survey questionnaire**

The complete questionnaire was compiled as follows (see Appendix 6).

- 1. A covering letter**
- 2. PART 1. Personal details**
- 3. PART 2. Reasons for leaving**
- 4. PART 3. The SASS**
- 5. PART 4. The GHQ -12**
- 6. PART 5. The Rosenberg self-esteem scale (RSE)**
- 7. PART 6. Satisfaction items**

### **6.1.4 Response rate**

Five hundred questionnaires were distributed in July and August 1996, and a total of 241 questionnaires were returned by mid-November, 1996. Thus a response rate of 48.2 per cent was achieved. While this percentage represents a fairly low return rate which will limit the generalizability of the results, it is within the expected range of 40-60 per cent for mailed questionnaires (Kerlinger, 1986). Eight questionnaires were omitted from the data analysis as they were either incomplete or defaced. A further seventeen questionnaires were returned after the deadline date (30th September) and were not included with the 216 questionnaires which were used for the data analyses.

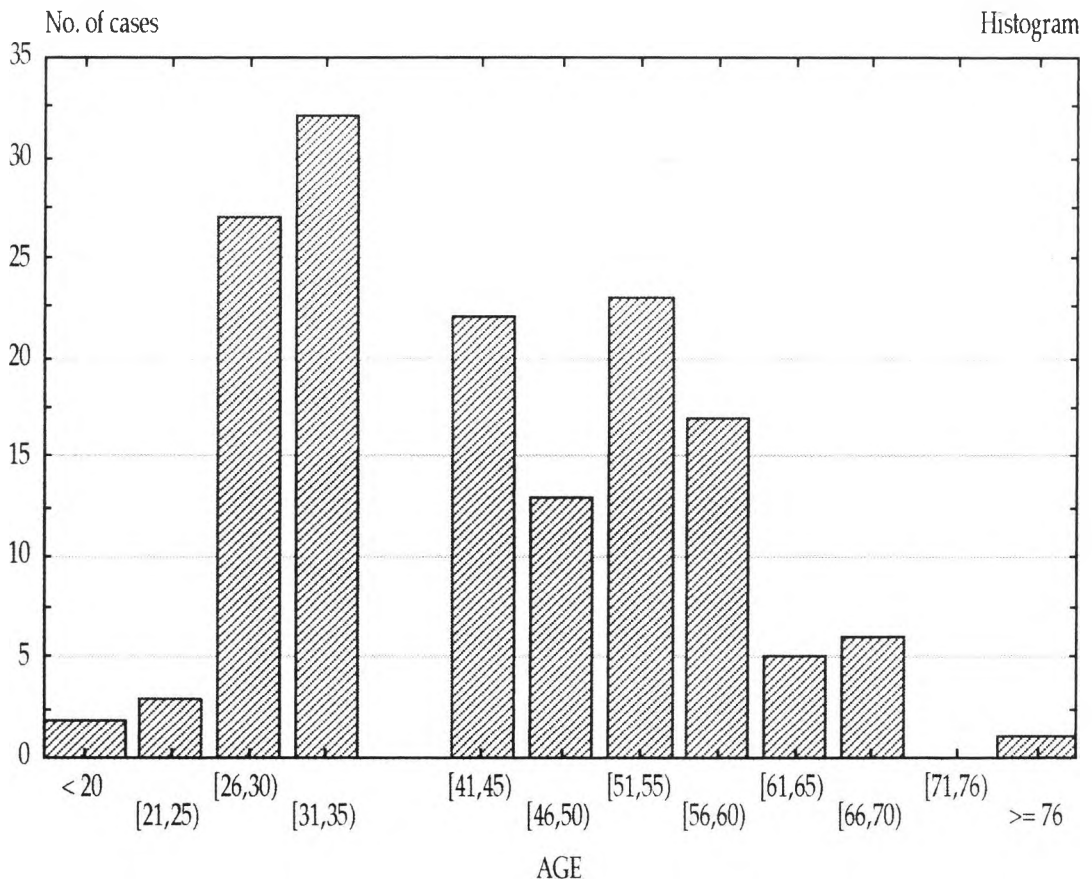
## PART B

### 6.2 CHARACTERISTICS OF THE SAMPLE AND DESCRIPTIVE STATISTICS

#### 6.2.1 Characteristics of respondents

There were 216 respondents with approximately equal numbers of men and women - 105 men (49%) and 111 women (51%). These numbers indicate a representative sampling of gender. The age range was from 16-76 with a mean age of 42.21 years. Figure 2 below shows the age range of participants. Respondents who were married or in a stable relationship numbered 157 (73%); those who were single (never married) numbered 40 (18%); six participants were separated (3%); seven were divorced (3%) and six were widowed (3%).

The results obtained on the item on ethnicity, to which 196 participants (91%) responded, indicate that it is very likely that all the respondents were white, except for the possibility of the 1% of respondents who were Afrikaans speaking South Africans. This result is as expected, since it is in accordance with the sampling technique used. Two hundred and three participants responded to the item on religion. Of these, 109 (54%) were



**Figure 2** Age distribution of 216 respondents

Jewish; 31 (15%) reported having no religion; 29 (14%) were Protestant; 15 (7%) were Christians; 9 (4%) were Catholics; 6 (3%) followed Eastern beliefs; 2 (1%) were Agnostic, and there was one each (1%) in the categories Atheist and Pagan. The proportion of Jews in South Africa is much lower than the 54% shown above (currently estimated at about 85,000 to 90,000 or between 1 and 2% of the white population) (Jewish Board of Deputies, Cape Town, 1997). Thus it seems unlikely that the proportion of Jews in the population of South African immigrants in the UK is as high as the present sample indicates. However, since a mailing list of Jewish South Africans was used for part of the sampling procedure and the researcher is a Jewish South African, as are many of her contacts who were responsible for implementing the snowballing technique, an over-representation of Jews in the present sample is hardly surprising.

Figures for the UK are unavailable, but the percentage of Jews in the South African community in Australia is estimated at 12.1% (Community Profiles - 1991 Census : Immigration and Population Research, 1994). In addition, Rubinstein (1995) suggests that up to 23.4 per cent of the 17.7 per cent of census respondents who omit to state their religion or who put "no religion" are likely to be Jewish. These are Jews who may not consider themselves Jewish in a religious sense, those who may be concerned about anti-semitic sentiment in an extremist government, or those who consider it an invasion of privacy. If one includes these respondents, an overall estimate of the number of Jews in the South African community



in Australia rises to about 16% of the 49,042 settlers. The proportion of Jews amongst South African settlers in the UK is most probably similar.

The majority of respondents surveyed had some form of University education with 41% holding professional qualifications and 59% holding a Bachelor's degree. Table 6.1 below shows the educational categories by number of respondents and percentages. It is well documented (e.g. Stoller, 1981b; Leshilo, 1996) that South African emigrants stem from the most highly educated strata of the population, and that their leaving has long created a brain drain on local South African resources. Therefore it is not surprising that the numbers of people in the above sample with tertiary or professional education are well above figures for the general South African population. However, since the respondents in this study were sampled from a white middle-class population, the results most probably reflect an existing bias in this population towards higher educational achievement. Thus, while this characteristic is consistent with this particular sample, it is not necessarily typical of South African immigrants in general.

Education level	Number	Percentage
Primary education	216	100%
Junior certificate	212	98%
Matriculation or Senior certificate	209	96%
Technical training	57	26%
Bachelors degree	129	59%
Honours degree	76	35%
Professional qualification (eg., law)	89	41%
Masters degree	51	23%
Doctoral degree	11	5%
Other**	25	11%

**TABLE 6.1 Distribution of responses on the variable 'years in education'**

\*\* The category 'other' included comments such as "doing a BA degree"; "thinking of doing a PhD"; "did two years of a law degree"; "hoping to get into a Masters Degree course" or "planning to study zoology".

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FOOTNOTE : For statistical purposes, scores were calculated as 'years in education' and allocated as follows. Primary school = 7 years; Junior Certificate = 10 years; Matriculation = 12 years; Technical college = 13 years; Bachelors degree = 15 years; Honours degree = 16 years; Professional qualifications = 17 years; Masters degree = 18 years and Doctoral degree = 22 years.

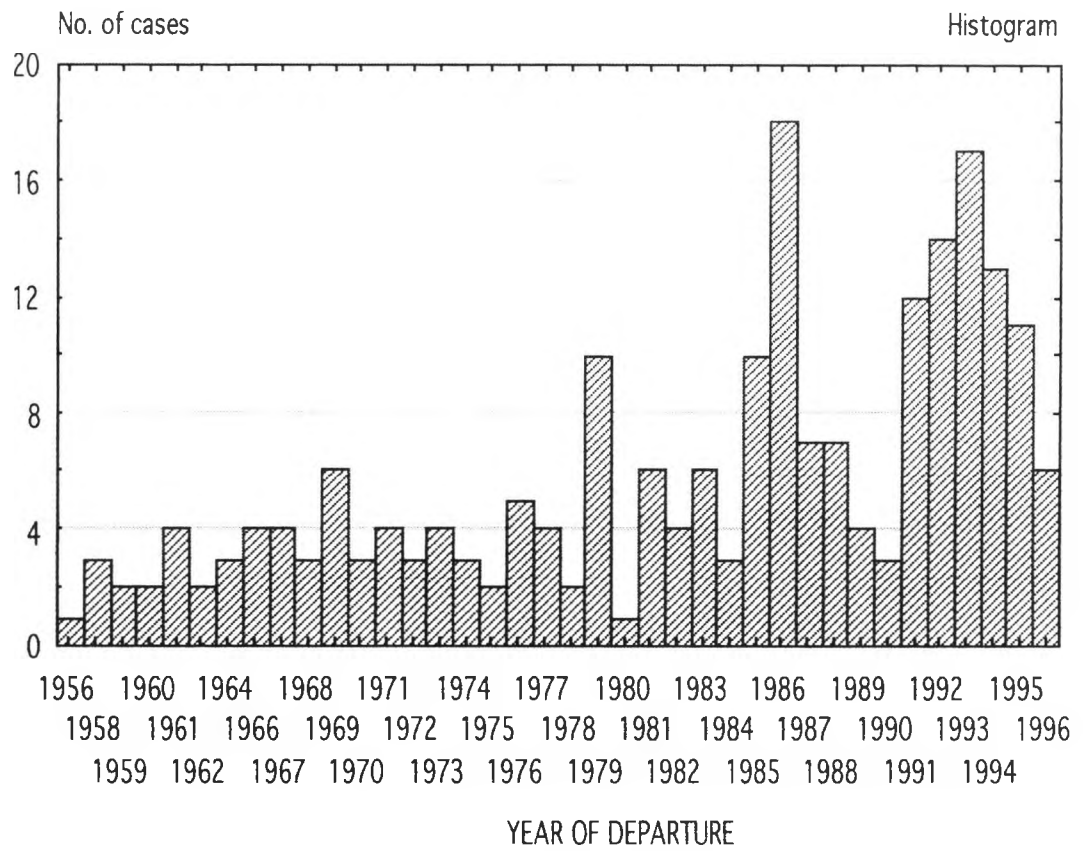
Of the 215 people who responded to the item on employment, 137 (64%) were in full-time employment; 40 (18%) were in part-time work; full-time homemakers numbered 12, (6%); retired people numbered 11, (5%); there were 8 students, (4%) and 7 respondents (3%) were unemployed. The item on field of training was an open question with no predetermined categories. The item was completed by 200 respondents (92%). The majority of respondents were trained in the categories science and medicine (19%); psychology and counselling (13%); the arts (12%); teaching (7%); accounting (7%); business (6%); law (6%); secretarial (6%) and media or information technology (5%). Only two respondents (1%) reported having no training. Those categories with more than 10 respondents in each are shown in Table 6.2 below.

Category	Number	Percentage
Science and medicine	41	19%
Psychology and counselling	28	13%
Arts	25	12%
Teaching	15	7%
Accounting	14	7%
Business	13	6%
Law	13	6%
Secretarial	13	6%
Media/information technology	11	5%
TOTAL	(147)	(74%)

**TABLE 6.2 Categories resulting from the variable 'Training' with more than 10 respondents in each**

The year of departure of respondents ranged from 1956 to 1996. There appears to be a trend toward a bimodal distribution, with the largest numbers of people in the sample leaving SA in the years 1991 to 1995 (31%) and 1985 to 1988 (19%). The individual years in which the highest numbers of people in the present sample of respondents left South Africa were 1986 (18 respondents) and 1993, which saw 17 immigrants to the UK.

Interestingly, the peaks which are reflected in the numbers of respondents who arrived in 1985 and 1986 tie in with the Rubicon speech. A second wave can clearly be seen in the years leading up to the multi-racial elections in 1994. The other two waves described in the literature (the Sharpeville massacre in 1960, and the Soweto riots in 1976) are not as clearly reflected in this particular sample of immigrants. However, it is possible that people who have been here for 35 years or more were not as easily accessible through the sampling procedures used. This is possibly due to their no longer subscribing to having their names on Alumni lists or no longer being in the work force and accessed through the SA Business Club directory. Further, it is conceivable that of the respondents who may have come to the UK around 1976 (at the time of the Soweto riots), many may have left SA for political reasons and some may have returned to South Africa subsequent to the elections in 1994. Figure 3 below shows the distribution of responses on the variable 'year of departure'.



**Figure 3**      **Distribution of responses on the variable 'Year of departure'**

The length of time participants had spent in the UK ranged from three months to 40 years, with a mean of 12.4 years. Results are summarised in Table 6.3 below.

Number of Years	Number of Respondents	Percentage
0-5	70	40%
6-10	25	15%
11-15	23	14%
16-20	16	9%
21-25	15	9%
26-30	13	8%
31-35	5	2%
36-40	6	3%

**TABLE 6.3 Length of time in the UK (N=173)**

### 6.3 Reasons for leaving South Africa

Respondents were asked what they considered to be their main reason/s for leaving South Africa. A pre-selected list of responses was provided and respondents were asked to tick all those items which applied. The items were generated through informal face-to-face and telephone interviews with 18 South Africans. For quantitative purposes, scoring was allocated according to the number of reasons given for leaving. Scores ranged from 1-8 with a mean of 3 reasons for leaving.

In summary, the responses on the items relating to reasons for leaving South Africa fell into four categories - violence, uncertainty, opportunity and circumstances. The reasons which were most often cited were in the categories "uncertainty about the long-term future" (52%); "the policies of the apartheid government" (50%) and "political tension and/or instability" (47%). The category 'other' subdivided into two main streams, 'opportunity' and 'circumstances'. Those aspects under opportunity included job offers, work transfers, a wish to travel in Europe and retirement. Those aspects under 'circumstances' included marriage to a UK citizen, family moving to the UK, army call-up, bereavement (not due to violence), homophobia and relationship breakup. The responses are summarised in Table 6.4 below.

	Response	No.	(%)
1	Uncertainty about the long-term future in SA...	113	(52%)
2	Could not support ... the apartheid government.	108	(50%)
3	Political tension and/or instability.	102	(47%)
4	Adventure - wanted to live in a new country.	72	(33%)
5	Crime and violence in South Africa.	72	(33%)
6	Economic uncertainty.	55	(25%)
7	Lack of opportunity in work/career/education, etc.	46	(21%)
8	Came along with, or brought...	40	(18%)
9	Could never identify with SA life and culture.	35	(16%)
10	Wanted to avoid the army.	25	(12%)
11	Could not support the post-apartheid government	3	(1%)
12	Other (please explain).	75	(34%)

**TABLE 6.4** Distribution of responses on the variable 'Reasons for leaving South Africa'

### 6.3.1 Triggers for leaving South Africa

Respondents were asked whether there was any one, specific event or personal experience or incident which influenced their decision, or acted as a trigger for their decision to leave South Africa. There were 208 responses to this item (96%). Ninety one respondents answered "Yes" (44%), while 117 answered "No" (56%). Events regarded as significant fell into three categories - violent, political or personal. Violence, cited by 24 respondents (11%) included events such as the Soweto Riots (1976), the



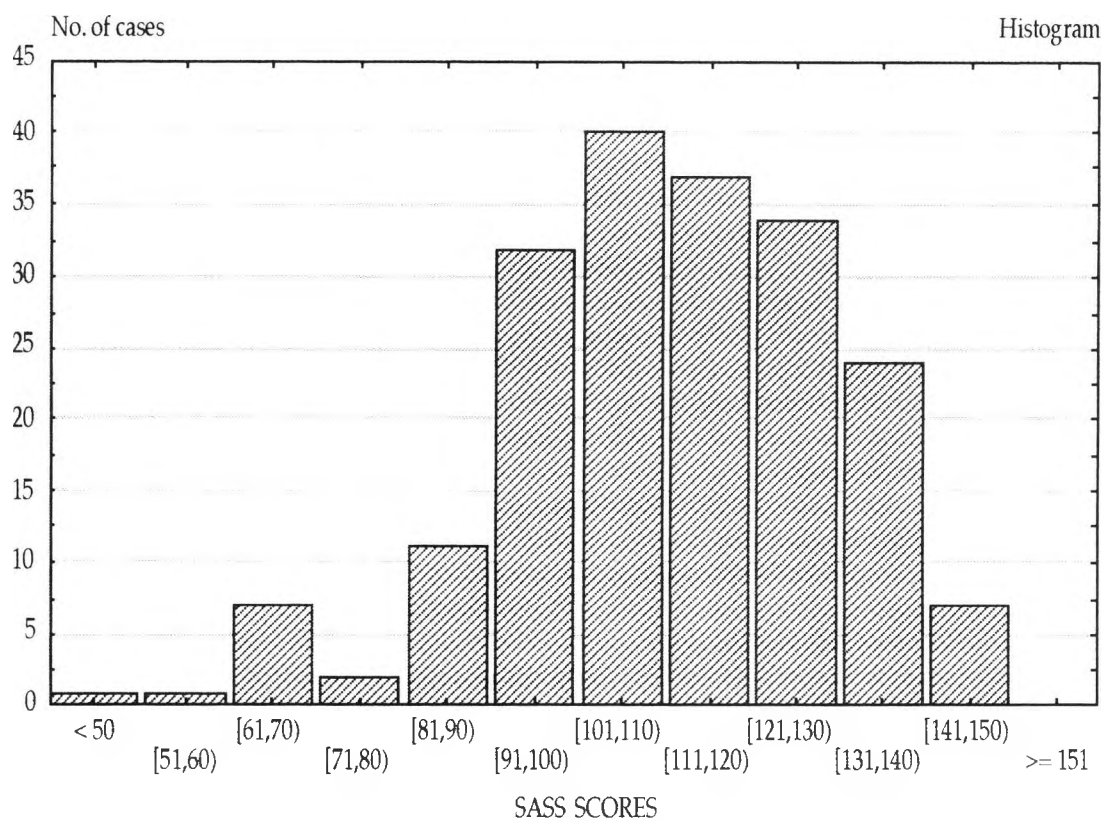
Sharpeville massacre (1960), mugging, burglary, car-jacking, murder of a family member through violent crime, the shootings at St. James' Church, Cape Town (1993) and police intimidation. Political incidents acted as a trigger for 27 respondents (13%). These included political arrests of individuals or their friends, military call-ups for township duties, the 'Rubicon' speech (1985), being tracked down by the military police for army avoidance, the declaration of the state of emergency, and the dangers of ANC (African National Congress) involvement. Personal triggers (51 respondents, 24%) included marriage to a UK citizen, job offers, work transfers, educational opportunities, the 'pull' of European culture, and family migration.

Respondents were asked if they had people they could rely on in times of difficulty or stress. All participants responded to this item. Ninety three per cent (N=201) responded "Yes", and 15 (7%) per cent responded "No".

## 6.4 Dependent Variables : Descriptive statistics

### 6.4.1 The South African Settlement Scale (SASS)

Figure 4 shows the distribution of scores on the SASS. Scores ranged from 44 to 150 with a mean of 110.39 and a standard deviation of 19.34.

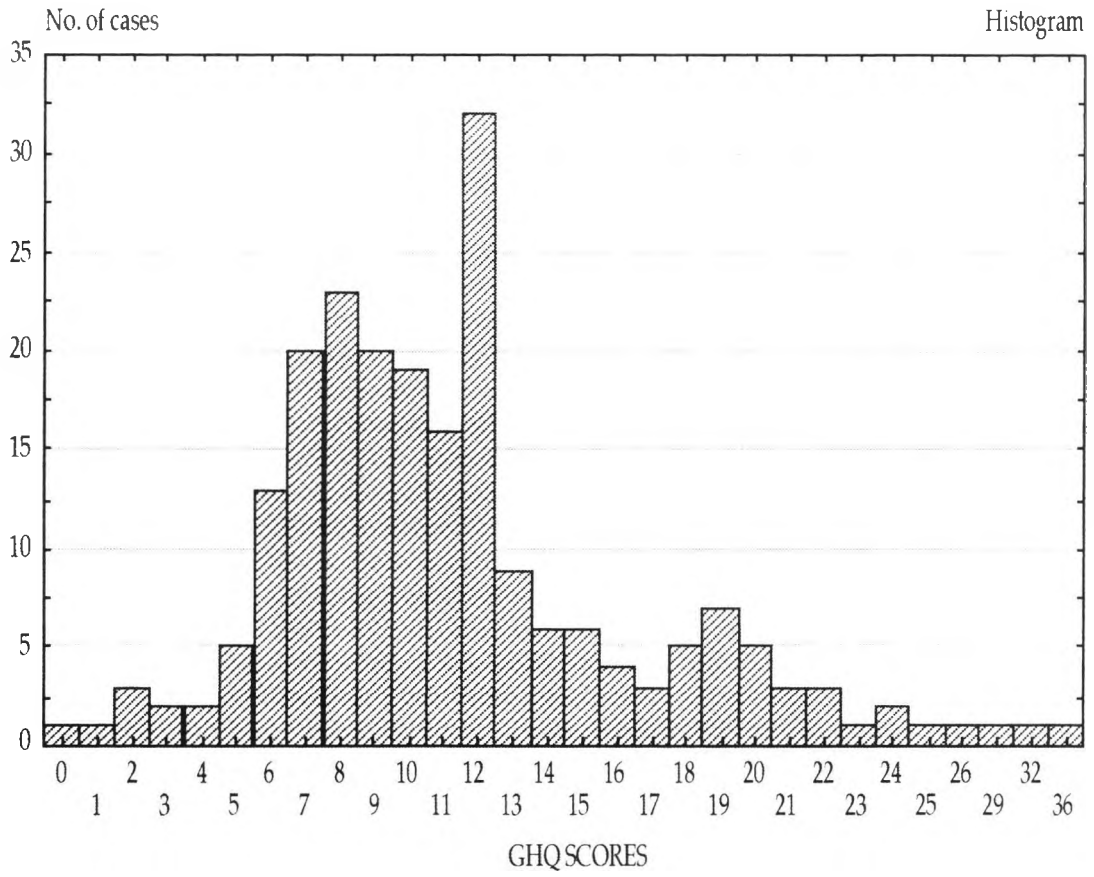


**Figure 4** Distribution of scores on the SASS

(N = 216)

### 6.4.2 The General Health Questionnaire ( GHQ - 12)

Figure 5 shows the distribution of scores on the GHQ-12. Scores ranged from 0 - 36 with a mean of 11.37 and a standard deviation of 5.4.



**Figure 5** Distribution of scores on the GHQ -12 (N = 216)

Mean scores on the GHQ-12 for a British community sample using the GHQ scoring method of (0,0,1,1) are as follows. The mean score for men = 1.62 (N=2798), with a standard deviation (SD) of 2.28 (Whittington, 1997). The mean score for UK females is 2.10 with a SD of 2.67 (N=1519). Where mean scores are calculated according to educational level, the mean for unqualified males is 1.73, and for males with tertiary education or professional qualifications, the mean score is 1.44. For females without qualifications the mean is 2.25; for qualified females the mean is 1.91. This yields a difference of 0.3. Since the majority of respondents in the present sample are in the highly educated group, the means were compared on this basis also. Tables 6.5 and 6.6 below show the mean score comparisons with the British community sample.

	UK	SA
Males	1.62	1.53
Females	2.10	2.40

**TABLE 6.5 The GHQ-12 : comparison of mean scores for the total community samples (UK and SA)**

	Unqualified UK	Unqualified SA	Qualified UK	Qualified SA
Males	1.73	1.69	1.47	1.51
Females	2.25	2.58	1.91	2.24

**TABLE 6.6 The GHQ-12 : Comparison of mean scores according to educational level (UK and SA samples)**

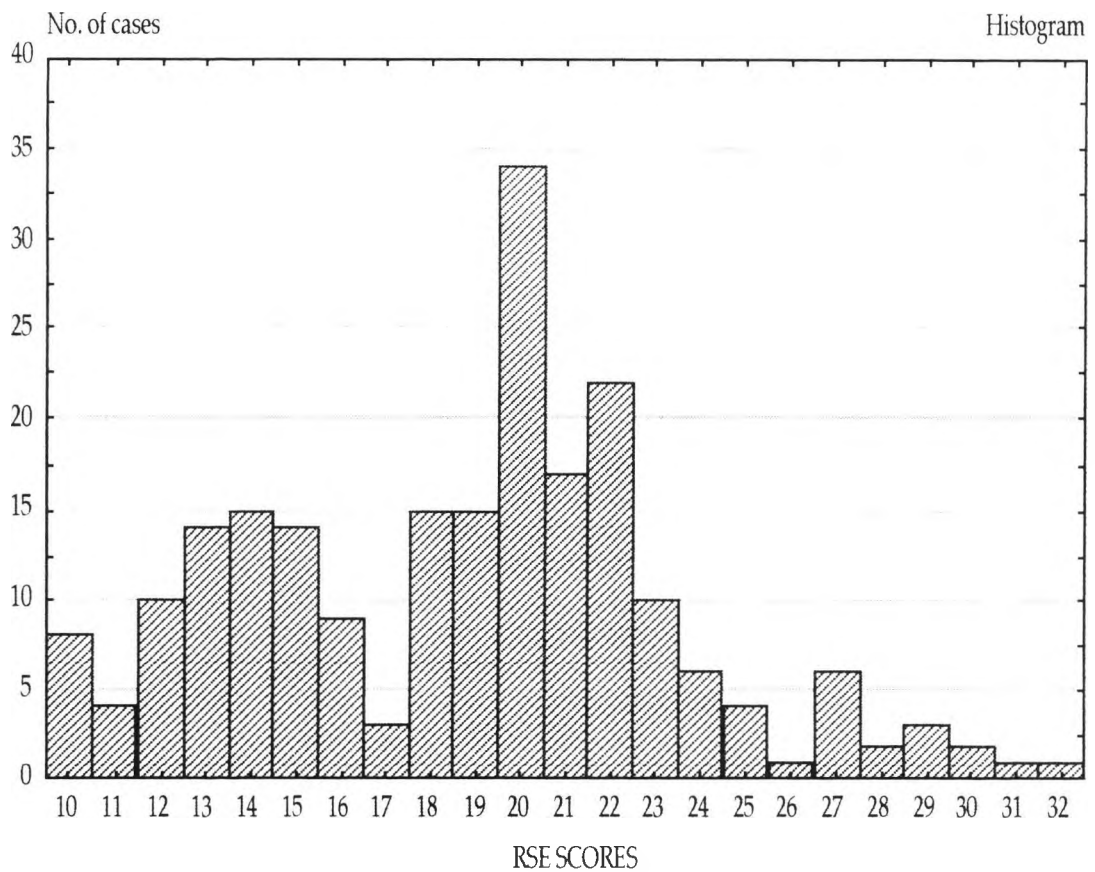
Table 6.6 above shows on inspection, that when matched for educational level, the differences in the GHQ-12 mean scores between the UK and the SA samples appear to be very small. One-sample z-tests were performed to analyse these differences and yielded values of  $z = 0.06$  ( $\alpha = .4761$ ) for unqualified males, and  $z = -0.15$  ( $\alpha = .4404$ ) for qualified males;  $z = -0.66$  ( $\alpha = .2546$ ) for unqualified females and  $z = -0.73$  ( $\alpha = .2327$ ) for qualified females. For the whole sample, the one-sample z-tests yielded values of  $z = 0.37$  ( $\alpha = .3557$ ) for males and  $z = -0.92$  ( $\alpha = .1788$ ) for females. None of these results are significant and the South African sample can be seen to have GHQ scores which are not significantly different from those of the British community sample.

Whittington (1997) suggests that as many as one quarter of males and one third of females in a normal community sample score above the threshold

score of 1 or 2. Those who score above 1 or 2 are considered to be 'symptomatic'. These figures are more or less replicated in the present sample where 71% of men scored 1 or less, and 83% of men scored 2 or less. This figure is slightly lower than the approximate figure of 25% suggested by Whittington (1997). Sixty per cent of women scored 1 or less, and 69% scored 2 or less (thus 31% could probably be considered 'symptomatic'). While these figures appear to be fairly high, they are more or less in accordance with UK community norms as described above.

### 6.4.3 The Rosenberg self-esteem scale (RSE)

Figure 6 below shows the distribution of scores on the RSE. Scores ranged from 10-32 with a mean of 18.72 and a standard deviation of 4.72.



**Figure 6** Distribution of scores on the RSE

(N = 216)

Wright, Johnston and Weinman (1995) report mean and modal scores on the RSE as follows. The mean score for men = 35.01, mode = 36, (N=949); the mean score for women = 34.52, mode = 35, (N=1345); the total group mean = 34.73, mode = 36, (N=2294). A comparison between these means and the mean scores of the present sample of South Africans is drawn up in Table 6.7 below.

	Men	Women
UK mean	35.01	34.52
UK mode	36	35
SA mean	17.77	19.63
SA mode	20	20

**Table 6.7** A comparison of means and modal scores on the RSE (UK and SA samples)

On inspection, the comparative table above shows a substantial discrepancy in means and modal scores in the direction of positive self-esteem for the South African sample. A one sample z-test was used to compare these differences. The test yielded a value of  $z = 40.09$  for men, and  $z = 32.93$  for women; (both at an  $\alpha$  level of  $<.00003$ ). These results indicate that the differences between the means reported by Wright, Johnston and Weinman (1995) and the mean South African RSE scores are highly significant for both men and women. This large discrepancy



seems somewhat surprising. However, since self-esteem is considered to be relatively enduring, it should be taken into account that white South Africans have been born into, and grown up in a culture where white supremacy reigned - where just being white gave them automatic rights and privileges. It is possible - whether one condoned this state of affairs or not - that being nurtured in an environment where the status granted to Whites historically has only recently been challenged has engendered a healthy and enduring sense of self-worth in these individuals. In addition, it is worth considering that the present sample is largely comprised of highly educated, white, middle-class South Africans, who may possibly have gained entry to the UK by virtue of status of some sort, be it financial, professional, (or marital or ancestral).

One might assume, however, that on entering a new and different culture, where one is an outsider, and in a culture where 'special treatment' of any sort is far from a right, the self-esteem of South Africans might quickly be eroded. This does not appear to be the case, and the present sample of South Africans can generally be seen to be a group who are successful, well adjusted, satisfied with life in the UK and who typically have high self-esteem. Of course, the obvious way forward with these surprisingly high self-esteem scores would be to compare the self-esteem of the present sample with a similar sample of non-immigrant South Africans. It would then be possible to see if the obtained self-esteem results are representative of white, middle-class, and Jewish South Africans in general, or if this is

perhaps an inflated finding.

#### **6.4.4 Satisfaction**

Ratings of satisfaction with the weather, leisure activities, transport, shopping facilities, housing, job or professional standing and social or personal life were included in the survey questionnaire. These items were rated on a 5-point scale from "very dissatisfied" (score = 1) to "very satisfied" (score = 5). The possible scoring range was from 7 to 35 with higher scores indicating greater satisfaction.

All 216 participants responded to the satisfaction items. Scores were between 10 and 35 with a mean score of 25.9 and a standard deviation of 4.5. Results show that the majority of responses fall in the categories "somewhat satisfied" to "very satisfied". Respondents reported most satisfaction with the shopping facilities (59%) and housing (51%) and, not surprisingly, least satisfaction with the weather (38%). Respondents were moderately satisfied with their leisure activities (50%), transport facilities (46%), work (43%) and with their social and personal lives (40%). The satisfaction results are shown in Table 6.8 below.

Satisfaction Items	Very dissatisfied	Somewhat dissatisfied	Neutral/ uncertain	Somewhat satisfied	Very satisfied
Weather Mean (2.64)	32 (15%)	83 (38%)	40(19%)	52 (24%)	9 (4%)
Leisure Mean (3.35)	17 (7%)	49 (23%)	16 (7%)	109 (50%)	25 (12%)
Transport Mean (3.64)	8 (4%)	44 (20%)	15 (7%)	99 (46%)	50 (23%)
Shopping Mean (4.51)	0 (0%)	4 (2%)	8 (4%)	77 (36%)	127 (59%)
Housing Mean (4.51)	5 (2%)	14 (6%)	7 (3%)	79 (36%)	111 (51%)
Work Satisfn Mean (3.85)	15 (7%)	13 (6%)	28 (13%)	93 (43%)	67 (31%)
Social and Personal Life Mean (3.69)	14 (7%)	31 (14%)	23 (11%)	86 (40%)	62 (29%)

**TABLE 6.8** Distribution of responses on the satisfaction items (N=216)

#### 6.4.5 Self-rated adjustment

Participants were asked to rate their adjustment on a 5-point scale (1 = Not at all adjusted, to 5 = Very well adjusted). Scores on this item ranged from 1 - 5 with a mean score of 4.4. These results indicate that 92 per cent of South Africans consider themselves to be moderately well to very well adjusted. All participants responded to this item and individual scores were grouped as shown in Table 6.9 below.

Rating	Number	(%)
Not at all adjusted	2	(1%)
Slightly adjusted	12	(6%)
Don't know	2	(1%)
Moderately well adjusted	76	(35%)
Very well adjusted	124	(57%)
	216	(100%)

**TABLE 6.9 Distribution of scores on the self-rated adjustment item**

#### 6.4.6 Length of migration stress (in months)

In this item respondents were requested to indicate the length of stress experienced. One hundred and forty-eight people responded to this item

(68.5%). Scores were calculated in months and the range was between 0 and 240 months. The mean was 34.4 months. The distribution of scores on this item is shown in Table 6.10 below.

Length of migration stress	Percentage of respondents	
< 6 months	(28%)	(N = 148)
6-12 months	(15%)	
12-24 months	(21%)	
24-36 months	(13%)	
36-48 months	(5%)	
48-60 months	(5%)	
> 60 months	(13%)	

**TABLE 6.10 Distribution of scores on the item 'length of stress'**

As previously mentioned, stress is a key feature in the migration experience and a mean score of 34.4 months shows that it takes South Africans an average of three years to get over the stress of migration to the United Kingdom. In addition to an item on the length of stress, respondents were asked to rate their experience of the degree of migration stress on a scale ranging from 1 to 6. Score : "Almost none" = 1, to "Very severe" = 6. The minimum score obtained was 1 and the maximum score was 6. The mean score was 3.5 with a standard deviation of 1.3.

## 6.5 Outline of data analyses to be conducted

The survey consisted of 28 questions in addition to the dependent variable measures, namely, the SASS (30 items), the GHQ (12 items), the RSE scale (10 items) and the satisfaction items (7 items). Additional questions generated the dependent variables 'self-rated adjustment' (1 item) and length and degree of migration stress (1 item each), and also the independent variables (gender, marital status, time in the UK, number of reasons for leaving SA, years in education and support). In addition there were a number of items which generated qualitative data. The following statistical analyses were performed.

**(i) Correlations :** between scores on the dependent variables SASS, RSE, GHQ, satisfaction and self-rated adjustment.

**(ii) Multiple regression analyses - standard and stepwise :**

(i) on the relationships between each of five dependent variables (as above), and a set of six independent variables (gender, years in education, time in the UK, number of reasons for leaving SA, support and marital status);

(ii) on the relationship between the variables length and degree of migration stress and the IV's gender, years in education, number of reasons for leaving SA, support and marital status.

## PART C

### 6.6 ANALYSES OF RELATIONSHIPS AND HYPOTHESIS TESTING

#### 6.6.1 Relationships explored : dependent variables : correlations

In this study, the construct of interest is 'immigrant adjustment' and it was assumed that adjustment, or some aspect or aspects of it could be tapped by each of the dependent variables. In order to explore this assumption, a correlation matrix was drawn up between the following five dependent variables: the SASS, the GHQ, the RSE, satisfaction and self-rated adjustment. Table 6.11 below shows that there are statistically significant, strong correlations between the majority of the dependent variables as would be expected. Seven of the 10 correlations were significant at the 0.01 level, and one at the 0.05 level.

