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# Coping Methods and Meaning Making of Liberian Refugees in the Buduburam Refugee Camp of Ghana

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Coping Methods and Meaning Making of Liberian Refugees in the Buduburam Refugee Camp  
of Ghana

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### Abstract

The mental health of war-impacted individuals has been an issue of growing concern to many researchers and practitioners internationally (Miller, Kulkarni, & Kushner, 2006). According to the United Nations High Commissioner for Refugees (2006a), Africans are disproportionately impacted by conflict-related displacement. To date, however, much of the research on the mental health of refugees has been based mostly on Western views of health and trauma. The current study is a mixed-methods investigation of stressors, coping strategies, and meaning making of Liberian refugees in the Buduburam Refugee Camp of Ghana. Results from the Brief COPE, focus groups, and semi-structured ethnographic interviews are discussed. Understanding stressors and coping among this population can contribute to culturally informed research and practice.

## Coping Methods and Meaning Making of Liberian Refugees in the Buduburam Refugee Camp of Ghana

Although the experiences of refugees are varied, most face multiple stressors, including violence, death of loved ones, and forced separation from homes, communities, and kin. In addition, because of displacement, all refugees must adjust to life in a new location, often in suboptimal conditions and with limited resources. Despite these seemingly overwhelming challenges, there are countless stories of strength, hope and growth among Africa's refugees. At the same time, the mental health of people who experience forced migration has become an area of increasing concern to many transnational organizations (e.g. United Nations High Commissioner for Refugees) and researchers (e.g., Sossou, 2006). In the last 20 years, a considerable amount of research has been conducted on African refugees; however, leading scholars in this area have argued that there is still a dearth of information that can be used in the creation of culturally appropriate interventions (Miller, Kulkarni, & Kusher, 2006). In order to add to the body of research on the mental health and well-being of African refugees, the current study aims to better understand how Liberian refugees cope with day-to-day challenges and find meaning in their experiences since becoming displaced.

Most of our knowledge about displaced people comes from studies that focus on trauma, particularly post-traumatic stress disorder (Miller et al., 2006). Though trauma may be a very important aspect of the experiences of some refugees, there is debate over the extent to which this particular framework captures the fundamental nature and entirety of human responses to war (Basoglu, Parker, Ozmen, Tasdemir, & Sahin 1994; Summerfield, 1999; Summerfield, 2000). It has also been suggested that many facets of post-traumatic stress disorder are epiphenomenal, and that displaced war-affected people often do not give them the same primacy

and emphasis that mental health workers do. Finally, there is evidence that many refugees and other survivors of conflict place greater emphasis on social variables that do not directly stem from “traumatic experiences” of conflict (Eastmond, 1998; Bracken, Giller & Summerfield, 1995). These variables include, but are not limited to, the availability of schools, housing, health care and other resources, as well as the political situation in the home countries of the refugees (Hjern & Jeppsson, 2005). Because much of the mental health research on African refugees has focused on potential trauma and trauma reactions, we know little about how refugees deal with the ongoing stressors. Greater knowledge about the ways in which refugees manage and understand day-to-day life events and stressors can provide insight into culturally relevant forms of coping and meaning making. This knowledge may be as helpful to practitioners as information about actual trauma reactions.

Psychological norms and ways of understanding and managing stressful events are often inscribed in culturally specific matrices of traditions, beliefs, and customs (Summerfield, 2000; Miller et al., 2006). Research has shown that even in pre-colonial Africa, many African societies had in place health care systems, which accounted for mental health disturbances (Odejide et al., 1989). It is often the case that the traditional meaning systems, coping methods, and resources within local communities that support healing and adaptation are inadvertently overlooked in the current trauma-focused discourse on refugees (Summerfield, 1999). The current study seeks to gain a holistic understanding of how West African refugees conceptualize distress by integrating quantitative approaches and exploratory qualitative methodologies which give credence to their values and behavioral systems. Specifically, quantitative and qualitative methods are used to understand daily life stressors, coping strategies, and meaning making of Liberian refugees living at the Buduburam Refugee Camp in Ghana.

*Civil War in Liberia*

According to the United Nations High Commissioner for Refugees (UNHCR) 2006 *Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons* report, as well as other sources, there are approximately 9.9 refugees worldwide, about half of which are from Africa (Brehun, 1991; Kibreab, 1985; UNHCR, 2006a). The vast majority of the world's refugees are from the developing world, and about 80% remain displaced in the developing world (Summerfield, 2000). By the end of 2006, about 261,800 were displaced in West Africa (UNHCR, 2006a). This estimate excludes stateless individuals. According to another UNHCR report on forced displacement in Africa, eight of the 20 countries with the highest ratios of refugees to local people were member states of the African Union (AU) in 2006. Among the top 10 "refugee-producing" nations was Liberia (Crisp, 2006).

Liberia is a nation with a historical background unlike many other nations in sub-Saharan Africa. It was not established as a formal colony of any European nation; rather, it was founded, in part, by formally enslaved black people from the United States in 1822 (Akpan, 1973). Descendants of these early settlers, known as Americo-Liberians, formed the ruling class of Liberia for the next century. As a result of sociopolitical power differentials, the relationship between the Americo-Liberians and the indigenous population were contentious (1973). Americo-Liberian rule came to a halt when in 1980, Samuel Doe, a member of the Krahn ethnic group, seized presidential power (PBS, 2009). Under the Doe administration, the political power once held by Americo-Liberians was appropriated by members of the Krahn group (PBS, 2009).

Since then, Liberia has been the setting for two civil wars. The first began in 1989 when the National Patriotic Front of Liberia (NPFL), led by Charles Taylor, launched a violent attempt to remove Samuel Doe, the first indigenous president in Liberia's history, from presidential

office (PBS, 2009). The following year, the Economic Community of West African States (ECOWAS) formed a military group, the ECOWAS Monitoring Group (ECOMOG), in an effort to restore peace (Adebajo, 2002). Although a step in the right direction, the relative peace was short-lived.

Then-president Samuel Doe was soon murdered by Prince Yormie Johnson, senior commander of Taylor's NPFL. This ignited a chaotic civil war and led the country into violent factionalism (Olukoju, 2006). The creation and competition of and between various factions led to a struggle for Liberia's resources, particularly iron ore, diamond, timber, and rubber (Ross, 2004). Over 200,000 people were killed, and more than two million others were forced from their homes (Global Security, 2009a). In the years that followed, there was a cyclic pattern of ceasefires, disarmament efforts, and restorations of violence (2009a). Each eruption of war led to the forced migration of thousands of Liberians to neighboring countries. The first Liberian civil war ended and was shortly followed by the election of Charles Taylor as president in 1997 (Harris, 1999). The 'democratic' election of a new president provided the Liberian population with a false sense of political security, which seemed to solidify the reinstatement of peace for the next couple of years.

In 1999, however, war erupted once again when opponents of the Taylor administration known as the Liberians United for Reconciliation and Democracy (LURD) entered the country from near the Guinean border (Global Security, 2009b). They threatened the authority of the Taylor regime, which gave rise to the deaths of countless civilians. By the end of 2002 the civil war had produced nearly 130,000 internally displaced persons (IDPs) and approximately 107,000 Liberian refugees in Guinea, 71,000 in Cote d'Ivoire, 38,000 in Sierra Leone, 11,000 in Ghana, and 3,000 in other countries (2009b).

The civil wars had grave consequences on the Liberian population. Over two million people were forced from their homes, while countless others were tortured, raped, and abducted (Brehun, 1991). Thousands of Liberians were forced to flee to neighboring West African countries. Though the physical consequences of the war were horrific, the most disturbing effects of the war, the psychological effects, cannot adequately be quantified.

#### *Liberians at the Buduburam Refugee Camp*

To many survivors of these atrocious conflicts, the Buduburam Refugee Camp located in Ghana has been a second home. Buduburam is located in the Central Region of Ghana, specifically in Gomoa. It was established by the United Nations High Commissioner for Refugees (UNHCR) in 1990 as a safe haven for Liberians who fled their country during the first (1989-1996) and second (1999-2003) civil wars (UNHCR, 2006b). Within the past couple of decades, it has been home to over 38,000 refugees (2006b).

Buduburam has a town-like atmosphere, and exists as an independent community. The structure of the camp allows for free movement between the displaced Liberian community and the Ghanaian community (UNHCR, 2006b), which sets the stage for the concurrent experiences of isolation and integration. Additionally, displaced Liberians in this camp are faced with ongoing daily challenges, including unemployment, inadequate transportation and communication facilities, lack of clean water, poor sanitation, and difficulties stemming from preflight experiences (Wehljah & Akotia, 2000).

In the past few years, another dimension of the adversities faced by Liberian refugees in Ghana has been the seemingly strained relationship between the displaced Liberian community and Ghanaian authorities (Chester, 2008). Evidence of such a relationship has been expressed in the forms of protests and other sociopolitical movements championed by Liberian community



leaders at the camp (2008). Some the misunderstandings between the refugee community and the Ghanaian authorities have led to deportations, distrust of the Ghanaian government, and a heightened sense of insecurity at the camp. A combination of these factors in conjunction with the relative stability in Liberia gave rise to the repatriation efforts that were underway during the data collection phase of this study.

### *Approach of the Current Study*

Given the prevalence of displaced Liberians, it is noteworthy that few studies have focused on mental health issues in this population and most of the research that has been done has focused on Western views (Whittaker et al., 2005). The current study seeks to explore the experiences of Liberian refugees in Ghana in an attempt to add to the current discourse of how to bridge the seemingly disparate views of mental health as conceptualized by refugees and by mental health care practitioners and researchers. To avoid the focus on trauma that dominates the current discourse on war-affected populations, and to work towards a more holistic understanding of African-centered worldviews, the author reviewed works in anthropology, philosophy, and other social sciences for evidence of thought systems that may have implications for traditional systems of psychology.

Based on this review, several important ideas about African psychology emerged. The nature of African psychology is illustrated in the quote below by Professor Lambo, a West African psychiatrist, from *Mental Health, Race and Culture* (Fernando, 1991).