Two of the correlations were comparatively weak and they did not achieve statistical significance. These were between the RSE (self-esteem scores) and satisfaction, and the RSE and self-rated adjustment. Perhaps this indicates that self-esteem is more independent of adjustment than might be expected. Correlations are negative where the relationships are between the RSE or the GHQ and any other measure (except each other), as

Variable	SASS	GHQ	RSE	SATISFN	SR-ADJ
SASS	1.00	-.46**	-.39*	.70**	.69**
GHQ		1.00	.50**	-.50**	-.49**
RSE			1.00	-.29	-.28
SATISFACTION				1.00	.57**
SR-ADJSTMT					1.00

\*p<.05      \*\*p<.01

**TABLE 6.11 Correlations : The dependent variables SASS, GHQ, RSE, satisfaction and self-rated adjustment (N=216)**

the GHQ and the RSE are scored in a negative direction. Figure 7 below shows a graphic representation of the correlation matrix. It is possible to see at a glance both the shapes of the distributions of scores on each measure and the relationships between each of the five dependent variables.



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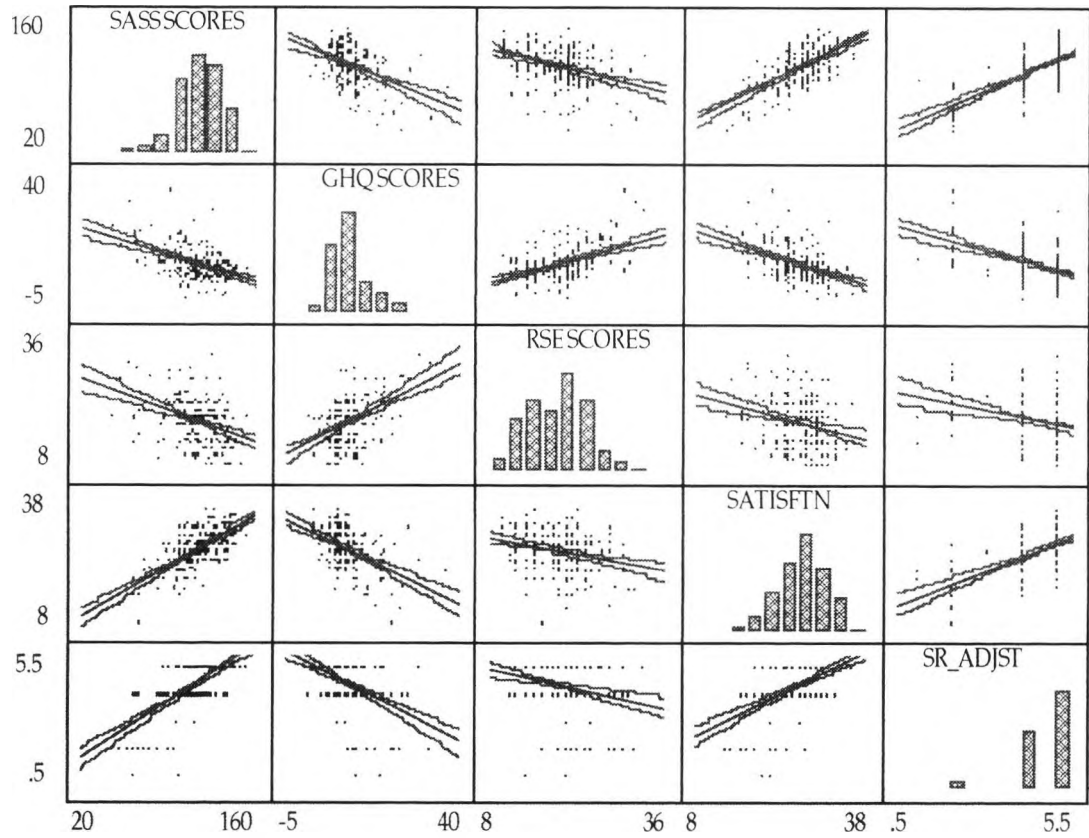


Figure 7 Graphic representation of the correlation matrix (N=216)

### 6.6.2 Factor analysis of the five DV's

An Oblimin factor analysis was performed in order to see whether the five dependent variables reflected a smaller number of more basic psychological attributes as was indicated in the correlational data shown in the matrices above. The results of the factor analysis in Table 6.12 below show that 73% of the variance was accounted for by the two factors which emerged. Factor 1 had an eigenvalue of 2.742, while factor 2 had an eigenvalue of .9224. Factor 1 was comprised of the SASS, self-rated adjustment and satisfaction scores (55% of the variance); while factor 2 comprised the RSE and GHQ scores, and accounted for 18% of the variance. The measures which loaded on the first factor could be seen as the 'adjustment' factor, while the second factor had more to do with the psychological state of respondents.

Pattern matrix (Oblimin rotated solution)		
variable	Factor 1	Factor 2
SASS	.95600*	.06696
GHQ	.17828	.93067*
RSE	.14243	.90554*
SATISFTN	.97006*	.17598
SR_ADJUST	.95232*	.15981
Variance (%)	55%	18% = 73%

**TABLE 6.12 Factor analysis of the five dependent variables**

### **6.6.3 Relationships explored : the DV's and the IV set**

The impact of the variables in the IV set on the DV's was analysed by means of multiple regression analyses. These were performed on five dependent variables (measures which tapped various aspects of adjustment) in relation to a set of six independent variables. The dependent variables were: scores on the SASS, GHQ, RSE, satisfaction and self-rated adjustment. The IV set was comprised of the following : (i) gender, (ii) length of time in the UK, (iii) number of reasons for leaving South Africa, (iv) years in education, (v) marital status and (vi) reliable support. Each of these analyses will be discussed separately below.

### **6.6.4 Multiple regression analyses**

#### **6.6.4.1 The SASS and the IV set**

A standard multiple regression analysis yielded the results set out in Table 6.13 below. It shows that the variables 'time in the UK', 'reliable support' and 'years in education' make a highly significant contribution to the variance in SASS scores ( $\alpha = .005$  or better). Since researchers (e.g., Scott & Scott, 1989; Bardo & Bardo, 1981) concur that both length of residence and having access to support facilitate adjustment, these results are as expected. Surprisingly, since being married or in a stable relationship would possibly increase the likelihood of felt-support and thus reduce stress which, in

turn, would impact on levels of adjustment or settlement, one might have expected that the variable 'married or not' would show considerable significance as a predictor of SASS scores. However, the variable 'married or not' is only approaching significance as a predictor of SASS scores ( $\alpha = 0.06$ ) and this hypothesis is not confirmed. The stepwise multiple regression analysis excludes the variables gender and number of reasons for leaving and shows the variable 'married or not' to have an alpha level of 0.04 which gives it somewhat more significance (Tables 6.13 and 6.14 below). Table 6.15 below shows a summary of the stepwise regression analysis.

Overall, it can be concluded from the multiple regression analyses that the variables time in the UK, reliable support and years in education impact significantly on SASS scores while marital status has some predictive value. Neither gender nor the number of reasons for leaving SA make any difference to scores on the SASS scale.

	BETA	St. Err. of BETA	B	St. Err. of B	t(209)	p-level
GENDER	-.037413	.0663916	-1.4442	2.562711	-.56352	.5736834
YRS_EDUC	.169582	.0642354	1.3053	.494446	2.64001	.0089159
TIME_UK	.273828	.0663676	.5110	.123842	4.12593	.0000533
N_REASON	-.002247	.0643844	-.0232	.665747	-.03491	.9721607
SUPPORT	-.231893	.0638560	-17.5990	4.846198	-3.63150	.0003545
MARR_NOT	.123052	.0654288	5.3279	2.832930	1.88071	.0614021

**TABLE 6.13 Regression weights : SASS and the IV set**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(211)	p-level
TIME_UK	.278957	.0638057	.5205	.119061	4.37198	.0000193
SUPPORT	-.226382	.0627927	-17.1807	4.765500	-3.60523	.0003892
YRS_EDUC	.178083	.0619888	1.3708	.477153	2.87283	.0044837
MARR_NOT	.127338	.0640927	5.5135	2.775080	1.98678	.0482402

**TABLE 6.14 Stepwise regression weights : SASS and the IV set**

	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
TIME_UK	1	.3335716	.1112700	.1112700	26.79303	.0000005	1
SUPPORT	2	.3853963	.1485303	.0372603	9.32088	.0025569	2
YRS_EDUC	3	.4259665	.1814474	.0329172	8.52534	.0038826	3
MARR/NOT	4	.4432599	.1964793	.0150319	3.94728	.0482402	4

**TABLE 6.15 Summary of stepwise regression: SASS and the IV set**

#### 6.6.4.2 The GHQ and the IV set

A standard multiple regression analysis showed that the variables 'number of reasons for leaving SA' and 'gender' make a contribution to GHQ scores at the probability levels of .04 and .10 respectively (Table 6.16). Since findings in relation to gender differences on GHQ scores are generally inconsistent, this result (that women have higher symptomatology scores) is not surprising. The variable 'number of reasons for leaving SA' impacts positively on GHQ scores, thus it could be said that women, and those respondents who report more reasons for leaving, also report more symptoms. However, whether women or those respondents who report more reasons for leaving are simply more verbal about their complaints (reasons for leaving and symptoms), or they actually experience more symptoms is impossible to tell. The negative relationship between education and symptomatology described in various studies on groups of immigrants (e.g., Lasry and Sigal, 1976; Berry and Blondel, 1982 and Berry, Kim, Minde and Mok, 1987) is evident in the present sample of South African immigrants, although the level of significance ( $\alpha = .42$ ) is poor. A stepwise regression analysis (Table 6.17) raised the significance levels of the predictors gender and number of reasons for leaving, but did not alter the overall findings. Table 6.18 below shows a summary of the stepwise analysis.

It can be concluded from these analyses that similar to the findings in

some migration studies (e.g., Aviram & Levav, 1975; Berry & Kostovcik, 1983; Cochrane & Stopes-Roe, 1977, 1980, 1981; all cited in Scott & Scott, 1989), females have higher GHQ scores (more symptoms), as do those respondents who report more reasons for leaving SA.

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(209)	p-level
GENDER	.116765	.0723050	1.258895	.779553	1.614893	.1078451
YRS_EDUC	-.056735	.0699568	-.121979	.150406	-.810997	.4182901
TIME_UK	-.029872	.0722788	-.015569	.037671	-.413287	.6798216
N_REASON	.139634	.0701191	.403283	.202514	1.991382	.0477411
SUPPORT	.071897	.0695436	1.524049	1.474169	1.033836	.3024107
MARR_NOT	.025857	.0712564	.312703	.861751	.362870	.7170741

**TABLE 6.16 Regression weights : GHQ and the IV set**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(212)	p-level
N_REASON	.1441017	.0675071	.416187	.194970	2.134616	.0339412
GENDER	.1311568	.0683729	1.414062	.737160	1.918257	.0564234

**TABLE 6.17 Stepwise regression weights : GHQ and the IV set**

	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F- to entr/rem	p-level	Variables included
N_REASON	1	.1579258	.0249405	.0249405	5.473796	.0202342	1
GENDER	2	.1968619	.0387546	.0138141	3.061027	.0816403	2

**TABLE 6.18 Summary of stepwise regression : GHQ and the IV set**

#### 6.6.4.3 RSE and the IV set

A standard multiple regression analysis revealed that the variables 'years in education' and 'gender' make a significant contribution to RSE scores at the .01 and .05 levels of probability respectively. Interestingly, 'time in the UK' and 'reliable support' do not contribute significantly to self-esteem scores. This is despite the well-supported hypothesis that women are more anchored in relationships and that they may derive self-esteem from their relationships (or lose it where relationships are threatened) as described by Scarfe (1980) and Huntington (1981), and the reasonable assumption that relationships are replaced over time. Table 6.19 shows the standard multiple regression analysis. Tables 6.20 and 6.21 show the stepwise regression analysis results and a summary respectively.

As discussed earlier (section 3.3.5, p.55) the significance of education on self-esteem scores can perhaps be related to the ideas that people with less education are likely to have poorer occupational prospects which impact both on job satisfaction and financial security, and that the difficulty or even inability to obtain appropriate and rewarding work is likely to impact upon an individual's self-esteem. As a result, more than the highly educated, less educated South Africans may experience a loss of status, or of their customary living standards which in turn, may lower self-esteem. While the exact nature of the effect of education on self-esteem is not clear, it seems reasonable to assume that where employment is desired, educational factors are involved. Thus, in this study the overall



hypothesis - that education is likely to impact on self-esteem - is confirmed.

The significant gender difference in RSE scores is consistent with findings in other migration studies where men have been found to have higher self-esteem than women (Scott & Scott, 1989). However, it was thought possible that South African women, who are generally equally as well educated as South African men, might not produce this discrepancy in self-esteem scores. Some of the qualitative responses in the present survey reveal that the most difficult aspect of migration for around 30 per cent of the present sample of respondents was making new friends. For a further 30 per cent the most difficult aspects were isolation or loss of family. Since these statements reflect the significance of relationships for South African settlers, it is surprising that neither the presence or absence of reliable support, nor the length of time in the UK affect RSE scores.

Overall, it seems that despite an education level and socio-economic status which is equal to that of South African men, some combination of the lack of support to which South African women are accustomed may have a negative effect on their self-esteem. These missing supports include domestic help and family and friends. It is unknown, however, whether this discrepancy would be seen in a non-immigrant South African sample. The results below also indicate that being single and having more reasons for leaving are both likely to result in higher self-esteem. However,

these findings are not statistically significant ( $\alpha = .23$  and  $.16$  respectively).

In sum, the general pattern of findings in other migration studies is replicated in the present study and it can be concluded that (i) education is the most reliable predictor of self-esteem and (ii) South African immigrant women suffer from lower self-esteem than men.

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(209)	p-level
GENDER	.141200	.0711114	1.33077	.670206	1.98562	.0483831
YRS_EDUC	-.168377	.0688019	-.316453	.129309	-2.44727	.0152199
TIME_UK	.004243	.0710856	.001933	.032387	.05969	.9524599
N_REASON	.096654	.0689616	.244023	.174108	1.40156	.1625322
SUPPORT	.045945	.0683956	.851381	.267388	.67176	.5024821
MARR_NOT	-.085820	.0700801	-.907271	.740874	-1.22467	.2221073

**TABLE 6.19 Regression weights : RSE and the IV set**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(211)	p-level
YRS_EDUC	-.166990	.0685038	-.313846	.1287485	-2.43767	.0156101
GENDER	.133842	.0697142	1.261423	.6570380	1.91986	.0562230

**TABLE 6.20 Stepwise regression weights : RSE and the IV set**

variable	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
YRS_EDUC	1	.2001297	.0400519	.0400519	8.928722	.0031398	1
GENDER	2	.2510565	.0630293	.0229774	5.223421	.0232778	2

**TABLE 6.21 Summary of stepwise regression : RSE and the IV set**

#### 6.6.4.4 Satisfaction and the IV set

A standard multiple regression analysis revealed that the variables 'reliable support' and 'time in the UK' are the only ones to show significance in relation to the prediction of satisfaction scores (see Table 6.22). The above findings are confirmed by the stepwise regression analysis shown in Tables 6.23 and 6.24 below.

The finding that reliable support and length of time in the UK predict satisfaction is not surprising given that (i) time heals just about everything; (ii) the immigrants' former status and lifestyle may be re-established over time; (iii) acceptance of change and difference becomes easier over time; (iv) the processes of grief and mourning for losses is usually completed over time and this enables individuals to move on and accept change more readily; (v) familiarity is achieved and the stresses of "not knowing" are reduced over time; (vi) it is likely that reliable sources of support are established over time and that at least to some extent, lost friends and other relationships are replaced. Thus isolation is reduced and the social and personal life of immigrants gradually improves as the processes of social and emotional adjustment and social and psychological integration are slowly achieved. Neither gender, education, marital status nor the number of reasons for leaving impact on satisfaction scores.

It can thus be concluded that having reliable support is the most

significant predictor of satisfaction; that South Africans of both sexes become more satisfied with life in the UK over time and that South African immigrant men and women are equally satisfied with life in the UK.

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(209)	p-level
GENDER	-.011788	.0690609	-.10600	.621003	-.17068	.8646461
YRS_EDUC	.094176	.0668181	.16887	.119816	1.40944	.1601934
TIME_UK	.200754	.0690359	.08727	.030010	2.90797	.0040307
N_REASON	-.062109	.0669731	-.14961	.161326	-.92738	.3548013
SUPPORT	-.254872	.0664234	-4.50605	1.174344	-3.83708	.0001649
MARR_NOT	-.033454	.0680594	-.33744	.686483	-.49155	.6235584

**TABLE 6.22 Regression weights : Satisfaction and the IV set**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(211)	p-level
SUPPORT	-.257505	.0646659	-4.55259	1.143270	-3.98208	.0000940
TIME_UK	.193597	.0660693	.08416	.028720	2.93022	.0037600

**TABLE 6.23 Stepwise regression weights : Satisfaction and the IV set**

variable	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
SUPPORT	1	.2706543	.0732538	.0732538	16.91542	.0000560	1
TIME_UK	2	.3437347	.1181536	.0448998	10.84504	.0011615	2

**TABLE 6.24 Summary of stepwise regression : Satisfaction and the IV set**

#### 6.6.4.5 Self-rated adjustment and the IV set

A standard multiple regression analysis showed that the variables 'reliable support' and 'time in the UK', are significant predictors of positive adjustment, while the variables 'years in education' and 'number of reasons for leaving' are approaching significance (Table 6.25). A stepwise multiple regression analysis confirms these results (Tables 6.26 and 6.27). The first two factors 'reliable support' and 'time in the UK' are the same as those which impact on both of the other adjustment measures namely; the SASS and satisfaction scores. This is not surprising, as the DV measures of SASS scores, satisfaction and self-rated adjustment are highly correlated (correlation coefficients range from 0.57 to 0.71). Thus it is not difficult to see how these three DV's would be predicted by the same IV's to more or less the same extent (for a comparison of the relationships between the DV's and the IV's, see Table 6.29, p.161 below).

The variable 'number of reasons for leaving SA' impacts on self-rated adjustment scores with some significance ( $\alpha = .01$ ). This could possibly indicate that those respondents who have fewer reasons for leaving are more committed to successful adjustment, or the reporting thereof. Since this is a single item self-rated score (on a scale from 1-5) it would be much easier to allocate a more positive (or negative) score on a one item scale than say, on the 30-item SASS. Of course, this is not to say that respondents have made an attempt to deliberately fake their responses -

only that a global one-item assessment might result in a more positive (or negative) response than a detailed one. Alternatively - and since this variable (number of reasons) does not predict either satisfaction or SASS scores - those who report fewer reasons for leaving may need to show in some way that their leaving SA was justified, or that it was the right thing to do, and that they have not suffered long-lasting effects or maladjustment as a result. However, one would need to look beyond just the number of reasons for leaving SA to the actual reasons for leaving to ascertain the nature of the relationship between reasons for leaving and subsequent adjustment.

The predictive value of education for self-rated adjustment scores could perhaps be understood in terms of the relationship between SASS scores, self-rated adjustment and self-esteem, as education predicts all three with almost equal weighting. The correlation between SASS and self-rated adjustment scores is high ( $r = 0.71$ ) and, as previously discussed it is reasonable to assume that education has an effect on employment and its consequences for financial security, status and self-esteem. In turn, satisfaction and overall adjustment are likely to correspond. Thus it is not difficult to see how education impacts on self-rated adjustment scores.

From the above results, it can be concluded that those respondents who have been in the UK for a longer period of time and have reliable support, are more likely to consider themselves to be better adjusted. Also, those

respondents who report fewer reasons for leaving and are better educated, are somewhat more likely to achieve positive adjustment.

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(209)	p-level
GENDER	-.038752	.0678448	-.065215	.1141747	-.57119	.5684867
YRS_EDUC	.123928	.0656414	.041589	.0220287	1.88796	.0604173
TIME_UK	.210587	.0678202	.017132	.0055174	3.10508	.0021659
N_REASON	-.159972	.0657937	-.072117	.0296606	-2.43142	.0158825
SUPPORT	-.201056	.0652537	-.665246	.2159093	-3.08114	.0023396
MARR_NOT	.076902	.0668609	.145169	.1262136	1.15019	.2513845

**TABLE 6.25 Regression weights : Self-rated adjustment and the IV set**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(211)	p-level
TIME_UK	.214590	.0673488	.017458	.0054791	3.18625	.0016610
SUPPORT	-.195210	.0643427	-.645904	.2128950	-3.03391	.0027187
N_REASON	-.162919	.0654858	-.073446	.0295218	-2.48785	.0136302
YRS_EDUC	.133006	.0635863	.044636	.0213390	2.09173	.0376650

**TABLE 6.26 Stepwise regression weights : Self-rated adjustment and the IV set**

variable	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
TIME_UK	1	.2904572	.0843654	.0843654	19.71768	.0000145	1
SUPPORT	2	.3416931	.1167542	.0323888	7.81075	.0056747	2
N_REASON	3	.3697696	.1367296	.0199754	4.90551	.0278463	3
YRS_EDUC	4	.3934093	.1547709	.0180414	4.50378	.0349922	4

**TABLE 6.27 Summary of stepwise regression: Self-rated adjustment and the IV set**

### 6.6.5 Summary of the multiple regression results

On the basis of the multiple regression analyses, summarised in Table 6.28 (p.160) below, the following overall results have been clearly demonstrated.

(i) The adjustment scores which are best predicted by the IV set are SASS scores as 20% of the variance is explained by the IV set. This can be seen by looking at the R-squared results shown in table 6.28 (p.160 below) where R-squared = .1977 for the SASS scores. Self-rated adjustment scores are the next most readily predictable with 16% of the variance explained by the IV set; (R-squared = .1622). These are followed by satisfaction scores where 13% of the variance is explained (R-squared = .1319); RSE scores, where 8% of the variance is accounted for (R-squared = .0795), and GHQ scores where the IV set accounts for 5% of the variance (R-squared = .0484). Most of the results are at a level of probability of  $\alpha = .001$  or better, except for RSE scores, where  $\alpha = .007$  and GHQ scores, where  $\alpha = .10$ .

(ii) The GHQ multiple regression result is at the  $\alpha = .10$  level of significance. The IV set cannot therefore be considered to reliably predict GHQ scores.

(iii) Similarly, only a very small percentage of the variance in RSE scores is



accounted for by the IV set even though the alpha level is significant ( $\alpha = .007$ ).

(iv) The three most consistent predictors of adjustment through all the IV measures employed in this study are (in order of significance) 'time in the UK', 'reliable support' and 'years in education'. The variable 'number of reasons for leaving' only appears to predict GHQ scores with statistical significance and self-rated adjustment scores with some significance. Gender only serves as a significant predictor of RSE scores. Contrary to expectations, the variable 'married or not' does not predict any of the measures of adjustment. Table 6.29 below shows a comparison of the predictive power of the six IV's in relation to the five DV's as shown in the multiple regression analyses.

<p><b>DV = SASS scores</b></p> <p>MR = .4446  R-squared = .1977  Adj. R-squared = .1746  N = 216  F = 8.585  p = .0000  df = 6,209</p>	<p><b>DV = RSE scores</b></p> <p>MR = .2821  R-squared = .0795  Adj. R-squared = .0531  N = 216  F = 3.013  p = .0076  df = 6,209</p>
<p><b>DV = GHQ scores</b></p> <p>MR = .2200  R-squared = .0484  Adj. R-squared = .0221  N = 216  F = 1.773  p = .1059  df = 6,209</p>	<p><b>DV = Satisfaction scores</b></p> <p>MR = .3631  R-squared = .1319  Adj. R-squared = .1069  N = 216  F = 5.293  p = .0000  df = 6,209</p>
<p><b>DV = Self-rated adjustment</b></p> <p>MR = .4029  R-squared = .1622  Adj. R-squared = .1381  N = 216  F = 6.745  p = .0000  df = 6,209</p>	

**TABLE 6.28 Summary of multiple regression analyses**

DV's	IV's (beta weights; $\alpha = .05$ or better)					
	Gender	Education	Time in the UK	Number of reasons for leaving SA	Reliable support	Married /not
SASS		.1695	.2738		-.2318	
GHQ				.1396		
RSE	.1412	-.1683				
Satisfaction			.2007		-.2548	
Self-rated adjustment		.1239	.2105	-.1599	-.2010	

**TABLE 6.29** Comparison of the predictive power of the six IV's relative to each of the five DV's as shown in the multiple regression analyses

#### 6.6.6 A summary of gender differences

The multiple regression results above reveal that gender differences are statistically significant on self-esteem scores, with females having lower self-esteem than men. The gender difference on GHQ scores is only approaching significance, with women reporting more symptoms.

## PART D

### 6.7 FURTHER RELATIONSHIPS EXPLORED

#### 6.7.1 Length of migration stress

A standard multiple regression was performed on the DV 'length of stress' using the same set of IV's as in the previous multiple regression analyses (gender, education, number of reasons for leaving, marital status and support) except for 'time in the UK'. This is because 'time in the UK' and 'length of stress' are completely interdependent, and 'time in the UK' is therefore irrelevant as a predictor of the length of stress. Table 6.30 below shows that the variables which predict the length of stress with some significance ( $\alpha = .03$  for both predictors) are (i) the number of reasons for leaving SA - where more reasons for leaving predict a shorter period of stress; and (ii) marital status - where married people experience a longer period of migration stress than unmarried people.

As previously hypothesized but not confirmed (see Table 6.29, p.161 above), the number of reasons for leaving could be helpful as motivation for positive adjustment, since individuals who have multiple reasons for leaving may be able to rationalize their decision to migrate and to make

sense of the challenges and struggles of adjustment more easily. In turn, this may help them to cope better with the stresses of adjustment and, as many of the present sample of South African immigrants put it - "to make the most of it"; to "leave the past behind" and to "just get on with it". Further, it is possible that those with fewer reasons for leaving may be stressed further by constantly reviewing their decision to leave, which may be challenged on an ongoing basis. As time passes and news reports of violence from South Africa lessen (even if it is simply that South Africa is no longer the "flavour of the month" in news terms) or, as the factors which motivated people to leave change or, as those who stayed behind may rationalize their decision to stay by reporting that things are normalizing in South Africa, immigrants with fewer reasons for leaving who are struggling to adjust may be tempted to return to SA, or to move to another country. (Twenty-five per cent of respondents said they would consider returning to SA, and 25% were considering re-emigration to another country). However, as some respondents pointed out, the reasons for leaving SA are not necessarily the same as the reasons for staying in the UK.

Contrary to expectations, being married or in a stable relationship was not a reliable predictor of any of the adjustment measures used in the present study (see Table 6.29 above). The analysis of factors affecting the length of migration stress revealed that being married actually increases the length of a period of migration stress. This seems somewhat surprising.

However, it is possible that the stress of having to cope with a partner's struggles or distress in addition to one's own prolongs migration stress. Alternatively, as one person in a relationship settles and the other (or the children) do not, migration stress may be lengthened. Indeed, some of the qualitative responses to the item on "the most difficult aspect of adjustment" mentioned these two aspects.

Whether or not the decision to migrate was made jointly, or as a family, may also impact on the length of migration stress. The motivation to adjust and integrate may differ for each individual in a couple, or for the children where, as one fourteen year old respondent put it "my parents forced me to come to England". Further, as discussed in the section on gender (section 3.3.1 above), it is possible that stress is more prolonged as the primary breadwinner must concurrently establish a home and a career. He or she may have the added responsibility of a number of dependents to support, both financially and emotionally. In addition, it is not only the individuals in a couple or a family who have to adjust, but the couple or family as a unit in the community and in the wider system. Each member may have different experiences and different tasks and roles (Eitinger, 1981). Parents may have to review their decision to migrate as well as their parenting skills where children may struggle to settle or to make friends - although research has shown that on the whole, children settle quicker than their parents (e.g., Johnston, 1972). Migration could also put additional stress on a relationship which may have already rocky

foundations, or it may bring a couple or family closer together. It is also possible that as circumstances change through migration, the demands for support, by one or both partners within a marriage may change, and it is possible that the individuals are unable to meet each others' changed needs. Also it is not known whether married respondents in the present sample who described longer periods of migration stress were among those professionals who may have had to re-qualify, or those who may have had to put up with unsuitable jobs due to work permit restrictions.

It was predicted earlier (section 3.3.5) that education would show a negative relationship with length and degree of stress. The regression analysis below (Table 6.30) confirms the direction of the relationship between education and length of stress. The table also shows that there is a negative relationship between length of stress and having reliable support. However, neither of these relationships show statistical significance ( $\alpha = 0.11$  and  $0.17$  respectively).

While the gender difference in the length of stress scores for the total sample is not significant ( $\alpha = 0.6$ ), the degree of stress variable showed a highly significant gender difference ( $t = -.28244$ ;  $\alpha = .005$ ). Factors affecting the degree of migration stress will be explored in further detail by means of multiple regression analysis (see section 6.7.2 below). This gender difference is consistent with findings in other migration studies where women were found to experience the consequences of migration as more

difficult than men (e.g., Bardo & Bardo, 1981). Tables 6.31 and 6.32 below show the stepwise analysis of the variable length of stress and the IV set and a summary of the stepwise regression.



variable	BETA	St. Err. of BETA	B	St. Err. of B	t(86)	p-level
GENDER	-.039597	.0841996	-.298944	.635672	-.47028	.6388596
YRS_EDUC	-.130240	.0822706	-.195458	.123468	-1.58307	.1155764
N_REASON	-.171227	.0798763	-.342096	.159586	-2.14365	.0337172
SUPPORT	.112282	.0826016	1.558121	1.146247	1.35932	.1761470
MARR_NOT	.164589	.0817121	1.387688	.688934	2.01425	.0458191

**TABLE 6.30 Regression weights : Length of stress and the IV set (N=216)**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(210)	p-level
N_REASON	-.173377	.0795339	-4.15669	1.90682	-2.17991	.0308556
MARR_NOT	.169449	.0808408	17.14400	8.17906	2.09609	.0377883

**TABLE 6.31 Stepwise regression weights : Length of stress and the IV set**

Variable	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
N_REASON	1	.1629838	.0265637	.0265637	4.093290	.0448663	1
MARR_NOT	2	.2407073	.0579400	.0313763	4.962601	.0274203	2

**TABLE 6.32 Summary of stepwise regression: Length of stress and the IV set**

It should be taken into account that it is probably only with hindsight (and some insight) that one is able to estimate accurately the length of a period of migration stress. Thus, in order to make the length of stress variable somewhat more meaningful, a further multiple regression analysis was performed, taking into account only those respondents who had already completed their period of migration stress. The length of stress scores were subtracted from the length of time scores to create a new variable called 'time minus stress' or, 'time-stress'. This generated a sub-sample of 141 respondents who each had a time-stress score of  $>0$ .

The multiple regression results (Table 6.33 below) showed (i) a change in the balance of the predictive powers of marital status and number of reasons for leaving (where marital status is a stronger predictor of length of stress than the number of reasons for leaving); and (ii) both variables (marital status and number of reasons for leaving) show much stronger reliability as predictors in this sub-sample ( $\alpha = .005$  and  $.007$  respectively). The stepwise analysis (Tables 6.34 and 6.35) confirmed these results, showing the variable 'support' to have slight predictive significance ( $\alpha = 0.18$ ). Neither education nor gender served as reliable predictors of the length of stress in this group.

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(86)	p-level
GENDER	-.019442	.0854636	-.34297	1.507648	-.22748	.8203861
YRS_EDUC	-.036068	.0840742	-.12864	.299858	-.42900	.6686030
N_REASON	-.222495	.0825657	-1.06260	.394320	-2.69476	.0079393
SUPPORT	-.109607	.084567	-4.14853	3.200823	-1.29608	.1971532
MARR_NOT	.237895	.0838118	4.65673	1.640593	2.83844	.0052342

**TABLE 6.33 Regression weights : Time-stress and the IV set (N=141)**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(210)	p-level
MARR_NOT	.237872	.0823778	4.65627	1.612522	2.88757	.0045132
N_REASON	-.226480	.0815122	-1.08163	.389288	-2.77848	.0062283

**TABLE 6.34 Stepwise regression weights : Time-stress and the IV set**

Variable	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
MARR_NOT	1	.2011611	.0404658	.0404658	5.861952	.0167805	1
N_REASON	2	.2973718	.0884300	.0479642	7.261164	.0079282	2

**TABLE 6.35 Summary of stepwise regression : Time-stress and the IV set**

## 6.7.2 Degree of stress and the IV set

In order to determine the impact of a number of variables on the degree of migration stress, a multiple regression analysis was performed using the same IV's as in the above analyses. The results in Tables 6.36, 6.37 and 6.38 below show that gender is by far the most reliable predictor of the degree of migration stress where females report (or experience) more intense migration stress than men ( $\alpha = .004$ ). Apart from gender, the predictors of 'degree of stress' are similar to those which predict 'length of stress' and Table 6.36 shows that (i) the 'number of reasons for leaving' shows some significance - where more reasons for leaving predict more intense stress ( $\alpha = .03$ ); and (ii) the presence or absence of support is almost significant, where more support predicts less stress ( $\alpha = .07$ ).

It was hypothesized earlier (Section 3.3.5. p.57) that education would have a positive effect on the length and degree of migration stress (more education, less intense and shorter stress). The multiple regression analyses shown above and below (Tables 6.33 and 6.36) reveal the direction of the relationship between education and the length and degree of migration stress to follow the hypothesized direction. However, the alpha levels are not significant. The multiple regression analysis also shows that married people experience less intense stress but again, the alpha level is not significant and this result is not reliably interpretable.

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(210)	p-level
GENDER	.197212	.0690167	.518496	.1814541	2.857451	.0047066
YRS_EDUC	-.047912	.0673901	-.031265	.0439757	-.710961	.4779107
N_REASON	.140178	.0674209	.098362	.0473088	2.079145	.0388358
SUPPORT	.124536	.0688223	.639673	.3535030	1.809527	.0718191
MARR_NOT	-.055557	.0683427	-.164922	.2028780	-.812910	.4172057

**TABLE 6.36 Regression weights : Degree of stress and the IV set (N=213)**

variable	BETA	St. Err. of BETA	B	St. Err. of B	t(210)	p-level
GENDER	.2026746	.0679298	.5328584	.1785965	2.983588	.0031879
N_REASON	.1371172	.0670713	.0962142	.0470635	2.044349	.0421727
SUPPORT	.1137326	.0678940	.5841832	.3487349	1.675150	.0954027

**TABLE 6.37 Stepwise regression weights : Degree of stress and the IV set**

Variable	Step +in/-out	Multiple R	Multiple R-Square	R-Square change	F - to entr/rem	p-level	Variables included
GENDER	1	.1933308	.0373768	.0373768	8.192719	.0046338	1
N_REASON	2	.2421509	.0586371	.0212603	4.742758	.0305413	2
SUPPORT	3	.2666622	.0711088	.0124717	2.806126	.0954027	3

**TABLE 6.38 Summary of stepwise regression : Degree of stress and the IV set**

It was argued previously (section 6.6.4.2 p.148) that it cannot be determined whether women actually experience more symptoms, or whether they are simply more willing to report symptoms than men. It seems likely that the same principle would apply to the issue of migration stress. The present results show that women report more intense migration stress than men, but whether the actual degree of stress is greater, whether women are more sensitive to stress and experience it more intensely, or whether it is that women are more willing to report intense stress than men is difficult to know. In addition, it is not possible to tell whether or not the reported degree of stress is an indication of the stress due to migration itself, or whether it is the expression of other stressful or distressing factors such as the loss of relationships, the lack of friends or domestic help, or a general loss of self-esteem or confidence. These are issues which are usually more readily acknowledged or expressed by women - and which could explain the gender difference - but the losses described above also constitute the factors which may generally give rise to intense stress, and in this instance, which are likely to be the direct result of migration.

Relative to the previous analyses, where fewer reasons for leaving predict a longer period of migration stress, more reasons for leaving predict a greater degree of migration stress. Here it is possible that those immigrants who have more reasons for leaving experience both a shorter and more intense period of stress as they are under more pressure to

succeed at adjusting and they may thus make more of a conscious, determined effort to settle. They may feel that there is "no going back" and they have no option but to settle. Many of the present sample of respondents suggested that newcomers should "make an effort", "accept differences", and that focusing on the reasons for leaving SA is helpful as a way of coping with the difficulties of adjustment. Others recommended avoiding "hankering after the past", or making comparisons with life in South Africa. Thus it seems feasible that those respondents with more reasons for leaving experience a shorter, but more intense period of migration stress as a result of a more positive attitude, a greater effort to settle, or perhaps, to some extent, an avoidance of the pain of loss.

In terms of the significance of support for predicting the degree of migration stress (more support predicts less intense stress), it is reasonable to assume that people who have the support of other South Africans or family in the UK may be helped by talking to others who have already been through the emotional trauma or stress of the adjustment process, or to those who may be able to help with problem-solving by offering tried and tested solutions, or other forms of advice or help. Other immigrants, or local supports, may be able to offer information on the "A to Z of everyday life" (as one respondent put it), or they may be able to offer help with practical things like child-minding and so forth. Having close friends or family members as support offers the possibilities of both emotional support and also physical help, and it is not difficult to see why support is

important in relation to the degree (and length) of migration stress, as it is for all aspects of immigrant adjustment.

### **6.7.3 Employment, gender, marital status and length and degree of stress**

In accordance with the hypotheses discussed in section 3.3.3 (p.54) - that the interaction between employment, marital status and gender could impact on the length and degree of migration stress, the relationships between these variables were explored by means of a multiple analysis of variance (MANOVA).