Reality in the western world has gone the way of attempting to master things: reality for the African traditional culture is found in the region of the soul- not in the mastery of self or outer things, but in the acceptance of a life of acquiescence with beings and essences on a spiritual scale. In this fashion only is the traditional culture mystic. Not because of any prelogical function of the mind but merely because the African is the possessor of a type of knowledge that teaches that reality consists in the relation not of men with things, but of men with other men and *all men with spirits*. (Fernando, 1991)

Fernando (1991) uses this quote to discuss some of the disparate philosophies that underpin Western and African psychological systems. He suggests that the objectivity and rationality implicated in the logical positivist tradition of Western psychology is not characteristic of African psychology. Thus, the construction of “reality” is not bifurcated into the objective and the subjective: matter and spirituality. In this sense, objectivity is not given primacy in African psychological traditions. “Realities are not conceived as being in irreconcilable opposition, as they are in the West, and spirit is not separate from matter”. The construction of “meaningful reality,” in the African tradition, necessitates both the matter and spirituality.

As argued by Fernando (1999, 2002), by combating “psychiatric imperialism,” more specifically, the assumption that Western conceptions of psychological phenomenon are necessarily universal, and by searching for culturally sensitive interventions at the individual level, we may advance to a truly universal concept of mental health. Giving credence to the conceptualizations of distress, as conceived of by those for whom this phenomenon is a reality, may be a first step to achieving true cultural competence. It may allow for ways to integrate culture (indigenous knowledge) and science (Durie, 2004; Fabrega 1989).

Although the information found on African traditional psychological systems served as a helpful starting point, it is important to note that African refugees often navigate many identities and norms from their countries of origins, their host countries, as well as other cultures (Whittaker et al., 2005). It is often the case that cultural knowledge alone is insufficient to answer the complex issues that displacement engenders. Because culture is not stagnant, but rather constantly changing (e.g., hybridization and transformation), using cultural knowledge alone may lead to many aspects of the refugee experience being inadvertently overlooked.

To allow for the dynamic nature of culture, this study utilizes a mixed-methods approach. In this study, great emphasis is placed on qualitative data, and quantitative data is used for reinforcement and comparison of responses from the qualitative data. The qualitative approach was privileged in this study due to its ability to elicit rich process and situational information from participants (Century, Leavey, & Payne, 2007) and capture the phenomenological experiences of participants from their vantage points. This method is particularly valuable when researching complex and sensitive topics (Denzin & Lincoln, 2008; Greenhalgh, Helman, & Chowdhury, 1998). Both focus groups and individual semi-structured interviews were used to provide triangulation of the findings, as well as to increase the validity of the findings by providing multiple sources of data in which both public and private thoughts are taken into account (Banister, Tate, Wright, Rinzema, & Flato, 2002; Barbour & Kitzinger, 1999; Kitzinger, 1995; Mitchell, 1999; Morgan & Krueger, 1993; Whittaker, 2005).

As the focus of the current study is the displacement experiences of Liberians in Ghana, pre-flight experiences that are directly related to war were not the focus of any of the interview questions. Rather, the following questions were specifically addressed:

- 1) What are the daily life stressors faced by Liberian refugees at the Buduburam Refugee Camp?
- 2) How do Liberian refugees in the Buduburam Refugee Camp cope with and adjust to daily life stressors?
- 3) How do Liberians make meaning of their lives as refugees in Ghana?

Addressing these questions will provide a more culturally informed understanding of how Liberian refugees experience day-to-day life and stressors within their current context, and may provide insight into how stressful events are understood by this population.

## Methods

### *Procedure*

Data was gathered over a period of 3 months from 37 English-speaking Liberian adult refugees living in the Buduburam Refugee Camp. Prior to engaging in the study, participants received a verbal description of the purpose of the study, and were then asked to give oral consent. Participants were informed that the study was for research purposes only and it was being conducted as part of a student project at the University of Connecticut. Participants then completed basic demographic questionnaires. The procedure for this study was divided into three sections: focus groups, administration of the Brief COPE, and individual semi-structured ethnographic interviews.

### *Measures*

*Demographic questionnaire.* Each participant completed a demographic questionnaire that provided the researcher with basic information such as age, gender, duration in the refugee camp, etc. This information was used to contextualize the information from the Brief COPE, the focus groups, and the individual interviews.

*Brief COPE.* The Brief COPE is the abridged form of the COPE Inventory, which is an assessment of coping strategies employed by people facing adversities (Carver, 1997). More specifically, this assessment comprises fourteen scales, which assess coping strategies: 1) active coping, 2) planning, 3) using instrumental support, 4) using emotional support, 5) venting, 6) behavioral disengagement, 7) self-distraction, 8) self-blame, 9) positive reframing, 10) humor, 11) denial, 12) acceptance, 13) religion, and 14) substance use (1997). This measure was selected for use in the current study due to its neutrality (it does not code for “negative” or “positive” coping styles). Also, unlike its longer predecessor, the COPE inventory, there is not a significant

time burden associated with the Brief COPE. Thus, it was an appropriate choice for the current study. Findings from the Brief COPE measure were compared and contrasted with findings from the focus groups and the individual interviews.

*Focus groups.* Two focus groups were conducted: one consisted of men and the other of women. The focus group sizes were selected in accordance to successful research approaches have been used by noted cultural psychology researchers to study displaced African populations. For instance, *An Exploration of Psychological Well-being with Young Somali Refugee and Asylum-seeker Women*, a study conducted by Whittaker et al. in Europe (2005) used 5 participants for focus groups. Keeping this literature in mind, we selected a sample size of 4-6 for each of the two groups. The purpose of the focus groups was to familiarize the researcher with specific linguistic terms and expressions that are unique to the Liberian refugee population in Ghana. The focus groups assisted the researcher in conducting interviews that were culturally responsive and appropriate as well as providing initial insight into the experiences of Liberian refugees at the Buduburam Camp. Main themes found in the focus group that were not previously considered were used to refine the individual interview items.

*Individual semi-structured ethnographic interviews.* The methodology of this study relied mainly on semi-structured ethnographic interviews. An ethnographic interview is a research tool often used as an alternative to questionnaires and surveys in populations that may not be familiar with such forms of data collection. Ethnographic interviews employ descriptive and structural research questions to elicit narratives from which qualitative and/or quantitative data can be extracted. The ethnographic interview accounts for the dynamic nature of culture, as it is broad enough to take cultural hybridization and transformation into consideration (De Voe, 2002). Also, it is possible that many West Africans may not be familiar with the rating scales

that are often used in popular psychological assessments of the West. Thus, this method provides a good alternative for data collection. An interview guide approach to naturalistic interviewing starts with a list of issues to be addressed in each interview. The interview questions that are generated from these main issues are not rigidly structured. This allows for other important topics to emerge specific to each participant (Patton, 2001). In this approach, interview questions are asked in an open-ended fashion in order to minimize the imposition of predetermined responses in data collection.

### *Recruitment*

The researcher used a purposive sampling technique in order to engage participants who could offer rich or dense narratives of the cultural phenomenon of interest (Streubert & Carpenter, 1999) (i.e., culturally specific ways of coping and stressors faced by young Liberians living in the Buduburam Refugee Camp). Participants were recruited using the snowballing method. Snowballing is a strategy used frequently in qualitative research and is designed to recruit specialized, hard to identify, or unique populations (Gilbert, 1993). Individuals who agreed to participate in the study were asked to identify other individuals who met the study criteria (i.e. Liberian Refugees living at the Buduburam Refugee Camp), and who may have been interested in participating in the study. To qualify for participation in the study, participants had to be (a) a Liberian by birth, or parentage, who had been displaced as a result of war, (b) 18 years of age or older, (c) able to speak English, (d) a resident at the Buduburam Refugee Camp.

### *Analysis*

Semi-structured ethnographic interviews and focus groups were audiotaped with a digital recording device, and then transcribed verbatim. The contents of the transcribed focus groups

were analyzed using ATLAS TI Version 5.2.0, in order to facilitate the creation of initial significant themes. Initial themes from focus groups were used as a guide for content analysis of remaining transcripts. First, a “case study” process (Coffey & Atkinson, 1996) was employed in which thematic sub-narratives were derived from each transcript and then compared across interviews. Transcripts were coded and categorized by searching individual narratives for data concerning specified topics (i.e., stressors and coping strategies). Categorizing involved organizing coded data units into groups identified through similar characteristics (Lincoln & Guba, 1985). Demographic data were analyzed by descriptive statistics using SPSS version 10.1.

Reliability and validity in data collection, analysis, and reporting were attained through the use of verbatim quotations from participants in the report (Stiles, 1993), and triangulation between focus group data, data from individual interviews (Yardley, 2000), and quantitative data.

### *Ethical Considerations*

Approval for this study was obtained both from the University of Connecticut Institutional Review Board and the Ghana Refugee Board. In lieu of written consent, verbal consent was sought to avoid suspicion of the forms and to maintain the casual atmosphere of the setting. Though participants were not formally compensated for their contributions, refreshments were provided for participants and those who accompanied them to the research sites (data was collected in various settings). To offset any possible distress that might have brought about by the research process, participants were each given a list of referral sources for free mental health services at the camp and in nearby towns and cities. The digital recordings of the focus group and individual interviews were transcribed by the researcher. Participants were informed that any reproductions of the transcripts in papers or presentations would not include identifying

information. The written transcripts were password protected in computer files, and the digital recordings saved to password protected storage devices.

This project was conducted as part of the University of Connecticut University Scholar program and funded, in part, by the University of Connecticut Summer Undergraduate Research Fund (SURF) and the University of Connecticut Psychology Department's Undergraduate Research Award.

## Results

### *Description of Participants*

Data were collected from 37 participants. Successful attempts were made to secure fairly equal representations of men and women (45.9% women and 54.1% men). The sample represented a fairly young group of Liberians. Participants ranged from 18 years of age to 33 years of age with a mean age of 25.84. The sample consisted of individuals who comprised diverse linguistic, and ethnic backgrounds. Members of the Krahn ethnic group were overrepresented in the sample; 54% of the sample (n=19) identified as Krahn. Christians were also largely overrepresented in the sample. All but one of the participants identified as Christian. The sole non-Christian participant did not specify being spiritual or having a religious affiliation.