Table 6.39 below shows that the only variable to impact on the degree of stress with any significance is gender, and that the interaction effect of gender, employment and marital status on the degree of migration stress is not significant. A similar result was seen on the variable 'length of stress' using the Time-stress variable (to include only the sub-sample of respondents who had already completed their period of migration stress). While the effects of employment and marital status are somewhat significant individually and to a similar extent ( $p < .04$  and  $.05$  respectively), the interaction effect is not significant (see Table 6.40 below).



STATISTICA GENERAL MANOVA		design: 1-GENDER, 2-EMPLOYED/NOT, 3-MARRIED/NOT (N=211)				
Effect	df Effect	MS Effect	df Error	MS Error	F	p-level
1	1	8.311207	204	1.685404	4.931286	.027474*
2	1	.009169	204	1.685404	.005440	.941275
3	1	1.642336	204	1.685404	.974447	.324743
1,2	1	1.732719	204	1.685404	1.028074	.311812
1,3	1	.614752	204	1.685404	.364750	.546550
2,3	1	.004964	204	1.685404	.002945	.956771
1,2,3	1	3.417367	204	1.685404	2.027625	.155989

**TABLE 6.39 Summary of all effects : Gender, employment, marital status and degree of stress**

STATISTICA GENERAL MANOVA		design: 1-GENDER, 2-EMPLOYED/NOT, 3-MARRIED/NOT (N=211)				
Effect	df Effect	MS Effect	df Error	MS Error	F	p-level
1	1	.7230	124	73.96146	.009775	.9214028
2	1	309.1690	124	73.96146	4.180137	.0430172*
3	1	289.1060	124	73.96146	3.908874	.0502505*
1,2	1	8.6864	124	73.96146	.117445	.7324026
1,3	1	17.9996	124	73.96146	.243364	.6226592
2,3	1	.0828	124	73.96146	.001119	.9733694
1,2,3	1	26.6908	124	73.96146	.360875	.5491171

**TABLE 6.40 Summary of all effects : Gender, employment, marital status and length of stress**

It is of interest to note that of all eight conditions (married/not; employed/not; male/female), the group who experience the greatest degree of stress are married, unemployed women, while the group who experience the least intense stress are married, unemployed men. The group who experience the longest period of migration stress are unemployed, married men (the same group who experience the least intense stress), while those who experience the shortest period of migration stress are single, employed females (see Tables 6.41 and 6.42 below).

	Married		Not married	
	Employed	Not employed	Employed	Not employed
Male	3.330	2.750*	3.383	3.450
Female	3.422	3.994**	3.862	3.735
*least intense stress		**most intense stress		

**TABLE 6.41 Mean scores on the variable 'degree of stress' according to the categories gender, employment and marital status**

	Married		Not married	
	Employed	Not employed	Employed	Not employed
Male	10.000	14.428**	6.285	8.500
Female	9.347	12.769	5.214*	11.111
		*shortest period of stress	**longest period of stress	

**TABLE 6.42 Mean scores on the variable 'length of stress' according to the categories gender, employment and marital status**

The finding that single, employed females experience the shortest period of migration stress seems plausible since of all the groups single, employed women are likely to carry the least amount of responsibility. They are not pressured by family or time, they are likely to be relatively free of financial worries, and they have the advantage of the possibility of making friends and creating networks through work.

In contrast, married women who are unemployed are likely to be full-time homemakers, and it is quite likely that they will take on responsibility at several levels - for the migration decision and its consequences, for the health and well-being of their spouse or partner and family, as well as their own. As wives or mothers, they may take on the responsibility of

acting as a role model for other members who may not be coping. This could mean internalizing their own fears and issues and also carrying the anxieties or frustrations, or a whole range of feelings of other family members. They may also feel pressure to solve problems, to make things easier for others, or to compensate for losses felt by other family members. Women who are at home may be at once both more pressured for time and paradoxically, have the most time to think about things as they spend more time alone and have less diversions. They may also feel more isolated than other family members as they are denied easy opportunities for social contact outside of the immediate family for networking or building friendships. In addition, this group may sorely feel the lack of domestic help and of ongoing support from extended family and friends who were never more than a short drive or a local phone-call away. It would be useful to consider this group in more detail by including other variables such as their partner's employment status, financial status, number of children and so forth.

In the present sample of respondents, married, unemployed men were the group who experienced the least intense, but the longest period of migration stress. This result seems somewhat surprising. However, it is not known whether the majority of this group are in a position where they are financially independent, or perhaps retired and where supposedly, financial issues may not be of concern. It is also not known whether their wives or partners work, thus carrying the financial burden,

nor whether this group are students or in part-time employment. These individual differences would have to be established in order to interpret the results with more clarity. It is possible that the length of stress is extended as a result of less intensity of stress - they are not pressured to move forward by the intensity of their stress as has been hypothesized for other groups, for example, those who had more reasons for leaving SA.

#### **6.7.4 Time in the UK, age and adjustment**

The purpose of this analysis was to investigate a sub-sample of recent immigrants so as to explore the relationship between age and adjustment, taking into account the length of time in the UK. This was to allow specifically for the sub-group of recent, but older immigrants, in other words, to see whether older immigrants are more, or less well adjusted than younger people, in relation to their length of time in the UK.

A partial correlation was performed on the variables age, self-rated adjustment and SASS scores, controlling for time in the UK. Table 6.43 below shows that there is no statistically significant association between age and self-rated adjustment or SASS scores, once time in the UK has been taken into account. It is possible that the commonly held hypothesis that younger people are more flexible and that they adjust more easily is an over-simplification, and that the advantage of life experience for coping may be generally under-rated. At one end of the continuum of

PARTIAL CORRELATIONS			
Controlling for. . . Time in the UK			
	AGE	SR-Adjust	SASS
AGE	1.000	.0607 (213) p =.376	.0100 (213) p =.884
Self-rated Adjustment		1.0000	.6575 (213) p =.000
SASS			1.0000

(Coefficient/2-tailed significance)

**TABLE 6.43 Partial correlations : Age and adjustment**

circumstances, there are young South African settlers who may arrive in the UK with optimism and confidence and not much other than a suitcase in hand and themselves to answer to. In contrast, older immigrants may be encumbered with goods and chattels and multiple emotional and family responsibilities. These clearly reflect very different sets of circumstances demanding very different responses. However, since details of these kinds of differences are not available for the present sample, they cannot be taken into account. However, the fact that

differences are not significant indicates that perhaps there are other factors involved. For example, since South Africa is such a young country, many of the older emigrants may have a family history of immigration (their grandparents or even their parents were likely to be immigrants to South Africa). These people (and especially Jewish South Africans, who make up just over one half of the present sample) are likely to have been brought up on tales of the geographical movement of their ancestors who trekked from Europe for a variety of reasons, very often under circumstances far worse than anything that contemporary white South African emigrants may have to endure. This knowledge and background may help them to accept any difficulties they may encounter and, in turn, may compensate for the flexibility of their youthful counterparts.

Older immigrants may also have direct or indirect experience of other dramatic or traumatic life changes, including migration of different types - perhaps from urban to suburban living, or inter-provincial, or even international migration. Further, young people who come over with only a suitcase may not have to sever their relationship with South Africa in the same way that older emigrants may have to. They retain the opportunity to go back to SA more easily, to pick up where they left off with family, home and friends still intact. In contrast, older immigrants may have to leave a well-established circle of friends, a family home, and possibly a spouse or other family members buried in South Africa. However, the results show that this group obviously have adequate skills

have gained. For example, many older immigrants may be joining their adult children and grand-children who emigrated earlier and, as many respondents put it, "Having my children here makes up for everything". Further, many older respondents commented on the issue of personal safety and security as a highly positive feature of life in the UK.

#### 6.7.5 The effect of age on symptomatology and satisfaction

It was hypothesized earlier (Section 3.3.2, p.51) that similar to Scott and Scott's (1989) finding, symptomatology and satisfaction would not show a significant relationship with age. Correlational data confirmed this hypothesis, and the results are shown below in Tables 6.44 and 6.45 below.

STATISTICA BASIC STATISTICS	Correlation (N=216)	
	AGE	GHQ
AGE	1.00000	-.13506
GHQ	-.13506	1.00000

**TABLE 6.44 Correlations : Age and symptomatology**



STATISTICA BASIC STATISTICS		Correlation ( N=216)	
	AGE	SATISFACTION	
AGE	1.00000	.24391	
SATISFACTION	.24391	1.00000	

**TABLE 6.45 Correlations : Age and satisfaction**

Since the relationship between age and satisfaction is not significant, it seems feasible to infer that younger immigrants feel that they have plenty of time to get what they want or to do what they want, and as a result they may be fairly relaxed, hold a positive attitude and feel satisfied with life in general. Older immigrants may have more realistic expectations, or a stronger sense of themselves as a result of life experience, and they may accept the way things are quite readily. Also, they may feel that the time they have left should be enjoyed and not wasted by adopting a negative attitude and this helps them to be as satisfied with life in the UK as younger immigrants although, as discussed above, they may have had more to lose by leaving South Africa. It should also be noted here that despite quite dramatic differences in lifestyle, support and living standards reported by the present sample of South Africans, in general, South Africans appear to be well satisfied with life in the UK. Notably, the only exception was with the weather, where 38% reported being "somewhat dissatisfied".

### 6.7.6 The effect of marital status on symptomatology

Lin, Masuda and Tazuma (1984) found elevated levels of symptomatology in married Vietnamese refugees in the US when controlling for age and gender, and Scott and Scott (1989) did not find a significant relationship between these variables in an Australian immigrant sample. In order to examine the effect of marital status on levels of symptomatology in the present sample, a partial correlation (controlling for age and gender) was performed between marital status and scores on the GHQ-12. Table 6.46 below shows that the relationship is not significant. This result, which mirrors Scott and Scott's (1989) finding rather than that of the former authors is not surprising, as the circumstances of Vietnamese refugees in the US could hardly be compared with the lot of white South African immigrants to the UK. Vietnamese refugees obviously have a multiplicity of problems - from their legal status to language difficulties - and there exists the potential for severe culture shock regarding all aspects of life.

PARTIAL CORRELATIONS Controlling for. . . AGE and GENDER		
	GHQ	MARRIED/NOT
GHQ	1.000	-.0603 (212) p=.380
MARRIED/ NOT p=.380	-.0603 (212)	1.0000

(Coefficient/2-tailed significance)

**TABLE 6.46 Partial correlations : Marital status and symptomatology**

The main statistical analyses which were described in this section were correlations and standard and stepwise multiple regression. Further procedures used were factor analysis and analysis of variance. These procedures were used to explore a number of relationships regarding five dependent variables (migrant adjustment measures), and a set of six independent variables.

Results showed that there were statistically significant correlations between the majority of the dependent variables. A factor analysis revealed that the five DV's addressed two main factors "adjustment" and "psychological state". The multiple regression analyses showed that three of the six IV's reliably predict adjustment ('years in education', 'length of time in the UK' and 'reliable support'). These are followed by 'number of reasons for leaving' which predicts GHQ and self-rated adjustment scores, while gender predicts RSE scores only. Marital status does not predict any of the adjustment measures.

Migration stress was viewed separately and the variable 'length of stress' is predicted by marital status and 'number of reasons for leaving' where married people experience a longer period of migration stress. The degree of migration stress is predicted primarily by gender, where females report more intense migration stress. Those with more reasons for leaving SA experience a shorter period of more intense stress than those with fewer

reasons for leaving. Where immigrants have greater support, the degree of stress is reduced, and the length of stress is somewhat shorter. Those respondents with more education also reported a slightly shorter period of migration stress.

The group of SA immigrants who experience the most intense migration stress are married, unemployed women, while those who experience the least intense stress are married, unemployed men. However, this same group (married, unemployed men) also experience the longest period of migration stress; those who experience the shortest period of migration stress are unmarried, employed women. Age does not appear to have an effect on adjustment, irrespective of length of time in the UK, neither does it have an effect on symptomatology or satisfaction.

## CHAPTER VII

### 7.0 DISCUSSION

#### 7.1 Review of Chapters I to VI

The main purpose of this study was to obtain a profile of South African settlers in the UK, to examine their level of adjustment to life in the UK by means of a variety of measures including the SASS, a new scale developed specifically for this purpose, and to explore the effect of a number of factors that are associated with immigrant adjustment.

Chapter I described a variety of definitions of migration, and provided an outline of the "who's and why's" of contemporary migration. In Chapter II, South African emigration was presented within an historical context, leading up to the current wave of white South African emigration. Chapter III detailed the concepts of adaptation and adjustment and offered a presentation of the focus of the present study. The impact of migration was discussed, as were a variety of factors representative of, and affecting adjustment which have been explored in previous research studies. Chapter III concluded with an outline of the aims and objectives of the study and the specific relationships to be explored. Chapters IV and V

detailed the methods and procedures used, including questionnaire development, while Chapter VI presented the statistical analyses, the results of the study and their interpretation.

Thus far, discussion and interpretation have been integrated into the results section presented in the preceding chapter. Therefore, rather than focus specifically on the interpretation of results, this concluding section will attempt to summarise, and to draw together and discuss what has emerged through a review of the migration literature presented in the introductory chapter, the qualitative and quantitative data collected on the survey questionnaires and the results of the statistical analyses performed.

First to be presented will be a summary of overall conclusions resulting from the quantitative and qualitative findings. These will be discussed with reference to the specific relationships which were explored. These sections will be followed by a discussion of the overall significance of the study. Some methodological limitations of the present study and possible directions for future research will be presented. The chapter concludes with a brief discussion of some practical implications for new immigrants which have emerged during the conduct of this research project.

## 7.2 A summary of findings

Relative to the broad aims posed in the introductory section and, more specifically, to the relationships between variables which were explored, and including other findings, the following points have been demonstrated.

### 7.2.1 The South African Settlement Scale (SASS)

(i) The South African Settlement Scale (SASS) is a reliable instrument (Cronbach's alpha = .94), and it is at least as strong a measure of adjustment (or degree of settlement) as the scales which are generally used to measure adjustment in other migration studies. Examples of other measures used are satisfaction or symptomatology. (The correlation with satisfaction items in this study is  $r = .69$ ; with a self-rated measure of adjustment,  $r = .71$ , and with symptomatology,  $r = -.46$ ).

(ii) Construct validity of the SASS was supported through a factor analysis which revealed five underlying factors. The five factors bore a reasonably close correspondence to the categories of a model of immigrant adjustment which was drawn up by Taft (1987), and used in the present study for purposes of item generation. The matrix aimed to incorporate five different aspects of adjustment, namely, socio-emotional adjustment, and social and psychological integration as viewed on the dimensions of

ethnic and national identity, social absorption, role acculturation and cultural competence. Further support for construct validity is shown by the strong positive correlation of the SASS scores with self-rated adjustment scores and the strong item to total correlations (discrimination values). Hopefully, future studies using the SASS will provide further evidence for construct validity.

### **7.2.2 The dependent variables**

The majority of the five dependent variables used in the present study showed statistically significant correlations (see Table 6.11, p. 142). A factor analysis confirmed the significance of the correlations by separating the five DV's into two factors - 'adjustment' (scores on the SASS, self-rated adjustment scale and satisfaction items) and 'psychological state' (scores on the RSE and the GHQ).

Considering the scores on the five DV measures, it can be concluded that on the whole, over a period of time South African immigrants are well adjusted (South Africans rate their own adjustment as moderate to very good and 57 per cent consider themselves to be very well adjusted); their self-esteem is high; their level of symptomatology mirrors the level seen in a UK community sample and they are 'somewhat satisfied' to 'very satisfied' with most aspects of their lives.



### 7.2.3 The DV's and the IV set

(i) The independent variables which predict adjustment most consistently are 'time in the UK', 'reliable support' and 'years in education'. Put another way, those South Africans who have been in the UK for longer, have reliable sources of support and are better educated, are more likely to be positively adjusted. These predictors are followed by the number of reasons for leaving where it was found that those who report fewer reasons show better adjustment. Those who report more reasons for leaving also report more symptoms although exactly why this is so is not clear. Possibly, they would just report more of anything.

(ii) Gender emerged as a reliable predictor of self-esteem scores (with women showing lower self-esteem), and it is approaching significance as a predictor of GHQ scores. Women also report a greater degree of migration stress than men and this difference shows statistical significance.

(iii) Contrary to expectations, marital status does not show a significant relationship with scores on any of the adjustment measures used.

(iv) Age does not appear to have an effect on adjustment.

(v) The IV 'number of reasons for leaving' emerged as a slightly significant predictor of GHQ scores and self-rated adjustment scores ( $\alpha = .03$  and  $.01$  respectively).

(vi) Most South Africans (58%) reported a mild to moderate degree of migration stress which lasted an average of just under three years (34.4 months).

#### **7.2.4 Gender differences**

In summary, results show that South African men and women appear to be equally well adjusted and equally satisfied with life in the UK. The present study also shows that men and women experience equal periods of migration stress and that they have similar general health scores (although as already mentioned, the difference in general health scores is approaching significance, with women reporting more symptoms). However, women clearly have lower self-esteem scores and experience a greater degree of migration stress than men. Married, unemployed men experience the least intense, but the longest period of migration stress, while those who experience the most intense stress are married, unemployed women. Those who experience the shortest period of stress are single, employed women.

#### **7.2.5 Other findings**

The responses to most of the closed questions in the survey are summarised in Appendix 7 and Appendix 8 details the responses to the open questions posed in the survey questionnaire. These, and other categories of qualitative responses are summarised briefly below.

(i) The most common reason for leaving South Africa is "uncertainty about the long-term future for myself or my children" and this reason was given by more than half of the South Africans surveyed. This is followed

by "could not support the policies of the apartheid government" (50%), and "political tension and/or instability" (47%). Seventeen per cent of the respondents had one clear reason for leaving, while for more than half, the issue was clearly multifactorial (three reasons). The remainder of the South Africans surveyed cited several reasons for leaving.

(ii) The majority of South Africans living in the UK (75%), are not considering re-emigration to another country, and one half of all those surveyed would not consider going back to South Africa.

(iii) Migration stress is most helped by respondents' moving into their own homes, going into psychotherapy, getting involved in their work and through having family support.

(iv) South Africans are most helped with the adjustment process by being involved at work, buying a home, maintaining a positive attitude and family support.

(v) The strongest recommendations for new arrivals (made by South African settlers in the UK) are to "mix with the British" and "get involved"; to "maintain a positive attitude"; to "avoid making comparisons with life in South Africa" and to "make the most of it".

(vi) South Africans in the UK report that making new friends is the most difficult aspect of migration. This is followed by the loss of family, isolation, the cold weather and establishing a career.

(vii) The easiest or most pleasing aspects of the move to the UK are the cultural opportunities, the ease of European travel, a feeling of freedom, making new friends, safety and security and finding a good job.

(viii) Most of all, South Africans miss the good weather and the sunshine. This is followed by family, specific foods, the warmth of South African hospitality, the outdoor lifestyle, wide open spaces and the beaches, the sea and the mountains.

(ix) When asked for a global impression, a large group of South Africans (40%) reported that things had turned out more or less as they expected. The next largest group (38%) found that things had turned out better than they had expected.

(x) Eighty four per cent of the South Africans surveyed report that they had been thinking of leaving SA for some time before making the final decision to move. The length of time people had been thinking of leaving ranged from a few weeks to 48 years with an average of 5 years.

(xi) Triggers for leaving South Africa fell into three groups : violence (the Soweto Riots, Sharpeville, mugging, burglary, car-jacking); politics (political arrests, military call-ups, the state of emergency); or circumstances (marriage to a UK citizen, job offers and so forth).

(xii) Whether South Africans settle in London, as opposed to elsewhere in the UK, does not appear to have an effect on their overall adjustment.

(xiii) The majority of South Africans (91%) visit South Africa regularly, with 79% visiting less than once a year. The main reason for trips to South Africa is to visit family and friends (93%).

### 7.3 Overall significance of the study and results

The present study is unique in that to the best of the author's knowledge, there is no previous work which focuses specifically on South African immigrants in the UK. This study thus makes a three-fold contribution. Firstly, it is the first work of its kind to address the topic of South African immigrants who, as a group have been ignored in the literature. Secondly, it provides baseline data for future comparisons. Thirdly, the development of a new scale, the South African Settlement Scale (SASS) is a further achievement. The SASS has broad application as, with some further refinement and country- or nation-specific modifications, it may be used for other immigrant groups in the UK, or for groups of South African settlers in other countries.

The results (summarised above in section 7.2) show that while South Africans settling in the UK appear to achieve good levels of socio-emotional adjustment and social and psychological integration over time, the process of adjustment is not without its difficulties, and a considerable period of stress. This finding is particularly significant in terms of providing evidence of the likelihood of a positive outcome, or hope, for individuals who may be desperately struggling to make the transition, or for mental health or other professionals offering advice or counsel to such individuals.

## 7.4 Limitations of the study : Methodological issues

### 7.4.1 Sampling

As is the case with any migrant study, the sample is limited by both self- and nation-selection where all conclusions must be limited to the population who apply and successfully achieve admission to a host country (Scott & Scott, 1989, p. 39). In addition to this inevitable limiting factor, there are a number of other factors in the present study which might have affected the results. One example is the sampling technique used. Selecting South African respondents from a University mailing list and a Business Club directory has naturally created a bias toward a more highly educated population. Immigration procedures would most probably add to this bias by creating a similar one, since currently there are only two main routes for independent immigration to the UK - British ancestry or a work permit.

One of the built-in disadvantages of mailed surveys is response bias, where mailed questionnaires are known to achieve poor response rates from people with low levels of education, from people who do not like to write, from those who have problems with reading or those who are not interested in the topic (Czaja & Blair, 1995). This type of response bias may have added to the bias towards high education seen in the present sample of South Africans. Since the results in this study show that education is a

reliable predictor of positive adjustment, and the population sampled are mostly highly educated, it is possible that the overall adjustment of South Africans living in the UK appears more positive than might actually be the case. In order to compensate for the high education bias, it may have been useful to conduct some face-to-face or telephone interviews, using the same survey questionnaire.

In addition, the fact that 54 per cent of the present sample were Jewish and thus not representative of the white South African immigrant population in general, may also have influenced results. Further, the fact that the survey was sent out during the summer months may have had an effect on the overall results with adjustment showing a positive slant due to good weather conditions - a major source of satisfaction for South African settlers.

One of the common problems associated with any self-reported cross-sectional view of adjustment, is that what is reported by an individual at a particular time depends on what is happening or has happened in their lives at that particular time and it is difficult, if not impossible, to isolate the effects of migration from the effect or effects of other life events. For these main reasons, the study can be said to have only limited external validity, and the generalizability of results would have to be interpreted with caution.

#### 7.4.1.1 Response rate/sample size

As mentioned previously, a response rate of 48.2 per cent, generally considered an acceptable level for mailed questionnaires, was achieved. However, it could be argued that other methods of data collection could have been used to increase co-operation and augment the sample size. For example, face-to-face or telephone interviewing are seen to improve control over rapport and also over the response situation. Indeed, as Czaja and Blair (1995) point out, it is harder to refuse a persuasive interviewer than to ignore a questionnaire, and face-to-face or telephone interviewing could perhaps have been used in addition to mailed questionnaires as an efficient and effective way of improving the overall response rate.

Sending out reminders or follow-up letters to all respondents on the initial mailing lists with a further copy of the questionnaire might have helped to increase the response rate and hence the overall quality of the survey. However, since all responses were anonymous and it was not known whom out of the 500 South Africans targeted had already responded, it seemed inappropriate to send a reminder or another questionnaire to the 248 people who had already returned their completed questionnaires. A further possible factor which might have impacted upon the response rate is that the return date of one week may have been too short a period over the summer months, when some potential respondents may have been away on holiday.



Although it was considered, advertising in the "Star and SA Times" (a free, locally published South African weekly newspaper) with a telephone number for the request of survey questionnaires might have served to increase the response rate. However, this was not carried out due to the high cost of both the advertising space and the instalment of a temporary telephone line specifically for this purpose.

## **7.4.2 Questionnaires**

### **7.4.2.1 The SASS : Psychometric properties : reliability and validity**

At this stage the SASS is intended primarily as a research tool and it requires some further refinement. For example, while the internal consistency of the SASS is strong (Cronbach's  $\alpha = 0.94$ ), the overall reliability needs to be further refined by carrying out test-retest procedures so as to establish the stability of the scale. This could be achieved by testing various groups of respondents over say, a two week, a four week, and a six week period. It would be interesting to see whether a six week test-retest would show the same, or similar reliability to that of the shorter time periods. If not, this could provide the beginnings of evidence for the confounding effect of other life events which might well be worth further exploration.

Some evidence for construct validity of the SASS has been demonstrated

at this point by (i) the correlation matrix which was drawn up between the five dependent variables and a factor analysis of these variables. In the factor analysis, an 'adjustment' factor was separated from a 'psychological state' factor and the SASS emerged as one of the adjustment factors. (ii) Further evidence was provided by a factor analysis of the 30-item SASS which yielded five factors. These factors corresponded fairly well to the original matrix according to which items were generated. However, on close re-inspection of the individual items, (and with the benefit of hindsight), it would perhaps have been appropriate to devote more time and attention to the generation of the individual items, or perhaps to have created a larger initial item pool. Both of these steps are likely to have contributed to the enhancement of construct validity. In addition, although the number of participants in the SASS pilot study exceeded the number of items, a larger number of respondents at the pilot stage might have made it possible to further refine the questionnaire before embarking on the main data collection.

#### **7.4.2.2 Satisfaction scale**

Migration researchers commonly use satisfaction items and the items utilized in this study are the same, or similar to those used in other migration studies. However, the satisfaction scale, although piloted, was not reliability tested prior to the main data collection. The reliability at this stage is calculated as shown in Table 7.1 below. It appears to be at an

acceptable level for research purposes. Table 7.2 shows that the discrimination values are good, and that most of the facility values are reasonable. However, two of the items (shopping and housing) have facility values that are really inappropriately high, and it might have been preferable to omit these items from the satisfaction scale or to replace them with more meaningful items.

Cronbach's alpha	= .70
Standardized alpha	= .70
Inter-item correlation	= .2587

**Table 7.1 Reliability of the satisfaction items**

Variable	Mean (Facility)	Item to Total Correlations (Discrimination)
WEATHER	2.643518	.3548304
LEISURE	3.351852	.4704746
TRANSPORT	3.643518	.2435229
SHOPPING	4.513889*	.3467194
HOUSING	4.282407*	.5076678
WORK	3.851852	.4454794
SOCIAL/PERSONAL	3.699074	.5419126

**Table 7.2 Facility (P) and discrimination (r ) values of the satisfaction items**

(\* inappropriately high)

### **7.4.2.3 Self-rated adjustment**

The variable 'self-rated adjustment' was used as a dependent variable. It was scored by respondents on a scale ranging from 1 (not at all adjusted), through 5 (very well adjusted). As with any self-rated item of this nature, response bias is a potential hazard since, for a variety of reasons which may be conscious or unconscious, respondents might wish to over- or under-rate their level of adjustment. To overcome this, other researchers (Scott & Scott, 1989) have used ratings of adjustment (also ratings of language competence) given by another family member in addition to a self-rated adjustment, or language competence score. However, this could only really be achieved in a home-interview situation.

### **7.4.3 Independent variables**

#### **7.4.3.1 Reasons for leaving**

The variable 'number of reasons for leaving' was included as an independent variable within a set of five IV's which might possibly predict various measures of adjustment, psychological state, or the length and degree of migration stress. While the variable 'number of reasons for leaving' yielded some interesting results, few were of any significance. It seems that using this as a purely quantitative variable, without taking into consideration the exact nature of an individual's reasons for leaving

South Africa, has created a situation in which a loss of valuable information was inevitable. In retrospect, it might have been better to incorporate the qualitative responses in the data analyses in some way, rather than to use this information mainly as quantitative data.

#### **7.4.3.2 Marital status**

For the purposes of the multiple regression analyses, the variable 'marital status' was categorized as 'married' or 'not married'. Somewhat surprisingly, it did not emerge as a significant predictor of any of the dependent variables. It might have been more meaningful to include an item on the number of children and their ages, so as to obtain more detailed information about potential sources of support/stress. This would have been especially useful since the question on the 'number of people in the household' did not specify the relationship of co-habitees to the respondent. Thus even though these numbers were available, they were not particularly useful in terms of providing information on the nature of the nuclear family or household unit. It is also possible that including the other marital status categories such as 'separated', 'divorced' or 'widowed' in the analyses might have yielded different (more sensitive) results. However, the number of respondents in each of these categories was very small (each at around 3% of the sample) - probably too small to be of much value.

#### 7.4.3.3 Social support

The IV 'reliable support' was scored as a categorical variable where respondents could answer "yes" or "no" to the question, "Do you have people in this country you can rely on in times of difficulty or stress?". The vast majority of respondents (93%) responded "Yes" (7% answered "No"). In using the variable 'support' as a predictor of three measures of adjustment and two measures of psychological state, it was not taken into account whether the people who claimed to have support were satisfied with their support or not (12% of respondents were less than "somewhat satisfied" with the quality of their support). Thus, there are at least 5% of respondents with support who were "neutral", "dissatisfied" or "very dissatisfied" with it. While the independent variable 'support' did not predict either GHQ or RSE scores (psychological state), it turned out to be a highly reliable predictor on all three measures of adjustment (the SASS, self-rated adjustment and satisfaction). Although the numbers are fairly small, taking respondents' dissatisfaction with available support into account in some way (perhaps by excluding the individuals who were dissatisfied with the quality of their support, or by analysing this data separately) might have enhanced or refined the present results. In addition, it may have added to the quality of the overall study to include some further items about the nature of respondents' support, as opposed to simply the presence or absence of it, or their satisfaction or dissatisfaction with it. This could have been achieved by asking

respondents for further details about available sources of support - perhaps the number of supporters, the physical distance of sources of support, the methods or nature of support most frequently offered or required, or the relationship of the supporters to the respondent.

#### **7.4.3.4 Education**

The IV 'education' was calculated as the number of years in education and each respondent was given a score from 10 years (Junior Certificate) to 22 years (for a Doctoral degree). Since the number of years in education turned out to be a highly significant predictor of positive adjustment (with more years in education predicting better adjustment), rather than estimating the number of years respondents had spent in education, it may have been better to ask them directly, with a separate item on the nature of their qualifications. In this way it would have been possible to take into account the years respondents might have spent working on degrees which were not completed (for example, three years of a medical degree); the number of years in education of those who might have more than one professional qualification, perhaps in a different field to that of their current occupation; the education of those who might hold a trade qualification and a professional degree; and those who are perhaps still in the process of obtaining their qualifications. This additional refinement is unlikely to have affected the overall results but it may have contributed something to the quality of the study as a whole.

As already mentioned, the sample is limited by self- and nation-selection and thus there is no way of knowing how a different sample of South Africans - perhaps Afrikaans-speaking or non-professional, or black South Africans would respond to life in the UK, nor how the present sample (or a similar sample) of South Africans would have coped in a different society or a different country. One of the ways of addressing the latter problem might be to replicate the present study (with country-specific modifications to the SASS) in the four other main South African destination countries, namely Australia, the USA, Canada and New Zealand. In this way it would be possible to make comparisons between five different groups of South African settlers, and to determine some of the effects of the host characteristics and environment in addition to migrant characteristics affecting adjustment. Future studies could aim to obtain data on non-immigrant South Africans to use for baseline comparisons on aspects such as general health, self-esteem, satisfaction and social support. In this way, it might be possible to ascertain the effects of migration with more accuracy.

As suggested by other researchers (Scott & Scott, 1989) longitudinal studies and qualitative data are needed to provide convincing material about individual and other factors affecting migrant adjustment. It would be interesting to formally follow up the group of respondents in the present



study to see how, or whether adjustment scores change over time, or whether those respondents with lower adjustment scores eventually decide to return to SA or to settle elsewhere. It would also be useful to be able to follow-up non-respondents so as to have some indication of their reasons for refusal.

Future research could seek to target a broader group of South Africans in the UK and include those of a more diverse ethnic, educational and socio-economic spectrum. This could result in the overall sample being more heterogeneous in terms of educational level, field of training, or religion, and thus somewhat more representative of South African immigrants as a group. If a broader sample were obtained, it would then be possible to see if the relationships between variables, as opposed to the absolute values, would generalize to other groups. Miller (1997) suggests that generally, relationships between measures generalize better than absolutes. For example, if a comparable group of Afrikaans-speaking immigrants in the UK were surveyed and lower, or higher adjustment scores were obtained than those found in the present sample, it would generally be likely that the more educated among the group of Afrikaners would still obtain higher adjustment scores than those with less education. In the present study, a broader sample would have made it possible to increase the generalizability of the present results to a wider population of South African immigrants.

At this stage the SASS is intended primarily as a research tool and it requires some further refinement. Future researchers could seek to refine the SASS items and carry out test-retest procedures so as to establish the overall stability of the scale.

## **7.6 Practical/clinical implications**

Voluntary migration involves a complex decision-making process and it is often undertaken with little information, and little or no preparation for, or insight into its psychological impact (Luthke & Cropley, 1990). Neither is the prospective immigrant prepared for the multitude of social and cultural changes to which he or she will inevitably have to adjust. The experiences of immigrants in the UK are enormously varied and the determinants of adjustment similarly diverse. While not standing out as a visible minority, and having the added advantage of a British colonial background, white South Africans may perhaps be said have a less complex set of difficulties than many other immigrant groups in the UK. However, they clearly do not escape the problems and the trauma of migration.

The aspects with which South African settlers appear to have most difficulty (apart from making new friends and missing their families), are a general lack of support and support networks and a lack of resources for help regarding access to information about the basics of everyday life.

Some respondents suggested the setting up of ongoing groups for information, support, networking and sharing of experiences; while others suggested that a one or two-day induction seminar should be held by companies recruiting South African professionals or by the South African Business Club or some of its members. These ideas seem both feasible and well worth following up for the future.

To these practical and useful suggestions, the present author adds the idea of a telephone Helpline which could be manned by trained volunteers and possibly funded by the business sector. This idea was generated by thinking about the qualitative responses on the open-ended survey questions (Appendix 8) which has thrown light on some of the most difficult issues for South African settlers. A Helpline could offer information about the basics of everyday living for new settlers such as how to 'MOT' a motor car or organise a driving test; where to find the 'Star and SA Times'; how to get a National Insurance number; how to go about registering with a local GP or finding a dentist. A Helpline could also offer support or stress management in the form of telephone counselling by trained volunteers for people who are at various stages in making the transition.

If there were a call for it, an ongoing support group could be initiated, or callers could be referred on to appropriate agencies for further professional or other types of help. Volunteers could be trained and supervised by a

counsellor or psychologist and the Helpline could be run in much the same way as other telephone assistance services are run in this country. A Helpline facility could also hold a central register with the names and addresses of South African immigrants living in different areas of London (and the rest of the UK) who are willing to be contacted by other SA immigrants for support and networking both with South Africans and with local British people (rather than for the promotion of ghettos).

There are a number of suggestions in the literature for facilitating the adjustment of new immigrants ranging from non-directive, individual psychotherapy or counselling models, to pragmatic culture-training and family or group work. However, since the migration experience is unique for each individual, and different for each immigrant group, it is up to us as researchers and mental health professionals to continue to explore the issues and the phenomena of geographical movement and its consequences. In so doing, our achievement may be two-fold. Firstly, we can provide information which contributes to overall knowledge and understanding, and secondly, we can better equip ourselves to facilitate the settlement process for new immigrants by contributing towards the planning and development of information and support programs, to the clinical practice of mental and other health professionals, and to future research.

## CHAPTER VIII

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## **SECTION C : CASE WORK**

**AN INTEGRATIVE THERAPY GROUP FOR WOMEN SURVIVORS OF  
CHILDHOOD SEXUAL ABUSE**

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# AN INTEGRATIVE THERAPY GROUP FOR WOMEN SURVIVORS OF CHILDHOOD SEXUAL ABUSE

## 1.0 Introduction

This section describes the structure and process of a short-term focused group for women survivors of childhood sexual abuse (CSA). It covers a variety of perspectives pertaining to both theoretical and practical issues. It sets out to provide some guide-lines for short-term group work; to demonstrate the effectiveness of a 12-session integrative therapy CSA group and to formulate and discuss group processes with the use of illustrative clinical case material. More specifically, I will be addressing the following issues. (i) Group therapy for CSA survivors; (ii) models for CSA groups; (iii) the clinical problem or client group; (iv) rationale for the group and the aims and objectives; (v) selection criteria and procedures. These are followed by (vi) an outline of the structure and process of the group; (vii) both quantitative and qualitative evaluation and finally, (viii) an exploration of group process issues and themes. The work concludes with a discussion of important therapeutic issues and includes evidence for the manifestation of Yalom's (1995) therapeutic factors.

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FOOTNOTE : For ethical reasons, wherever clinical material is used for illustration personal details have been changed, disguised, omitted or added to protect the identity of patients.