All of the participants had undergone some degree of formal education: 8.1% (n=3) attended some middle school (grades 6-8), 18.9% (n=7) attended some high school (grades 10-12), and 73% (n=27) were high school graduates. In addition to attending formal school, about half of the sample (n=18) had participated in some form of non-traditional education (e.g., trade school, vocational school, job workshops). Only one participant reported being in school at the time of the study.



There was a fair amount of variation in the participants' duration at the Buduburam Refugee Camp ranging from 1 year to 16 years, with a mean duration of 7.7 years. Prior to fleeing to Ghana, 56.8% (n=21) of the sample sought refuge in other West African countries including Ivory Coast, Mali, Nigeria, and Guinea (Conakry). Majority of the participants (83.8%, n=31) reported being students in Liberia before the outbreak of the war.

Thirty-two participants (86.5%) identified as not married. Though this information may be informative, it is somewhat misleading because the demographic sheet that participants were asked to complete did not address the diverse definitions of marriage that were held by people at the camp. Interviews revealed that some people understood marriage to be a "legal" union between two individuals, whereas others understood it to be one that was defined by "tradition ceremony". Additionally, it is unclear whether or not marriages between refugees at the camp were legally recognized by the Ghanaian government. Over half of those who participated in the study (54.1%, n=20) reported having one or more children.

With an exception of one participant, all reported being unemployed, and thus not having steady incomes. Out of the 37 participants, 25 reported generating approximately 0 Ghana cedis per month. Of the remaining 12 individuals, the maximum income was 50 Ghana cedis per month. Overall, the average income was 4.7 Ghana cedis. All the participants reported that their incomes were insufficient to meet their basic daily needs.

### *Results from Quantitative Analysis*

*Mean scores on Brief COPE.* The most frequently endorsed coping strategies were *religion* (M=3.36, SD=0.57), *planning* (M= 3.13, SD=0.71), *self-distraction* (M=3.07, SD=0.65), *positive reframing* (M=3.04, SD=0.74), *acceptance* (M=2.96, SD=0.80), *venting* (M=2.85,

SD=0.70), *active coping* (M=2.84, SD=.76), and *use of instrumental support* (M=2.84, SD=0.63). Little evidence was found for the use of *self-blame* (M=1.80 SD=0 .67), and *humor* (M=1.55 SD=0.75) as coping strategies. The least endorsed coping strategy was *substance abuse* (M= 1.03, SD=0.11). Moderate evidence was found for the remaining coping strategies. Descriptive statistics of all coping strategies measured in the Brief COPE can be found in Table 1.

Table 1: Descriptive Statistics for Brief Cope

Descriptive Statistics for Brief Cope					
	N	Minimum	Maximum	Mean	Std. Deviation
Self-Distraction	37	2.00	4.00	3.07	.65
Active Coping	37	1.50	4.00	2.84	.76
Denial	37	1.00	3.50	2.02	.69
Substance Abuse	37	1.00	1.50	1.03	.11
Emotional Support	37	1.50	4.00	2.35	.63
Instrumental Support	37	1.50	4.00	2.84	.63
Behavioral Disengagement	37	1.00	4.00	2.11	.87
Venting	37	1.00	4.00	2.85	.70
Positive Reframing	37	1.50	4.00	3.04	.74
Planning	37	1.50	4.00	3.13	.71
Humor	37	1.00	3.50	1.55	.75
Acceptance	37	1.00	4.00	2.96	.80
Religion	37	2.00	4.00	3.36	.57
Self-Blame	37	1.00	4.00	1.80	.67

Note: Scale ranged from 1 (*I haven't been doing this at all*) to 4 (*I've been doing this a lot*).

*Correlations among demographic factors and coping strategies.* A two-tailed Pearson product-moment correlation coefficient was computed to assess the relationships among demographic factors and coping strategies measured by the Brief COPE. The demographic factors of interest were *age*, *years spent in camp*, *income*, and *number of children*.

A positive correlation was found between *age* and *positive reframing* ( $r = 0.40$ ,  $n = 37$ ,  $p < 0.005$ ). Among women, there was a negative correlation between *years spent in camp* and *humor* ( $r = -0.508$ ,  $n=17$ ,  $p < 0.005$ ). Also, among women, *emotional support* was related to *income* ( $r=0.47$ ,  $n=17$ ,  $p < 0.05$ ). In men, *active coping* was negatively correlated with *age* ( $r = -0.63$ ,  $n=20$ ,  $p < 0.01$ ). Overall, *number of children* was found only to be positively correlated with *humor* ( $r=0.36$ ,  $n=37$ ,  $p < 0.005$ ).

*Correlations between coping strategies.* *Substance abuse* was not found to be significantly correlated with other coping strategies. This was not a surprising finding considering that *substance abuse* was the least endorsed coping strategy and data showed very little variation in endorsement. When assessing the overall data, the *use of emotional support* was also not found to be significantly correlated with other factors, but splitting the data by gender revealed significant correlations with *active coping* among women ( $r=0.51$ ,  $n=17$ ,  $p < 0.05$ ), and *instrumental support* among men ( $r=0.47$ ,  $n=20$ ,  $p < 0.05$ ). The *use of instrumental support* was significantly correlated with *self-distraction* overall ( $r =0.35$ ,  $n=37$ ,  $p < 0.005$ ), and with *humor* among men ( $r =0.65$ ,  $n=20$ ,  $p < 0.01$ ). *Self-blame* was found to be significantly correlated with *behavioral disengagement* ( $r=0.369$ ,  $n=37$ ,  $p < 0.005$ ), with *planning* ( $r=0.36$ ,  $n=37$ ,  $p < 0.005$ ), and among men, with *acceptance* ( $r=0.52$ ,  $n=20$ ,  $p < 0.05$ ). *Planning* was significantly related to *active coping* ( $r=0.45$ ,  $n=37$ ,  $p < 0.001$ ), *positive reframing* ( $r=0.34$ ,  $n=37$ ,  $p=0.005$ ), and to *religion* ( $r=0.39$ ,  $n=37$ ,  $p < 0.05$ ). *Active coping* was found to be significantly related to *religion* ( $r=0.38$ ,  $n=37$ ,  $p < 0.005$ ), to *acceptance* ( $r=0.36$ ,  $n=37$ ,  $p < 0.005$ ). Among men, *active coping* was negatively related to *humor* ( $r = -0.47$ ,  $n=20$ ,  $p < 0.05$ ) and positively related to *self-blame* ( $r =0.56$ ,  $n=20$ ,  $p < 0.05$ ). *Acceptance* was found to be significantly correlated with *denial* ( $r=0.38$ ,  $n=37$ ,  $p < 0.005$ ). Significant correlations were existed between *behavioral disengagement* and

*humor* ( $r=0.44$ ,  $n=37$ ,  $p < 0.001$ ), as well as between *venting* and *positive reframing* ( $r=0.42$ ,  $n=37$ ,  $p < 0.001$ ). Overall, correlations between coping strategies ranged from  $r= -0.63$  to  $r=0.65$ . This suggests that the different coping strategies assessed on this measure were only modestly interrelated and seem to reflect different types of strategies.

#### *Results from Qualitative Data*

*Focus groups and individual semi-structured ethnographic interviews.* As described in the methods section, audiotaped interviews and focus groups were transcribed and the transcripts were reviewed for themes regarding stressors and coping strategies. Four types of stressors were identified: *inequality/discrimination*, *lack of income and basic necessities*, *repatriation concerns*, and *sexual relations of predation*. All participants endorsed *insufficient income and lack of access to basic necessities* and *concerns about repatriation* as stressors. Many also talked about discrimination as a major stressor related to living in Ghana. Over half of the women interviewed discussed relationships with men as a major stressor. Illustrations of these themes are provided in the following sections.

With respect to ways of understanding, explaining, and coping with life events, five themes were identified. These included: *reciprocal social support*, *religion*, *spirituality as social regulation*, *acceptance*, and *benefit finding and hopefulness*. *Reciprocal social support* and *religion* were the most frequently endorsed themes among participants. This was shortly followed by *spirituality as social regulation*, *acceptance*, and *benefit finding and hopefulness*. These themes are also elaborated below. Figure 1 gives the percentile summary of the major stressors and coping/meaning making themes.