Much of the literature on childhood sexual abuse (CSA) is based on clinical work rather than on research studies (Cahill, Llewellyn & Pearson, 1991), and clinicians have often reported on time-limited groups similar to the one which is described here. Some reports provide detailed guidelines for running groups or an analysis of various outcome measures. What the majority of these reports on short-term groups fail to discuss however, is the importance of understanding and paying attention to unconscious group process issues which are of the intensity and depth of group processes which occur in long-term therapy groups. Nitsun (1995) suggests that supporters of long-term analytic group approaches who believe that it is only in the long-term process that group issues develop, may have their assumptions shaken up by the intensity and rapidity of the development of powerful group processes in time-limited groups.

### **1.1 Group therapy for CSA survivors**

It is widely recognised in the literature that group therapy for CSA survivors may offer advantages beyond those afforded by individual work. For example, Bass and Davis (1988) state that "being with other survivors is a critical part of the healing process" and particularly useful in dealing with the aspects of shame, isolation and secrecy. This view is supported by many other writers (e.g., Lew, 1993; Cole and Barney, 1987; Bergart, 1986; Herman, 1981). The latter author also suggests that it affords a more complete resolution of the issues of secrecy, shame and stigma. Bergart

(1986) adds that a further benefit of group treatment occurs where CSA survivors may be reassured to find that others have "problems and feelings similar to their own" (p. 267).

Cole and Barney (1987) assert that group work has "the potential to offer unique therapeutic benefit". They contend that groups are useful for dealing with the sense of deviancy often experienced by CSA survivors. They also suggest that a group experience validates the reality of victimization and can confirm an individual's affective experiences. Cole and Barney (1987) argue that another significant therapeutic advantage is the relief of unburdening through disclosure within a supportive, empathic group. However, they caution that while shared disclosure has a powerful healing effect, multiple disclosures may have the potential to precipitate or exacerbate distress and symptoms, or destructive acting-out, as it may induce anxiety that is "beyond the tolerance of individual members".

Lew (1993) writes that telling one's story is the first step in healing, and that doing this within a group context forms a basis for the development of trust in relationships. He asserts that group work helps individuals to put their experiences into perspective through the normalization of feelings which may be recognised and validated as a natural response to trauma. Lew (1993) also states that individuals are offered hope through the efforts and successes of others, and that group members receive the

benefit of positive support. Group therapy, for Lew (1993) offers individuals a safe haven. But he takes pains to point out the difference between safe and comfortable. Hall and Lloyd (1989) contend however, that some women may feel more comfortable in individual therapy or counselling, and they raise the issue that there may be advantages (and problems) to attending individual and group therapy simultaneously. Forward and Buck (1987) recommend groups as the treatment of choice.

### **1.1.1 Models for CSA groups**

Hall and Lloyd (1989) assert that there are three types of groups for incest survivors. These are (i) self-help groups, which operate without any professional help; (ii) mutual support groups, which are usually run by voluntary organizations and include facilitators or helpers, and (iii) professionally led groups. In addition, CSA groups (and other groups) may be open - where members are free to join (or leave) or rejoin at any time, or closed - where group membership is established at the outset. Therapy groups are also described as either short, medium or long-term and structured or focused, or unstructured. In structured groups specific tasks or goals are set by the therapists in conjunction with group members and the therapists generally take responsibility for the focus or structure of each group meeting. In unstructured groups the content of group sessions is not planned. Rather, free group discussion is encouraged as in other forms of longer-term, non-directive therapy. A further dimension on

which groups may differ is by being open-ended (on-going) or time-limited.

Beyond the structures and the design of a group it is usual for one particular therapeutic model or approach to be followed. However, in the CSA groups described below, an integrative therapy model was utilized. This model is an eclectic one which includes both cognitive-behavioural and psycho-educational methods and techniques, and draws on psychodynamic issues and object-relations theory to understand and inform the therapeutic process. Usually, these approaches are thought of as offering separate, sometimes even opposing theoretical viewpoints. However, for this particular group, a combination of approaches, and taking cognizance of the links between these approaches, was found to be a useful and extremely valuable way of working within the structures of a short-term group. (For readers who may not be familiar with some of the analytic or object-relations terms used, a glossary is provided in Appendix 9).

### **1.1.2 Time limited groups for CSA survivors**

Much professional and clinical literature focuses on the application of time-limited groups for CSA survivors. For example, Alexander and Follett (1987) support the idea that a short-term approach facilitates bonding between group members. Herman and Schatzow (1984) assert

that it provides a clear structure for dealing with very painful and difficult emotions. Goodman and Nowak-Scibelli (1985) endorse the notion that time-limited groups keep the focus on CSA and that boundaries are clear and well-established - an important consideration for individuals who are likely to have experienced the antithesis of this within their families of origin. Further, these authors point out that short-term, time-limited group therapy highlights the strengths of individuals and their ability to take control.

## **1.2 Clinical problem/client group**

Women who have experienced CSA commonly present with deep-rooted and pervasive problems, which usually affect their overall functioning at least to some degree. The long-term consequences of CSA have often been likened to post-traumatic stress disorder (PTSD) (e.g., Donaldson & Gardner, 1985; Lindberg & Distad, 1985). The latter authors suggest that the symptom presentation of CSA survivors fits the features of PTSD as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM - III). Here the criteria from the DSM-III R (Revised version, 1987) have been substituted.

The first criterion is the existence of "an event which is outside the range of usual human experience. . . [and that it is one which] would be markedly distressing to almost anyone". There is no question in this

author's mind but that sexual abuse of any description fits this category. The second criterion is that "the traumatic event is re-experienced" in one of a number of ways. It is well documented that CSA survivors commonly experience flashbacks and nightmares. The third criterion concerns the avoidance of stimuli associated with the trauma, or a general numbing of responsiveness. Many adult CSA survivors have spent years masking rage, fear, guilt and shame, and often defenses such as repression and denial - used for survival - leave them emotionally numbed. The fourth criterion concerns persistent, increased arousal as indicated by symptoms such as sleep difficulty, irritability or outbursts of anger, difficulty concentrating, hypervigilance and so forth. Again, any of these are not uncommon symptoms in CSA survivors. Finally, the disturbance should have been present for at least one month. (For a list of the full DSM-III R diagnostic criteria for PTSD, see Appendix 10).

Pynoos and Eth (1985) assert that there are developmental phase-salient differences in the effects of post-traumatic syndrome in childhood, which are determined by the age of the child at the time at which the trauma occurs. However, where the trauma is prolonged and cumulative, as is often the case with childhood sexual abuse and, since sexual or other forms of abuse usually occur in the formative years, personality and identity formation and, indeed, almost all aspects of cognitive, affective and behavioural development are likely to be affected.



The usefulness of the PTSD formulation is firstly, that it makes sense of the presence of the commonly presented associated disorders such as depression and anxiety which may be quite severe, to both survivors and professionals alike. Studies generally show that sexually abused women are more likely to experience depression and anxiety and poor self-esteem than those who have not been sexually abused (e.g., Bagley and Ramsey, 1986). Impulsive behaviour, relationship difficulties, sexual dysfunction, emotional numbness or lability, phobic avoidance, eating disorders, substance abuse and other self-destructive or suicidal behaviours are also consistently seen in the presentation of CSA survivors.

Secondly, an understanding of the effect of CSA on overall personality development makes the presentation of personality disorders, especially borderline personality (or at least features of this disorder), commonplace amongst CSA survivors. For example, Herman, Perry and van der Kolk (1989) report that 81% of a sample (albeit a small one) of hospitalized borderline patients had a history of major childhood trauma, with 68% of these having been sexually abused. This contrasts with the reported 21% of childhood trauma the authors found over the entire in-patient population. McClelland, Mynors-Wallis, Fahy and Treasure (1991) found that 30% of patients in an eating disorders clinic had a history of CSA, and that a significantly higher proportion of this group were personality disordered than those without a CSA history. (For the DSM-III R diagnostic criteria for Borderline personality disorder, see Appendix 11).

Both the PTSD formulation and the conceptualization of borderline personality formation in CSA victims have implications for treatment. In terms of the former, Lindberg and Distad (1985) recommend that therapeutic goals include the following:

- (i) The expression of feelings about the experience. More intense 'working through' for PTSD sufferers involves not only the expression of feelings about the experience, but a re-counting of the experience in a safe environment with the accompanying emotions which may often emerge as they were experienced at the time of the trauma. This type of working through is also known as emotional or psychological processing (e.g., Rachman, 1980; Donaldson & Gardner, 1985).
- (ii) The realization that participation was not the victim's responsibility;
- (iii) the uncovering of family dynamics pertinent to the individual's experience;
- (iv) the understanding of the link between CSA and any self-defeating behaviour and finally,
- (v) the reduction of stress and the building of self-esteem through the learning of new, adaptive behaviours.

In terms of the latter conceptualization, (where borderline personality features are conceived as a complicated post-traumatic syndrome and CSA survivors form a large proportion of these), the implications for treatment

described by Herman, Perry and van der Kolk (1989) are similar. These authors emphasize (i) the recovery and integration of traumatic memories with their associated affects, and (ii) the validation of the patient's traumatic experience. They name (i) as "a pre-condition for the development of improved affect tolerance, impulse control, and defensive organization"; and (ii) (validation of the trauma), as "a pre-condition for restoration of an integrated self-identity and the capacity for appropriate relationships with others" (p. 494). The authors add that remarkable improvement may occur when the patient is able to link the symptoms with the trauma, and they assert it is possible that early recognition, both by patients and clinicians, may contribute to lessening the negative therapeutic reactions so often encountered in working with borderline patients.

From the above discussion, it can be seen that presentations of CSA survivors can vary widely and, not unusually, some level of personality disturbance is present. In the groups being discussed here, the range of symptoms of the CSA survivors was broad. Presenting problems included agoraphobia with panic attacks, compulsive eating, an eating phobia, depression and anxiety, borderline personality structure, and family and marital problems. Confidence, self-esteem and assertiveness problems were common to most of the women, as were relationship difficulties and issues about trust, sexuality and intimacy. Some women were experiencing frequent flashbacks and bizarre imagery. Many reported

difficulties with expressing feelings, especially anger, and were troubled by issues of blame and guilt.

### **1.3 Rationale for the group**

Sheldon, (1988) reports that up to 44 women in every one hundred female psychotherapy referrals revealed experiences of CSA on direct questioning. Thus, due the relatively high rate of CSA amongst female referrals and the quite specialized requirements of these patients, a CSA group was initially devised in response to the predicament of two Chartered Clinical Psychologists, each of whom had been accumulating an increasing caseload of CSA survivors. These patients appeared to need more than could be offered within the context of restricted opportunities for individual therapeutic work in an over-stretched NHS psychology department.

For some time, it had been the ethos of the psychology department to devise short-term focused groups for various conditions. In addition, a preliminary review of the literature seemed to indicate that group therapy might benefit CSA survivors more than individual therapy. Indeed, those features germane to group therapy such as sharing, support and group feedback are described in the literature as being amongst the primary healing factors for CSA survivors. In addition to these factors, the therapeutic factors outlined by Yalom (1995) such as universality, hope

and altruism, the imparting of information, interpersonal learning and group cohesion, (some of which would be built in by the nature of the group, others of which it was hoped would be created through the group structures) were considered and overall, it seemed possible that a short-term, integrative therapy group for CSA survivors was a feasible, and perhaps even overdue treatment alternative.

On the basis of recommendations from the literature as outlined above and departmental pressures, it was decided to initiate a group for CSA survivors which would provide twelve sessions of ninety minutes each, including a follow-up session after two to three months. The group was to run weekly, with a one-week break coinciding with the school half-term holiday. The group was for women only. It was facilitated by two female therapists, both Chartered Clinical Psychologists and supervised by an experienced group analyst. The group was held in a purpose-built day-hospital within an attractive community setting. A tea-bar was available for the use of all patients attending the facility. This report incorporates clinical material from the first two groups and data from three groups, all of which were run between 1994 and 1995/6.

#### **1.4 Aims and objectives**

The general objective was to provide a safe and containing group experience within which women could share their experiences of CSA and

begin to address the effect that these experiences may be having on their current functioning as adults. More specifically, the aims of the group were as follows:

- (i) To offer women the opportunity for sharing, for the expression of feelings, and for the possibility of support and feedback from their peers
- (ii) to help women to realize that their participation in the abuse was not in any way their responsibility
- (iii) for the therapists to offer feedback to the group and to help the women understand how their experiences may have led to destructive behaviour patterns
- (iv) to provide an integrative therapy approach, (using aspects of cognitive-behaviour therapy, psycho-educational material, emotional processing and the consideration of analytic processes) to address issues of concern to individual group members (e.g., anger, depression, anxiety, self-esteem and assertiveness, flashbacks)
- (v) to reduce stress and anxiety and to build self-esteem through group processes, and through the teaching of alternative ways of thinking and behaving as appropriate
- (vi) to consider group analytic processes within the group and to deal with them at this level as, or when they occurred. Examples are primitive states and defenses, transference and counter-transference issues, projective identification, etc.
- (vii) lastly, group members would be given homework tasks and

handouts of the material covered in the group each week. In this way, they would be encouraged to take personal responsibility for their healing process early on in the life of the group.

### **1.5 Selection criteria and procedures**

Group members were selected from a waiting list of Adult Mental Health patients (16-65) who had been referred by their GP or psychiatrist. Each patient had been initially assessed by a member of the District Psychology Department as part of routine assessment procedures, or by one of the therapists who would be running the group. The broad criterion for referral to the group was that the root of the problem should be seen by the assessing clinician to be the experience of childhood sexual abuse, even though symptom presentation might be wide-ranging. The patient should also have some awareness of the link. (For a list of the selection criteria see Appendix 12).

Patients who wished to join a group and who were felt to be suitable were put on a separate waiting list for the group. As it was thought that the ideal group membership should number eight, once the initial pool of potential members reached eleven, a starting date was established and potential members were invited to reply to a letter asking whether or not they were still interested in joining a CSA group. A copy was sent to the referrer of each individual, except for one woman who was seeing a family

GP and who had expressly asked for her GP not to be informed about the nature of the group. On receipt of confirmation, each potential member was offered a half-hour appointment for assessment by one (or both) of the therapists running the group. This was considered important since it offered the patient an opportunity to meet at least one of the group therapists, and it helped the therapists to assess suitability and readiness for group work. It also allowed the therapists to provide information about the nature of the group and the treatment goals, and to state the ground rules about confidentiality, attendance and so forth. Waiting time for the group from the point of referral ranged from six weeks to fifteen months with an average wait of seven and a half months.

Based on the experiences of other group therapists running short-term groups in the department, it had been anticipated that it was possible (even likely) that one or two of the women who agreed to group therapy and were considered suitable, might drop out before the group began. Thus, subsequent to the brief assessment interviews, ten patients were offered a place in the group. The eleventh (who happened to be an Asian patient) was excluded for two reasons. Firstly, it was felt that her inability to contain anger would be destructive for the group as a whole, and secondly, on the basis of her description of previous individual and group therapy, including in-patient treatment in a therapeutic community, it was felt that she would not be likely to benefit from the group. In the assessment interview, she had been unable to acknowledge any



responsibility for her own well-being and had repeatedly placed blame for her failed therapies on the therapists, or the systems involved. In addition, it was evident in the assessment interview that she was unable to reflect upon her own feelings and experiences, and that her anger obscured everything else. Some of these factors were explained to her and it was emphasized that we felt that she needed longer term help than the group was offering. It was recommended that she continue with her individual therapy, with which she was still engaged, for the time being. Our clinical judgement, and reasons for her exclusion from the group were subsequently shown to be well-founded. It emerged that she contacted her initial assessor in the psychology department (who was also Asian) in a rage, and accused us of rejecting her purely on the basis of race.

As anticipated, of the ten women who were invited to join the first group, one patient could not attend the first meeting due to panic attacks, and a second patient missed the first two sessions as her children were ill. It was then considered inappropriate for her to join the group although she expressed a wish to be included. The age range of the first group of eight women was 21-59 with a mean age of 36.5 years.

## **1.6 The structure of the group**

The therapeutic boundaries of time and location were strictly adhered to by the therapists. The structures were fairly fluid and members

spontaneously took time for individual issues as they came up. However, what was planned was sometimes over-ambitious in length and was not always covered despite the structures. Each 90 minute session was divided into four sections.

**(i) Review of the past week.** This space gave each member the opportunity to share her thoughts and feelings about the previous group and to report on her coping during the week between sessions. It also gave the therapists the weekly opportunity to monitor each patients' progress in the group and their mental state.

**(ii) Topic or focus for discussion.** A topic was presented and discussed each week from a list of topics suggested and agreed by members in the first session. The therapists took responsibility for the preparation of psycho-educational or semi-didactic material and for facilitating discussions; for allocating homework tasks and for producing handouts on each topic. Handouts and homework were designed both to reinforce the material covered and to serve as transitional objects for holding between sessions.

**(iii) Homework.** Homework tasks were designed in relation to the discussion topic covered each week.

**(iv) Planning the next session and feedback about the session.** This section provided an opportunity for closure of the session and for the selection of a topic for the following session. Members were requested to fill out a feedback form relating to their experience of the session.

## **1.7 The process of the group**

### **1.7.1 Pre-group**

Subsequent to a brief assessment interview, but prior to the first group session, each member was sent a letter detailing the venue, the times and dates of the first 11 sessions. A map of the location was included and punctuality was emphasized. All referrers were sent a letter with information about the commencement of the group and its scheduled times and dates. The letter contained a paragraph which stated that it was anticipated that it was possible that during the course of the group, the patient might present in a more distressed state than usual due to the intensity of the group experience. The therapists requested that the referrer should let them know if it did occur. This communication was found to be helpful in eliciting support from the wider system and, over time, it proved useful in preventing splitting of the various parts of the system by patients who may have been acting out. It was thus designed to aid the individual patients' containment, and that of the group as a whole.

### **1.7.2 Session 1**

The session opened with introductions in pairs. Each person was asked to introduce herself to the person sitting next to her by saying three things about herself. Her partner then introduced her to the group. Only basic

information such as first names, marital status, children, etc., was required. The rationale for this type of 'ice-breaker' exercise was to reduce anxiety and to ensure that no-one would leave the group without having spoken.

The Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961) and the Belief Inventory (BI; Jehu, 1988) were administered. The BDI is widely used both in clinical settings and for general research purposes, and both scales are often used for CSA studies as before and after measures (see Appendices 13 and 14). The use of formal mental health measures as pre-and post-therapy measures had been agreed as part of setting up the group. This was both for departmental purposes as part of the ongoing evaluation of the effectiveness of a programme of group work, specifically short-term groups, and it also served in the evaluation and monitoring of progress and outcomes for individual patients.

The setting of group rules was the next task. A number of important issues such as confidentiality and boundaries were raised. Members were asked to keep strict confidentiality by agreeing not to discuss the following with anyone outside the group (i) anything that was revealed in the group, (ii) anything that might occur in the group, or (iii) any member of the group. It was emphasised that members would not be put under pressure to speak, to reveal any details about the sexual abuse that they had experienced or anything else that they did not feel ready to disclose.

The therapists restated the proposed structure of the sessions and the 'rules of engagement'. These rules concerned what was expected in terms of missing a session, the importance of punctuality, and the idea of challenging rather than attacking any member of the group on a particular issue. The therapists made it clear that if it was felt that any individual was being attacked in any way, they would intervene. The rules were written up on a large sheet of paper and pinned on the wall during every session. Group rules were agreed by all group members.

The therapists then described their role and tasks in the group as follows:

- (i) to provide structure and act as timekeepers for the group so as to ensure safety as far as possible;
- (ii) to offer educational or semi-didactic material on selected topics and to facilitate discussions on these topics;
- (iii) to monitor the progress of individual members and provide feedback or therapeutic interventions during the group sessions where appropriate.

It was emphasized that the process of recovery could be long and painful and that it was not expected that members would leave the group 'cured' after twelve sessions. The women in the group were advised that attending a group of this nature could sometimes make them feel worse before they began to feel better. The therapists expressed the hope that this

intervention would provide women with (i) a positive experience of sharing their trauma, (ii) with some support, at least for the duration of the group, and (iii) with some 'tools' they might be able to use in order to continue with the process of recovery after the group ended. It was expressed that the group would be considered worthwhile if it helped individuals to process some of the traumatic events of their childhood, and if it helped them to begin to be able to find a place to put their childhood experience of sexual abuse, so that it was no longer as overwhelming as it had perhaps been in the past.

Group members were asked to brain-storm ideas for topics which they might want to discuss in future sessions. The purpose of using discussion topics in short-term groups is appropriately described by Hall and Lloyd (1989) as five-fold. Firstly, it provides a common theme for focusing attention; secondly, it creates a 'shared purpose' which brings people together; thirdly, it helps women to address important issues in their lives; fourthly, it assists the facilitators to set limits by keeping a task focus for sessions; and finally, it enables all members to contribute to discussions. Ideas for topics suggested by group members were abstracted on a large sheet of paper as follows:

- (a) relationships with mothers and issues around mothering
- (b) relationships with men and women
- (c) anger and guilt
- (d) anxiety and phobias

- (e) depression and coping with difficult feelings
- (f) assertiveness, confidence and self-esteem
- (g) trust and closeness
- (h) flashbacks, memories and nightmares
- (i) sexuality
- (j) grieving the loss of childhood

The topic for the first session was on the psychological effects, or the long-term consequences of childhood sexual abuse. Members were invited to talk about their own experiences of how the childhood sexual abuse was affecting them as adults. In preparation for the following week, members were asked to select a topic for discussion. To the surprise of the therapists, it was unanimously decided by the group that the session should be devoted to disclosure about the abuse. A feedback sheet was completed (see Appendix 15).

### **1.7.3            Session 2**

This session began with each member having an opportunity to say how they had felt after the previous session and how they felt about returning to the group. A large sheet was placed on the floor with a framework or structure which could serve as a guide for talking about the abuse. It was felt that this would be helpful, especially for those members who found it difficult to know where to begin to disclose details about the abuse, for

those who generally found it difficult to talk in a group, or for those whose emotional state might make it difficult for them to proceed. The framework was headed "talking about the abuse" and comprised the following aspects. When it began; who was/were the abusers; the nature of the abuse and how/when did it stop. It was again emphasised that confidentiality was of the essence in the group; that there was no pressure to reveal any details beyond what each individual felt was comfortable to share with the group; that it was understood that some people would be able to talk more freely or openly than others; and that it was up to each individual to make her own decisions about what felt right or appropriate to share with the group.

Each woman was allocated approximately five minutes and members volunteered to take their turn. All but two members used the opportunity to tell their story of abuse. It was suggested by the therapists that the session could be extended by ten minutes to allow the remaining two members to participate but they said they preferred to wait until the following week. As homework, members were asked to think about their personal goals for the group. Feedback sheets were completed.

#### **1.7.4            Sessions 3 - 11**

The next nine group sessions followed the format described above (section 1.6). Topics covered were selected by the group members according to the



list that had been created in the first session (pp. 244 -245). There was a one week break after session six. In session 11, the group members agreed on a six-week break before the follow-up session.

#### **1.7.5 Session 12 (Follow-up session)**

The agenda for the group was agreed. Time was allocated to (i) a review of the six-week interval since the last group meeting, (ii) options for further help and (iii) the completion of post-group evaluation questionnaires (see appendix 16).

### **1.8 Evaluation**

The overall objective of the evaluation was to obtain some objective data as well as subjective feedback from group members. The more specific aims of collecting data from the BDI, the BI and the group feedback forms were three-fold. Firstly, to obtain some objective measures of the effectiveness of the group. A reduction in depression scores or the alteration of a distorted belief system would demonstrate effectiveness to some extent. Secondly, to have an indication of members' perceptions of the usefulness of the group and their satisfaction with the group experience. Thirdly, as this was the first group of its kind in the department, feedback from participants on the format - the structure and content of the sessions - was considered essential. Data was collected over

three groups for CSA survivors. The data was analysed by a third year Clinical Psychologist in training for the purposes of ongoing departmental feedback on group work and as part of her course requirements.

## 1.8.1 Quantitative findings

### 1.8.1.1 The Beck Depression Inventory (BDI) (Beck *et al.*, 1961)

Data was available for 22 women pre-therapy and 14 women post-therapy (some members had dropped out or failed to attend the follow-up sessions). BDI scores are rated as follows : Scores of less than 10 = not depressed; 10 - 19 = mild depression; 20-25 = moderate depression and 26 or more = severe depression (Beck & Steer, 1988).

Pre-therapy mean scores on the BDI were 23.4 (for the whole group) with a range of 7 to 38; and 24.8 for the group who completed treatment (N=14) with a range of 4 to 39. The post-therapy mean score was 17.9. A mean score of 23.4 (or 24.8) indicates that on average, the pre-therapy group showed "moderate depression" (score 20 - 25), while the post-therapy mean of 17.9 shows a reduction in levels of depression to "mild depression" (score 10 - 19). A t-test showed statistical significance between pre- and post-therapy BDI scores ( $t = 3.25$ ;  $p = .006$ ) (Hulson, 1996).

### 1.8.1.2 The Belief Inventory (BI)

The BI (Jehu, 1988) is designed as a measure of the extent to which CSA survivors hold distorted beliefs associated with sexual abuse. The scale consists of 26 items (beliefs commonly held by CSA survivors) and items are rated on a five-point scale from "absolutely untrue" to "absolutely true". Scores are obtained by adding the scores for each item. A score of 15 or higher is considered indicative of a clinically significant level of distorted beliefs. Examples of items are: "I don't have the right to deny my body to any man who demands it" or "No man can be trusted". Jehu (1988) suggests working directly with distorted beliefs as revealed in the inventory using cognitive-behavioural strategies, although this step was not carried through in the CSA groups described here.

Mean scores on the pre-therapy BI of 22 participants revealed a clinically significant level of distorted beliefs (mean = 24.9). Pre-therapy mean scores of those who completed the groups were 25.8, with post-therapy scores considerably lower (mean = 15.5). A t-test revealed that there was a statistically significant difference in scores ( $t = 3.58$ ;  $p = .003$ ) with a reduction in the extent of distorted beliefs (Hulson, 1996).

## **1.8.2 Qualitative findings - Feedback forms**

### **1.8.2.1 Session by session feedback**

The findings from these questionnaires were viewed qualitatively and utilized both for weekly monitoring of the experience of each individual group member, and for revision of the group on an ongoing basis where indicated. For example, although group members appeared to engage readily and intensely in the 'review of the week' section of the sessions, the review could sometimes take up to half of the session and, at times, this made it difficult to follow the planned structure of the sessions. Some members had complained about the length of the reviews on the feedback forms. The therapists felt that while it was a useful part of the structure, the time could probably be spent more productively with group discussions which involved all members, and helped people to move forward, rather than to focus on the everyday emotional, or other crises of individual members. The dilemma of how to proceed - whether to continue with the reviews or to focus on the discussions - was shared with the group. Members unanimously agreed that the 'review of the week' section should be dropped, with the proviso that if any member had a particularly significant or overwhelming issue, she could request some individual time. This issue will be discussed further in the section on boundaries (section 1.9.2 below).

### 1.8.2.2 End of group feedback and patient satisfaction

Overall, the greater part of the feedback derived from these questionnaires was very positive. The main complaints were that too much time had been taken up by the reviews, and that more sessions were needed. Most respondents felt that they had gained a great deal to a very great deal from the group. Various, members reported feeling less depressed, less anxious, more open in relationships, being better equipped for survival or being able to move on. Most respondents reported that they had found sharing past experiences and talking in the group the most helpful aspects of the group. These were followed by sharing problems, the therapist's contributions, the contributions of other members and listening to others. The actual disclosure of CSA rated below these.

The most highly rated discussion topics were those on managing anger and flashbacks, with the discussions on guilt and responsibility, and assertiveness following. Most respondents felt that the group could be moderately improved (more time, more sessions), but said that they would highly recommend the group to other CSA survivors. Some of the individual feedback comments expressed were: "I feel I have learned a lot and moved on"; "Friends say I have changed, and they are right"; "I achieved my aim of getting in touch with feelings, but I need more help with my phobias"; "It was difficult to open up, so more sessions are needed"; "Being able to speak to the therapist (S) on the phone was *very*

important - I feel I have grown up - thanks for everything".

## **1.9 Group process issues**

The understanding and appreciation of unconscious group process plays a vitally important role in the functioning of any group, short or long-term. Group process issues such as group cohesion or boundaries determine aspects of the group such as levels of engagement, anxiety or safety in the group, attendance and drop-out rates and the therapists' ability to function appropriately. The specific issues which will be discussed with clinical material used as illustration are: group cohesion, boundaries and the 'goodness' of the group. Some of the themes which were a feature of these groups - envy, anger and termination/separation anxiety will also be discussed below.

### **1.9.1 Group cohesion**

The therapists felt that there was a surprisingly positive and strong group cohesion which developed very early on in the life of the group. Some of the evidence for group cohesion is presented below.

(i) By the end of the first session members were already addressing each other directly, rather than speaking only to, or through the therapists. For example, it was observed that rather than confirming the date of the following session with one of the therapists, one member asked a fellow-member.

(ii) From early in the group, members showed commitment and involvement (for example, through their observance of punctuality and regular attendance), and they participated enthusiastically in the group tasks and discussions.

(iii) Further evidence for group cohesion was noted through the speed and alacrity of disclosure about the abuse. The therapists had been very tentative in suggesting disclosure but the group had wanted to disclose as early as the second session. It did not appear that this was done defensively, so as to "get it over with", but rather as a wish to share, to universalize experiences and to unload the burden, perhaps for the first time. Yalom (1995) considers universality to be central among the curative factors in group psychotherapy, and it appeared as a built-in feature of the CSA group as all members were women, all were survivors and the therapists were also female. It was thought that it was possible that the speed and readiness members showed in wanting to talk about the abuse was largely due the time-limit of 12 sessions. Also contributing to this dynamic was the patients' clearly feeling safe enough to take risks with each other as a result of the clear boundaries and structures which had been set up, the appropriateness of the setting and the fact that all members had already met at least one of the therapists in the pre-group assessment in which they had most probably disclosed most of the details of their abuse.

This apparent pressure to speak is in direct contrast to the silence and



resistance which often manifests in long term analytic approaches (Nitsun, 1995). Ganzarain and Buchele (1987) suggest that silence in therapy with CSA survivors is an aspect of a repetition compulsion to "keep the secret". They assert that silence is at once a form of "acting in" and it sets the stage for "acting out". Acting out is considered an inevitable side-effect of the treatment of incest victims, and Ganzarain and Buchele (1987) contend that it is likely to occur as the survivor attempts to master past events by compulsively repeating them through their actions.

### **1.9.2 Boundaries**

CSA survivors appear to be more deeply disturbed as a group than the regular patients visiting the out-patient psychology service, and the fragility of the patients' adjustment and the intensity of their distress is likely to have implications for keeping the boundaries of the group intact. With the potential for distress and pain being acted-out in the wider system, the support of, and communication with the wider system is critical to the success of the group. The wider system includes line managers and supervisors; General Practitioners; Psychiatrists; location managers (their cooperation and support for the consistency of time and location is necessary); the hospital system; patients' partners and families and also their employers (for those women who have to get time off work to attend the group).

An issue of boundaries, highlighted earlier, concerned a dilemma as to whether to maintain the planned structures of the group or to allow a free-flow of spontaneous material at the expense of the group tasks. The issue was resolved by sharing it with the group. This was discussed on a surface level earlier (section 1.8.2.1 above). At a deeper, process level however, the very crucial issue was one of boundaries. In supervision with a group analyst it was felt that if the therapists re-imposed the structures, this would somehow be a violation of the freedom and spontaneity of group members, and it might also deprive them of the opportunity to talk about themselves and be listened to in an empathic environment (Nitsun, 1994). However, if they continued to allow the time to be spent without following the agreed group tasks, they would fail group members by allowing the boundaries of the group to be destroyed. Allowing the boundaries of the group structure to be transgressed would constitute a mirroring of the earlier invasion of the patients' personal boundaries and repeat the failures of their parents who had colluded with the violation of boundaries perpetrated on them by their experiences of sexual abuse (Nitsun, 1995). Sharing the dilemma with the group - but not the unconscious dynamics - helped the therapists to re-establish safety and containment, at the same time keeping to the agreed group tasks and allowing the women in the group to maintain a sense of control (Nitsun, 1995).

Two types of between-session contact raised some concerns about the

maintenance of therapeutic boundaries during the course of the groups described here. The analytic and the cognitive-behavioural models support conflicting views on the issue of contact between group members, or between group members and therapists between sessions during the course of a group. Supporters of the former approach are clearly opposed to it, since their view is that it is critical to keep the boundaries of the group intact as a way of avoiding patients' acting-out. Supporters of the latter model often encourage it for the purposes of establishing support for group members both during the course of the group and post-group.

Although the therapists had not offered group members the facility of contacting them between sessions, there were a few instances of two of the women in one group telephoning one of the therapists. However, this was done appropriately and not abused, and ultimately it was used positively to enable the women to continue attending the group. The women who telephoned were strongly encouraged to bring the material discussed to the following group session, and this was always done.

The tea-bar, which was run by volunteers in the day hospital where the group took place, was pleasant and welcoming and it was consistently used by group members as a place to relax and unwind after the group. Members sometimes stayed for as long as two hours or more. Since the therapists had been concerned about group contact between sessions, including the use of the tea-bar, they were alert to problems, but none

arose. Ultimately, through discussions and in supervision, it was felt that rather than destructively breaking boundaries, the tea-bar was a useful resource. As part of an institution, the "brick mother", it could be seen as a social, but safe and containing environment. The therapists felt that this facility provided group members with a safe place to 'play', with 'mother'/therapist in the next room. In this way it helped to establish, and also expanded the transitional space or environment, so necessary for emotional healing and for the development of independence and creativity, both of which were generally sorely lacking in CSA survivors. It thus served the dual purposes of facilitating the work of the group within the sessions by extending the environment and absorbing some of the emotional intensity of the material covered in the groups, and of contributing toward the self-help and mutual support aspects of group work.

However, contact was not limited to the tea-bar and on occasion, it inevitably spilled over. Some members shared lifts, exchanged phone numbers or arranged to meet socially - not all of which was therapeutic for all participants. For example, one of the women, Jean, had a history of getting too close to people too quickly and then destroying the relationship. This destructive pattern was clearly re-enacted in the group. When members did not respond as she hoped to repeated invitations to her home (the only aspect of her life she was proud of), she was unable to contain her anger and dropped out of the group. Although she did not

rejoin the group and failed an appointment to attend an individual session to explore the issues around her leaving (including suicidal thoughts), it was felt that she was able to gain some insight into her destructive patterns through a subsequent telephone session with one of the therapists. Overall, apart from the scenario described above, the therapists were surprised that the tacit breaking of boundaries was not damaging to the group as a whole. In fact, it seemed that the effects of contacts between sessions were mainly positive.

### **1.9.3 The 'goodness' of the group**

Despite the disturbing content of the material which was brought to the group, the fragility and level of disturbance of the women in the group, and the very damaging and destructive early experiences of group members, the ambience of the group was positive and constructive throughout. There was good group cohesion (described above in section 1.9.1), and individual commitment and involvement were strong.

The therapists had been both relieved and concerned about this goodness as, apart from the expectation of group members acting out during the therapy, they had been expecting some destructive acting in - some re-enactment of damage or abuse within the group sessions as indicated, for example, by Ganzarain and Buchele (1987). The goodness of the group extended to the relationship with the therapists. Attacks on the therapists

or on other aspects of the group process, or at the very least splitting of the therapists into good and bad 'parent' might have occurred. Rather, it seemed that the therapists were idealized and the integrity and goodness of the group and the therapists protected - in a sense, as the perfect family providing ideal care.

In a supervision discussion it emerged that the positive group experience could be seen as an achievement rather than as defensive or a failure, as it represented a healthy idealization of parental figures or role models that had been denied these women in childhood (Nitsun, 1994; 1995). The therapists could be seen as representative of the undamaged parts of the CSA survivors and their parents, that they were hoping to reclaim through the experience of group therapy (Nitsun, 1995). Nitsun (1995) continues that challenging this issue in a short-term group by trying to evoke the expression of negative aspects such as hostility or ambivalence "might be experienced [by group members] as a painful rejection of the hopeful, idealizing parts of themselves".

## **1.10 Themes in the group**

### **1.10.1 Envy**

Envy was a theme which presented in different forms and in relation to different issues through the course of the group. It arose around the issue

of 'special' contact with the therapists, for example, the telephone calls between sessions; around contact between sub-groups of members between sessions, and in relation to each other. For example, Sally (who had been abused by her brother) disclosed the abuse to her mother during the course of the group. Sally had been believed, and her mother responded in a most sensitive and helpful manner. She suggested that they attend therapy sessions together, and agreed to support her daughter in disclosing to her father and confronting her brother if, and when Sally felt ready to do so. The experiences of disclosure of some of the other women in the group had been vastly different, and Sally's very positive experience was at once gratifying and distressing for some group members. For example, Jean (mentioned earlier) had had an extremely negative response to her own disclosure. Her father had been reported and convicted, and her brothers, who blamed Jean for the state of affairs, had increased their emotional and physical abuse of her in her mother's absence at work in the evenings - a circumstance forced by the father's imprisonment. It was considered possible that Jean's leaving the group was not only the result of her destructive patterns in relationships, but also because of an unconscious acting-out due to her overwhelming envy of Sally's positive disclosure experience.