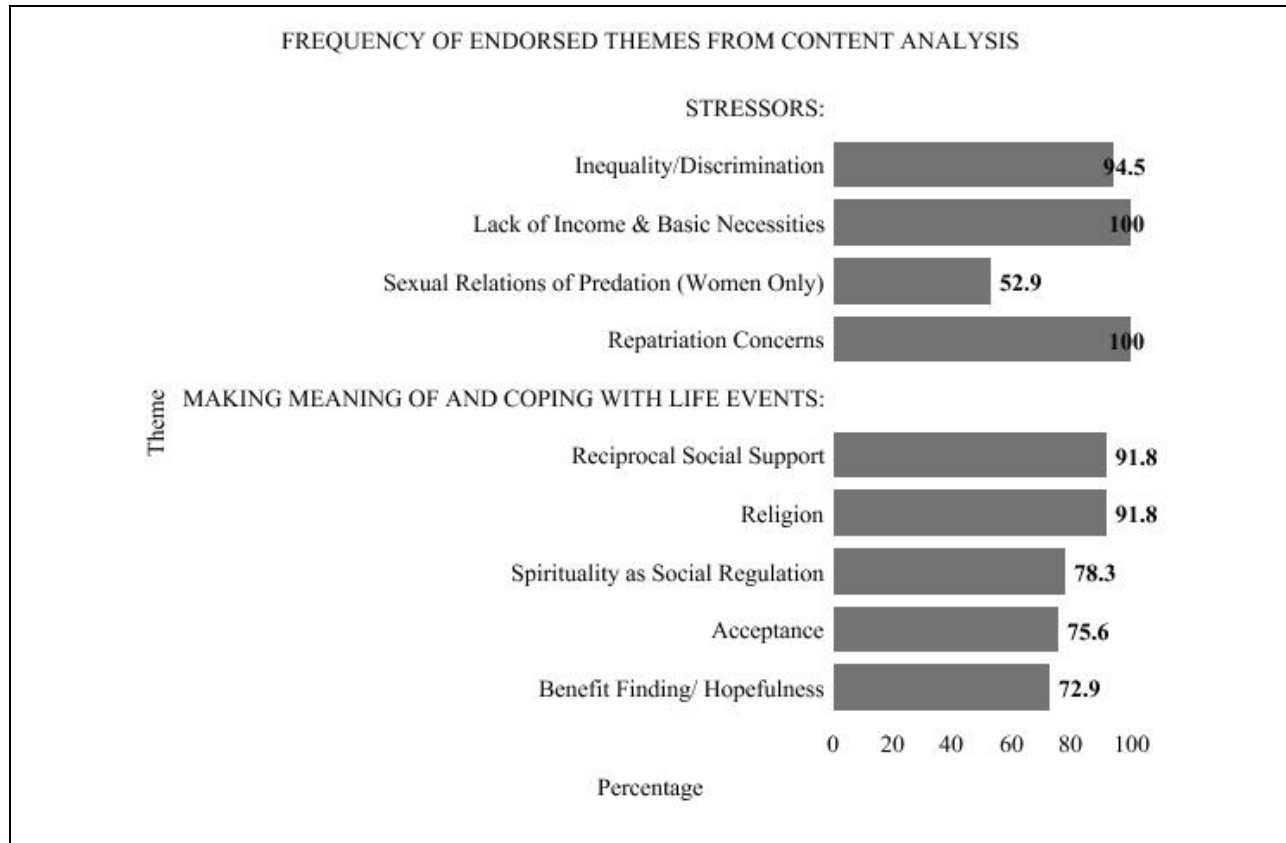


Figure 1: Frequency of Endorsed Themes from Content Analysis

### Stressors

Although several stressors were mentioned during the individual interviews and focus groups, these stressors fell primarily into four broad categories:

*Inequality and discrimination.* Every participant reported experiencing discrimination or inequality of some sort during their stay in Ghana. Many believed that their refugee status barred them from equal access to resources and opportunities afforded to Ghanaian citizens. This was due to their relative lack of power and representation in most facets of Ghanaian society. As one 28 year old man explained, “For everything you do here, the Ghana man is the head for everything. We don’t have any power. Even the camp manager here is Ghanaian. Only the welfare counsel here is a Liberian.”

According to the refugees, this lack of representation and power was defining feature of life as a refugee in Ghana. Some reported not feeling safe as a result of the inaction of the Ghanaian police in cases concerning refugees. Others expressed how the Ghanaian police force was a major perpetuator of discrimination and oppression. As an example, one woman explained how the criminal justice systems applied their policies disparately to Ghanaians and Liberians:

At times they help other criminal cases. They help to bring down other criminal cases. Like when you're a Liberian, you have misunderstanding and you go there, the lady in there will just say, "Go inside, we are investigating" because she wants some money from the refugee. She'll bring you in. You'll be there and your family will pay money to send you to court. They will just carry you to Winneba or some other place. Some of our brothers are in Winneba, some are in other prisons. They are there for no good reason. They are in prison for no good reason. Refugees are in prison. Something I want for UNHCR to do is, maybe these people just release them and send them to go back to their country. (Female, 21 years old)

One story that was independently narrated by many of the refugees during individual interviews and focus groups was of a protest that took place at the Buduburam Camp in the early part of 2008. This story encompasses the relative lack of power previously mentioned, as well as exploitation experienced by the Liberian refugees at the hands of government politicians, the Ghanaian police force, and the United Nations High Commissioner of Refugees (UNHCR):

Like 2008 April, things were really difficult. Things were difficult on woman and children, more especially. UNHCR came with ID cards to help Liberian refugees, and these ID cards were distributed. And they were using these ID cards to send Ghanaians abroad. This is the UNHCR of Ghana. They sent Ghanaians abroad and Liberian refugees got to know that their ID cards were used to send Ghanaians to Australia, Norway, America. So they said that Liberians have been suffering, suffering, on this camp, very much suffering. So they said that they wanted to reintegrate us, reintegrate Ghanaians and Liberian refugees. Liberians refugees said that don't want to be reintegrated here because the place is not conducive for them. So we were there on the field. Refugees went to UNHCR to ask them to help us either to travel, and other people wanted to return home but they did not have no means. (Female, 28 years old)

In a different interview, another woman further explained:

So Liberian refugees were sitting under the sun, and 27 of them went to UNHCR office, and they said they should shut up their mouth, that those 27 will be assisted. They said, “No,” that they had other people who were behind them. So we were on the field asking UNHCR. I was there. So they said that we should leave the field. By that time, I was pregnant for 3 months. Kwamena Bartels was there, the former Interior Minister. While there, the police came and surrounded us. We wanted to urinate, and they said we should urinate before them. They had so-so armed men. They surrounded us, and they forced us into buses. During the forcing time, that is when someone hit my stomach. They took us to the forest, some forest that, I myself, since I was born I never see before. In the dark forest, you can see scorpion, animal to eat you, you can see different different things. You can see snake. They took us to the forest and we were surrounded by armed men. And Kwamena Bartels [him]self said that Liberian refugees deserved to be in the forest. (Female, 29 years old)

A complementary account was given by a man who partook in the protest:

It was not only Bartels who came here to insult us, so many people have been coming on the camp. They will come without no reason, call us in meeting, put us in the fence, on football field. And they just collect all the men and put them there without no good reason. We were sitting under that sun the whole day. Then when they are ready to go, they call meeting [about] how Liberian women are prostitutes, they are this [and] that. That is what they have been doing to us. (Male, 22 years old)

According to those interviewed, the aforementioned altercation between the refugee community and the host community was not an isolated event. Though it was reported as a salient occurrence, partially due to its temporal proximity to data collection and its perceived relation to the repatriation efforts that were underway, it represented a single event in a series of micro-aggressions against the Liberian refugee community in Ghana. Some reported various instances of Ghanaian individuals committing hate crimes against Liberians at the camp with impunity:

My sister she never had the 1000 cedis to go and toilet so she decided to go in the estate where they had the bush to go in toilet. She was pregnant. So while she was toileting, a Ghana man said, “What are you doing there?” She said that she was toileting, and the man said they shouldn’t toilet there. So the man started beating her, beat her, kicked her stomach until she started bleeding. She bled, she bled, she bled, she be crying. Those who carried her had to run away. So after she was bleeding, then she was yelling, other footballers were playing football on the other

side. Other Liberians were playing football on the field. And so when they came, they saw her bleeding and the man ran away. So they had to carry her to St. Gregory [Hospital]. When they went, they had to transfer her. She nearly died. And they took her to Cape Coast area. And we had to look for money, beg people. It was over a month before she could come to herself. So it's very difficult. (Female, 28 years old)

A similar narration was offered by a man who recounted how, in past years, Ghanaians would come to the refugee camp to *juk* people as they slept. The word *juk* means *to poke or stab*. According to him, many of those who committed such crimes were not caught. On the rare occasion that individuals were caught, no serious legal measures were taken:

If my memory can serve me right, that was 2001 when Ghanaians started coming on camp to *juk* people with iron, with nails, long long nails. They will put it on a stick, and they will cut your screen in the night because the place was very hot. When we came, the weather was very hot. So Ghanaians would come in the night, see you sleeping because we would leave the window, just the screen will be there, like a net. They would *juk* you inside, while you're sleeping. They were doing it all around. We don't know who they were, but they were Ghanaians. We even grabbed one guy in Area U. We carried him to the police station. Police took him, carried him into custody. They were pretending to us like they were going to do something to him. The next day, we went there, we said we wanted him because we were not seeing anything better that was going on. (Male, 22 years old)

Another form of discrimination that was reported concerned access to housing. Many of the refugees reported having to pay rent to Ghanaian landlords. According to some of the refugees, Ghanaian landlords required them to pay rent in advance for the sum of the year. Other landlords required the refugees to pay rent at full-price for uncompleted houses that the refugees were expected to complete at their own expense:

What makes it more difficult, the houses that are owned by Ghanaians. Sometimes, they erect a building halfway. They don't complete the building. Then they expect you the refugee to complete it and pay them rent. So maybe after you have done that, you did it a way comfortable for yourself, maybe you add maybe like a toilet. Like, for me I built a toilet and some others will build shop where they will sell something. Then after the time expires, like maybe you



are there for a year or two, they will come and increase the rent. They will make it double, so that you will pay twice what you paid even though you finished the house. (Female, 22 years old)

In addition to being targets of hate crimes and exploitation by Ghanaian individuals and institutions, many expressed being denied employment opportunities on account of their immigration status. One woman narrated her experience in nursing school and her inability to secure employment:

The nursing school I went to in Ksoa, if you are a Ghanaian, you'll be employed. If you are a Liberian, you'll just work, pay your way. They won't even give you transport. You'll just be going, just like that. For that reason, I just had to sit down. But my classmates, Ghanaians, are employed, and I am not able to [get] employed because I am a Liberian. It's discrimination. (Female, 27 years old)

Another man gave a similar account of the discrimination that Liberians faced when attempting to secure employment. According to him,

In the very first place, the society we find ourselves in, in Ghana, more especially, on this refugee camp, is not even willing to offer you a job even if you learn that trade. They're not even willing to do that. In the very first place, somewhere around 55% of the citizen rate themselves don't even have employment. And the second thing is our location. We are settled in an area where even the few Ghanaians that live around the refugee camp themselves don't even have jobs to do. So for this, even if you learn a trade, like for some of us that have spent some time where we have undergone some training, but because of our location and because of the job employment situation within the country, it's very very difficult. A Ghanaian will never leave a Ghanaian unemployed and then employ a Liberian, which is very impossible. So when it comes to employment, actually, it's zero for us. (Male, 30 years old)