In another instance, as there was to be a fairly long wait for the commencement of the CSA group, Patricia had been offered several sessions of 'psychotherapy' by the psychologist who initially assessed her.

She was also under the impression that her psychotherapy would be resumed after the group ended, although this was not the case, and nor did she require it. However, at the point where termination/separation anxiety was at its peak, other group members tried to use Patricia's offer of post-group therapy as a way of supporting their demands for further help.

The positive face of envy is admiration, and the value of this is given emphasis by self-psychologists such as Kohut (Nitsun, 1997). Thus envy need not be seen only as a destructive, but also as a creative force. The following example illustrates this point. Cathy's place along the 'road to recovery' was much further than that of other group members and it was a position which may have been envied by some of the women in the group. Cathy had been through various individual therapies, a self-help group, re-birthing and other types of 'healing' therapies. In some sense, she situated herself apart from the group and in a position where she did not appear to need much from the therapists, from other group members or from the educational material offered. She was nevertheless a model patient - always on time, never missing a session and very attentive and helpful to others. The therapists were puzzled at this initially, but came to understand that her role and function in the group as one of 'helper' both allied her to the therapists, and was her way of proving (to herself and the world) that her recovery was complete, or almost complete. Her main objective was to attend as a helpful mother (like Sally's) and as an intact, undamaged role model (like the therapists) for her son, whom she



suspected had also been abused. Interestingly, Cathy's position did not appear to be envied by other group members, rather it was admired, and she, like the therapists, was looked to for advice and support. Perhaps this role was in some way reparative for Cathy, for the containment of her anxiety about her son's possible abuse, or compensatory, for her failure to protect him.

The therapists were somewhat surprised at the lack of envious attacks on them as coping, intact, non-abused females. Once again, this was attributed to a healthy idealization and the wish for appropriate role models.

### **1.10.2 Anger**

Anger was a further theme which emerged in the group process. It was expressed occasionally within the group, usually indirectly, but relatively openly in the feedback forms completed at the end of each session. One of the ways of expressing anger indirectly within the sessions was to focus it on the brevity of the number of sessions. This escalated in the context of the end of the group approaching, and especially during the termination session (session 11).

On the feedback forms, anger was expressed directly by various members toward each other. For example, anger was directed at Claire for taking too

much time in the group unproductively and at Melissa, for repeatedly bringing irrelevant material to the group. It was felt that both these women represented the messy, helpless, out of control and damaged parts of the other group members. Anger was also expressed toward Heather, for always needing more (the needy, greedy, regressed and deprived child parts of themselves) and at therapist M, who was put in the role of the withholding, damaging, uncaring mother by one patient (Melissa) for not giving enough in her response to the patient's note explaining a series of missed sessions. Melissa felt that therapist M, like her psychiatrist (who she perceived as providing ideal care), should have made a personal phonecall to check on her health, although it had been made explicit that one of the therapists would write to a group member in the event of an unexplained absence. Melissa appeared to be creating a classic 'split' in the system by contrasting her psychiatrist with therapist M, and was quite clearly expressing her anger and disappointment that she now had to share therapist M with the group, whereas she had previously had exclusivity as an individual patient of M's.

### **1.10.3 Termination/separation anxiety**

As a theme, the issue of termination was dominant from session six, scheduled after the half-term break. This was evidenced by an escalation of phone calls to one of the therapists between sessions, by anxiety expressed in the group about its ending after six further sessions, and by

the increased neediness of individual members and their concerns, or even demands, for information about resources for further help. Through the powerful mechanism of projective identification, the therapists did not escape the experience of extreme anxiety. Their own anxieties about ending the group, about not giving enough, about initiating a process they could not finish and leaving group members stranded and needy, and about being the bad, betraying, abandoning parents were intense.

On a practical level, some of the ways that termination anxiety was dealt with at different stages in the group were as follows: (i) by exploring the fears and fantasies about the ending as far as possible; (ii) by emphasizing firstly, that the central aim of the group was to offer the patients tools which might help them to continue to progress after the group had ended, and secondly, that recovery was a slow process which could take many years. (iii) The achievements and successes of each member were re-stated and group members were reminded of how they had coped both in the one-week break, and in the six weeks prior to the follow-up session and (iv) it was suggested to patients that taking time to consolidate what they had learned and experienced in the group, and assessing their own progress some time after the group had ended would most probably be more helpful than rushing into another therapy. Ultimately, an exploration of the unconscious mechanisms at work with the help of supervision was extremely valuable. The therapists were able to

terminate the group appropriately and on schedule, with some suggestions for possible future resources.

### **1.11 Discussion**

There is clear consensus in the literature as to the value of group treatment for CSA survivors. The results obtained from a 12-session group, in the format described above, has on two further occasions with different clients, confirmed this view. Although based on a relatively small sample, and with no formal long-term follow-up procedures (other than the possibility of patients contacting the psychology department for further help), both depression scores and distorted beliefs associated with CSA were significantly reduced. These quantitative findings are indeed encouraging and, at least to some extent, demonstrate the effectiveness of a short-term focused group intervention for this client group.

On the basis of feedback from the members of the first CSA group who had suggested more unstructured or 'open' sessions, the second group was extended by four sessions. However, these were not found to be sufficiently productive to merit the additional sessions as attendance became somewhat erratic once the structure was altered. Thus the group retained a 12-session format. Ultimately, it appears that the therapists' anxieties about giving enough, and what would constitute enough, are anxieties that may simply have to be tolerated.

Some of the key factors to which the success of this group could be attributed were the aspects of shared-decision making and the homework and handouts. Throughout the life of the group, members had been invited to make decisions about the content of sessions, the allocation of session time, about contacting each other between sessions or the scheduling of the follow-up session. Shared decision-making within the established structures of the group acted as a powerful therapeutic tool for women who generally see themselves as powerless, helpless and out of control. It was also felt that giving homework and handouts each week acted as extensions of the holding environment, or Winnicott's transitional objects. These served to help the women in the group to hold the goodness of the group and the idealized therapists in mind, and to continue to do the work of therapy between sessions, in the breaks and also, hopefully, after termination. To speak of homework tasks and transitional objects in the same sentence appears paradoxical but in fact, it exemplifies the position taken by the therapists in applying an integrative therapy model.

Yalom's (1995) primary therapeutic factors, without being specifically catered for in the establishment or running of this group, can be seen to have been very much present in the group, albeit represented in different ways. These were through the implicit and explicit structures of the group, through the nature of the therapeutic model used, through group processes, or as evidenced through qualitative feedback from individual

group members. An overview of Yalom's (1995) therapeutic factors is beyond the scope of this project. Nevertheless, and at great risk of oversimplification, those factors which presented themselves in some of the ways described directly above are tabulated below (Table 1.1) in terms of the context in which they were seen to manifest. The table is by no means intended as a substitute for the detailed consideration that Yalom's formulation so richly deserves. It is merely an attempt to illustrate some important features of short-term group-work with CSA patients.

Yalom's factors	Area/evidence of manifestation		
	The group itself/group structures	Group members (or therapists)	Specific interventions or result of integrative therapy approach
Hope	a safe place, containment, positive experience of intimacy, experience of mini-termination at half-term,	achievements/ testimonials of others, experience of non-abusive parental figures and peers,	tools offered for continuation of a process of recovery,
Universality	common purpose,	shared experience of trauma, reduced isolation, sharing secrets, all females,	perspective given on response to trauma,
Imparting information	boundary-making and implicit and explicit 'rules',	advice from peers, feedback from therapists,	psycho-educational material, explicit instruction about CSA, anger management, etc.
Altruism	**	mutual interest, reassurance, insights, and support from other survivors, therapists' care, experience of giving/ receiving,	**
The corrective recapitulation of the primary family group	well-established boundaries, (both psychological and physical-time/ place),	parental figures, peer group, intimacy, sharing, strong emotions, goodness of the group, healthy idealization of therapists,	understanding of unconscious group processes by therapists, modelling,

\*\* The issue is either self-explanatory or did not manifest clearly in this particular area

**TABLE 1.1 Some of Yalom's therapeutic factors as manifest/evidenced in a CSA group (cont..)**

Yalom's factors	Area/ evidence of manifestation		
	The group itself/group structures	Group members (or therapists)	Specific interventions or result of integrative therapy approach
Development of socializing techniques	social interaction in the tea-bar - an extension of the holding environment, (brick-mother)	social feedback, practising social skills, exposure to modelling of social skills,	teaching of relationship and social skills,
Group cohesion	goodness of the group, punctuality, regular attendance, consistency of time and location	members address each other directly, speed and alacrity of disclosure mutual support,	shared decision-making, shared therapy goals, group focus, interpretations and interventions,
Catharsis	disclosure achieved, unburdening of secrets,	expressing feelings, positive responses from peers, being believed and knowing others understand	emotional processing,

**TABLE 1.1 (cont.) Some of Yalom's therapeutic factors as manifest in a CSA group**



## 1.12 Conclusions

Paying attention to, and attempting to understand unconscious group processes through exploration with a group-analytic supervisor enabled the therapists to contain the almost overwhelming anxieties of group members in relation to termination, and to value the goodness of the group rather than to see it as a failure on their part to evoke the 'real' therapy issues. Examples are the expression of anger and hostility and some of the other destructive or creative forces described by Nitsun (1996) which are normally anticipated to occur in therapy groups. This view enabled the therapists to see it as an achievement for the women in the group to be able to both create and maintain a positive group experience with each other and with the therapists rather than as defensive, or perhaps the result of splitting, in which all the bad was kept out of the group and was either left at home, or in the past - or waiting to emerge when the group ended (Nitsun, 1995).

One of the issues which remains unresolved for the therapists, and perhaps that is because of the nature of it, is the question of how best to deal with, or respond to the rawness of the disclosure session. Regressive states and primitive emotions abound, and the pain, for all present, is almost unbearable. But this emotionally charged experience, however hard as it is to bear, is essential and probably cathartic and therapeutic in the context of a well-structured group.

Overall it can be concluded that far from offering a bargain basement therapeutic experience designed primarily to reduce the pressure on waiting lists, time-limited groups provide an effective and highly valued intervention. Indeed, they offer the added advantages of helping members to engage quickly, at the same time diffusing unhealthy dependency, and eliciting powerful group processes.

Finally, the importance of establishing and maintaining safe therapeutic boundaries for a CSA group, both within the therapy and within the wider organization, an awareness of unconscious group dynamics, the absolute necessity of an appropriate co-therapist - and the time to reflect together upon the processes, and to prepare for and plan sessions - and the value of expert clinical supervision cannot be emphasized strongly enough.

## 1.13           References

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**SECTION D : LITERATURE REVIEW**

TOWARDS AN EVALUATION OF THEORIES RELATING TO  
IMMIGRANT ADJUSTMENT



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# TOWARDS AN EVALUATION OF THEORIES RELATING TO IMMIGRANT ADJUSTMENT

## 1.0 Introduction

The topic of intercultural contact has been widely explored, written about and researched over the past 60 years. Psychologists, psychiatrists, sociologists, anthropologists, demographers and others have contributed by conducting both empirical and non-empirical research in the form of surveys, studies and experiments. For example, psychiatrists are interested in aspects such as the mental health of migrants in terms of hospital admissions or suicide rates, and it was the anthropologist Oberg (1960) who coined the term culture shock and developed one of the first stage theories of immigrant adjustment.

In addition to the body of research and the culture shock literature, a number of psychological theories or models have been developed, or else adapted or derived from existing psychological theories, for understanding the consequences of geographical movement. While the culture shock theories provide a broad view and encompass a variety of aspects of cross-cultural contact, the psychological theories are particularly valuable in terms of their rich descriptions of some of the psychological processes relating to the consequences of migration. For example, psychoanalysts

have written about the phases of adaptation and adjustment in terms of internal or intrapsychic processes and defenses (e.g., Grinberg & Grinberg, 1989) and developmentalists are interested in the way the process of immigrant adjustment mirrors the stages or conflicts of infant development (e.g., Puskar, 1986). Various, other writers have applied Erikson's psychosocial model and Maslow's need theory to the process of immigrant adjustment (e.g., Skoroszweski, 1984).

The culture shock literature, specifically that relating to the traditional and the more recent culture shock models, is well documented. An excellent and detailed critical review of eight different models is provided by Furnham and Bochner (1994). However, the stage theories of adjustment, and the application of developmental, psychosocial, object-relations and psychoanalytic theories to the concept of immigrant adjustment are less frequently discussed and, to the best of this author's knowledge, these psychological theories have not yet been drawn together and evaluated. It is one of the aims of this section to attempt to redress the issue.

This section sets out to review some of the theoretical literature relating to the consequences of migration. The main objective is to consider the psychological processes involved in the adjustment of immigrants to a new world and environment. The specific aims are as follows:

- (i) to provide an overview of the different conceptualizations of

culture shock - both the traditional and the more recent models (as described by Furnham and Bochner, 1994);

(ii) to draw together and assess some of the different stage theories of immigrant adjustment;

(iii) to explore the application of developmental, psychosocial and need theories and the object-relations theories and psychoanalytic perspectives as a way of understanding immigrant adjustment;

(iv) to evaluate five models or theories as mentioned above in terms of the criteria devised by Furnham and Bochner (1994) for their comparison of eight culture shock models; and

(v) to evaluate the five theoretical models of immigrant adjustment in terms of formal criteria for theoretical adequacy (as described by Maddi, 1980).

## **1.1 Culture shock**

Culture shock has been defined in various terms, for example as "the anxiety that results from losing all our familiar signs and symbols of social intercourse" (Oberg, 1960). Oberg describes culture shock as "an occupational disease (with) its own symptoms, cause and cure". Taft (1977) defines it as "when the individual finds himself in an unfamiliar cultural environment, where his previous learning is inadequate for coping, (and where) he may suffer some degree of emotional disturbance". Alternatively, Furnham and Bochner (1994) describe culture shock as a

term "used by the lay person to explain, or at least label, some of the more unpleasant consequences of travel. . . . it is . . . a generic expression connotating much and signifying little. . . ." (p. 47). Similarly, Scott and Scott (1989) describe the term culture shock as a 'catch-all' referring to the "impact of strangeness, complexity and overwhelming life events". They state that the term culture shock is overly global, and they support this claim with Furnham and Bochner's (1982) comments attesting that "it does not suggest immediately any particular prevalence, or critical level, or group of people who might be susceptible". Furnham and Bochner (1994) note that since the 1960's researchers have generally regarded culture shock as a normal response to cultural stress and as "the manifestation of a longing for a more predictable, stable and understandable environment".

A central concept of culture shock is that it is an emotional reaction to the inability to understand, predict or control the behaviour of the other. In this situation, individuals are unable to utilize their usual cognitive constructs for understanding and predicting the world. Understandably, they may be anxious and confused, and may be apathetic until such time as they have developed a new 'map' (reference points and social norms and rules) for understanding, predicting and behaving. The anxiety experienced by migrants has been described as 'free-floating' and is said to pervade all aspects of behaviour (Furnham & Bochner, 1994). Nash (1967) contends that creativity and spontaneity are diminished and individuals

may become overly anxious about order.

Oberg (1960) outlines the following six aspects of culture shock. (i) Strain - due to the effort of adaptation; (ii) sense of loss and feelings of deprivation in relation to friends, status and material possessions; (iii) rejection (both by the hosts and towards them); (iv) confusion as to roles, role expectations, values, feelings and identity; (v) surprise, anxiety, even disgust and indignation in response to the awareness of culture differences and (vi) feelings of impotence as a result of not coping with environmental demands (Oberg, 1960).

Attempts have been made to improve and extend the initial definition and conceptualization of culture shock. For example the terms culture fatigue, role shock and pervasive ambiguity have been coined but Furnham and Bochner (1994) point out that rather than adding to an understanding of the reasons or circumstances under which different people experience culture shock, they have only shifted the emphasis onto different issues.

## **1.2 Traditional models of culture shock**

### **1.2.1 Grief, bereavement and loss**

The central tenet of bereavement theory (derived from psychoanalysis) is

that grief is an intense reaction to the loss of a significant person or object or role. It is ultimately resolved once a new object relationship is firmly established (e.g., Parkes, 1972; Worden, 1982; Furnham & Bochner, 1994). Migration involves a broad spectrum of losses - from physical aspects such as specific foods, the geography and the weather, to the loss of status, relationships and roles. The loss of other aspects such as familiarity, a shared history, cultural roots and a sense of belonging are also experienced. Furnham and Bochner (1994) suggest that it is the similarity between the symptoms and the stages of grief reactions, and the symptoms and stages which migrants experience which has led to the development of the connection between loss theory and migration.

Arredondo-Dowd (1981) focuses attention on Bowlby's (1961) theoretical framework of loss and reactions to loss. Bowlby's model posits three phases of grief which are experienced by the survivor after a death. Arredondo-Dowd (1981) compares the loss of death to the loss of homeland and relationships, and the survivor to the migrant. The first stage involves numbness, shock and disbelief. The migrant finds him- or herself in a strange environment and the enthusiasm with which they arrived is slowly eroded by the realities of the new environment. These initial reactions give way to pain, despair and disorganization which are the symptoms associated with phase two. Losses are experienced more fully and feelings of homesickness or longing may emerge. Defenses against stress and anxiety, such as displacement, projection or reaction



formation may emerge at this stage. Anger at the experience of difficult feelings may result. Social isolation and language difficulties may exacerbate feelings of loneliness and depression. The third stage brings some resolution of the difficulties, perhaps stimulated by successful employment, the building of new relationships or a general acceptance of a new life and roles. Arredondo-Dowd (1981) suggests that there is no specific time period for grieving - it can begin even before the immigrant has left the homeland - and it is not clear whether it is ever complete. She suggests too, that feelings of grief and loss can re-emerge even after many years (Arredondo-Dowd, 1981).

In their review, Furnham and Bochner (1994) conclude that there are clear analogies within the migration process in terms of loss. However, they point out that while the theory does account for individual and cultural differences, it does not focus on predictors, or the time frame, or the form of the grief reaction. And it does not account for those who do not experience negative reactions. Further, the authors state that counselling which specifically addresses grief would seem inappropriate as migrants require information and support more than therapy (Furnham & Bochner, 1994).

### **1.2.2 Fatalism - locus of control**

This theory, derived from personality and social psychology, states that

those with a belief in personal responsibility and control will adjust better than those with fatalistic beliefs. Fatalism, or external locus-of-control is the belief that outcomes are contingent upon external forces such as luck, fate, or the power of others. Internal control or instrumentalism is the belief or expectation that one's own behaviour underlies outcomes. Furnham and Bochner (1994) maintain that it has been shown empirically that women, working-class and older people who are generally assumed to have less internal control than middle-class people, men, or younger migrants adjust less well to migration. However, they point out that other theoretical explanations may also be appropriate in understanding these findings.

In contrast, it has also been demonstrated that fatalism can be adaptive. Ananth (1978) established that Indian women occupying stressful social, political or economic roles manifest less psychopathology than western women experiencing the same stresses. The author contends that this group of women accept their situation and do not aspire to change and that this might be 'a cultural protection against depression'. However, Furnham and Bochner (1994) warn that while fatalism may be adaptive "for a minority group in a Third World country" (p.170), it is not necessarily adaptive for everyone. They continue that overall, while studies tend to suggest that external control or fatalism are usually associated with poor mental health and difficulty in adaptation, research findings are mixed (Furnham & Bochner, 1994).

### **1.2.3 Selective migration**

Traditional theories of selective migration derive from the concept of natural selection, or survival of the fittest. In terms of migration, it is suggested that the more rigorous and salient the selection procedure, the better migrants will adapt. This principle is demonstrated in the work of Cochrane (1983). Cochrane suggests that Indians wishing to migrate to the UK require a variety of resources to overcome stringent formal and informal barriers. This ensures that only the most ambitious, able and psychologically stable candidates achieve migration. It is these qualities which are considered to underlie their excellent adaptation to life in Britain (Cochrane, 1983). In contrast, Irish immigrants, who easily achieve migration to the UK are considered to be poorly adapted (Furnham & Bochner, 1994). They conclude that the selective-migration theory is difficult to test. They add that obstacles to migration are not only personal, but also social, political and economic, and that selection is often contingent as much upon the needs of the host country as on migrant characteristics.

### **1.2.4 Expectancy-value model**

This social psychological model posits that "a person's behaviour is directly related to the expectations they hold and the subjective value of the consequences that might occur following the action" (Furnham &

Bochner, 1994, p.173). In migration terms, the central idea is that the accuracy of expectations of life in the new environment that a migrant brings with him or her are directly related to their future adjustment. According to Furnham and Bochner (1994), people who migrate for financial reasons do so with high expectations. Thus, Europeans migrating to Australia who have problems with the recognition of their qualifications show a relatively high rate of mental illness (Krupinski, Stoller & Wallace, 1973). Furnham and Bochner (1994) make the point that migrants have expectations relating to a variety of aspects of their new lives, and that they will inevitably be disappointed in some and pleasantly surprised in others. Furnham and Bochner (1994) point out that while the expectancy model has its value, it does not explain how unfulfilled expectations lead to poor adjustment, nor whether some expectations are more or less important than others.

### **1.3 More recent models of culture shock**

#### **1.3.1 Negative life events**

The relationship between stressful life events (both positive and negative in nature) and physical and mental illness has interested researchers since the 1960's and, according to Furnham and Bochner (1994) it has been amply demonstrated. These authors suggest that there is an obvious link between the life-events literature and migration. They contend that

migration involves a number of the life-changes included in the social readjustment rating scale developed by Holmes and Rahe (1967). For example, at the top end of the scale, the death of a spouse rates 100 points, and a change in social activities, near the bottom end, rates 18 points. Whereas a score of 164 was considered very high by Rahe, McKean and Arthur (1967) migration involves a multitude of life-events and a typical score would be in the region of 300 plus. This score is considered high enough to be associated with serious changes in psychological and/or physical health (Furnham & Bochner, 1994). However, the authors point out that attributing a direct causal relationship between life-events using the social readjustment rating scale as a measure of culture shock (the higher the score, the greater the culture shock) and mental or physical breakdown is simplistic. They point out that neither individual differences nor subjective perceptions of stress are taken into account within this formulation (Furnham & Bochner, 1994).

### **1.3.2 Social support networks**

The social support hypothesis posits that both psychological health and a lowered probability of physical and mental illness are directly related to social support. In relation to migration and culture shock, the theory involves the concept of a loss of support, and looks at the quality and quantity of social supports and the ability to cope with stress. Migration involves leaving behind family, friends, acquaintances, colleagues,

neighbours and thus the customary sources of social support are inevitably reduced. It has been noted by Henderson and Byrne (1977) that migrant groups with well established support networks show less distress and breakdown. Furnham and Bochner (1994) suggest that the need for access to social support is possibly what underlies the propensity for the development of immigrant ghettos.

Some of the problems with the social support model relate to the definition of social support. Furnham and Bochner (1994) suggest that social support

"must be seen as the availability of helping relationships and the quality of those relationships - both the structure and the content of the phenomenon . . . . social support has a structure (size, setting, reciprocity, accessibility and make-up of interpersonal relationships), a content (what form the help takes such as emotional, financial) and a process (the way in which an individual develops, nurtures and uses supportive networks)" (p.186).

While there is a great deal of literature using the social support hypothesis, it appears overall that the relationship between adjustment and social support is important, but of moderate dimension (Furnham & Bochner, 1994).

### **1.3.3 Value differences**

This model is of particular interest to cross-cultural researchers as it is concerned with the effect of society and culture on the individual - the

difference between migrants and their hosts. It suggests that differences in value systems and the need to find meaning can give rise to misunderstandings and psychological distress. It appears that most of the major studies on values describe the degree of value differences between various groups, rather than offering any explanation of how fundamental value clashes cause stress and adaptation difficulties. What has emerged, however, is that a value system is developed out of a combination of beliefs, attitudes and values that are largely determined by the majority social group. This value system develops a normative property which may then be used as a framework for expectations and predictions about present experience. When the individual uses a value system which does not fit the new environment, stress and anxiety result. The task is then to learn and internalize a new set of values (Furnham & Bochner, 1994).

#### **1.3.4 Social skills and culture learning**

Following on from the previous theory, the culture learning model posits that coping and adaptation difficulties are due to lack of training in cultural conventions and social skills, rather than to a lack in the individual. Culture learning covers communication, both verbal and non-verbal, etiquette, rules and conventions. Argyle and Kendon (1967) were the first to construe social interaction as "a mutually organized, skilled performance similar to other skills" - the lack of which causes difficulties.

Since the 1980's researchers have identified and investigated a variety of social skills considered important for successful social performance. While there is a general lack of agreement on what these are, lists include aspects such as the expression of attitudes, feelings and emotions; adopting an appropriate physical distance; conducting greeting and leave-taking rituals; self-disclosure; making or refusing requests and assertiveness (Trower, Bryant & Argyle, 1978). There are differences in social skills training as regards method, length of training and the specific skills being taught, although nearly all follow the same sequence of training (Furnham & Bochner, 1994). This involves diagnosis (the identification of skills which are lacking), exposure to models, role-play with feedback and in-site training.

According to Furnham and Bochner (1994) the social skills or culture learning model has clear implications for the management of cross-cultural difficulties. It brings the theory full circle to the earliest definitions of culture shock - the lack of knowledge about "when to do what and how" (Oberg, 1972; cited in Arredondo-Dowd, 1981) and provides a possible solution to this fundamental aspect of culture change.



#### 1.4 Stage theories of adjustment

Elsewhere in this project the concept of immigrant adjustment has been discussed in some detail (p.37). Oberg (1960) was the first to develop a stage theory of adjustment and he describes a four stage process as follows. The first stage is characterized by fascination with the new. He calls this the honeymoon stage which may last from a few days or weeks to six months. The second, crisis stage begins once the realities of life have to be dealt with. Hostility towards the host culture and aggressive attitudes arise out of genuine adjustment difficulties. Oberg (1960) quaintly describes these difficulties as "maid trouble, school trouble, language trouble, house trouble, transportation trouble, shopping trouble, and the fact that the people in the host country are largely indifferent to all these troubles" (p. 178). Those who are able to overcome this crisis stage will stay, those who are unable to do so leave before "the stage of a nervous breakdown" (Oberg, 1960). The third, or recovery stage, begins when the visitor is able to become more independent. A sense of humour returns and he or she is able to laugh at any difficulties, and help others who may be struggling even more. The fourth, adjustment stage is complete once the newcomer accepts and is able to begin to enjoy the customs of the new country. He or she is able to operate in a way which is relatively free from anxiety.

Adler (1975) describes a five stage process involving contact, disintegration, reintegration, autonomy and independence. Adlers' stages

are described in terms of the individual's perception, emotional range and behaviours and he interprets each of these according to social, psychological and cultural differences and learning processes.

The first, contact stage is characterised by the excitement of novelty and, rather than focus on cultural differences the individual will focus on similarities which serve to validate his or her status, roles and identity. In so doing, his or her own cultural behaviour is reinforced. In the disintegration or second stage, confusion and disorientation abound. Cultural differences in the form of values, attitudes and behaviour become increasingly noticeable, and the individual becomes increasingly aware that his or her usual framework for predicting and understanding the world is no longer appropriate. In addition, a sense of being different and feelings of inadequacy and isolation can result in alienation, depression and withdrawal. Identity confusion which arises at this stage can result in personality disintegration. In the third stage, reintegration is characterised by the rejection of, and hostility towards the second culture which is experienced but not understood. Relationships which are exclusively within their own cultural group may be sought, and the individual may project personal difficulties onto the unfamiliar culture or environment. Adler (1975) states that this form of negativity, rather than being purely reactive behaviour, is a form of healthy self-assertion and growing self-esteem. This phase also signifies a turning point. The individual may regress to the superficial responses of the contact phase,

move toward a resolution of the difficulties encountered, or return home. In the autonomy stage, the fourth stage, the individual is better equipped in terms of skills and understanding to interact and function in the new environment. This adds to his or her sense of autonomy and enables the relaxation of previous defensiveness. The final, independence stage is characterised by the acceptance of social, psychological and cultural differences. At this stage the individual is able to experience and express a full range of emotions and resume psychological growth and self-actualization. Adler (1975) emphasises that "the transitional experience begins with the experience of another culture and evolves into the encounter with the self". Thus the independence stage is not the end of the process, but a "state of dynamic tension in which self- and cultural discoveries have opened up the possibility of other depth experiences" (p.18)

Other stage theories range from three to nine stages. However, Furnham and Bochner (1994) rightly point out that "these attempts have all been descriptive and tend to overlap". Further, Church (1982) suggests that overall, stage theories are simplistic and problematic to apply. In addition to stage theories of culture shock, and following on from their development, there exists a body of literature which debates the U-curve or the W-curve hypotheses of adjustment.

#### 1.4.1 U- and W-curve theories

The U-curve hypothesis is attributed to Lysgaard (1955). In a study of Fulbright scholars, Lysgaard concluded that people pass through three stages in the adaptation process. These are initial adjustment, crisis and regained adjustment. U-curve theories offer the conceptualization that the various stages in the adjustment or adaptation process follow a U-curve pattern over time. The literature suggests that new arrivals enter a phase of optimism and enthusiasm which is replaced after a time with distress and depression. At this point culture shock is probably most acute. Following this difficult period, the migrant will be 'adjusted' and able to cope adequately with a new life and environment. An extension of the U-curve hypothesis, the W-curve was described by Gullahorn and Gullahorn (1963). These authors found that once sojourners return home, they experience a similar process of readjustment, repeating the U-shape - hence the double U, or the W.

It appears, however, that the U-curve theory is not confirmed by many of the studies aiming to demonstrate it (Furnham & Bochner, 1994). The authors continue that empirical support for the U-curve theory is generally weak, and the evidence is considered inconclusive and over-generalized. They add that the U-curve hypothesis does not account for differences between the adjustment patterns of different groups, and neither does it offer hypotheses about predictors of adjustment, nor the

different ways of coping that individuals may utilize. Further, Furnham and Bochner (1994) affirm that while the process of adjustment for some aspects may be U-shaped, for others it is not.

More recent thinking, specifically that of the culture-learning models found in the culture shock literature, questions the appropriateness of adaptation as a suitable response. Furnham and Bochner (1994) argue that the concept of adjustment has a clinical connotation and is based on the medical model. As a result, non-adjustment, or the difficulties or failures experienced by the migrant, imply pathology of some sort which needs treatment. This model, according to the authors, pays little regard to the social milieu. Further, Furnham and Bochner (1994) assert that adjustment as a goal suggests that the migrant should abandon his or her original culture in favour of a new one. The authors use the term cultural chauvinism to describe this idea and suggest that adaptation presents a pseudo-solution. Instead, Furnham and Bochner (1994) assert that the newcomer faces a task of culture learning. Following this formulation, newcomers can learn the required skills to interact adequately in their new environment without eliminating their difference.

## 1.5 Developmental models and immigrant adjustment

Developmental theory has often been utilized as a model for understanding the process of immigrant adjustment. Mahler's (1971) separation-individuation model offers a framework for the conceptualization of immigrant adjustment and various writers (e.g., Paris, 1978; Puskar, 1986; Gottesfeld & Mirsky, 1991) have likened these two processes.

Paris (1978) asserts that the separation-individuation conflict reappears for the migrant as a result of finding him- or herself in a new and unfamiliar environment. Just as the toddler, during the rapprochement phase of the separation-individuation process, requires a periodic return to the mother in order to 'emotionally refuel', so does the migrant. Through a return to the mother (or the nation) in reality or fantasy, the immigrant may gain comfort and can leave again for extended periods of exploration. This process is expressed symbolically in the immigrant's relationship to the old and the new environments.

Gottesfeld and Mirsky (1991) suggest that rapprochement within the process of migration - the ability to periodically return to the homeland - facilitates overall adjustment. Further, Paris (1978) states that a return to the homeland is a necessary step (particularly for adolescent or young adults who migrate) as it enables a direct negotiation and psychological

reconciliation with the parents (or the parent extension, the nation). Paris (1978) sees this as "a necessary step on the path to individuation". Paris (1978) states that the exile is deprived of this opportunity and, cut off from psychological supplies, the likelihood of various forms of guilt or a felt lack of psychological support is increased.

In discussing the usefulness of the separation-individuation conflict in relation to the concept of migrant adjustment, Puskar (1986) states that the developing infant and the migrating adult share the need to connect, to belong and to be loved, and she acknowledges that all separations give rise to insecurity. However, she continues that there is a fundamental difference in the experience of the adult and the child. The adult has already mastered separation from the primary attachment figure and has most probably achieved an appropriate level of individuation - thus the separation is from social networks rather than from a primary attachment figure. However, in writing about women specifically, Puskar (1986) suggests that a migrant (woman) may "recapitulate the early phases of the separation-individuation process", and that she may even display regressive behaviour such as crying, searching and angry protest (the reactions described by Bowlby, 1960, in observing the infants' pattern of response to loss). Puskar (1986) continues that migration may trigger painful experiences from early infancy and that as a result, some individuals may be more vulnerable to the experience of loss than others.

Skoroszewski (1984) draws a comparison between the commonly accepted stages of migrant adaptation, namely - survival, accommodation, adaptation and integration, and Erikson's psychosocial developmental stages (Erikson, 1959, cited in Skoroszewski, 1984). She asserts that the adjustment stages may be usefully combined with Erikson's model to provide a framework for decision-making within the helping process. The connection between the two models is supported by Hertz (1987) who describes Erikson's discussion on the interrelation between identity and uprootedness. Skoroszewski (1984) notes that Erikson's model encompasses "both the psychological and social areas and offers a dynamic model of growth" (p. 21). However, Hertz (1987) points out that Erikson emphasizes the significance of internal mechanisms in identity formation and maintenance, and he asserts that social factors are of considerable significance and should also be taken into account. In addition, Hertz (1987, p.160) names "motivation for migration; the process of separation from the earlier environment [and the] stages of absorption and reinvolvement in the new environment" as significant.

The application of Maslow's (1968) concept of a hierarchy of needs (physiological, safety and stability, belongingness and love, esteem and self-actualization) shows a further use of developmental theory to illustrate and understand migrant adjustment (Skoroszewski, 1984). Just as the lower level needs on the hierarchy (for example, the need for food, sleep or safety and security) have to be satisfied before the higher level



needs emerge in the developmental process, so is the immigrant process one of the satisfaction of a sequence of needs, perhaps beginning with the establishment of a home and economic security. As a social welfare worker, Skoroszewski (1984) continues that both Maslow's model and Erikson's are useful for 'placing' the immigrant in their progress in adapting to a new culture at the time of the first professional contact. She suggests that the application of these models not only affords practitioners a helpful framework for adapting treatment to where the patient is at the time of the first contact, but also offers additional insights into the experience of immigration and the stresses of the adjustment process. For example, such an understanding could alert professionals to regressive processes where the most helpful thing to do might be to assist a migrant with a really basic task such as making a phonecall.

## **1.6 The psychoanalytic and object-relations models**

Grinberg and Grinberg (1989) posit that the migratory process passes through several phases. The first phase comprises alternating feelings of intense pain and sorrow for what has been lost, fear of the unknown, and profound experiences of loneliness, neediness, privation and helplessness. Depressive, paranoid or disorienting anxieties can leave the individual prone to periods of total disorganization. Alternatively, this phase can proceed as a manic state of unrealistic over-adjustment, where the individual may idealize the new and devalue the old country and culture

as a way of denying or defending against the pain of loss. The second phase involves nostalgia and the beginning of an incorporation of the new culture. According to Grinberg and Grinberg (1989), at this stage the individual is better able to tolerate the pain of loss, or is less entrenched in denial. There is increased openness to the new culture and experience, with inner and outer functioning becoming more integrated. The final stage involves recovery of the pleasure of thinking and desiring, and the capacity to make plans for the future. The past is remembered and held internally and does not interfere with the present. The individual has apparently 'worked through' a period of mourning and has achieved some ego enrichment as well as a restructured sense of identity (Grinberg and Grinberg, 1989).

Winnicott's concept of transitional objects and phenomena (Winnicott, 1994), and his extension of these concepts to include cultural inheritance, present an interesting framework for thinking about the migration process. Winnicott stresses the significance of a 'facilitating environment' consisting of 'good-enough' mothering for normal infant development and for future psychological and physical health. Within a facilitating environment, potential space, or the physical and mental space between the mother and the infant is created. He describes this potential space as a hypothetical area that exists between the baby and the mother or object. It is an intermediate area of experiencing that lies between (a) the inner world, or "inner psychic reality" and (b) "actual or external reality"

(Winnicott, 1994). Potential space, while essentially serving the creation of subjectivity (self-awareness) in early infant development, is also what underlies a continuing dialectic between unity and separateness in which each creates and informs the other (Ogden, 1985). Both are symbolized by the transitional object, the use of which arises out the defense against separation anxieties. The function of the transitional object is to create an illusion/delusion of merger with the mother and it is in this way that it serves the separation-individuation process. In this same potential space playing, creativity, psychotherapy and cultural experience occur. Failures in the development of potential space - or the ability to maintain the dialectical process between unity and separateness lead to specific forms of psychopathology (Ogden, 1985).