*Insufficient income and lack of access to basic necessities.* These interrelated stressors were reported by all participants. While some occasionally received money from friends and relatives in the United States, this was not sufficient to buy food and other life-sustaining amenities. The source of this problem was said to be the overwhelming unemployment crisis. All participants interviewed were either unemployed or underemployed:

Actually, the employment condition on this camp is very low. Just a few people are employed. That is, doing small business for themselves, struggling. There are no companies on the camp for the youth to say, “Yeah, let me go and be employed and make money.” So, it’s very difficult on camp to make life. No employment. (Male, 26 years old)

Many shared their experiences of hardship in regards to attaining food and water. Though unemployment was prevalent on the camp, people reported creating niches for themselves in the informal employment sector, in order to provide for themselves and their families:

I was sent to come here by my aunt. So I came here for three months and then my aunt died. When she died, even water to get on the camp was not easy. Man like me, I had to ride wheelbarrow, push wheelbarrow, at the end of the day before I would get my daily bread to eat. (Male, 29 years old)

Condition is very bad, it is hard for us. More often, we don’t have food. We don’t have the means of getting food. Like, UNHCR is giving other people food and other people are denied. You understand? So only few handfuls of people receive food, so it becomes difficult for other people. So we had to go find work to do. Planting potato greens, cassava leaves, sell, do other jobs in order to sustain themselves. Like me, I don’t have people up there to send me money so I have to work hard to sustain myself. If you’re sick in your home and you have children, [and] you don’t have the means of getting food, you have to sell things to buy food for the children, water to drink. You can’t just sit and your children die. You have to wake up and be on your feet. Other people sell cold water. Other people do wheelbarrow, like go in the market. They are carrying other people’s load. Like other Ghanaians, they go to Accra and when other people buy things they pull the load from house to house. (Female, 27 years old)

In regards to accessing food, water, and other necessities, many mentioned not receiving enough help from the United Nations High Commissioner for Refugees (UNHCR). Though some individuals received food from this United Nations institution, refugees felt as though this distribution was not conducted fairly. Those interviewed reported that a disproportionate amount of people their ages were denied access to resources. Moreover, according to them, in the rare instances that food was delivered to them, it was not tailored to suit the cultural eating habits of its recipients:

And what is the food that the people can distribute? For us, the Liberians, we've been living with rice. We take rice as our staple food, and the people always bring corn. What should we do with corn? And, in fact, the corn the people are bringing as they are coming with the truck is the one that will carry everything back, because the people... the people they don't know anything about corn. You seen it? So the food system is bad. It's poor. The corn is rotten, I mean...The only important thing I know about corn at that time was my father made corn farm. Sometimes when the corn get full, we roast it and eat it. That is the only thing. That is how we consume corn in Liberia, but for corn to be like a staple food, actually, we do not know about that. (Male, 23 years old)

Interviews revealed that there were very few toilet facilities available to refugees at Buduburam. The few that existed required individuals to pay prior to use. Most refugees could not afford to use the established toilet facilities, and were therefore obliged to urinate and defecate outdoors in the bushes, which presented a grave sanitation problem to the inhabitants of the camp:

Yes, they charge 1000 cedis. Even water you drink. Everything you have to pay. The toilet, before you go in the toilet, you have to get 1000 [cedis]. If you don't have the 1000 [cedis], you have to stay because they won't allow you to go there. So other people, we are also facing problems with the toilet issue. If you don't have the 1000 [cedis], like where I stay, you have some estate there, where other people use to go to toilet. (Male, 27 years old)

In light of the sanitation problems on the camp that make available ideal breeding grounds for germs and disease-spreading insects, such as mosquitoes, refugees reported receiving very little medical assistance from the United Nations and the Ghanaian government:

Medical care on Buduburam camp is also limited. Most often, I go to the hospital, I am paying some money and maybe when they assist you is during the time of delivery. During the time of delivery, they assist you. They do it free. But if they transfer you from there, like when your case is critical, you yourself will have to look for money to pay for the other hospital. They won't be responsible, but if you go to the St. Gregory Hospital, there are few people who are benefitting with UNHCR sponsorship. So if your name is not in that category, you have to look for money to pay. So when there is no money, then the death rate on the camp increase[s]. (Female, 33 years old)

Many participants expressed interest in furthering their education, but could not do so due to the relatively exorbitant fees that it would require. Those with children, in particular, emphasized the importance of education for the betterment of Liberian society writ large, and felt sad about not being able to afford to send their children to school:

For me, education is very important in the lives of everyone, especially for the young ones that are coming now, for the next generation. It's difficult to send your children to school, especially here in Ghana. I lived in Accra for one year, and looking at what I was paying in Accra and what I am paying here it is far more difficult on the camp like what she said because here, you do not have the opportunity to work. Even if you have a trade, and maybe you have a profession, on the camp, you'll never be offered a job. Maybe in Accra you could find something to do, but on the camp, it is very difficult. So I think that's another problem here. Most of the children here are not in school because you can't work to send them to school, and the money is very very hard. So it's a very difficult thing and if the children are not educated, when they get older, it's also a problem for the nation. So that's another problem that is seriously affecting us on the camp. (Male, 26 years old)

In the next quote, a woman explains the difficulty she experiences financing her vocational training:

Look at me. Two weeks I cannot go to school because of 5 Ghana cedis school fees. I'm in vocational school. Sometimes I be feeling bad. Sometimes I be regretting what happened. I don't have mother here. I don't have father here. I came here with my oldest brother and he died last year. It's not really easy. It's not really easy. (Female, 18 years old)

*Sexual relations of predation.* Related to the insufficient income and lack of access to resources reported by participants was this theme. In the current study, the term "sexual relations of predation" is used to denote relationships in which at least one party targets another individual with the intention of using sex/sexual relations as a means of extracting resources from or as a term of offering resources to that individual. Women reported this trend as a source of distress as well as a practical way of resolving their lack of access to basic necessities. Interviews with men revealed no evidence of this trend. Over half of the women interviewed commented on this

phenomenon. Women reported being target by “parasitic” men. According to one woman, men engaged in sexual relations with them as a means of getting access to food:

On the camp, all the boys, only one-one is good. You know what they are doing now? I want to say “food for blood” eh. Like you now, a girl, get money, they come and stick on you, and survive on you because there is not job on the camp. Nobody is working on the camp, no job. The moment they see you and see you get money, you the girl, they will stick on you like parasite. Most men are preying on women. What they are supposed to do for you, the girl, nah you doing for them. Like when you cook and you like them, they just come to you and give you that sweet talk and thing... some kind of loving-making. They will always come around. Like that kind of life on this camp. That is what is going on. So life for us the women and girls on this camp is very difficult. So frustrating... (Female, 22 years old)

Other women remarked on how they felt pressured to offer sexual favors in exchange for resources, given the lack of access to basic necessities on the camp. Some women engaged in sexual relations with men on the camp in order to sustain themselves and their families, while others sought out men outside of the refugee community:

One of the serious issues I see on the camp, mostly for the food business and the house work. It can't really be easy. Some of the girls are getting in the streets because they have to sleep with some boys to get money to eat. I have some girls in my area, it's not easy. Some girls eat *gari* whole day to sleep...whole day to sleep. Nah two days, they'll be eating *gari* to sleep because they don't have it. Forced to sleep with them just to get food to eat. And some men here, they can just go and put food in your house. They feel you're content to go to them all the time when you want to eat. Some women, they'll let you put food in their house just because the little children are hungry. You want to eat every day. So you'll go there and the men will have you before you can eat. It can't really be easy. (Female, 24 years old)

Note: *Gari* is a dried granular starch product made from cassava roots.

Most girls on the camp, you know, because they can't stand hard time or stand hardship, have to do what they have to do. They don't want to do it, but they're forced to do it just to get money to support they and their family. So most of them are to Tema, some kind of place they call Tema. Some can plait hair, so they go and plait hair, but most of them go there to do prostitution to get money. The camp is hard, very very hard. Right now you go to Area O, fine fine girls there, you'll see them. They don't have America support. In hard time, they put themselves in. You don't even want to do it, but you are forced to sleep with them just to get your daily bread. They'll just give you little money like 15,000 [cedis],

20,000[cedis]. Tema, you go there, you'll see Liberian girls there, fine fine. They just want to survive. (Female, 23 years old)

*Repatriation concerns.* Given the sociopolitical climate in Ghana during data collection, and the impending closure of the Buduburam Refugee Camp by the Government of Ghana, repatriation was a particularly salient source of distress. Most of the participant were relatively young, and thus had spent a significant portion of their lives as displaced persons outside of their home country, Liberia. Most have had to adapt to the social, environmental, and cultural demands of Ghana and other asylum countries, and have little recollection of such demands in Liberia. Thus, all of the participants reported anxiety regarding repatriation. For many of the refugees, moving back to Liberia would sever social networks built in Ghana. Also, according to participants, a great deal of anxiety arose from their uncertainty of the available resources in Liberia, uncertainty about finding living relatives and friends, concerns about safety in Liberia, and a lack of environmental mastery of Liberia:

More especially, our country it's not safe yet. Although it have president, but it's not safe. I myself, I was little when I came to Ghana. I was 9 years [old] when I come to Ghana. And things was little bit hard, and we begged and we struggled. So now, you don't expect me to go back home and say I will look for place to stay. I don't know anywhere to go and stay, so I just have to adapt myself to the system in which I find myself. (Female, 21 years old)

How are we going back? That's the main point there. You have nothing there to start with. You [have] not learn[ed] to say, "When I go, I will get job to do." There, the Liberia you are going now, your house is there, they have spoiled it. Who are you going to live with? Even to find a house now in Liberia is not easy. Sometimes the money you will use to rent a place...going to Ghana and back alone...transportation alone will finish that money before you get a house. And if you get a house, no money again to pay for the rental. This is why some people are still here. (Male, 34 years old)

Though fear of persecution was not commonly reported by participants en masse, it was commonly expressed by the few who reported having vivid memories of violent acts being committed against them or close friends and relatives. This account is of a 22 year old man

whose father was a government official during the Samuel Doe presidency. Prior to resettling in Ghana, his father and grandfather were executed at gunpoint in front of him and his mother. Furthermore, in 2005, his mother was also killed upon her return to Liberia. The young man believes that the people who killed his father and grandfather were also responsible for the death of his mother. Thus, he is afraid to return to repatriate to Liberia for fear that he will be targeted by his family members' killers:

I don't think that I can go back to Liberia because those same people there. The people are still there, and what they told me [is] that "If you think you can run, don't come back to Liberia". So right now I'm here. My father's death is hurting me. My mother's death is hurting me. [I am] not thinking about going to Liberia now. That is not my plan. Maybe if my brother, too, grows up, maybe he may think about going, but for him, he knows very well what happened to our father. For me, I am afraid. (Male, 22 years old)

#### *Coping with Life Events and Making Meaning*

The ways in which participants dealt with life challenges was a primary topic of discussion in individual interviews and focus groups. Analysis revealed five common approaches to dealing with and understanding the stressors mentioned above: *reciprocal social support, religion, spirituality as social regulation, acceptance, and benefit finding and hopefulness.*

*Reciprocal social support.* Reciprocal social support was identified as a critical resource for managing distress. Despite losing many loved ones during the war, Liberian refugees in Ghana have rebuilt social networks on which they rely for assistance and to provide them with newfound social roles, which help to restore meaning to their lives. Many reported acting as surrogate families to one another. The following account of a 21 year old woman who, along with her sister, "adopted" an older woman as a mother further illustrates this point:

When I was in the nursing school, I used to pay a visit to the hospital. So I met a lady. She was very ill, very ill. She had nobody in Ghana. She just came here by

somebody else. The peacekeeping troops went to Liberia, so she was very very sick. So UNHCR was doing everything for her because of her condition. She had nobody. So I went there, me and my sister. I went there to visit, and she kept crying, crying. She don't have nobody. Her children died during the war. She don't have anybody. So we went to her and we told her that we were her children. We started taking care of her and later UNHCR found her a place to stay. So she was there and we was cooking. We started giving her some food. So we started feeding her. So this day, this lady was with us for two years. We were washing her clothes. Time came she will be paralyzed. Time came she was very ill and then she turned blind and she died. So we went there on the Thursday before she could die. So she said that, "Let God bless you, my daughters." (Female, 21 years old)

Participants emphasized the importance of community in Liberian culture. Focus groups and interviews revealed that people in the Buduburam community found it mutually beneficial to receive and give social support of various kinds: affective (emotional), instrumental, informational etc. Some explained the therapeutic effects of talking to friends and family about problems. Others claimed that simply spending time with friends and family was comforting, in that it allowed them to forget about that worries of life. In light of the scarcity of food and other basic necessities, many reported sharing available resources with friends, neighbors, and family.

As one woman recounts:

Like the Liberian society, we are used to cooking and offering people. Like you cook, you give me, I cook, I give you. That is how we live in Liberia for many many years. That's how most of the people are surviving on this camp. If I'm close to her, then I can assist if I know she doesn't have. If I also don't have, she can also assist. That is how it has been in the camp. (Female, 29 years old)

A similar account of a 25 year old man illustrates how members of the Buduburam community collectively contribute to the education of their youth. According to him, though "every activity that [they] do on this camp is of monetary value, but because money is not there, people always do things voluntarily":

This is what I mentioned about voluntary service. For example, if this pen costs 1000 cedis, and I want to get it, I don't have it. Sometimes, I will do something



that man would look at before he gives me the pen. So that's the voluntary service that we're talking about. We have students who are attending school. Our brothers and our sisters are attending school. In the school they pay money, but the teachers, one way or another, they are not getting paid. And since you have already achieved your education, are you going to sit down without teaching your children? You won't sit down. So as a result, you have to offer your voluntary service to the people, by teaching them as well. That is how we have been living on this camp. (Male, 25 years old)

*Religion.* All but one of the participants identified as belonging to the Christian faith. Christianity provided members of the Buduburam community with practices that facilitated coping, as well as a framework through which experiences of hardship and success could be understood. Many reported praying, attending church, reading the Bible, and singing hymns, in order to comfort themselves in times of hardship and to ensure the daily protection and guidance of God:

When I am not myself, I ask God, for God to cool my heart down, to talk to me in a way that I will calm down. The same way I'd ask a friend. I ask God the same kind of way. (Male, 24 years old)

If you are a Christian, and you continue to read your bible, you will always live by it. So every Sunday, everyone goes to church. The pastor preaches. What he says do, then you do. From there, our lives begin to be good. (Female, 24 years old)

There are a lot of churches on the camp. If I'm not mistaken, there was a survey done, and just in one survey alone, Area U, there are about 15 churches. So people go there every week. We go for Bible studies, and then at the end of the week, we go for services. And we have been told that we should stick to God because he is the only person to look up to now. [We] find comfort because with the problems on the camp, you cannot go through it alone, except with the help of God himself. So the churches too are having their own contribution. Sometimes what you hear on Sundays will help you to cope with the problems. (Female, 22 years old)

*Spirituality as a means of social regulation.* In addition to using religion as form of guidance in everyday life, some of the refugees reported non-religious spirituality as a guiding

force in navigating the boundaries between acceptable social behavior and deviance in Ghanaian society. As one man explains,

They have culture here. So you, the refugee, that come here, you don't have to just do things- what they can't do here then you do it. For example, certain forest right here, right back there, you can't go there. When we came here first, the people here said nobody can enter inside. You can't enter there. That is their culture. When you enter there, there are some things that will happen to you. (Male, 25 years old)

Speaking of the same forest, another man further remarked:

The place is demonic, and they have some red cloth hanging up there. In Africa, red stands for danger. (Male, 28 years old)

Learning appropriate social behavior was reported to be achieved by "learning from the mistakes of others." Members of the Buduburam community told stories of how they learned what was considered socially acceptable behavior by observing other Liberian refugees receive spiritual retribution for wrongdoings. The following quotes were taken from three independent accounts of an incident in which some Liberian refugees stole a Ghanaian person's goat. According to those who recounted the story, those who stole the goat, those who had knowledge of the goat's theft, those who sold spices and other condiments that facilitated the goat's preparation, and those who smelled the goat being cooked were all killed by a hex:

For example, when we first entered here, there are some guys that stole a goat. They stole a Ghanaian goat. When they were roasting that goat, those who smelled it, the pot they cook that goat in, and those who ate that goat, everybody died. (Female, 22 years old)

A Liberian stole a Ghanaian goat. They made an announcement. They were saying that if the goat doesn't come back, they will do something. After two or three days, they made an announcement, the Ghanaians, that the goat was stolen. They made a pact: anything that you borrowed from people that you used, the person who it is for, the person is also going to die. And it happened. It was serious. A lot of people died. (Male, 28 years old)

After that experience, in fact, nobody stole from the Ghanaians again. The Ghana people can just leave their *maggi* and they cover it and go. They brought a lesson

to the Liberian people. So now we are feeling the weight now to know Ghanaian rules, because for us, we don't have medicine. So they are free to steal from us, but we can't steal from them because they have medicine and we don't have medicine. (Female, 33 years old)

*Acceptance, benefit finding and hopefulness.* Many reported that in order to cope with distress relating to their refugee status, experiences of loss and uprooting, and living in the refugee camp, they had to simply accept situations as they were and learn to live with them despite the distress that they produced. Moreover, some used positive reframing to facilitate this acceptance. In spite of the many losses they experienced during the war, many were grateful to God for their lives and the lives of those in their community:

At times, more people feel happy to be together. More especially, the war that took place in your country and you don't die and you find yourself here. Although situation is difficult, but God is still sustaining you, so we also feel little bit happy. As an individual or human being as a whole you have to be happy, no matter the case, you have to feel happy. We feel happy because we can see family, some of them are dead, but we are still here. At times we come together and go to church and praise God, and we feel happy. (Female, 21 years old)

Being a refugee, most often it makes people to have lots of experience. As for me, I was very little when I came, I never had no experience. Since the war came, I've been experiencing lots of things from war, fighting, gone to exile. Other people fight. We seen people being killed. At times you feel bad, but you just have to accept the condition. More especially, it is very frustrating, but you have to bare the condition and ask God maybe one day God will make a way for you, to bless you. So we're just depending on God. (Female, 21 years old)

In addition to accepting experiences as they came, interviews and focus groups revealed that many believed that their experiences helped to foster a sense of resilience or hardiness. Many reported being better equipped to cope with situations as a result of their past struggles:

As for me, I really experience a whole lot of thing. I'm able to cope with situations. Things that I was not able to you, I now can do it. Like things in life, I now can bare it. Especially when you don't have thing like mother and you alone here. You have to be ma for yourself. Situation come, you have to bare it. I spent a whole lot of time in Guinea, in Ivory Coast and in Ghana, and I've been living alone. I was 10 years [old] when I leave Liberia. (Female, 29 years old)

When asked about what they envisioned their futures to be, most participants offered positive responses that reflected a sense of hope. Though many were uncertain about their futures, and thus did not have concrete strategies for actualizing their future plans, they seemed confident that goodness would be a defining feature of their futures:

From this difficulty, as I'll put it, this hard experience, I decide to advise myself and even advise my children that war is not good. That word, refugee, is not good to be on you. When you are a refugee, you are not valued. When you go to a foreign land, you are not considered valued as compared to the citizens. From my experience in Ghana here and from my experiences, I have decided to stand strong to become somebody myself. I don't want to have any weakness. I'm struggling, hustling on my own to be able to achieve education. I will have a bright future. (Male, 25 years old)

In response to a question about future plans, another man said,

It's what I can actually encourage myself [about]. That one day, I will be someone. That's my encouragement. I will not remain in this condition here. (Male, 22 years old)

### Discussion

Results from focus groups, individual semi-structured ethnographic interviews, and the Brief COPE provide insight into the stressors and coping methods of Liberian refugees in Ghana. There were several themes that emerged across the different strategies of data collection. In particular, religion was the highest endorsed factor in both the quantitative and qualitative measures. Spirituality has been linked to coping resources, which are traits or behaviors that allow people to better manage distress and subsequently experience fewer adverse mental health symptoms, or to recover faster from exposure to stressors (Zeidner & Hammer, 1990). Though many Africans practice Western religions and traditions, the current study is consistent with other studies that provide evidence that both traditional African cultural and religious values permeate their self-understandings and ways of life (e.g., Kanya, 1997).