Following this aspect of developmental theory, it can be conceived that the migrant needs, and thus attempts to create a transitional space which lies between the inner, psychic world and external reality. This space then functions as a transitional or transformational space (Bollas, 1978) between the mother (country and objects), and the new, outside world. Continuity of the self is maintained and, at the same time, a transformation of the self, or some aspects of the self, is facilitated. Grinberg and Grinberg (1989) suggest that there are various ways in which the migrant may create or achieve a transitional space or objects. For example, the concept of transitional objects explains the aspect of migrants taking all their possessions with them, irrespective of their usefulness. Grinberg and

Grinberg (1989) write that emigrants take "old furniture that falls apart during the trip, clothing they no longer wear, devices that do not work". They continue that "the nonhuman environment . . . represent(s) a significant part of a person's sense of identity. . . . (it) is invested with intense emotional content and tends to persist unmodified as an object of nostalgia and a symbol of belonging" (p. 80). Alternatively, Grinberg and Grinberg (1989) assert that new immigrants may regress "to more primitive levels of mental functioning, (where) emotions tend to be expressed in relation to primal things such as food". The immigrant may reject the new, local foods and nostalgically seek out the foods of his or her own country. Or he or she may take refuge in food to reduce anxiety - "thus recreating an idealized breast that is generous and inexhaustible, with which he (or she) tries to compensate for the many losses incurred during the move" (p. 79).

Denford (1981) suggests that the possibility for 'going away' is a logical extension of the development of mature object relations. It is perhaps the final marker in the move away, or separation from one's parents. However, he points out that while going away implies the valuing of what is being abandoned or left behind, there are nevertheless losses to be borne, and grieving to be accomplished. Denford (1981) asserts that these processes may re-emerge from time to time, and will re-evoke feelings of sadness, regret, emptiness and longing.

## 1.7 Discussion

A review of the literature on migrant adjustment offers a broad perspective on the processes involved in adaptation and adjustment ranging from the somewhat esoteric - where adjustment is a "transitional experience (which) begins with the experience of another culture and evolves into the encounter with the self" (Adler, 1975) - through the developmental, where adjustment is about the negotiation of a series of psychosocial crises, or about dealing with loss, or separation anxieties, to the manifestly biological where adjustment is the success, or failure, of the organism to regain lost homeostasis through the mechanism of tension reduction. While each of these approaches has something of value to offer, both from the point of view of theory and practice, a more systematic evaluation would involve the application of specific criteria - similar to those used to evaluate other theories. For this purpose two sets of criteria will be employed. These are (i) the criteria devised by Furnham and Bochner (1994) for comparing a number of 'theories' of culture shock, and (ii) the formal criteria for theoretical adequacy as described by Maddi (1980).

### **PART A : 1.8 Comparison of immigrant adjustment theories using Furnham and Bochner's (1994) criteria**

Furnham and Bochner (1994) have already made an excellent contribution in completing the task of evaluating a number of theories within the

culture shock literature. Their valuable comments can be found throughout this review. Most of the culture shock theories have been found to be descriptive, but wanting in terms of predictive value. Furnham and Bochner's (1994) task will not be replicated here, but a similar assessment of the general stage theories and the developmental and psychoanalytic models will be attempted. The specific models which will be evaluated in terms of their application to immigrant adjustment are (i) the general stage theories of adjustment, for example as described by Oberg (1960) and Adler (1975); (ii) the separation-individuation model as applied by Paris (1978) and Gottesfeld and Mirsky (1991); (iii) Erikson's model of psychosocial development, as applied by Skoroszewski (1984) and Hertz (1987); (iv) Maslow's need hierarchy as proposed by Skoroszewski (1984) and (v) the psychoanalytic and object-relations models supported by Grinberg and Grinberg, (1989).

Table 1.1 below shows an evaluation of these models using Furnham and Bochner's (1994) criteria as used for their evaluation of the culture shock theories. The criteria include a comparison of motives and expectations, responses, temporal factors, host culture variables, generational differences, and the particular therapy or training model associated with each approach. Thus, instead of discussing the advantages and disadvantages of each approach, the criteria

"compare the theories in terms of whether they can account for or predict the numerous subtle and complicated differences between migrant groups, host societies and their responses to one another over time" (Furnham & Bochner, 1994, p. 223).

CRITERIA	THEORIES				
	General stage theory/ies	Separation-individuation model	Erikson's psychosocial model	Maslow's need hierarchy	Psychoanalytic/object-relations model
<b>Motives and expectations</b>					
1. Does the theory presume that different motives of different groups lead to different reactions?	*	*	*	*	*
2. Does the theory presume that different expectations of different groups lead to different reactions?	*	*	*	*	*
<b>Responses</b>					
3. Can the theory account for different migrant groups' responses to the same country?	NO	POSSIBLY	POSSIBLY	POSSIBLY	POSSIBLY
4. Can the theory account for the same migrant groups' responses to different countries?	NO	POSSIBLY	POSSIBLY	YES	POSSIBLY
5. Can the theory account for different response patterns in the same migrant group?	NO	YES	YES	YES	YES
6. Can the theory account for the same response patterns in different migrant groups?	YES	POSSIBLY	POSSIBLY	YES	YES

TABLE 1.1 An attempt at a comparison of five models of immigrant adjustment using Furnham & Bochner's (1994) criteria

(\* No mention is made of this issue)

## THEORIES

CRITERIA	General stage theory/ies	Separation-individuation model	Erikson's psychosocial model	Maslow's need hierarchy	Psychoanalytic/object-relations model
<b>Responses (cont...)</b>					
7. Does the theory allow for positive as well as negative responses to migration? <b>Time</b>	NO	POSSIBLY	YES	POSSIBLY	POSSIBLY
8. Does the theory predict any temporal pattern of response? <b>Host culture</b>	NO	NO	NO	NO	NO
9. Does the theory suggest host-culture factors that are relevant to adaptation? <b>Generational differences</b>	POSSIBLY	NO	POSSIBLY	POSSIBLY	NO
10. Does the theory predict different responses from people of different generations?	NO	YES	YES	NO	YES
11. Does the theory predict different responses from second- and third-generation immigrants? <b>Therapy and training</b>	*	*	*	*	*
12. Does the theory have an explicit therapy/training method?	NO	POSSIBLY	NO	NO	YES
13. Has the therapy-training method proved effective?	*	*	*	*	*

TABLE 1.1 (cont.) An attempt at a comparison of five models of immigrant adjustment using Furnham & Bochner's (1994) criteria

(\* No mention is made of this issue)



### **1.8.1 Motives and expectations**

As regards these two issues, unlike the 'locus-of-control' or the 'expectations' theories from the culture shock literature, none of the five immigrant adjustment theories appear to address either the question of whether people with different motives, or people with different expectations experience different reactions as a consequence of migration.

### **1.8.2 Responses**

Furnham and Bochner (1994) address the issue of responses to migration in four different migrant conditions and they pose the question of whether theories allow for both positive and negative responses to migration. The migrant groups or migration conditions for which theories may account or offer predictions are as follows:

- (i) different migrants groups' responses to the same country;
- (ii) the same migrant groups' responses to different countries;
- (iii) different response patterns in the same migrant group, and
- (iv) the same response patterns in different migrant groups.

Of the five theories on immigrant adjustment being evaluated here, general stage theories describe universal responses and are thus only able to account for (iv) the same response patterns in different migrant groups. They do not account for individual, social or environmental effects, and

are thus quite limited in scope. Erikson's psychosocial model takes into account the social environment to some extent, although the central issue concerns personal developmental crises. Thus this theory addresses (iii) above and (i) and (ii) to some extent. However, since psychosocial development is said to be universal, it could possibly also account for (iv) to some extent. Maslow's model could account for (i) (host factors) to some extent, since the resolution of need satisfaction at some of the stages (for example, affiliative needs) clearly relies on the social environment, and the responses of hosts to different immigrant groups is likely to vary. Factors (ii), (iii) and (iv) are also accounted for by this theory since social and environmental factors, individual differences and universal experiences are all considered.

The separation-individuation and psychoanalytic models both focus almost exclusively on individual, intrapsychic processes and are therefore clearly able to account for factor (iii). However, they also account for factor (iv) in that they consider (implicitly) that the processes of separation, loss and grief are universal responses to migration. It is not entirely clear to what extent they account for factors (i) and (ii) (host and social and environmental factors).

### 1.8.2.1 Positive and negative responses to migration and generational differences

Furnham and Bochner (1994) contend that the majority of the culture shock models (apart from the selective migration and negative life-events models, and possibly the grief and bereavement hypothesis) allow for positive as well as negative responses to migration. It appears that the same can be said for the five models currently under scrutiny.

Supporters of the separation-individuation model (e.g., Gottesfeld & Mirsky, 1991) posit that it is necessary for individuals who choose to migrate to do so on the basis of a deep and personal commitment. They continue that adolescents and young adults going through a formative process need to experiment with different emotional ties and social roles, and thus deep and permanent commitments are alien to them. From this it can be inferred that those who have successfully completed separation from their primary attachment figures, and who are fully individuated are more likely to be able to make a mature and well-considered migration decision accompanied by a deep personal commitment. Ultimately, this may result in a positive migration experience. In contrast, those still going through this formative developmental phase (young immigrants who independently choose to separate from their families through migration) may do so defensively as a response to strong dependency needs. As a result, acute ambivalence may arise which makes negotiation of the

rapprochement phase difficult to resolve, and positive adjustment difficult to achieve. The adolescent may have to journey back home to his or her country and his or her parents in order to achieve the resolution of this phase which is necessary for the consolidation of a separate adult identity. Thus, this model accounts for both positive and negative responses and for generational differences.

Followers of the object-relations model suggest that immigrants with secure internal objects will be able to achieve better integration of the old (nation and relationships) with the new. Transitional objects and a transitional environment are said to assist the integration process. However, like the psychoanalytic model, the overall process is not described as being without difficulties such as threats to one's identity, a disrupted sense of continuity, and intense experiences, similar to mourning, of pain and loss, anxiety, hostility, despair, and a longing for lost objects (e.g., Garza-Guerrero, 1974). Thus the focus appears to be primarily on negative experiences. There is no particular focus on generational differences. However, like the model described above, there are likely to be differences which are specific to the developmental phase of the individual immigrant.

The psychoanalytic model does provide for a positive response to migration. However, according to Grinberg and Grinberg (1989), an early positive response can be interpreted as a form of manic over-adjustment

where, as previously mentioned, the individual may idealize the new and devalue the old country and culture as a way of denying or defending against the pain of loss. Thus it appears that negative reactions (a period of loss, accompanied by intense pain and sorrow, fear of the unknown, profound experiences of loneliness, neediness, privation and helplessness as well as depressive, paranoid or disorienting anxieties) are to be expected as an initial response to migration. Grinberg and Grinberg (1989) take pains to point out that there are clear differences in the migration experience for individuals at different developmental or life stages.

Proponents of the application of Erikson's psychosocial developmental model (e.g., Skoroszewski, 1984) do not specifically distinguish between positive and negative reactions to migration, since reactions depend primarily on the particular crisis or developmental task at hand, and the success or failure of its mastery. However, when viewed as a dimensional attribute, each of Erikson's tasks has both a positive and a negative component (Hjelle & Ziegler, 1976) and it could thus be said that it is possible that like the outcomes for the maturing individual, the immigrant may achieve a positive or negative outcome depending on what the requirements are for the negotiation of a particular task. To illustrate using a very simple example, where the task of a new immigrant recapitulates the earlier (first) developmental stage of 'trust versus mistrust', finding a job, or a house, or just having a friendly neighbour could make all the difference in helping a new immigrant to feel stable

and secure in his or her new world and environment. Erikson's psychosocial model clearly accounts for generational differences in that developmental change is said to occur throughout the life cycle and crises are phase or stage specific. In addition, the stages are described as sequential, although not rigidly so.

In general, the stage theories or models do not cater for a positive reaction as they describe an initial stage of crisis, usually characterized at best by coping, alternatively by confusion, anxiety and misunderstandings which are accompanied by a great deal of stress. Some stage theories do mention an initial euphoria, or fascination or excitement with the new - a kind of honeymoon stage - but usually this initial reaction is followed by a let-down once the realities of life have to be faced. Generational differences are not accounted for.

In terms of Maslow's need hierarchy and its application to migrant adjustment, also supported by Skoroszewski (1984), neither the issue of positive or negative reactions, nor generational differences are specifically taken into account. According to this theory, migration reactions would depend entirely upon the level of needs for which the individual seeks satisfaction. For example, housing and financial security must be achieved before higher-order needs, such as affiliative needs, emerge. Again, needs are sequentially ordered and hierarchical, and thus generational differences are of no particular consequence.

### **1.8.3 Temporal factors and second- and third-generation reactions**

None of the five models being evaluated provide a specific time scale for migrant adjustment, nor do they account for the responses of second- and third-generation immigrants. However, in the application of the psychoanalytic model to immigration adjustment Grinberg and Grinberg (1989) do not specifically link the theory to generational issues, but they do address the issues in a separate chapter.

### **1.8.4 Host culture variables**

Those models which appear to account for the impact of host culture variables to some extent are the general stage theories, Erikson's model and Maslow's need theory. However, the extent to which they do is not particularly explicit. As such, stage theories do not mention host factors in terms of how they may facilitate or hinder adjustment reactions, but in terms of the overall challenges to which the individual immigrant is subjected. For example, the individual immigrant may have to find an alternative framework for predicting and understanding the world when the one he brings no longer fits, or, as Adler (1975) suggests, in order to resume psychological growth and self-actualization the acceptance of social, psychological and cultural differences needs to be achieved. Erikson's model takes social and interpersonal factors into account to a

greater extent, as does Maslow's need theory. Both these theories consider interpersonal factors at specific developmental stages - whether they come into play depends on the particular developmental stage or level at which an individual immigrant is situated.

Neither the psychoanalytic, object-relations or the separation-individuation models make any particular attempt to address the issue of host factors.

#### **1.8.5 Therapy or training and effectiveness of the method**

Taken together, neither the general stage theories, nor the application of Erikson's or Maslow's models provide a specific model for training or for therapeutic intervention. As such, these models do not reach beyond offering a framework for understanding by allowing professionals to locate or situate an immigrant in terms of a sequential developmental process. Since these theories are not empirically valid in a formal sense, where they are testable and may be taken to offer reliable predictions (see below), the helper cannot know with any certainty about aspects of the immigration process that have gone before and what might come after. Nevertheless he or she may have access to a better understanding and appreciation of what the migrant needs.

In contrast, writers such as Grinberg and Grinberg (1989) are quite clear



that the psychoanalytic and object-relations models can make a significant contribution to ameliorating the difficult experiences of the adjusting immigrant. These theories provide well established therapeutic models which offer a deep exploration of earlier conflicts including separation, and a focus on current conscious and unconscious material, both of which are necessary for the resolution of mourning for losses incurred through the process of immigration. However, apart from the testimony of patients or case histories as revealed by writers such as Grinberg and Grinberg (1989), Puskar (1986) or Gottesfeld and Mirsky (1991), there is no evidence for the effectiveness of these particular models in their application to immigrant adjustment.

#### **1.8.6 Summary**

General stage theory or theories appear to be the simplest both in terms of theoretical development and practical application. They only account for a universal, and mostly negative initial response to immigration. They do not take into account motives or expectations, individual differences, nation-specific differences, nor temporal, host, generational or therapeutic issues. Thus it could be said that these models, some of which are amongst the very earliest explanations of immigrant adjustment are really quite limited in scope.

The psychosocial/developmental models of Erikson and Maslow are quite

similar in that the application of both of these offers a sequential, stage theory of immigrant 'development'. As such each successive stage is determined by the mastery or satisfaction of the previous one. Like the general stage theories, they are limited in that they do not account for motives and expectations, they do not offer a time frame for adjustment and they do not provide a model for therapy. However, unlike the general stage theories, they both account for generational, individual and host factors to some extent.

The separation-individuation, psychoanalytic and object-relations models are similar to each other in that the focus of each is placed primarily on individual or intrapsychic factors. More emphasis is placed on the therapeutic application of the understanding of the processes of immigration than is evidenced in the models described above. The application of these models is indeed interesting and has great appeal. However, in terms of immigrant adjustment, the problems of which inevitably occur mainly within, and as a result of a social milieu, an almost exclusively individual/intrapsychic focus can be seen as a severely limiting factor.

Thus far it appears that each of the theories has something of value and interest to offer, and some of them account for a rather broader spectrum of issues and events than others. However, none of them do much more than account for observable phenomena from different points of view.

The following section takes the evaluation of these five models one step further and, while this step may be somewhat premature in terms of the stage of development of the theories themselves, attempts to evaluate the five theories in terms of a number of formal criteria for theoretical adequacy.

**PART B : 1.9 Formal criteria for adequacy**

There exist a number of dimensions according to which theories are formally evaluated. According to Maddi (1980), any theory seeking formal adequacy should aim to be important, as opposed to trivial; it should be operational, parsimonious, precise, stimulating, and empirically valid. Hjelle and Ziegler (1976) address the issue in terms of the broader dimensions of the descriptive versus predictive value of a theory. In discussing personality theories in particular, they assert that "such theories actually represent elaborate speculations or hypotheses concerning why people behave as they do". The authors continue that "they (personality theories) have both descriptive and predictive functions in psychology". A theory which is descriptive, serves to "organize human behaviour systematically so as to render it intelligible" and a good theory is one which "provides a meaningful framework within which human behaviour can be consistently described and interpreted" (Hjelle and Ziegler, 1976, p.2) . The predictive function of a theory "implies that its concepts are testable". As such it not only describes past and present

events, but should also be useful for predicting future ones. According to Hjelle and Ziegler (1976) "the concepts of a theory should be formulated to permit . . . rigorous and precise empirical testing" and theories should stimulate psychological research.

An attempt has been made to evaluate the five immigrant adjustment theories in terms of the formal criteria for the adequacy of theories as outlined by Maddi (1980). As already mentioned, Maddi (1980) states that adequate theories should be (i) important; (ii) parsimonious; (iii) precise; (iv) stimulating; and (v) empirically valid. For a fuller description of these criteria, see Appendix 17.

### **1.9.1 Is the theory important?**

Table 1.2 below indicates that it is this author's opinion that the five immigrant adjustment models are important in the formal sense since they are based on well-established and respected theoretical models (apart from the general stage theories). All appear to have been derived by their respective authors on the basis of naturalistic observation - both through their work with immigrant patients, richly demonstrated with case histories, and some through their own experiences of migration or their 'participant observer' status (e.g., Grinberg & Grinberg, 1989). Further, the theories on which the immigrant adjustment models are based are themselves derived, on the whole, on the basis of naturalistic observation.

## CRITERIA

## THEORIES

In terms of its application to immigrant adjustment . . .	General stage theory/ies	Separation-individuation model	Erikson's psychosocial model	Maslow's need hierarchy	Psychoanalytic/object-relations model
1. Is the theory important? (vs trivial, and based on naturalistic observation)	YES	YES	YES	YES	YES
2. Is the theory parsimonious? (best explanation available as it makes the fewest assumptions)	*	*	*	*	*
3. Is the theory precise? (avoids being implicit, or using metaphorical, figurative or analogical language)	YES	NO	YES	YES	NO
4. Is the theory stimulating? (provokes thought and/or research)	YES	YES	POSSIBLY	NO	YES
5. Is the theory empirically valid (predictive)?	NO	NO	NO	NO	NO

TABLE 1.2 An attempt at the evaluation of formal adequacy of five models of immigrant adjustment following Maddi's (1980) criteria

(\* This criterion is not applicable)

### **1.9.2 Is the theory parsimonious?**

On the issue of parsimony, Maddi (1980) states that "the principle of parsimony may be virtually impossible to apply in psychology". This is because "one would have to specify the domain of behavioural variables to be explained, and the assumptions of all theories claiming to explain these variables" (p.655) - clearly a daunting, if not impossible task. Maddi (1980) concludes by saying that "parsimony (is) virtually useless as a basis for evaluating alternative theories" and that it is better to use "all your intuition, reason, and empirical knowledge in striving for . . . comprehensive(ness)" (p.655). Clearly, the writers mentioned above have attempted this in their theory-building, or in their application of existing theories to immigrant adjustment and, in so doing, have enriched current thinking about immigrant adjustment.

### **1.9.3 Is the theory precise?**

The application of precision demands that a theory should be as clear and precise as possible. Maddi (1980) suggests that a good way of determining whether a theory is sufficiently precise is to try to use it as intended by applying it to people to gain a better understanding of them, or by trying to generate predictions and then testing them out. In this way it is possible to uncover both imprecisions and lack of completeness in the theory (Maddi, 1980).

In judging the immigrant adjustment theories by this criterion, it appears that both Erikson's psychosocial model and Maslow's need hierarchy achieve precision, as do the general stage theories. However, a further consideration in evaluating precision concerns the use of metaphorical, figurative or analogical language. The language base of these three models is relatively simple and the concepts are clear. At the risk of oversimplification, suppose a researcher wanted to test the sequence of stages of a general stage theory. It would appear to be fairly straightforward in this case to draw up a plan of the model, and to ask adjusting immigrants to place themselves somewhere in the process, and to confirm or disconfirm the preceding stage or stages. In addition, to facilitate understanding, the concepts of these stage theories could be shared with adjusting immigrants by helpers working with them (much in the same way that a depression model could).

In contrast, while the application of the separation-individuation or the psychoanalytic or object-relations models to immigrant adjustment could also broadly be considered 'stage theories', they are conceptually much more difficult, and it would take quite some 'psychological-mindedness' to understand the concepts, let alone achieve a simple diagram or a testing of the stages as described above. In addition, the original creators of these theories are masters of the use of metaphorical and figurative language. Overall, while these theories are not imprecise in their explanations, they abound with metaphorical language and they are without the realm of

simple testing. It is thus difficult to evaluate them as formally adequate in terms of precision.

#### **1.9.4 Is the theory stimulating?**

The extent to which a theory is considered stimulating is evidenced by the body of work produced by its supporters or critics, or by the developments that have emanated from the original writings (Maddi, 1980). For example, Oberg (1960) developed the original stage theory of immigrant adjustment and many other writers have followed on to develop their own stage theories. Stage theories propose different numbers of stages, or various sub-stages and different stage names. Some incorporate a range of psychosocial issues, other stages theories focus almost exclusively on intrapsychic experience, still others propose a recapitulation of earlier developmental stages. Overall, apart from the application of Maslow's need hierarchy to immigrant adjustment, (for which the present writer has only found one reference) the theories do not appear to be lacking in stimulation value. Maddi (1980) emphasizes though, that however stimulating, a theory that does not achieve rational adequacy and empirical validity cannot provide a substantial and enduring contribution to understanding in a scientific discipline.



### 1.9.5 Is the theory empirically valid?

The previously discussed criteria, parsimony, stimulation, importance and precision are considered to denote rational, as opposed to empirical standards of adequacy. Thus the question of whether the immigrant adjustment theories in question also stimulate investigation or empirical research brings us on to the issue of the empirical validity, or predictive ability of a theory. The crucial issue is one of systematic empirical testing of the predictions the theory makes. However, Maddi (1980) notes that empirical investigations are premature until a theory is sufficiently developed for the exact nature of the relevant data to be known, and for the relationship of the data to the theory to be established. He adds that the theory should also be considered adequate by the criteria stated above, before systematic testing is appropriate. It appears to the present writer that none of the formulations of immigrant adjustment discussed here are empirically valid in the formal sense.

To sum up, it has been difficult to do more than inform the reader about the various theories of culture shock or immigrant adjustment in terms of their respective descriptive qualities. However, Furnham and Bochner's (1994) comparison of eight culture shock theories in conjunction with this attempt at a comparison and evaluation of five models of immigrant adjustment offer a somewhat broader perspective. Alternatively, the various theories reviewed provide broader, or deeper explanations of the

multi-faceted consequences of immigration, but as yet there is no model which provides the researcher, the writer, the practitioner or the adjusting immigrant, with a clear point of reference from which he or she may look forward and make predictions, or look back and affirm the processes with any certainty. This is primarily because none of the models appear to take cognizance of the whole picture - the person in the environment or, to use the phenomenological term in a literal sense, the being-in-the-world.

In conclusion, while the majority of the conceptualizations pertaining to immigrant adjustment are descriptive rather than predictive, and they may not satisfy the criteria for theoretical adequacy in the formal sense, that is, on dimensions such as precision or empirical validity, they are nevertheless stimulating and important and, as anyone who has been through the immigration adjustment process with some degree of insight will attest, their descriptive nature is clearly not without value.

However, it remains for theorists and writers and for practising clinicians of all disciplines, and perhaps for researchers to some extent, to continue to put their best efforts into addressing the task outlined by Shaw as long ago as 1975 - to improve the predictive validity of theories relating to the relationship between geographical movement and its psychological consequences.

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## APPENDICES

**APPENDIX 1**

**PILOT INFORMATION QUESTIONNAIRE**



SOUTH AFRICAN RESEARCH PROJECT.  
PSYCHOLOGY DEPARTMENT,  
CITY UNIVERSITY,  
NORTHAMPTON SQUARE,  
LONDON. EC1V 0HB.

DRAFT VERSION OF A QUESTIONNAIRE ON  
SOUTH AFRICANS LIVING IN THE UNITED KINGDOM

Dear Respondent

This is the draft version of a questionnaire which is being developed for the study of South Africans living in the UK.

We would be very grateful if you would take the time to complete the questionnaire and to respond to the questions on the feedback page. Your comments and suggestions would help us greatly in the development of the questionnaire which will be modified accordingly.

The questionnaire is divided into five separate parts and should take you about 20-30 minutes to complete. Your responses will be completely anonymous and confidential - no names will be used in the study.

Please use the stamped addressed envelope to return the questionnaire **WITHIN ONE WEEK.**

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

Professor Robert Bor and Ms Sandra Schock.

## FEEDBACK PAGE

TO ALL PARTICIPANTS

WHEN YOU HAVE COMPLETED THIS QUESTIONNAIRE, PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. How long did it take you to complete the questionnaire?
  
2. Were the instructions clear?
  
3. Were any of the questions unclear or ambiguous?  
If so will you say which and why?
  
4. Did you object to answering any of the questions?  
If so will you say which and why?
  
5. In your opinion, has any major issue been omitted?
  
6. Was the layout of the questionnaire clear/attractive?
  
7. Any further comments?

THANK YOU VERY MUCH FOR YOUR HELP.

DOCTORAL RESEARCH PROJECT  
PSYCHOLOGY DEPARTMENT, CITY UNIVERSITY, NORTHAMPTON SQUARE.  
LONDON. EC1V 0HB.

## A SURVEY OF SOUTH AFRICAN S LIVING ABROAD

This study has been designed to explore and investigate the experiences and adjustment processes of South Africans living abroad. The questionnaire pack may be completed by **any South African or former South African** who considers him or herself to be living in a country **outside South Africa**, but who is not a tourist or on an extended holiday.

Our aim is to obtain an overall picture of South Africans living abroad, to understand some of the difficulties or changes people experience, and to come to some conclusions about the factors which help or hinder their adjustment to a new environment. With the results of the survey, we hope to develop information, advice, or support programmes for South Africans settling abroad.

The questionnaire pack is divided up into five separate parts and should take you about 20 - 30 minutes to complete. The first part deals with issues such as your reasons for leaving and your choice of destination. The second part is concerned with your feelings of satisfaction or dissatisfaction with your new life and environment. Parts three to five cover a variety of personal and individual issues and experiences. Your responses will be **completely confidential and anonymous** - **no names** will be used in this study.

Please **answer all the questions**, as this will help us to complete the study. We hope you will find the task interesting.

PLEASE USE THE STAMPED, ADDRESSED ENVELOPE TO RETURN THE QUESTIONNAIRE  
PACK WITHIN ONE WEEK.

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

Professor Robert Bor and Ms Sandra Schock.

*If you are interested in feedback about the results of this research project, then please include your name and address on a separate slip of paper with your questionnaire pack (or send it separately to the same address) and you will be sent a summary of results once the research has been completed.*

# PART 1 : REASONS FOR LEAVING AND DESTINATION CHOICE

1. In what year did you first leave South Africa? \_\_\_\_\_

2. In which country are you now living? \_\_\_\_\_

3. How long have you lived in the country where you are living at present? \_\_\_\_\_ Years

4. For how long had you been thinking about leaving South Africa? \_\_\_\_\_

5. What do you consider to be your main reason/s for leaving South Africa?

*Please tick all those which apply.*

- |  |    |                          |
|--|----|--------------------------|
| 1. Adventure - wanted to live in a new country.                                      | 1  | <input type="checkbox"/> |
| 2. Could never identify with South African life and culture.                         | 2  | <input type="checkbox"/> |
| 3. Could not support the policies of the government.                                 | 3  | <input type="checkbox"/> |
| 4. Political tension and/or instability.   | 4  | <input type="checkbox"/> |
| 5. Crime and violence in South Africa.   | 5  | <input type="checkbox"/> |
| 6. Lack of opportunity in work/career/education, etc.                                | 6  | <input type="checkbox"/> |
| 7. Wanted to avoid the army.   | 7  | <input type="checkbox"/> |
| 8. Uncertainty about the long-term future in South Africa for myself or my children. | 8  | <input type="checkbox"/> |
| 9. Economic uncertainty.   | 9  | <input type="checkbox"/> |
| 10. Came along with, or brought by spouse/parents/relative etc.                      | 10 | <input type="checkbox"/> |
| 11. Other (please explain)   | 11 | <input type="checkbox"/> |

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. In addition to the reason/s you ticked above, was there any one, specific event which influenced your decision to live in a new country?

Yes  No  -> Go to Q7

If Yes, what was it? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you ever visit South Africa? Yes  No  -> Go to Q8

If Yes, how often? (on average, over the past five years)

- More than once a year   
 About once a year

*Please tick one.*

- Less than once a year   
 Other (specify)  \_\_\_\_\_

What is/are your main reason/s for visiting? *Please tick as appropriate.*

- To visit family or friends   
 Holiday   
 Business

- Finance/Investments   
 Other (specify)  \_\_\_\_\_

## PART 2 : SATISFACTION WITH VARIOUS ASPECTS OF YOUR LIFE

Please circle one of the numbers below each statement for your answers to the questions on this page. For example, if you feel "somewhat more satisfied" with regard to a specific issue, then circle number '4'.

8. Compared to the climate in South Africa, how satisfied are you with the climate of the country in which you now live?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

9. Compared with your general lifestyle in South Africa (e.g., leisure activities, transport, disposable income, shopping and entertainment, etc.), how satisfied are you with your current lifestyle?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

10. Compared with your standard of accommodation/housing in South Africa, how satisfied are you with you where you are living now?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

11. Compared with your job or professional standing in South Africa, how satisfied are you with this area of your life now?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

12. Compared with the food in South Africa, how satisfied are you with the food available to you now?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

13. Compared with the quality of your social and personal life in South Africa, how satisfied are you with this aspect of your life now?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

14. Do you have people you can rely on in times of difficulty or stress?

Please tick the appropriate box.

Yes

No  -> Go to Q 15

If YES, then compared to the quality of support you had in South Africa, how satisfied are you with the quality of support available to you now?

Very much less satisfied	Somewhat less satisfied	About the same	Somewhat more satisfied	Very much more satisfied
1	2	3	4	5

15. To what extent do you consider that you have adjusted to your new environment? Please circle one of the numbers below.

Not at all  
adjusted  
1

Slightly  
adjusted  
2

Don't  
know  
3

Moderately  
well adjusted  
4

Very well  
adjusted  
5

16. Of the people whom you now regard as your close friends, what proportion are South Africans? Please tick the appropriate box.

Almost all  
Almost none

Three quarters  
Don't know

Half

One quarter

17. Would you ever consider going back to South Africa on a permanent basis? Please tick the appropriate box.

Yes

No

Uncertain

18. Is there anything you particularly miss about South Africa? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. In your personal experience of settling in a new country, what has been/is the most difficult aspect of the adjustment process? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. And what has been/is the easiest or most pleasing aspect of the adjustment process? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue on the next page with PART 3.

## PART 3 :



# GENERAL HEALTH QUESTIONNAIRE (GHQ - 12)

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, over the last few weeks. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently . . .

1. been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2. lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3. felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4. felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less than usual
5. felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6. felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7. been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. been able to face up to your problems?	More so than usual	Same as usual	Less so than usual	Much less able
9. been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10. been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11. been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12. been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

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## PART 4 :

# ROSENBERG SELF-ESTEEM SCALE



Here is a list of statements dealing with your general feelings about yourself. If you **agree** with the statement, circle A. If you **strongly agree**, circle SA. If you **disagree**, circle D. If you **strongly disagree**, circle SD. Thank you.

	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree
1. On the whole, I am satisfied with myself.	SA	A	D	SD
2. At times I think I am no good at all.	SA	A	D	SD
3. I feel that I have a number of good qualities.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I certainly feel useless at times.	SA	A	D	SD
7. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10. I take a positive attitude toward myself.	SA	A	D	SD

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## PART 5 :

### PERSONAL DETAILS

Please tick the appropriate box(es) or fill in your answers below.

21. Are you: Male  Female

22. Age \_\_\_\_\_ years

23. Current Marital status

Married or living with a partner   
Separated

Divorced

Single (never married)   
Widowed

24. How many people live with you in the same household? (e.g., parents, grandparents, children, spouse, partner, friend/s)

Number \_\_\_\_\_

25. To which racial/ethnic group do you belong? \_\_\_\_\_

26. Education : In this section we would like to know about your formal education.

Please tick all those which you have completed.

- |  |     |                          |
|--|-----|--------------------------|
| 1. Primary school  | 1.  | <input type="checkbox"/> |
| 2. Junior Certificate  | 2.  | <input type="checkbox"/> |
| 3. Senior or Matriculation Certificate   | 3.  | <input type="checkbox"/> |
| 4. Technical College, Trade School, Training College (e.g., Nurse or teacher training, etc.) | 4.  | <input type="checkbox"/> |
| 5. Bachelors Degree  | 5.  | <input type="checkbox"/> |
| 6. Honours Degree  | 6.  | <input type="checkbox"/> |
| 7. Professional Qualification (e.g., Lawyer, Accountant etc.)                                | 7.  | <input type="checkbox"/> |
| 8. Masters Degree  | 8.  | <input type="checkbox"/> |
| 9. Post-Graduate Degree, Diploma or Certificate  | 9.  | <input type="checkbox"/> |
| 10. Any other type of formal education (please specify) _____                                | 10. | <input type="checkbox"/> |

27. What is your field of training? (if any) \_\_\_\_\_

28. What is your current work/employment situation? Please tick as appropriate.

Full-time work   
Part-time work

Full-time homemaker   
Retired

Unemployed   
Student

29. If you are in part-time or full-time employment, what is your present occupation?

30. What, if any, do you consider to be your religious affiliation? \_\_\_\_\_

31. Do you regularly receive any newspapers or magazines from or about, South Africa?

Yes

No

Sometimes

**YOUR COMMENTS**

If you would like to expand on your answer/s to any particular question, and/or comment on the questionnaire pack in general, please feel free to use the space below or continue overleaf, giving the question number where appropriate.

**WE HOPE YOU ENJOYED COMPLETING THIS QUESTIONNAIRE AND THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

**PLEASE RETURN THE QUESTIONNAIRE PACK IN THE STAMPED, ADDRESSED ENVELOPE WITHIN ONE WEEK.**

**APPENDIX 2**

**LIST OF SASS ITEMS IN CATEGORIES OF ORIGIN**

## SOUTH AFRICAN SETTLEMENT SCALE (SASS - UK Version)

### **Socio-Emotional Adjustment**

#### **Category I A. Cognitive aspects of socio-emotional adjustment**

1. Coming to a new country has left me with questions about my identity, or who I am as a person.
2. I definitely made the right decision in leaving South Africa.
3. Sometimes I find myself wondering what I am doing here, or where I am.
4. I believe that every migration leaves its mark in some way on the person who has lived through it.
5. Migration tests the limits of a person's physical and psychological stability.
6. I would never be able to cope with living here if I could not have regular telephone contact with friends and family back home.

#### **Category II A. Affective aspects of socio-emotional adjustment**

7. I feel angry when I think about what I had to leave behind in South Africa.
8. Even though I left South Africa voluntarily, I feel like a refugee - as though I was forced to leave.
9. I remember South Africa with fondness.
10. It is a great relief to be out of South Africa.
11. I experienced a profound sense of loss for some time after leaving South Africa.
12. I do not feel traumatized by my move to the UK (even if I did in the early days).
13. In general, I have a sense of well-being regarding my life in the UK.
14. I find everyday life much more difficult here than it ever was in South Africa.

## Social and Psychological Integration

### **B. National and Ethnic Identity**

#### Category I B. Cognitive aspects of National and ethnic identity.

15. I still consider myself to be primarily a South African.
16. My ethnic identity has become much more important to me since leaving South Africa.
17. It is important for South Africans to stick together in a foreign country.
18. There are many more things I like about the British than about South Africans.
19. I would feel comfortable about having my remains buried or scattered in the UK.

#### Category II B. Affective aspects of National and ethnic identity.

20. I feel cheated out of my South African heritage.
21. I feel completely 'at home' here in the UK.
22. In my heart South Africa will always be my home.
23. I feel as though I belong here in the UK.
24. I feel more South African since coming to the UK than I did whilst living in South Africa.
25. In general, I have a sense of well-being regarding my life in the UK.
26. Nowadays I feel more British than South African.

#### Category III B. Behavioural aspects of National and ethnic identity.

27. Apart from possible holidays abroad or visits home, I would like to spend the rest of my life in the UK.
28. I watch all the news, travel documentaries or other TV programmes about South Africa that I possibly can.
29. I can only really be myself in the company of other South Africans.
30. I avidly read magazines or newspapers from, or about South Africa.
31. I still keep things, (e.g., old clothes that I will probably never wear) just because they are from South Africa.
32. I regularly cook, eat or buy familiar or traditional South African foods.
33. I will apply (or I applied) for my UK citizenship as soon as possible.
34. I need to have things in my home which remind me of my roots and my culture.

## **C. Cultural Competence**

### **Category I C. Cognitive aspects of Cultural Competence**

35. I think I have a pretty good idea about how the British 'tick'.
36. I would not 'fit in' if I went back to live in South Africa.
37. I consider it important to learn about the British way of life.
38. I think I have more or less 'got it right' as regards coping with my new life and environment.

### **Category II C. Affective aspects of Cultural Competence**

39. I feel I have been able to put the past behind me.
40. I miss the warmth and hospitality of the South African culture I used to know.
41. I feel I am able to get on with my life.
42. I spend most of my time and energy just coping with everyday things, rather than getting on with my life creatively.

### **Category III C. Behavioural aspects of Cultural Competence**

43. Although we speak the same language, meanings are often mis-interpreted because of cultural differences.
44. I have moved forward as regards career development in the UK.
45. I am able, or will be able to attain my personal or career goals here.
46. I definitely do not have the status in this country appropriate to my age, education, or career.

## **D. Social Absorption**

### **Category I D. Cognitive aspects of Social Absorption (4 items)**

- 47. I would definitely encourage other South Africans to come to the UK.
- 48. I would like to have more British friends.
- 49. On the whole, I find the British closed off and unfriendly.
- 50. I believe that at some point, I will find my 'proper place' amongst British people.

### **Category II D. Affective aspects of Social Absorption (5 items)**

- 51. I feel comfortable about bringing up any children I have, or may have, in this country.
- 52. If I were to marry, I would feel comfortable marrying a British person (or I already have).
- 53. I feel accepted by people I come into contact with on a formal level (e.g., at work).
- 54. I do not feel that the British make any effort to welcome foreigners.
- 55. I find the British very accepting of South Africans who come to live here.

### **Category III D. Behavioural aspects of Social Absorption (5 items)**

- 56. It is very important for me to belong to at least one social or other organisation which is not dominated by South African membership.
- 57. I am often invited to social events or family celebrations by British people.
- 58. Almost all of my friends are South Africans.
- 59. I have not been able to make any British friends in the UK.
- 60. Apart from the occasional "Good morning", I have no contact with my neighbours.

## **E. Role Acculturation**

### **Category I E. Cognitive aspects of Role Acculturation**

61. My social life and the roles I perform are much narrower and more limited than they might be in South Africa.
62. I do not think I will ever have a meaningful role in my local community.
63. I feel that I would benefit by adapting some of my attitudes and values to the British way of thinking.
64. As a foreigner the task of being successful or achieving a life that is more than just survival, seems almost impossible.

### **Category II E. Affective aspects of Role Acculturation**

65. At International sporting events I would always support the UK team.
66. It is a good idea to try to adopt the traditions and culture of your host country.
67. On the whole I prefer the variety and quality of the food available in Britain to what is available in South Africa.
68. In general, I feel I do not yet know or understand many of the "rules" of communication and behaviour.

### **Category III E. Behavioural aspects of Role Acculturation**

69. I make a conscious effort to moderate my South African accent.
70. I have changed many of my ways of doing things so as to fit in with the British way of life.
71. I am much less spontaneous than I used to be in South Africa (e.g., with visiting friends, inviting people round or even chatting to strangers).
72. I make, or have made a point of learning as much as I can about British history and customs.
73. I have consciously dropped various phrases or words from my vocabulary, or added others.
74. I have generally changed the colours that I used to wear, or adapted my style of dress in some way since living in the UK.



**APPENDIX 3**

**ETHICAL STATEMENT**

DOCTORAL RESEARCH PROJECT ON SOUTH AFRICANS  
LIVING IN THE UNITED KINGDOM

RE: ETHICAL CONSIDERATIONS

This is to state that with regard to the above project, the customary issues for conducting ethical research have been carefully considered. On the basis of the nature of the research, the participants and the procedures, it appears that the submission of a research proposal to a formal committee for ethical approval is unnecessary. The following points outline the ethical aspects which have been considered.

- (i) The research takes the form of a survey which will follow the usual procedures of survey research.
- (ii) The study is not experimental and no experimental or treatment procedures will be carried out.
- (iii) Respondents will be fully informed about the nature of the research in which they will be participating.
- (iv) All responses to questionnaires will be made on a voluntary basis.
- (v) Respondents will be anonymous and confidentiality will be guaranteed. A statement to this effect will be made on the covering letter accompanying the survey questionnaire.
- (vi) Respondents will be invited to request feedback on the outcome of the research once the project has been completed.
- (vii) In the unlikely event of a respondent requiring support as a consequence of participating in this project, it will be offered by the researcher who is a Chartered Clinical Psychologist.

Sandra Schock  
Chartered Clinical Psychologist

**APPENDIX 4**

**COVERING LETTER AND FEEDBACK PAGE FOR SASS**

**SOUTH AFRICAN RESEARCH PROJECT. PSYCHOLOGY DEPARTMENT,  
CITY UNIVERSITY, NORTHAMPTON SQUARE. LONDON. EC1V 0HB.**

**DRAFT VERSION OF A QUESTIONNAIRE ON SOUTH AFRICANS LIVING ABROAD**

Dear Respondent

This is the draft version of part of a questionnaire which is being developed for the purpose of conducting a larger survey on South Africans living abroad.

We would be very grateful if you could take the time to complete the questionnaire and to respond to the questions below. Your comments and suggestions will help us greatly in the development of the questionnaire and it will be modified accordingly. Please could you check the time before you begin answering the questionnaire so that you can respond to Q 1 below.

1. How long did it take you to complete the questionnaire?  minutes

2. Was the instruction clear? Yes  No   
If any part of the instruction was unclear,  
which part and why?

3. Were any of the statements unclear or ambiguous? Yes  No   
If YES, will you say which and why?

4. Did you object to any of the statements? Yes  No   
If YES, will you say which and why?

5. Are there any statements you would add? Yes  No   
If YES, please add them here or continue over the page.

6. Was the layout of the statements clear/attractive? Yes  No   
If NO, which part and why?

7. Any further comments?

*Please continue over the page if you wish.*

**THANK YOU VERY MUCH FOR YOUR HELP.**

**Professor Robert Bor and Ms Sandra Schock**

APPENDIX 5

SASS QUESTIONNAIRE - PILOT VERSION

**SOUTH AFRICAN SETTLEMENT SCALE (SASS - Draft Version - UK)**

Below are a number of statements reflecting the kinds of thoughts or feelings that people might have, or the experiences they might share, when moving from South Africa to establish a new life in the UK. Please read each statement carefully and circle the number of your choice to indicate whether you Strongly Agree (5), Agree (4), you are Uncertain (3), you Disagree (2) or you Strongly Disagree (1). There are no right or wrong answers, just answer what you honestly feel or believe. It is important that you answer every item.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1. In general, I have a sense of well-being regarding my life in the UK.	1	2	3	4	5
2. I believe that moving to the UK has enriched my life.	1	2	3	4	5
3. It is important for South Africans to stick together in a foreign country.	1	2	3	4	5
4. I would definitely encourage other South Africans to come to the UK.	1	2	3	4	5
5. Even though I left South Africa voluntarily, I feel like a refugee - as though I was forced to leave.	1	2	3	4	5
6. I find that getting on with everyday things such as shopping, banking, or getting to an appointment on time, is much more stressful here than in South Africa.	1	2	3	4	5
7. Coming to a new country has left me with questions about my identity.	1	2	3	4	5
8. I am able, or will be able to attain my personal or career goals here.	1	2	3	4	5
9. Coming to the UK has left me unable to control many aspects of my life.	1	2	3	4	5
10. My ethnic identity has become much more important to me since leaving South Africa.	1	2	3	4	5
11. I am often invited to social events or family celebrations by British people.	1	2	3	4	5
12. I respect many of the attitudes and values which are part of the British way of thinking.	1	2	3	4	5
13. Almost all of my friends are South Africans.	1	2	3	4	5
14. I do not think I will ever be able to have a meaningful role in the British community.	1	2	3	4	5
15. I remember South Africa with fondness.	1	2	3	4	5

	Strongly Disagree	Disagree	Un-certain	Agree	Strongly Agree
16. I do not feel traumatized by my move to the UK.	1	2	3	4	5
17. I would like to have more British friends.	1	2	3	4	5
18. I feel angry when I think about what I have lost by leaving South Africa.	1	2	3	4	5
19. I think I have a pretty good idea about how the British 'tick'.	1	2	3	4	5
20. There are many more things I like about the British than about South Africans.	1	2	3	4	5
21. I make a conscious effort to moderate my South African accent.	1	2	3	4	5
22. In my heart South Africa will always be my home.	1	2	3	4	5
23. It is very important for me to belong to at least one social, or other organisation which is not dominated by South African membership.	1	2	3	4	5
24. I can only really be myself in the company of other South Africans.	1	2	3	4	5
25. Apart from the occasional "Good morning", I have no contact with my neighbours.	1	2	3	4	5
26. I need to have things in my home which remind me of my roots and my culture.	1	2	3	4	5
27. I would never be able to cope with living here if I could not have regular telephone contact with friends and/or family in South Africa.	1	2	3	4	5
28. I will apply (or I applied) for my UK citizenship as soon as possible.	1	2	3	4	5
29. My social life and the roles I perform are much narrower and more limited than they might be in South Africa.	1	2	3	4	5
30. I still experience a profound sense of loss which is directly related to leaving South Africa.	1	2	3	4	5
31. On the whole, I prefer the variety and quality of the food available in Britain to what is available in South Africa.	1	2	3	4	5
32. I have definitely not achieved the status in this country appropriate to my education or career.	1	2	3	4	5

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
33. I do not think that I would 'fit in' if I went back to live in South Africa.	1	2	3	4	5
34. I find the British very accepting of South Africans who come to live here.	1	2	3	4	5
35. Although as South Africans in the UK we speak the same language, things I say are often mis-interpreted because of cultural differences.	1	2	3	4	5
36. I make, or have made a point of learning as much as I can about British history and customs.	1	2	3	4	5
37. I feel cheated out of my South African birthright by having to leave South Africa.	1	2	3	4	5
38. I have moved forward as regards career development in the UK.	1	2	3	4	5
39. I feel more South African since coming to the UK than I did whilst living in South Africa.	1	2	3	4	5
40. I regularly cook, eat or buy familiar or traditional South African foods or products.	1	2	3	4	5
41. I have generally changed the colours I wear, or adapted my style of dress in some way since living in the UK.	1	2	3	4	5
42. I feel completely 'at home' here in the UK.	1	2	3	4	5
43. The feeling of relief at being out of South Africa makes up for many of the difficulties of life in the UK.	1	2	3	4	5
44. If I were to marry, I would feel comfortable marrying a British person (or I already have).	1	2	3	4	5
45. I think I have more or less 'got it right' as regards coping with life in the UK.	1	2	3	4	5
46. I still consider myself to be first and foremost a South African.	1	2	3	4	5
47. On the whole, I find the British closed off and unfriendly.	1	2	3	4	5
48. The task of being successful or achieving a new life that is more than just survival, seems almost impossible.	1	2	3	4	5
49. I miss the warmth and hospitality of the South African culture I used to know.	1	2	3	4	5
50. I have changed many of my ways of doing things so as to fit in with the British way of life.	1	2	3	4	5



	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
51. I feel I have been able to put the past (my life in South Africa) behind me.	1	2	3	4	5
52. I feel I do not yet know or understand many of the British 'rules' of communication and behaviour.	1	2	3	4	5
53. Sometimes I find myself wondering what I am doing here, or where I am.	1	2	3	4	5
54. I am much less spontaneous than I used to be in South Africa (e.g., with visiting friends, inviting people round or even chatting to strangers).	1	2	3	4	5
55. I believe that at some point, I will find my 'proper place' amongst British people.	1	2	3	4	5
56. I feel that being away from South Africa gets more difficult, rather than easier over time.	1	2	3	4	5
57. I watch all the news, travel documentaries or other TV programmes about South Africa that I possibly can.	1	2	3	4	5
58. It is a good idea to try to adopt the traditions and culture of your host country.	1	2	3	4	5
59. I feel accepted by people I come into contact with on a formal level (e.g., at work).	1	2	3	4	5
60. I feel as though I belong here in the UK.	1	2	3	4	5
61. Migration tests the limits of a person's psychological stability on a continuing basis.	1	2	3	4	5
62. Nowadays I feel more British than South African.	1	2	3	4	5
63. When I die, I would want my remains buried or scattered in the UK.	1	2	3	4	5
64. I have consciously dropped various phrases or words from my vocabulary, or added others.	1	2	3	4	5
65. I have not been able to make any British friends in the UK.	1	2	3	4	5
66. At International sporting events, where SA vs UK, I would always support the SA team.	1	2	3	4	5
67. I still keep things, (e.g., old clothes that I will probably never wear) just because they are from South Africa.	1	2	3	4	5
68. I do not feel that the British make any effort to welcome foreigners or to help them in any way.	1	2	3	4	5

	Strongly Disagree	Dis- agree	Un- certain	Agree	Strongly Agree
69. I feel I am able to get on with my life.	1	2	3	4	5
70. I feel comfortable about bringing up any children I have, or may have, in this country.	1	2	3	4	5
71. I spend most of my time and energy just coping with everyday things, rather than getting on with my life creatively.	1	2	3	4	5
72. I avidly read magazines or newspapers from, or about South Africa.	1	2	3	4	5
73. I definitely made the right decision in leaving South Africa.	1	2	3	4	5
74. Apart from possible holidays abroad or visits home, I would like to spend the rest of my life in the UK.	1	2	3	4	5

**THANK YOU VERY MUCH FOR YOUR HELP**

**APPENDIX 6**

**FULL SURVEY QUESTIONNAIRE**

## **SURVEY OF SOUTH AFRICANS LIVING IN THE UK**

Northampton Square  
London EC1V 0HB

This survey looks at the experiences and adjustment of South Africans living in the United Kingdom. The questionnaire is being sent to South Africans or former South Africans who are living in the United Kingdom. (Tourists, and those on an extended holiday are not included in this category).

The aim is to gather information on South Africans living abroad, to understand some of the difficulties people experience, or the changes they make, and to learn about those factors which help or hinder their adjustment to a new environment. The results of the survey will be used to develop information, advice, or support programmes for South Africans settling abroad.

The survey is divided into six separate parts. It should take you about 20 - 30 minutes to complete. The first part asks for personal details such as age, marital status, education etc. The second part deals with issues such as your reasons for leaving South Africa. Part three is concerned with your personal experiences, your thoughts and feelings, as well as some of the changes you may have made in adapting to living in an unfamiliar culture. Parts four and five cover a variety of personal and individual issues, and part six asks about your feelings of satisfaction or dissatisfaction with your new life and environment.

Your responses will be completely confidential and anonymous - no names will be used in this study. Please answer all the questions, as this will help us to complete the study. We hope you will find the task interesting.

**PLEASE USE THE STAMPED, ADDRESSED ENVELOPE TO RETURN THE QUESTIONNAIRE  
PACK WITHIN ONE WEEK.**

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

**Professor Robert Bor and Ms Sandra Schock.**

**PLEASE NOTE :**

*If you are interested in feedback about the results of this research project, then please include your name and address on a separate slip of paper when you return your questionnaire (or send it separately to the same address) and you will be sent a summary of results once the research has been completed.*

# PART 1 : PERSONAL DETAILS

Please tick the appropriate box(es) or fill in your answers below.

1. Are you: Male  Female

2. Age \_\_\_\_\_ years

3. Current Marital status

Married or living with a partner  Single (never married)   
Separated  Divorced  Widowed

4. How many people live with you in the same household? (e.g., parents, grandparents, children, spouse, partner, friend/s)

Number \_\_\_\_\_ (including yourself)

5. What, if any, do you consider to be your religious affiliation? \_\_\_\_\_

6. To which ethnic group do you belong? \_\_\_\_\_

7. Education : In this section we would like to know about your formal education.

Please tick all those which you have completed.

- |   |     |                          |
|---|-----|--------------------------|
| 1. Primary school   | 1.  | <input type="checkbox"/> |
| 2. Junior Certificate   | 2.  | <input type="checkbox"/> |
| 3. Senior or Matriculation Certificate                                      | 3.  | <input type="checkbox"/> |
| 4. Technical College, Trade School, Training College Diploma or Certificate | 4.  | <input type="checkbox"/> |
| 5. Bachelors Degree   | 5.  | <input type="checkbox"/> |
| 6. Honours Degree   | 6.  | <input type="checkbox"/> |
| 7. Professional Qualification (e.g., Lawyer, Accountant etc.)               | 7.  | <input type="checkbox"/> |
| 8. Masters Degree   | 8.  | <input type="checkbox"/> |
| 9. Doctoral Degree  | 9.  | <input type="checkbox"/> |
| 10. Any other type of formal education (please specify) _____               | 10. | <input type="checkbox"/> |

8. What is your field of training? (if any) \_\_\_\_\_

9. What is your current work/employment situation? Please tick as appropriate.

Full-time work  Full-time homemaker  Unemployed   
Part-time work  Retired  Student

10. If you are in part-time or full-time employment, what is your present occupation ?

\_\_\_\_\_

## PART 2 : REASONS FOR LEAVING

11. In what year did you first leave South Africa to settle abroad? \_\_\_\_\_

12. How long have you lived in the UK? \_\_\_\_\_

13. For how long had you been thinking about leaving South Africa? \_\_\_\_\_

14. What do you consider to be your main reason/s for leaving South Africa?

Please tick all those which apply.

- |  |    |                          |
|--|----|--------------------------|
| 1. Adventure - wanted to live in a new country.                                      | 1  | <input type="checkbox"/> |
| 2. Could never identify with South African life and culture.                         | 2  | <input type="checkbox"/> |
| 3. Could not support the policies of the apartheid government.                       | 3  | <input type="checkbox"/> |
| 4. Could not support the policies of the post-apartheid government.                  | 4  | <input type="checkbox"/> |
| 5. Political tension and/or instability.   | 5  | <input type="checkbox"/> |
| 6. Crime and violence in South Africa.   | 6  | <input type="checkbox"/> |
| 7. Lack of opportunity in work/career/education, etc.                                | 7  | <input type="checkbox"/> |
| 8. Wanted to avoid the army.   | 8  | <input type="checkbox"/> |
| 9. Uncertainty about the long-term future in South Africa for myself or my children. | 9  | <input type="checkbox"/> |
| 10. Economic uncertainty.  | 10 | <input type="checkbox"/> |
| 11. Came along with, or brought by spouse/parents/relative etc.                      | 11 | <input type="checkbox"/> |
| 12. Other (please explain).  | 12 | <input type="checkbox"/> |
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

15. In addition to the reason/s you ticked above, was there any one, specific event or personal experience or incident which influenced your decision, or acted as a 'trigger' for you decide to leave South Africa?

Yes  No  -> Go to Q 16

If Yes, what was it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Do you ever visit South Africa? Yes  No  -> Go to Q17

If Yes, how often? (on average, over the past five years)

Please tick one.

More than once a year	<input type="checkbox"/>	Less than once a year	<input type="checkbox"/>
About once a year	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/> _____

What is/are your main reason/s for visiting? Please tick as appropriate.

To visit family or friends	<input type="checkbox"/>	Finance/Investments	<input type="checkbox"/>
Holiday	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/> _____
Business	<input type="checkbox"/>		

17. Are you living in London? Yes  No

Please continue over the page with Part 3.

## PART 3 : SOUTH AFRICAN SETTLEMENT SCALE

Below are a number of statements reflecting the kinds of thoughts or feelings that people might have, or the experiences they might share, when moving from South Africa to establish a new life in the UK. Please read each statement carefully and circle the number of your choice to indicate whether you Strongly Agree (5), Agree (4), you are Uncertain (3), you Disagree (2) or you Strongly Disagree (1). There are no right or wrong answers, just answer what you honestly feel or believe.

It is important that you answer every item.

	Strongly Disagree	Dis- agree	Un- certain	Agree	Strongly Agree
1. In general, I have a sense of well-being regarding my life in the UK.	1	2	3	4	5
2. It is important for South Africans to stick together in a foreign country.	1	2	3	4	5
3. I am able, or will be able to attain my personal or career goals here.	1	2	3	4	5
4. Coming to the UK has left me unable to control many aspects of my life.	1	2	3	4	5
5. I am often invited to social events or family celebrations by British people.	1	2	3	4	5
6. I respect many of the attitudes and values which are part of the British way of thinking.	1	2	3	4	5
7. I still feel traumatized by my move to the UK.	1	2	3	4	5
8. There are many more things I like about the British than about South Africans.	1	2	3	4	5
9. I can only really be myself in the company of other South Africans.	1	2	3	4	5
10. I believe that moving to the UK has enriched my life.	1	2	3	4	5
11. I would never be able to cope with living here if I could not have regular telephone contact with friends and/or family in South Africa.	1	2	3	4	5
12. The task of being successful or achieving a new life that is more than just survival, seems almost impossible.	1	2	3	4	5
13. I still experience a profound sense of loss which is directly related to leaving South Africa.	1	2	3	4	5
14. I feel completely 'at home' here in the UK.	1	2	3	4	5
15. I am much less spontaneous than I used to be in South Africa (e.g., with visiting friends, inviting people round or even chatting to strangers).	1	2	3	4	5

	Strongly Disagree	Disagree	Un-certain	Agree	Strongly Agree
16. Although as South Africans in the UK we speak the same language, things I say are often mis-interpreted because of cultural differences.	1	2	3	4	5
17. If I were to marry, I would feel comfortable marrying a British person (or I already have).	1	2	3	4	5
18. I think I have more or less 'got it right' as regards coping with life in the UK.	1	2	3	4	5
19. On the whole, I find the British closed off and unfriendly.	1	2	3	4	5
20. I feel that being away from South Africa gets more difficult, rather than easier over time.	1	2	3	4	5
21. I feel I do not yet know or understand many of the British 'rules' of communication and behaviour.	1	2	3	4	5
22. I feel as though I do not belong here in the UK.	1	2	3	4	5
23. I feel more South African since coming to the UK than I did whilst living in South Africa.	1	2	3	4	5
24. Almost all of my friends in this country are South Africans.	1	2	3	4	5
25. I feel I am able to get on with my life.	1	2	3	4	5
26. I feel comfortable about bringing up any children I have, or may have, in this country.	1	2	3	4	5
27. I spend most of my time and energy just coping with everyday things, rather than getting on with my life creatively.	1	2	3	4	5
28. I avidly read magazines or newspapers from, or about South Africa.	1	2	3	4	5
29. I definitely made the right decision in leaving South Africa.	1	2	3	4	5
30. Apart from possible holidays abroad or visits home, I would like to spend the rest of my life in the UK.	1	2	3	4	5

The next two pages (Parts 4 and 5) consist of two standard questionnaires, the General Health Questionnaire (GHQ - 12) and the Rosenberg Questionnaire. You may have seen these, or similar questionnaires before, as they are both very widely used by a variety of professionals for purposes of research and everyday practise.



# PART 4 : GENERAL HEALTH QUESTIONNAIRE

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, over the last few weeks. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently . . .

1. been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
2. lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
3. felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
4. felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less than usual
5. felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
6. felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
7. been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
8. been able to face up to your problems?	More so than usual	Same as usual	Less so than usual	Much less able
9. been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
10. been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
11. been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
12. been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

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## PART 5 : ROSENBERG SCALE

Here is a list of statements dealing with your general feelings about yourself. If you **agree** with the statement, circle A. If you **strongly agree**, circle SA. If you **disagree**, circle D. If you **strongly disagree**, circle SD. Thank you.

	1	2	3	4
	Strongly agree	Agree	Disagree	Strongly disagree
1. On the whole, I am satisfied with myself.	SA	A	D	SD
2. At times I think I am no good at all.	SA	A	D	SD
3. I feel that I have a number of good qualities.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I certainly feel useless at times.	SA	A	D	SD
7. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10. I take a positive attitude toward myself.	SA	A	D	SD

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## PART 6 : GENERAL SATISFACTION

Please circle one of the numbers next to each statement for your answers to the questions on this page. For example, if you are 'Very satisfied' with regard to a specific issue, then circle number '5'.

	Very dissatisfied	Somewhat dissatisfied	Neutral/ uncertain	Somewhat satisfied	Very satisfied
18. How satisfied are you with the weather in the UK?	1	2	3	4	5
19. How satisfied are you with your current leisure activities?	1	2	3	4	5
20. How satisfied are you with transport or getting around here?	1	2	3	4	5
21. How satisfied are you with the shopping facilities here?	1	2	3	4	5
22. How satisfied are you with your standard of accommodation/housing where you are living now?	1	2	3	4	5
23. How satisfied are you with your work or professional standing in this country?	1	2	3	4	5
24. How satisfied are you with the quality of your social and personal life?	1	2	3	4	5

25. Do you have people in this country you can rely on in times of difficulty or stress?

Please tick the appropriate box. Yes  No  ->Go to Q 26

If YES, how satisfied are you with the quality of support available to you now?

Please circle a number as in the instruction at the top of the page.

1                      2                      3                      4                      5

26. To what extent do you consider that you have adjusted to your new environment? Please circle one of the numbers below.

Not at all adjusted	Slightly adjusted	Don't know	Moderately well adjusted	Very well adjusted
1	2	3	4	5

27. Would you ever consider going back to South Africa on a permanent basis? Please tick the appropriate box.

Yes  No  Uncertain

Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Are you thinking of moving to any other country? Please tick as appropriate.

Yes

No

Uncertain

If YES, which country and why? \_\_\_\_\_

29. Is there anything you particularly miss about South Africa? \_\_\_\_\_

30. In your personal experience of settling in a new country, what has been/is the most difficult aspect of the adjustment process? \_\_\_\_\_

31. And what has been the easiest or most pleasing aspect of the adjustment process? \_\_\_\_\_

32. Most people have some ideas about what to expect when moving to a new country. Sometimes things turn out as expected, and sometimes they turn out quite differently. On average, how would you say things have turned out for you? Please circle a number.

Much worse than expected	Worse than expected	More or less as expected	Better than expected	Much better than expected
1	2	3	4	5

33. It is generally accepted that moving to a new environment results in some degree of stress for most people. The degree of migration stress can range from 'hardly any' to 'very severe', and can often last for up to several years.

Please rate your personal experience of migration stress by marking along the line with a cross.

| \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ |  
Almost none    Very mild    Mild    Moderate    Severe    Very severe

34. If you did experience a stressful period as a result of moving to the UK, how long did it last? (If not, please go to Q 36).

\_\_\_\_\_ years \_\_\_\_\_ months

35. What, if anything, did you/do you find helpful in getting through it?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Taking the whole experience of moving to a new country and coping with adjusting to a new life into consideration, what are the things that helped you most?

-----  
-----  
-----

37. What would you recommend as helpful to other South Africans who have recently arrived?

-----  
-----  
-----

**38. YOUR OWN COMMENTS**

If you would like to expand on your answer/s to any particular question, and/or comment on the questionnaire in general, please feel free to use the space below or continue overleaf, giving the question number where appropriate.

[Empty rectangular box for comments]

**WE HOPE YOU ENJOYED COMPLETING THIS SURVEY AND THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

**PLEASE RETURN THE QUESTIONNAIRE IN THE STAMPED, ADDRESSED ENVELOPE WITHIN ONE WEEK.**

**APPENDIX 7**

**CATEGORIES OF RESPONSES TO SURVEY ITEMS**

## PART 1 : PERSONAL DETAILS

Please tick the appropriate box(es) or fill in your answers below.

1. Are you : Male (105 = 49%) Female (111 = 51%)

2. Age \_\_\_\_\_ years Range = 16-76; mean = 42.21

### 3. Current Marital status

Married or living with a partner = 157 (73%)	Separated = 6 (3%)
Single (never married) = 40 (18%)	Divorced = 7 (3%)
	Widowed = 6 (3%)

### 4. How many people live with you in the same household? (e.g., parents, grandparents, children, spouse, partner, friend/s)

Number \_\_\_\_\_ (including yourself)

Range = 1 - 7

2 = 84 (39%)

1 = 21 (10%)

7 = 3 (1%)

4 = 49 (24%)

5 = 14 (6%)

3 = 35 (16%)

6 = 9 (4%)

### 5. What, if any, do you consider to be your religious affiliation?

Jewish	109 (54%)
'None'	31 (15%)
Protestant	29 (14%)
Christian	15 (7%)
Catholic	9 (4%)
Eastern	6 (3%)
Agnostic	2 (1%)
Atheist and Pagan, 1 respondent each	(1%)

**6. To which ethnic group do you belong ?**

White	= 214 = 99%
Afrikaans	= 2 = 1%

**7. Education : In this section we would like to know about your formal education.**

Please tick all those which you have completed.

1. Primary education	N = 216 = 100%
2. Junior certificate	N = 212 = 98%
3. Matriculation or Senior certificate	N = 209 = 96%
4. Technical training	N = 57 = 26%
5. Bachelors degree	N = 129 = 59%
6. Honours degree	N = 76 = 35%
7. Professional qualification (eg., law)	N = 89 = 41%
8. Masters degree	N = 51 = 23%
9. Doctoral degree	N = 11 = 5%
10. Other	N = 25 = 11%

**8. What is your field of training? (if any) -----**

Science and medicine	N = 41 = 19%
Psychology and counselling	N = 28 = 13%
Arts	N = 25 = 12%
Teaching	N = 15 = 7%
Accounting	N = 14 = 7%
Business	N = 13 = 6%
Law	N = 13 = 6%
Secretarial	N = 13 = 6%
Media/computers	N = 11 = 5%



9. What is your current work/employment situation? Please tick as appropriate.

Full-time work= 137(64%)	Unemployed = 7(3%)
Part-time work = 40(18%)	Student =8(4%)
Full-time homemaker= 12(6%)	
Retired = 11(5%)	

10. If you are in part-time or full-time employment, what is your present occupation ?

**Main categories :**

Secretarial work	N= 16 = 7%
Arts	N = 13 = 6%
Consultant (medical and business)	N = 12 = 6%
Psychologist	N = 12 = 6%
Director (company)	N = 9 = 5%
Solicitor	N = 9 = 5%
Teacher	N = 8 = 5%
Lecturer	N = 8 = 5%

## PART 2 : REASONS FOR LEAVING

11. In what year did you first leave South Africa to settle abroad? 1956 - 1996

12. How long have you lived in the UK? .33 - 40 years; mean = 12.41 years

13. For how long had you been thinking about leaving South Africa ?

0 - 48 years mean = 5.17 years

14. What do you consider to be your main reason/s for leaving South Africa?

Please tick all those which apply.

- |  |    |
|--|----|
| 1. Adventure - wanted to live in a new country.                                      | 1  |
| 2. Could never identify with South African life and culture.                         | 2  |
| 3. Could not support the policies of the apartheid government.                       | 3  |
| 4. Could not support the policies of the post-apartheid government.                  | 4  |
| 5. Political tension and/or instability.   | 5  |
| 6. Crime and violence in South Africa.   | 6  |
| 7. Lack of opportunity in work/career/education, etc.                                | 7  |
| 8. Wanted to avoid the army.   | 8  |
| 9. Uncertainty about the long-term future in South Africa for myself or my children. | 9  |
| 10. Economic uncertainty.  | 10 |
| 11. Came along with, or brought by spouse/parents/relative etc.                      | 11 |
| 12. Other (please explain).  | 12 |

**Question 14 . . .**

Response	No.	(%)
Uncertainty about the long-term future in SA...	113	(52%)
Could not support ... the apartheid government.	108	(50%)
Political tension and/or instability.	102	(47%)
Adventure - wanted to live in a new country.	72	(33%)
Crime and violence in South Africa.	72	(33%)
Economic uncertainty.	55	(25%)
Lack of opportunity in work/career/education, etc.	46	(21%)
Came along with, or brought...	40	(18%)
Could never identify with SA life and culture.	35	(16%)
Wanted to avoid the army.	25	(12%)
Other (please explain).	75	(34%)

**15. In addition to the reason/s you ticked above, was there any one, specific event or personal experience or incident which influenced your decision, or acted as a 'trigger' for you decide to leave South Africa?**

Yes = 91 (44%)      No = 117 (56%) -> Go to Q 16

**If Yes, what was it?**

Violence = 24 (11%)

Political = 27 (13%)

Personal = 51 (24%)

**16. Do you ever visit South Africa?**

Yes (194 = 91%)      No (20 = 9%) ->

Go to Q 17

**If Yes, how often? (on average, over the past five years)**

**Question 16. . .**

*Please tick one.*

More than once a year	(N = 19 = 11%)
Less than once a year	(N=81=47%)
About once a year	(N= 69 = 40%)
Other (specify)	(N=25= 13%)

What is/are your **main** reason/s for visiting? *Please tick as appropriate.*

To visit family or friends	(N =177 = 93%)
Holiday	(N = 74 = 86%)
Business	(N= 9 = 10%)
Other (specify)	

**17. Are you living in London?**

<b>Yes</b> (N = 164 = 76%)	<b>No</b> (N = 52 = 24%)
----------------------------	--------------------------

**Please continue over the page with Part 3.**

## PART 3 : SOUTH AFRICAN SETTLEMENT SCALE

Below are a number of statements reflecting the kinds of thoughts or feelings that people might have, or the experiences they might share, when moving from South Africa to establish a new life in the UK. Please read each statement carefully and **circle the number of your choice** to indicate whether you Strongly Agree (5), Agree (4), you are Uncertain (3), you Disagree (2) or you Strongly Disagree (1).

There are no right or wrong answers, just answer what you honestly feel or believe.

It is important that you answer every item.	Strongly Disagree	Dis-agree	Un-certain	Agree	Strongly Agree
	1	2	3	4	5
1. In general, I have a sense of well-being regarding my life in the UK.	1%	7%	6%	52%	33%
2. It is important for South Africans to stick together in a foreign country.	15%	48%	20%	14%	3%
3. I am able, or will be able to attain my personal or career goals here.	1%	6%	11%	52%	29%
4. Coming to the UK has left me unable to control many aspects of my life.	30%	42%	9%	15%	4%
5. I am often invited to social events or family celebrations by British people.	9%	21%	7%	43%	19%
6. I respect many of the attitudes and values which are part of the British way of thinking.	2%	11%	21%	50%	16%
7. I still feel traumatized by my move to the UK.	41%	35%	11%	9%	4%
8. There are many more things I like about the British than about South Africans.	10%	39%	32%	14%	5%
9. I can only really be myself in the company of other South Africans.	28%	49%	9%	12%	2%
10. I believe that moving to the UK has enriched my life.	1%	3%	9%	57%	30%
11. I would never be able to cope with living here if I could not have regular telephone contact with friends and/or family in South Africa.	25%	33%	14%	20%	7%
12. The task of being successful or achieving a new life that is more than just survival, seems almost impossible.	36%	46%	7%	5%	5%
13. I still experience a profound sense of loss which is directly related to leaving South Africa.	24%	38%	11%	21%	7%
14. I feel completely 'at home' here in the UK.	5%	29%	17%	39%	10%
15. I am much less spontaneous than I used to be in South Africa (e.g., with visiting friends, inviting people round or even chatting to strangers).	17%	30%	12%	30%	11%

	Strongly Disagree 1	Dis- agree 2	Un- certain 3	Agree 4	Strongly Agree 5
16. Although as South Africans in the UK we speak the same language, things I say are often mis-interpreted because of cultural differences.	10%	39%	17%	29%	5%
17. If I were to marry, I would feel comfortable marrying a British person (or I already have).	3%	11%	21%	12%	23%
18. I think I have more or less 'got it right' as regards coping with life in the UK.	0%	7%	9%	60%	24%
19. On the whole, I find the British closed off and unfriendly.	13%	49%	15%	16%	6%
20. I feel that being away from South Africa gets more difficult, rather than easier over time.	31%	44%	12%	12%	1%
21. I feel I do not yet know or understand many of the British 'rules' of communication and behaviour.	17%	56%	12%	12%	1%
22. I feel as though I do not belong here in the UK.	28%	44%	15%	10%	3%
23. I feel more South African since coming to the UK than I did whilst living in South Africa.	18%	38%	17%	23%	4%
24. Almost all of my friends in this country are South Africans.	25%	47%	3%	22%	4%
25. I feel I am able to get on with my life.	1%	5%	4%	61%	29%
26. I feel comfortable about bringing up any children I have, or may have, in this country.	3%	8%	17%	42%	30%
27. I spend most of my time and energy just coping with everyday things, rather than getting on with my life creatively.	23%	44%	7%	21%	4%
28. I avidly read magazines or newspapers from, or about South Africa.	5%	24%	12%	42%	18%
29. I definitely made the right decision in leaving South Africa.	1%	1%	21%	39%	37%
30. Apart from possible holidays abroad or visits home, I would like to spend the rest of my life in the UK.	9%	14%	33%	24%	18%

The next two pages (Parts 4 and 5) consist of two standard questionnaires, the General Health Questionnaire (GHQ - 12) and the Rosenberg Questionnaire. You may have seen these, or similar questionnaires before, as they are both very widely used by a variety of professionals for purposes of research and everyday practise.