Among refugees at Buduburam, religion played multiple roles. It served as a source of comfort for those experiencing hardship, as a guideline for personal conduct, as well as a framework for understanding life events. Additionally, religion served as a medium through which refugees could exercise *positive reframing* of negative experiences. The participants believed that God was an omnipotent and benevolent being. They also expressed the idea that their suffering did not exist in a vacuum, but rather, as part of a series of events that would give further credence to God's munificence. Interviews suggest that this positive view of God also facilitated *acceptance* of life events and *hopefulness*.

Though nearly all the participants identified as Christian, it is noteworthy that many simultaneously held beliefs characteristic of traditional African faiths. Data revealed that 78.3% of the sample used traditional African understandings of spirituality as a means of social regulation. Narratives supporting spirituality as a social regulator (e.g., the aforementioned accounts of *deaths that occurred as revenge for a stolen goat* and the accounts of *the demonic forest*) violate basic limiting principles of science and are, therefore, often viewed merely as "superstitions" by Western-trained researchers and practitioners. In such cases, "superstition" is defined as an "irrational fear of the unknown" (King & Dein, 1998), or "a belief, lacking rational support, in entities of any sort" (Wiredu, 1997). Rather than dismissing such beliefs as "prelogical functions of the mind" (Fernando, 1991), it is important to understand how, when analyzed within the parameters of a particular culture, such beliefs may serve very practical functions. For instance, they may help to establish societal norms of respect for human life and property, as in the case of the story in which *deaths occurred as revenge for a stolen goat*. In the case of Liberian refugees in Ghana, such beliefs facilitated the navigation of new cultures and environments engendered by the process of acculturation. The usefulness of spirituality and

religion in displaced African communities has been cited by other researchers (e.g., Schweitzer, Greenslade, & Kagee, 2007), but further studies are needed to explore the utility of traditional spiritual beliefs as a means of social regulation.

The importance of the social context also was evident in discussions of stressors and of coping. Unlike in other research conducted in refugee populations (e.g., Miller, Muzurovic, Worthington, Tipping, & Goldman, 2002), the current study provided no evidence of social isolation as a stressor. It is possible that this is a function of the living situation of the Liberian refugees at Buduburam. Buduburam is an established community of displaced people; thus, refugees are able to form and build relationships with people who can identify with their realities of war, uprooting, and resettlement. Additionally, due to the fact that Buduburam mainly comprises Liberians, inhabitants of the camp are able to spend a significant amount of time with people who share their ethnocultural backgrounds.

The presence of a community is very important in many African cultures (Van Dyk & Nefale, 2005), and particularly in the case of displaced individuals, (Angel et al., 2001; Richman, 1998; Schweitzer et al., 2007, Stubbs & Sorya, 1996). As seen in the current study, the displaced community serves as a vehicle through which refugees can reconstitute the social networks they might have left behind in their home country (Hjern & Jeppsson, 2005). Thus, the reported creation and adoption of a new community by participants in the current study provided them with a social matrix in which support systems could be redefined and rebuilt. Community involvement has been found to help displaced people to keep intact valid meaning systems, and to provide them with an outlet through which they can share experiences both from the conflict and from distress which may emanate from living in their host countries. The presence of a community has been noted as a vital protective factor against mental health problems as it is a

source of mutual support and fosters problem-solving abilities (Hjern & Jeppsson, 2005; Summerfield, 2000).

Though prewar experiences were not a particular focus of the current study, it is important to note that open-ended qualitative approaches did not yield responses that would suggest that trauma-related factors were of particular salience to this community. Rather, participants placed great emphasis on social and economic factors affecting them and members of the camp community at large. This finding is consistent with the work of other researchers. Some researchers suggest that secondary corollaries of war (e.g., changes to family life, changes to social life, economic difficulties) are significant predictors of negative psychological effects (Basoglu et al., 1994). For example, similar results were found in a study by Gorst-Unsworth and Goldenburg (1998), which compared the psychological consequences of trauma-related factors and social-related factors. Other dimensions that influence the interactions between refugees and their environments were the cultural and political factors relevant to their stay in their host countries. This suggests that social aspects such as the availability of schools, housing, health care and other resources, as well as the political situation in the home and host countries should be taken into consideration when assessing the psychosocial wellbeing of refugees.

A great deal of research acknowledges the role of social support networks in the maintenance of mental health. Upon fleeing from their home countries, many refugees are forced to leave vital parts of their social support networks. Their subsequent lack of social support from family and community members in their home country gives rise to their dependence on the refugee community in their host countries for social support. A study reflecting this connection between social support and beneficial outcomes in displaced communities was conducted by Schweitzer, Melville, Steel, and Lacherez (2006). This study looked at the effects of pre-

migration trauma, post-migration living difficulties and social support on the psychological wellbeing of Sudanese refugees living in Australia and New Zealand. In the study, less than 5% of the participants met criteria for posttraumatic stress, though they had been exposed to highly stressful situations. Moreover, social support was found to significantly affect mental health outcomes.

Participants from Buduburam spoke extensively about “adopting” community members as part of their family, serving as caregivers to one another, and about communal responsibility for educating the children who lived at the refugee camp. The importance of community found in this population is consistent with previous research on African belief systems. Many African societies emphasize oneness, interdependence, cooperation, sharing, and mutual obligation. In some societies, the principle that encompasses this way of life has been termed *ubuntu* (Van Dyke & Nafale, 2005). Such communities subscribe to the adage *I am because we are*. This contrasts with many Western societies that emphasize a *We are because I am* philosophy in which individual independence, self-sufficiency, and personal achievement are valued (Kamwangamalu, 1999; Van der Walt, 1997).

Contrary to the principle of *ubuntu*, most existing conceptions of the psychological consequences of war and displacement that are derived from a trauma-focused framework are consistent with Western biomedical and psychological belief systems in that they regard the individual as the basic unit of study and agent of change (Summerfield, 2000). Such conceptions fail to acknowledge that wars and uprooting occurs in a societal context, and thus psychological consequences of such phenomena may be managed within the social realm (Bracken, Giller & Summerfield, 1995).



Consistent with the idea of *ubuntu*, qualitative data from this study suggest that refugees understand war as a collective experience which engenders shared problems and corresponding communal solutions. This idea was embodied in the theme of *reciprocal social support*. *Reciprocal social support* is to be distinguished from forms of social support highlighted in the Brief COPE and similar Western measures of coping in that *reciprocal social support* is not conceptualized as a unidirectional phenomenon, but rather as a bidirectional process. Thus, instead of focusing on individuals receiving social support as a form of coping, *reciprocal social support* also allows for giving social support to others to be seen as a form of coping. These disparate understandings of the directionality of social support may be responsible for the participants' lower endorsement of social support (both instrumental and emotional) in the Brief COPE than in qualitative measures.

In the Brief COPE, self-blame was found to be relatively low. Analyses of the qualitative data revealed no evidence of *self-blame*. Though not presented in the results section due to relative lack of endorsement (less than half of sample), qualitative analysis did reveal, however, moderate evidence of a sort of *collective blame* as a form of attribution. Some refugees attributed the wars that occurred in Liberia and their subsequent experiences of uprooting to "we Liberians do[ing] something against God". Further studies must be conducted to test the validity and reliability of *collective self blame*. It is important to note, however, that most existing Western measures such as the Brief COPE cannot capture *collective self blame* due to their focus on the individual, their assumption that the standard mode of self-narration is univocal, and their assumption that selfhood is necessarily defined by an individual's personal history and accomplishments. This understanding of selfhood is termed the *egocentric self* in Kirmayer's (2007) concept of *cultural configurations of the self*. Kirmayer's work offers a framework for

understanding the differences that unpin the concepts of the self as understood in Western and non-Western societies.

In the Western understanding of the self, the locus of control is localized to the individual, rather than generalized to the community. This has implications for healing systems utilized in mental health. According to Kirmayer (2007), “in western psychotherapy, the symbolic meanings of distress are to be sought within the individual, in his [or her] personal history and idiosyncratic view of the world.” This is to be contrasted with systems of healing in more collectivistic cultures in which interventions are done communally and aim to affirm an individual’s membership to the community and to mend interpersonal relationships (2007). Table 2 provides further information on the distinctions between the *egocentric* model of selfhood characteristic of many Western societies, and *sociocentric* model of selfhood, as captured by the principle of *ubuntu*, characteristic of many African societies.

Self	Self Defined by	Cultural Values	Locus of Control	Mode of Narration of Self	Healing System
Egocentric	Personal history Personal Accomplishments	Individualism Autonomy Materialism	Individual	Univocal monological	psychotherapy
Sociocentric	Family Clan Lineage Community	Collectivism Interdependence Honor Cooperation	Group	Polyvocal dialogical	Collective Family Therapy Ritual

Table 2. Cultural Configurations of the Self

Though these categorizations are not absolute, and it is possible that due to cultural hybridization and transformation, not all West African people subscribe to the communalistic values suggested by the aforementioned framework (Matsumoto, 1997), the concept of *cultural*

*configurations of the self* has implications for both practice and research. An understanding of the importance of community and its ability to produce and manage distress in West African populations is a necessary tool for both mental health practitioners and researchers. Allowing for alternative configurations of the self that extend beyond the individual and include family, friends, and other members of the community may allow for a more holistic approach to mental health services for West African people. It may also provide insight into ways in which mental health professionals may adapt measures to better suit target populations. Evidence from the current study may suggest that mental health practitioners working with similar populations may benefit from using the community as a conduit for interventions.

### *Limitations*

It is important to mention that due to the constraints that existed at the camp during recruitment (e.g. repatriation, heightened sense of distrust of people outside the refugee community) the researcher was unable to employ recruitment methods that would yield a random sample. It is, therefore, uncertain if the sample is representative of the population of similarly-aged Liberian refugees at the camp. The snowball sampling technique used in this study inadvertently yielded a sample in which the overwhelming majority of participants identified as Christian. Observations made by the researcher and accounts from refugees at the camp, however, suggest the presence of a sizable Muslim community at Buduburam. As religion was a critical source of coping and meaning making resources, future studies may benefit from exploring religious coping in Muslims, and people who practice traditional faiths.