## PART 4 : GENERAL HEALTH QUESTIONNAIRE

Have you recently . . .	0	1	2	3 (SCORE)
1. Been able to concentrate on whatever you're doing?	better than usual (6%)	Same as usual (77%)	less than usual (16%)	Much less than usual (1%)
2. lost much sleep over worry?	Not at all (29%)	No more than usual (56%)	Rather more than usual (13%)	Much more than usual (2%)
3. felt that you are playing a useful part in things?	More so than usual (20%)	Same as usual (65%)	Less useful than usual (12%)	Much less useful (3%)
4. felt capable of making decisions about things?	More so than usual (16%)	Same as usual (72%)	Less so than usual (11%)	Much less than usual (1%)
5. felt constantly under strain?	Not at all (13%)	No more than usual (56%)	Rather more than usual (25%)	Much more than usual (6%)
6. felt you couldn't overcome your difficulties?	Not at all (25%)	No more than usual (56%)	Rather more than usual (15%)	Much more than usual (1%)
7. been able to enjoy your normal day-to-day activities?	More so than usual (10%)	Same as usual (71%)	Less so than usual (17%)	Much less than usual (1%)
8. been able to face up to your problems?	More so than usual (12%)	Same as usual (77%)	Less so than usual (10%)	Much less able (1%)
9. been feeling unhappy and depressed?	Not at all (31%)	No more than usual (51%)	Rather more than usual (14%)	Much more than usual (4%)
10. been losing confidence in yourself?	Not at all (43%)	No more than usual (42%)	Rather more than usual (12%)	Much more than usual (2%)
11. been thinking of yourself as a worthless person?	Not at all (62%)	No more than usual (28%)	Rather more than usual (9%)	Much more than usual (1%)
12. been feeling reasonably happy, all things considered?	More so than usual (17%)	Same as usual (68%)	Less so than usual (11%)	Much less than usual (4%)

## PART 5 : ROSENBERG SELF-ESTEEM SCALE

	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
1. On the whole I am satisfied with myself.	20%	63%	15%	2%
2. At times I think I am no good at all.	4%	27%	44%	25%
3. I feel that I have a number of good qualities.	30%	68%	0.5%	1%
4. I am able to do things as well as most other people.	30%	62%	6%	0.5%
5. I feel I do not have much to be proud of.	2%	4%	50%	43%
6. I certainly feel useless at times.	3%	29%	44%	23%
7. I feel that I'm a person of worth, at least on an equal plane with others.	33%	62%	5%	0.5%
8. I wish I could have more respect for myself.	7%	21%	48%	24%
9. All in all, I am inclined to think that I am a failure.	0.5%	6%	47%	47%
10. I take a positive attitude toward myself.	23%	61%	13%	2%



## PART 6 : GENERAL SATISFACTION

Please circle one of the numbers next to each statement for your answers to the questions on this page. For example, if you are 'Very satisfied' with regard to a specific issue, then circle number '5'.

	Very dissatisfied	Somewhat dissatisfied	Neutral/ uncertain	Somewhat satisfied	Very satisfied
18. How satisfied are you with the weather in the UK?	1	2	3	4	5
19. How satisfied are you with your current leisure activities?	1	2	3	4	5
20. How satisfied are you with transport or getting around here?	1	2	3	4	5
21. How satisfied are you with the shopping facilities here?	1	2	3	4	5
22. How satisfied are you with your standard of accommodation/housing where you are living now?	1	2	3	4	5
23. How satisfied are you with your work or professional standing in this country?	1	2	3	4	5
24. How satisfied are you with the quality of your social and personal life?	1	2	3	4	5

(SEE MAIN TEXT FOR RESPONSE CATEGORIES)

25. Do you have people in this country you can rely on in times of difficulty or stress?

Please tick the appropriate box.

<p><b>Yes</b> (N = 201 = 93%)    <b>No</b> (N= 15= 7%) -&gt;Go to Q 26</p>
--

If YES, how satisfied are you with the quality of support available to you now?

Please circle a number as in the instruction at the top of the page.

1	2	3	4	5
N=3 (2%)	N=6(3%)	N=15(7%)	N=90(44%)	N=91(44%)

26. To what extent do you consider that you have adjusted to your new environment? Please circle one of the numbers below.

Not at all adjusted 1	Slightly adjusted 2	Don't know 3	Moderately well adjusted 4	Very well adjusted 5
2 (1%)	12 (6%)	2 (1%)	76 (35%)	124 (57%)

27. Would you ever consider going back to South Africa on a permanent basis? Please tick the appropriate box.

Yes N=24 (25%)	No N=108 (50%)	Uncertain N= 26 (25%)
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Please explain.

28. Are you thinking of moving to any other country? Please tick as appropriate.

Yes N=25 (12%)	No N=162 (75%)	Uncertain N=27 (12%)
----------------	----------------	----------------------

If YES, which country and why? \_\_\_\_\_

29. Is there anything you particularly miss about South Africa?

30. In your personal experience of settling in a new country, what has been/is the most difficult aspect of the adjustment process?

31. And what has been the easiest or most pleasing aspect of the adjustment process?

32. Most people have some ideas about what to expect when moving to a new country. Sometimes things turn out as expected, and sometimes they turn out quite differently. On average, how would you say things have turned out for you? Please circle a number.

Much worse than expected	Worse than expected	More or less as expected	Better than expected	Much better than expected
1	2	3	4	5
8 (4%)	17 (8%)	85 (40%)	80 (38%)	22 (10%)
Mean = 3.43				

33. It is generally accepted that moving to a new environment results in some degree of stress for most people. The degree of migration stress can range from 'hardly any' to 'very severe', and can often last for up to several years.

Please rate your personal experience of migration stress by marking along the line with a cross.



Range = 1 - 6; mean = 3.5

34. If you did experience a stressful period as a result of moving to the UK, how long did it last? (If not, please go to Q 36).

\_\_\_\_\_ years \_\_\_\_\_ months

Range = 0 - 240 months; mean = 34.4; N=148 (68%)

35. What, if anything, did you/do you find helpful in getting through it?

-----

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**36. Taking the whole experience of moving to a new country and coping with adjusting to a new life into consideration, what are the things that helped you most?**

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-----  
-----  
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**37. What would you recommend as helpful to other South Africans who have recently arrived?**

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-----  
-----  
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**38. YOUR OWN COMMENTS**

If you would like to expand on your answer/s to any particular question, and/or comment on the questionnaire in general, please feel free to use the space below or continue overleaf, giving the question number where appropriate.

**WE HOPE YOU ENJOYED COMPLETING THIS SURVEY AND THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

**PLEASE RETURN THE QUESTIONNAIRE IN THE STAMPED, ADDRESSED ENVELOPE WITHIN ONE WEEK.**

**APPENDIX 8**

**RESPONSE CATEGORIES - OPEN QUESTIONS**

**Question 29 :** Responses on the item regarding what respondents most miss about South Africa. Categories (a) and (b)

<b>(a) People (N=120)</b>		<b>(b) Weather (N=96)</b>	
Category	Frequency	Category	Frequency
Family	36	Sunshine	96
Family and friends	33	Weather	88
Friends	25		
People	12		
Ethnic diversity	9		

**Question 29 :** Responses on the item regarding what respondents most miss about South Africa. Categories (c) and (d)

<b>(c) Lifestyle (N=105)</b>		<b>(d) Standard of living (N=34)</b>	
Category	Frequency	Category	Frequency
Foods	25	Standard of living	15
Warmth (people)	19	Recreation	6
Lifestyle	14	Leisure time	6
Informality	14	Humour	4
Ease of movement	7	Status	3
Familiarity	7	Work attitudes	1
History	5		
Own home/car	3		
Roots	3		
Clean air	2		
Real politics	2		
Maids	2		
Luxury	1		
Belonging	1		

**Question 29 : Responses on the item regarding what respondents most miss about South Africa. Categories (e) and (f)**

<b>(e) Scenery (N=77)</b>		<b>(f) Space (N=48)</b>	
<b>Category</b>	<b>Frequency</b>	<b>Category</b>	<b>Frequency</b>
Beaches	16	Wide open spaces	18
Beauty	15	Space	15
Sea	14	Outdoors	12
Scenery	13	Specific places	3
Cape/Cape Town	8		
Mountain	8		
Nature	8		
Wildlife	5		
Africa	3		
Silence	2		
Smells	1		

**Question 30 :** Responses to the item on the "Most difficult" aspect of adjustment. Categories (a) and (b)

<b>(a) Culture shock (N=70)</b>		<b>(b) People (N=62)</b>	
Category	Frequency	Category	Frequency
Cold weather	11	Making new friends	21
Culture shock	11	Understanding attitudes	10
Infrastructures	7	Meeting people	6
Financial difficulties	6	Lack of support	5
Learning basics	4	Lack of family	5
Crowds	3	No contacts	2
Not having time	3		
Std. of living	3		
Housing	3		
High cost of living	3		
Getting citizenship	3		
Driving	2		
First 4 years	1		
First 6 months	1		
Getting around	1		

**Question 30 :** Responses to the item on the "Most difficult" aspect of adjustment. Categories (c) and (d)

<b>(c) Psychological (N=54)</b>		<b>(d) Work (N=43)</b>	
Category	Frequency	Category	Frequency
Isolation	12	Establishing a career	9
Adjustment	9	Financial adjustment	6
Not belonging	6	Finding work	6
Integrating	6	Proving myself	5
Accepting change	5	Work environment	4
Starting over	3	Difficulties at work	3
Alienation	3	Legal status in the UK	3
Unfamiliarity	2	More stress at work	1
Taking care of myself	2	Housework	1
SA background	1	Status	1
Being lost	1	Discrimination	1
Anxiety	1	Establishing a business	1
Maintaining a pos. attit	1		
Cutting umbilical cord	1		
Not knowing anything	1		



Question 30 : Responses to the item on the "Most difficult" aspect of adjustment. Category (e)

(e) Loss (N=40)

Category Frequency

Family	18
Contacts	5
Friends	4
Standard of living	3
Identity	2
Support	2
Lifestyle	2
Domestic help	1
Black people	1
Veld	1
Knowing the rules	1

**Question 31 :** Responses to the item on the "Easiest or most pleasing aspect of adjustment. Categories (a) and (b)

<b>(a) Circumstances (N=79)</b>		<b>(b) Art/culture (N=60)</b>	
<b>Category</b>	<b>Frequency</b>	<b>Category</b>	<b>Frequency</b>
Freedom	13	Art/culture	26
Novelty	10	Lots to do	10
Friends and family		Cosmopolitan lifestyle	8
Support	7	History	3
London	6	Media	2
Normal life	5		
Shopping	5		
First world	4		
Marriage	4		
Similar culture	3		
Rural living	3		
Sport	3		
Less violence	3		
Financial security	2		
Democracy	1		
Networking	1		
Less racism	1		
No army	1		
Buying property	1		
Having a child	1		

**Question 31 :** Responses to the item on the "Easiest or most pleasing aspect" of adjustment. Categories (c) and (d)

<b>(c) Psychological (N=41)</b>		<b>(d) People (N=35)</b>	
Category	Frequency	Category	Frequency
Safety and security	13	New friends	14
Growth	6	Family in the UK	5
Independence	6	Meeting people	4
Peace	3	Nice people	3
Feeling 'at home'	3	Social life	3
Settling	3	Other immigrants	
Humour	1	(not SA)	2
Knowing I made the right decision to leave	1	SA friends in the UK	2
Tolerance	1	Support network	

**Question 31 :** Responses to the item on the "Easiest or most pleasing aspect" of adjustment. Categories (e) and (f)

<b>(e) Work (N=34)</b>		<b>(f) Travel (N=26)</b>	
Category	Frequency	Category	Frequency
Good job	8	European travel	18
Work	6	Public transport	6
Career opportunities	5	Adventure	2
Educational opport.	4		
Establishing a career	4		
Finding a job	3		
Professional life	2		
Good salary	1		
Plenty jobs	1		

**Question 35 :** Responses to the item on " help in dealing with migration stress". Categories (a) and (b)

<b>(a) Circumstances (N = 39)</b>		<b>(b) Psychological (N = 40)</b>	
Category	Frequency	Category	Frequency
Own Home	6	Therapy	6
Marriage	4	Time	5
Hobbies	3	Positive attitude	4
Money	2	Perseverance	3
Good job	2	Inner strength	3
Nature	2	Option to leave	3
SA Worsening	2	Acceptance	2
Freedom to vote	1	Talking	2
Medical support	1	Resilience	1
Personal success	1	Growing up	1
No army	1	Reflection	1
Intellectual stimulation	1	Communication	1
Knowing I did the right thing	1	Stability	1
Local resources	1	Safety and security	1
Being out of SA	1	Psychology, philosophy and psychotherapy	1
No children	1	Involvement	1
Children happy	1	Planning to leave UK	1
Living in London	1	Economic security	1
Well being	1		
Visiting SA	1		

**Question 35 :** Responses to the item on " help in dealing with migration stress". Categories (c) and (d)

<b>(c) Activities (N = 62)</b>		<b>(d) Support (N = 82)</b>	
Category	Frequency	Category	Frequency
Work	25	Family	27
Hobbies/sport	16	Friends and family	16
Travel	6	Friends	13
Studies	4	New friends	9
Resigning job/change	4	Family in the UK	8
Phoning home	2	SA friends	5
Exploring London	2	British friends	2
Positive action	2	UK Friends and family	2
Stiff upper lip	1		

**Question 36 : Responses to the item on help in dealing with the adjustment process. Categories (a) and (b)**

<b>(a) Circumstances (N = 50)</b>		<b>(b) Activities (N = 91)</b>	
<b>Category</b>	<b>Frequency</b>	<b>Category</b>	<b>Frequency</b>
Owning a home	7	Work	41
Marriage	7	Studies	10
Having money	6	Joining in/clubs	9
Having a child	5	Art/culture	6
Travel	5	Contact with SA/visits	6
No culture shock	2	Learning the basics	3
Living in a nice area	2	Adventure/novelty	3
Public transport	1	Not comparing	2
Finding accommodation	2	Work and study	2
New discoveries	2	Learning the culture	2
Getting a UK passport	1	Local involvement	2
Realistic expectations	1	Voting in the UK	1
Rural living	1	Avoiding SA's	1
Own car	1	Taking positive action	1
SA becoming worse	1	Meeting British people	1
Finding London easy	1		
Secure future	1		
No children	1		
Work permit	1		
Practical help	1		
Knowledge of the UK	1		

**Question 36 :** Responses to the item on help in dealing with the adjustment process. Categories (c) and (d)

<b>(c) Psychological (N = 63)</b>		<b>(d) Support (N = 131)</b>	
<b>Category</b>	<b>Frequency</b>	<b>Category</b>	<b>Frequency</b>
Positive attitude	17	Family	35
Inner strength	7	Friends and family	34
Knowing I made the right decision to leave	5	Friends	33
Acceptance	4	South African friends	14
Youth	3	New friends	4
Personal success	3	Other immigrants	3
Clear plans	3	Meeting people	3
Embracing the UK	2	Religious community	3
Adaptability	2	Contacts in the UK	2
Determination	2		
Open mindedness	2		
Family adjustment	2		
Humour	1		
Grieving	1		
Commitment	1		
Time	1		
Understanding the culture	1		
Perseverance	1		
Motivation	1		
Psychotherapy	1		

**Question 37 :** Responses to the item: Recommendations for newly arrived South Africans. Categories (a) and (b).

<b>(a) Actions to take (N = 120)</b>		<b>(b) Helpful attitudes (N = 76)</b>	
<b>Category</b>	<b>Frequency</b>	<b>Category</b>	<b>Frequency</b>
Mix with UK's	20	Positive attitude	16
Get involved	20	Join in	15
Use SA support	17	Accept differences	11
Get information	13	Accept change	7
Focus on your reasons for coming	5	Ask for help	3
Meet SA's	12	Be yourself	3
Join clubs	11	Be determined	3
Go native	4	Persevere	3
Cope with the weather	3	Keep an open mind	3
Look forward	3	Be flexible/patient	3
Join support group	3	When in Rome . . .	2
Get your own home	2	Enjoy yourself	2
Prove yourself	2	Expect difficulties	1
Get a UK passport	1	Commit	1
Make a clean break	1	Build a life	1
Go back	1	Forget SA	1
Bring money	1	Acknowledge pain	1
Visit SA	1		

**Question 37 :** Responses to the item: Recommendations for newly arrived South Africans. Categories (c) and (d).

<b>(c) Things to avoid (N = 67)</b>		<b>(d) Processes (N = 74)</b>	
Category	Frequency	Category	Frequency
Comparisons	8	Make the most of it	17
High expectations	6	Make an effort	12
South Africans	6	Try to integrate	9
Looking back	6	Get on with it	7
Ghettos	6	Give it time	7
Living in the past	5	Give it 2 years	3
Regrets	4	Take each day. . .	3
Judgements	3	Respect the British	2
Cliques of SA's	3	Dig roots	2
Complaining	3	Emigrate emotionally	1
London	2	Move on	1
Hankering	2	Travel in the UK	1
The British	1	Have clear objectives	1
Trusting the British	1	Process your feelings	1
Forgetting your roots	1	Stick with it	1
Bringing pets	1	Stay sane	1
Buying a home too soon	1		
Isolation	1		
Thinking in Rands	1		



**APPENDIX 9**

**GLOSSARY OF ANALYTIC AND OBJECT-RELATIONS TERMS**

## GLOSSARY OF ANALYTIC AND OBJECT-RELATIONS TERMS

(Compiled from a variety of sources).

**ACTING OUT:** refers to feelings and attitudes which are "behaved" or acted out in the outside world, during the course of the patient's therapy, rather than thought through, talked about or reflected upon in therapy;  
**ACTING IN** refers to the same process, but it occurs within the therapy or the therapy group.

**CONTAINER, -ING:** This relates to an idea formulated by Bion relating to the mother as a container (in the process of infant development). During the earliest stage of development (the paranoid-schizoid position), splitting of the good and bad aspects of the mother is considered essential for the good aspects (or idealized object) to be taken in (introjected or internalized). The infant is then able to absorb the idealized bits of the good, and 'spit out' the bad and it is the function of the container to absorb and modify these "violent passions" (Symington, 1986). At a later stage of development (the depressive position) both the good and bad aspects are recognised and the mother is perceived as a whole person.

**HOLDING ENVIRONMENT :** The maternal 'holding environment' denotes the primitive connectedness or interpersonal bond between the mother and infant. The environment provides safety in physical as well as emotional holding and its success as a support for healthy development of the infant depends on reliability and consistency in all aspects of overall care and management. The same concept is applied to the therapeutic relationship or the therapeutic space or the therapy group.

**PROJECTIVE IDENTIFICATION :** can be described as a dynamic, interactive process by which an individual (the projector) has the fantasy of evacuating unacceptable or endangered mental contents by behaving in such a way as to evoke similar contents in another person. The projector then identifies with the content in the recipient, and to some degree reinternalizes the outcome, if the recipient has managed the content in an integrative way. Projective identification can be seen as a primitive (non-verbal) form of communication.

**REGRESSION/REGRESSIVE STATE :** Denotes reverting to an earlier stage of development. In Freudian terms regression is usually connected to and determined by the strength of a fixation, and it is seen where energy is invested in an activity appropriate to an earlier stage of development. For example, a ten year old boy who sucks his thumb might be said to be exhibiting an oral fixation. Clinically, when recounting an experience of childhood sexual abuse a patient may speak in a child's voice or sob uncontrollably as she might have done at the time the abuse was

occurring.

**REPETITION COMPULSION :** A Freudian concept whereby a person is unconsciously compelled to repeat, or recreate situations or relationships which replicate past unresolved conflicts in an attempt at finding solutions. Thus a woman raised in a violent family might choose a violent partner.

**REPRESSION :** A mechanism of defense against anxiety, repression obstructs the expression of unconscious sexual and aggressive drives so that they cannot be admitted to awareness.

**RESISTANCE :** A means of keeping unconscious conflicts intact, thereby impeding any attempts to probe into the real sources of personality problems.

**SPLITTING :** a process which occurs naturally in infant development whereby a complete separation of the good and bad - the loving, feeding, nurturing and hurtful, frustrating, non-feeding, withholding - aspects of the mother occurs. The primitively organized infant isolates these aspects of the mother as it is too dangerous to love the object which is hated and to hate the object which is loved, and upon whom he or she is totally dependent. Clinically it is seen in the separation of feelings, between good and bad, and in attitudes towards the self and others who may be idealized at one time and devalued at another.

**TRANSFORMATIONAL OBJECT :** Bollas (1987) describes the experience of the transformational object as the experience of an object that transforms the subject's internal and external world. He links the object with the process (the infant's first object, the mother, with his or her experience of her) and suggests that before the mother is personalized for the infant as a whole object, she has functioned as a region or source of transformation for the ego in its development from one of total merger to one of self-reliance and subjectivity. Thus the mother functions initially as an object that alters the self, and later as an object that has her own life and her own needs. In adult life, symbolic equivalents of objects that transform the subjects' internal and external world are available through the arts or other aesthetic experiences, or they are sought in culturally specific transformational objects - new cars, homes, jobs or vacations. The analyst and the therapeutic or analytic space may provide a similar experience.

**TRANSITIONAL OBJECTS :** A term introduced by Winnicott to designate a material object with a special value for the suckling and young child, particularly when on the point of falling asleep (e.g., the corner of a blanket). Reliance on such objects, according to Winnicott, is a normal phenomenon which allows a child to make the transition from the first oral relationship with the mother, to the true object relationship.

**APPENDIX 10**

**DIAGNOSTIC CRITERIA FOR POST TRAUMATIC  
STRESS DISORDER**

### **Diagnostic criteria for 309.89 Post-traumatic Stress Disorder**

- A. The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who has recently been, or is being, seriously injured or killed as the result of an accident or physical violence.
- B. The traumatic event is persistently reexperienced in at least one of the following ways:
  - (1) recurrent and intrusive distressing recollections of the event (in young children, repetitive play in which themes or aspects of the trauma are expressed)
  - (2) recurrent distressing dreams of the event
  - (3) sudden acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative [flashback] episodes, even those that occur upon awakening or when intoxicated)
  - (4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries of the trauma
- C. Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:
  - (1) efforts to avoid thoughts or feelings associated with the trauma
  - (2) efforts to avoid activities or situations that arouse recollections of the trauma
  - (3) inability to recall an important aspect of the trauma (psychogenic amnesia)
  - (4) markedly diminished interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills)
  - (5) feeling of detachment or estrangement from others
  - (6) restricted range of affect, e.g., unable to have loving feelings
  - (7) sense of a foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life
- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by at least two of the following:
  - (1) difficulty falling or staying asleep
  - (2) irritability or outbursts of anger
  - (3) difficulty concentrating
  - (4) hypervigilance
  - (5) exaggerated startle response
  - (6) physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event (e.g., a woman who was raped in an elevator breaks out in a sweat when entering any elevator)

### **Diagnostic criteria for 309.89 Post-traumatic Stress Disorder continued**

- E. Duration of the disturbance (symptoms in B, C, and D) of at least one month.

**Specify delayed onset** if the onset of symptoms was at least six months after the trauma.

**APPENDIX 11**

**DIAGNOSTIC CRITERIA FOR  
BORDERLINE PERSONALITY DISORDER**

### **Diagnostic criteria for 301.83 Borderline Personality Disorder**

A pervasive pattern of instability of mood, interpersonal relationships, and self-image, beginning by early adulthood and present in a variety of contexts, as indicated by at least *five* of the following:

- (1) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of overidealization and devaluation
- (2) impulsiveness in at least two areas that are potentially self-damaging, e.g., spending, sex, substance use, shoplifting, reckless driving, binge eating (Do not include suicidal or self-mutilating behavior covered in [5].)
- (3) affective instability: marked shifts from baseline mood to depression, irritability, or anxiety, usually lasting a few hours and only rarely more than a few days
- (4) inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights
- (5) recurrent suicidal threats, gestures, or behavior, or self-mutilating behavior
- (6) marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values
- (7) chronic feelings of emptiness or boredom
- (8) frantic efforts to avoid real or imagined abandonment (Do not include suicidal or self-mutilating behavior covered in [5].)

**APPENDIX 12**

**CRITERIA FOR REFERRAL TO CSA GROUP**



## CRITERIA FOR REFERRAL TO CHILDHOOD SEXUAL

### ABUSE (CSA) SURVIVORS GROUP FOR WOMEN

1. Psychological difficulties in adult life which are primarily a consequence of CSA.
2. The patient is aware of this link between current distress and early experience, and is motivated to explore it.
3. The presenting problem e.g. anxiety, eating disorder, should not be so overwhelming that the person is not able to work on the underlying issues.
4. The patient is able to cope with a structured group situation.
5. The patient recognises that the group is likely to provide an opportunity to begin, or move on, in a process of recovery, but is *unlikely* to enable her to complete the journey.
6. Ability to contain her own feelings of anger to at least some extent.
7. Absence of borderline or psychotic functioning.

Definition of Borderline : A *recent* history of erratic, volatile or self-injurious behaviour would be a likely major excluding factor. A past history would not.

8. Current support systems.

**APPENDIX 13**

**BECK DEPRESSION INVENTORY**

# BECK INVENTORY

Name \_\_\_\_\_

Date \_\_\_\_\_

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK, INCLUDING TODAY! Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. **Be sure to read all the statements in each group before making your choice.**

- |    |  |    |   |
|----|--|----|---|
| 1  | 0 I do not feel sad.<br>1 I feel sad.<br>2 I am sad all the time and I can't snap out of it.<br>3 I am so sad or unhappy that I can't stand it.  | 12 | 0 I have not lost interest in other people.<br>1 I am less interested in other people than I used to be.<br>2 I have lost most of my interest in other people.<br>3 I have lost all of my interest in other people.   |
| 2  | 0 I am not particularly discouraged about the future<br>1 I feel discouraged about the future<br>2 I feel I have nothing to look forward to.<br>3 I feel that the future is hopeless and that things cannot improve.       | 13 | 0 I make decisions about as well as I ever could.<br>1 I put off making decisions more than I used to.<br>2 I have greater difficulty in making decisions than before.<br>3 I can't make decisions at all anymore.  |
| 3  | 0 I do not feel like a failure.<br>1 I feel I have failed more than the average person.<br>2 As I look back on my life, all I can see is a lot of failures.<br>3 I feel I am a complete failure as a person.               | 14 | 0 I don't feel I look any worse than I used to.<br>1 I am worried that I am looking old or unattractive.<br>2 I feel that there are permanent changes in my appearance that make me look unattractive.<br>3 I believe that I look ugly.   |
| 4  | 0 I get as much satisfaction out of things as I used to.<br>1 I don't enjoy things the way I used to.<br>2 I don't get real satisfaction out of anything anymore.<br>3 I am dissatisfied or bored with everything.         | 15 | 0 I can work about as well as before.<br>1 It takes an extra effort to get started at doing something.<br>2 I have to push myself very hard to do anything.<br>3 I can't do any work at all.  |
| 5  | 0 I don't feel particularly guilty.<br>1 I feel guilty a good part of the time.<br>2 I feel quite guilty most of the time.<br>3 I feel guilty all of the time.   | 16 | 0 I can sleep as well as usual.<br>1 I don't sleep as well as I used to.<br>2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.<br>3 I wake up several hours earlier than I used to and cannot get back to sleep.   |
| 6  | 0 I don't feel I am being punished<br>1 I feel I may be punished.<br>2 I expect to be punished.<br>3 I feel I am being punished.   | 17 | 0 I don't get more tired than usual.<br>1 I get tired more easily than I used to.<br>2 I get tired from doing almost anything<br>3 I am too tired to do anything.   |
| 7  | 0 I don't feel disappointed in myself.<br>1 I am disappointed in myself.<br>2 I am disgusted with myself.<br>3 I hate myself.  | 18 | 0 My appetite is no worse than usual.<br>1 My appetite is not as good as it used to be.<br>2 My appetite is much worse now.<br>3 I have no appetite at all anymore.   |
| 8  | 0 I don't feel I am any worse than anybody else.<br>1 I am critical of myself for my weaknesses or mistakes.<br>2 I blame myself all the time for my faults.<br>3 I blame myself for everything bad that happens.          | 19 | 0 I haven't lost much weight, if any, lately.<br>1 I have lost more than 5 pounds. I am purposely trying to lose weight.<br>2 I have lost more than 10 pounds. by eating less. Yes _____ No _____<br>3 I have lost more than 15 pounds.   |
| 9  | 0 I don't have any thoughts of killing myself.<br>1 I have thoughts of killing myself, but I would not carry them out.<br>2 I would like to kill myself.<br>3 I would kill myself if I had the chance.                     | 20 | 0 I am no more worried about my health than usual.<br>1 I am worried about physical problems such as aches and pains; or upset stomach; or constipation.<br>2 I am very worried about physical problems and it's hard to think of much else.<br>3 I am so worried about my physical problems that I cannot think about anything else. |
| 10 | 0 I don't cry any more than usual.<br>1 I cry more now than I used to.<br>2 I cry all the time now.<br>3 I used to be able to cry, but now I can't cry even though I want to.  | 21 | 0 I have not noticed any recent change in my interest in sex.<br>1 I am less interested in sex than I used to be.<br>2 I am much less interested in sex now.<br>3 I have lost interest in sex completely.   |
| 11 | 0 I am no more irritated now than I ever am.<br>1 I get annoyed or irritated more easily than I used to.<br>2 I feel irritated all the time now.<br>3 I don't get irritated at all by the things that used to irritate me. |    |   |

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**APPENDIX 14**

**BELIEF INVENTORY**

NAME: .....

DATE: .....

**BELIEF INVENTORY (REVISED)**

Please check (✓) one column from 0 to 4 that best indicates how strongly you believe each statement to be true in your own case. Please answer according to what you really believe yourself, not what you think you should believe.

	Absolutely Untrue 0	Mostly Untrue 1	Partly True Partly Untrue 2	Mostly True 3	Absolutely True 4
1. I must be an extremely rare woman to have experienced sex with an older person when I was a child.					
2. I am worthless and bad.					
3. You can't depend on women, they are all weak and useless creatures					
4. No man can be trusted.					
5. I must have permitted sex to happen because I wasn't forced into it					
6. I don't have the right to deny my body to any man who demands it.					
7. Anyone who knows what happened to me sexually will not want anything to do with me					
8. I must have been seductive and provocative when I was young.					
9. It doesn't matter what happens to me in my life.					
10. No man could care for me without a sexual relationship.					
11. It is dangerous to get close to anyone because they always betray, exploit, or hurt you.					
12. I must have been responsible for the sex when I was young because it went on so long.					
13. I will never be able to lead a normal life, the damage is permanent					
14. Only bad, worthless guys would be interested in me.					

	Absolutely Untrue 0	Mostly Untrue 1	Partly True Partly Untrue 2	Mostly True 3	Absolutely True 4
15. It must be unnatural to feel any pleasure during molestation.					
16. I am inferior to other people because I did not have normal experiences.					
17. I've already been used so it doesn't matter of other men use me.					
18. I was responsible for the abuse because I asked the offender about sexual matters.					
19. The offender abused me because he was 'sick' and therefore not responsible for his actions.					
20. The abuse was my own fault because I used sexual activities to obtain attention and/or affection from the offender.					
21. The offender abused me because he was drunk at the time.					
22. I was to blame for the abuse because I used it to obtain favours and rewards from the offender.					
23. The offender abused me because he was sexually frustrated.					
24. The offender engaged me in sexual activities in order to teach me about sex and to make me a better sexual partner.					
25. The offender engaged in sexual activities with me so that our relationship would be closer and better.					
26. The offender engaged in sexual activities with me to give me physical pleasure.					

**APPENDIX 15**

**SESSIONAL FEEDBACK SHEET**

# FEEDBACK SHEET

DATE :  
SESSION NO :

Please rate your experience of today's group session by circling the number of your choice.

	<u>Positive</u>				<u>Negative</u>
1. Review of the past week.	4	3	2	1	0
2. Topic under discussion.	4	3	2	1	0
3. Talking in the group.	4	3	2	1	0
4. Listening to others.	4	3	2	1	0

5. What was the most helpful aspect of the group today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What was the least helpful aspect of the group today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments :

**APPENDIX 16**

**END OF GROUP FEEDBACK**



## GROUP EVALUATION FEEDBACK SHEET

NAME :

DATE :

SESSION NO :

1. I feel I have gained something valuable from the group.

Not at all	very little	moderately	a great deal		a very great deal
0	1	2	3		4

Please specify.....

.....

.....

2. Aspects of the group that were/were not helpful for you.

	Not at all helpful			Extremely helpful		
Disclosure/telling your story	0	1	2	3	4	
Sharing weekly experiences	0	1	2	3	4	
Sharing past experiences	0	1	2	3	4	
Sharing personal problems	0	1	2	3	4	
Talking in the group	0	1	2	3	4	
Listening to others	0	1	2	3	4	
Teaching input	0	1	2	3	4	
Therapists' contributions	0	1	2	3	4	
Contributions of other group members	0	1	2	3	4	
Support from the group	0	1	2	3	4	
Feedback from the group	0	1	2	3	4	
Tea bar	0	1	2	3	4	

Other (please specify) .....

3. Discussion topics that were/were not helpful for you.

	Not at all helpful			Extremely helpful		
Anger	0	1	2	3	4	
Assertiveness	0	1	2	3	4	
Flashbacks and memories	0	1	2	3	4	
Challenging automatic thoughts	0	1	2	3	4	
The Parent/Adult/Child model	0	1	2	3	4	
Rights	0	1	2	3	4	
Sexuality	0	1	2	3	4	

Other (please specify) .....

4. Do you think the group could be improved?

Not at all	very little	moderately	a great deal	a very great deal
0	1	2	3	4

Please specify .....

5. What would you have liked more of in the group?

6. What would you have liked less of in the group?

7. What parts of the group did you enjoy the most?

8. What parts of the group did you enjoy the least?

9. To what extent would you recommend the group to other people with similar experiences?

Not at all	very little	moderately	a great deal	a very great deal
0	1	2	3	4

10. How satisfied were you with the amount of help you received?

Not at all	very little	moderately	a great deal	a very great deal
0	1	2	3	4

11. Has the group helped you to deal more effectively with your problems?

Not at all	very little	moderately	a great deal	a very great deal
0	1	2	3	4

12. Any other comments?

**Thank you very much for filling in this form.**

APPENDIX 17

SUMMARY OF CRITERIA FOR EVALUATING THE  
FORMAL ADEQUACY OF A THEORY

## SUMMARY OF CRITERIA FOR EVALUATING THE FORMAL ADEQUACY OF A THEORY (MADDI, 1980)

According to Maddi (1980), a theory should be . . .

### **Important (versus trivial)**

The risk of triviality in theorizing is minimised by clarity on what should constitute the major phenomena to be explained. This is generally done on the basis of primary reliance on naturalistic observation.

### **Operational**

Maddi (1980) asserts that there is no reason for operational definitions if the primary function is not to explain data directly, but to indicate the relationship and organization between concepts.

### **Parsimonious**

A theory which is parsimonious offers the best explanation among those available, on the basis that it makes the fewest assumptions. The aim of parsimony is simplicity, but the danger is one of oversimplification.

### **Stimulating**

A stimulating theory provokes thought and investigation. For example, if a theory is congenial, it provokes enhancement and support, and new ideas emerge. In contrast, people may react against it and demonstrate its inadequacies. Whatever the reaction, positive or negative the theory is stimulating. However, a stimulating theory is not necessarily adequate.

### **Empirically valid**

The term implies an empirical standard of adequacy as opposed to a rational one. Crucial evidence for empirical validity involves systematic empirical testing of the predictions made by a theory. Maddi (1980) notes that such a procedure is premature unless a theory is developed to the extent that the exact nature and relationship of data to theory is known.

### **Precise**

Theorists should avoid being implicit, and using metaphorical, figurative or analogical language. "The ego does battle with the id" is one such example. Maddi (1980) suggests trying to use a theory as intended - to apply it to observations of people so as to understand them better, or to try to generate predictions and test them out. If this proves untenable, the theory is imprecise or incomplete.