Another limitation was the time frame in which the study was to be completed. Data were collected over a period of 3 months. The researcher spent a substantial amount of time at the Buduburam Refugee Camp prior to the data collection, but most of this time was spent building

rapport with participants and other members of the Buduburam refugee community. It is possible that rapport was built with individuals who did not necessarily reflect of the demographic makeup of the camp. This may have contributed to the underrepresentation of certain groups of people (e.g., Muslims). It must also be noted that the findings of this study represent a specific researcher-participant relationship. In spite of the high level of disclosure by participants, it is possible that another researcher asking the same questions would be told narratives that were not shared with the current researcher.

Though the participants all spoke English, a few had difficulty comprehending some of the questions on the Brief COPE. Those individuals had to receive explanation of the items on the measure. Many also experienced difficulty using the four-level Likert scale format of the Brief COPE. As an alternative, many preferred to write verbal responses (e.g., “I haven't been doing this at all”, “I've been doing this a little bit”, etc.), rather than the corresponding numbers. Future researchers may benefit from adapting the Brief COPE for populations that do not use standard America English (or comparable variations of English), and people who are not familiar with popular Western rating scales.

Future studies should utilize qualitative approaches for their ability to capture emergent themes that may elucidate culturally specific stressors. For instance, in this study *sexual relations of predation* would not have been discovered by using current quantitative assessments for stressors. In relation to this theme, it is interesting that though a plethora of literature exists on the use of sex as an economic ameliorator of poverty among women (e.g., Campbell & Mzaidume, 2001; Hawken et al., 2002; Udoh, Mantell, Sandfort, & Eighmy, 2009), few studies explore the stressors engendered by this practice, particularly among displaced West African communities. The other idea encapsulated by *sexual relations of predation* is the idea of stress

emanating from (women) having to navigate relationships with men who target them for the few resources they have been able to acquire. This dimension is very scarcely, if at all, discussed in previous literature on displaced West African refugee communities.

Despite its limitations, the current study adds to our knowledge of coping methods and meaning making of displaced West African populations, particularly those who are experiencing repatriation and have experienced sociopolitical strife in their host countries. By allowing these individuals to share their perspective, we increase our ability to understand the lived experiences of displaced individuals. This type of knowledge is a necessary component of achieving cultural competence in clinical research and practice with displaced African people.

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## Appendix A: Clarification on Ghanaian Currency

## Clarification of Ghanaian Currency

At the time of data collection, the monetary exchange rate between the United States dollar (USD) and the Ghana cedi was approximately 1 USD to 1 Ghana cedi.

It is important to note, however, that in 2007, there was a drastic redenomination of the Ghanaian currency, which resulted in the reduction of each cedi by a multiple of 10,000. Formerly known as *cedis*, the currency was renamed *Ghana cedis*, in order to distinguish it from its predecessor. Though only the new currency is used, it is not uncommon to hear people express cedi amounts in terms of the old currency. Thus, 5 pesewas (100 pesewas= 1 Ghana cedi) may be expressed as 5000 cedis, 50 Ghana cedis may be expressed as 500,000 cedis and so on.

For further details see the Bank of Ghana website- <http://www.ghanacedi.gov.gh/>

## Appendix B: Demographic Questionnaire

- 1) What is your name?
- 2) What is your age?
- 3) What is your gender?
- 4) What languages do you speak?
- 5) What is your highest level of education (this can include any informal or formal education)?
  - Are you currently in school?
- 6) Prior to living in Ghana, did you seek asylum in any other countries?
  - If so, which countries?
- 7) How long have you been in Ghana?
  - How long have you been in the camp?
- 8) What is your marital status?
- 9) Do you have any children?
  - If so, how many?
- 10) Where do you currently reside?
  - How long have you lived at your current residence?
- 11) Of what ethnic group are you a member?
- 12) Are you religious and/or spiritual?
  - Do you have a particular religious affiliation?
- 13) What was your occupation before leaving Liberia?
- 14) Are you currently employed?

-If so, what is your occupation?

15) If you do not mind, what is your monthly income?

-Is that amount sufficient to maintain a comfortable lifestyle in the camp?



## Appendix C: Demographic Makeup

<b>Age, Years Spent in Camp, Number of Children, Income</b>					
	N	Minimum	Maximum	Mean	Std. Deviation
Age	37	18.00	33.00	25.8378	3.73804
Years Spent in Camp	37	1.00	16.00	7.7027	3.61221
Children	37	.00	5.00	1.0000	1.22474
Income	37	.00	50.00	4.7027	11.54668
Valid N (listwise)	37				

<b>Gender</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	17	45.9	45.9	45.9
	Male	20	54.1	54.1	100.0
	Total	37	100.0	100.0	

<b>Ethnicity</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Krahn	19	51.4	51.4	51.4
	Kpelle	2	5.4	5.4	56.8
	Kru	2	5.4	5.4	62.2
	Loma	2	5.4	5.4	67.6
	Mano	2	5.4	5.4	73.0
	Sapo	2	5.4	5.4	78.4
	Bassa	2	5.4	5.4	83.8
	Gbandi	1	2.7	2.7	86.5
	Gio	1	2.7	2.7	89.2
	Vai and Mano	1	2.7	2.7	91.9
	Krahn and Bassa	2	5.4	5.4	97.3
	Krahn and Grebo	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

<b>Language</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	english only	6	16.2	16.2	16.2
	Krahn	11	29.7	29.7	45.9
	Kpelle	1	2.7	2.7	48.6
	Kru	2	5.4	5.4	54.1
	Mano	2	5.4	5.4	59.5
	Bassa	2	5.4	5.4	64.9
	French	2	5.4	5.4	70.3
	Krahn and French	8	21.6	21.6	91.9
	Krahn and Sopen	1	2.7	2.7	94.6
	Bassa and Mano	1	2.7	2.7	97.3
	French and Gio	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

<b>Education</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Middle School (Grades6-8)	3	8.1	8.1	8.1
	Some High School (Grades10-12)	7	18.9	18.9	27.0
	High School Graduate	27	73.0	73.0	100.0
	Total	37	100.0	100.0	

<b>Non-Traditional Schooling</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	19	51.4	51.4	51.4
	yes	18	48.6	48.6	100.0
	Total	37	100.0	100.0	

<b>Currently in School</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	36	97.3	97.3	97.3
	Yes	1	2.7	2.7	100.0

<b>Currently in School</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
	No	36	97.3	97.3	97.3
	Yes	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

<b>Asylum Countries Prior to Ghana</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Applicable	16	43.2	43.2	43.2
	La Cote D'Ivoire	18	48.6	48.6	91.9
	Nigeria	1	2.7	2.7	94.6
	Guinea and Cote D'ivoire	1	2.7	2.7	97.3
	Guinea, Cote D'ivoire, Mali	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

<b>Marital Status</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	2.7	2.7	2.7
	Single	32	86.5	86.5	89.2
	Married	3	8.1	8.1	97.3
	Not Married but Partnered	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

<b>Spirituality/Religion</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	1	2.7	2.7	2.7
	Christian	36	97.3	97.3	100.0
	Total	37	100.0	100.0	

<b>Pre-War Occupation</b>					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Applicable	4	10.8	10.8	10.8

	Student	31	83.8	83.8	94.6
	Employed	1	2.7	2.7	97.3
	Student and Employed	1	2.7	2.7	100.0
	Total	37	100.0	100.0	

## Appendix D: Brief Cope

## Brief COPE

These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

- 1 = I haven't been doing this at all
- 2 = I've been doing this a little bit
- 3 = I've been doing this a medium amount
- 4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real."
4. I've been using alcohol or other drugs to make myself feel better.
5. I've been getting emotional support from others.
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better.
8. I've been refusing to believe that it has happened.

9. I've been saying things to let my unpleasant feelings escape.
10. I've been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.
13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.

## Appendix E: Focus Group Guide

## 1) What are conditions like in the camp?

Additional prompts, if necessary:

- a) What are the employment opportunities like on the camp or in Ghana?
- b) What are the educational opportunities like on the camp or in Ghana?
- c) Describe the types and quality of resources available in the camp such as:  
medical care, food water, housing, social services, police, etc.?
- d) How safe and secure is the camp?
- e) How difficult or easy is it for people to move in and out of the camp?

## 2) Tell me about social support in the camp?

Additional prompts, if necessary:

- a) What are the ways in which people get help and support?
- b) How difficult or easy is it for people to get support?

## 3) How does being a refugee influence the ways people think about themselves or make sense of their experiences?

Additional prompts, if necessary:

- a) What does it mean to be in the camp?
- b) How has being in the camp influenced the way people see themselves?

- c) How connected are people to the events in Liberia and or/ Ghana?
  - d) How connected are people to events outside the camp?
- 4) What kind of religious, spiritual, or cultural practices are available in the camp?

Additional prompts, if necessary:

- a) Are there any practices, customs, or beliefs that are used by Liberians to understand or cope with life in the camp?
- 5) Describe some of the biggest challenges that exist in the camp?

Additional prompts, if necessary:

- a) How do most people deal with these challenges?
  - b) What are some of the things that you and/or your community brought from Liberia that help you get through difficult times?
- 6) Are there any important events, customs, rituals, or beliefs that we should know that would be helpful in understanding the experiences of Liberian refugees in Ghana?

I will be conducting interview to better understand the experiences of Liberian refugees in the Buduburam Camp. If you are interested in participating in an interview, please let me know the best way to get in contact with you to make arrangements. If you know someone else who is a Liberian refugee who lives in the Buduburam Camp and who



might be interested in participating in this study, please let me know the best way to contact that person.

## Appendix F: Individual Interview Guide

1) How did you get here (i.e., Ghana, Buduburam Camp)?

Additional prompts, if necessary:

- a) Describe your life in Liberia.
- b) Describe your life now.

2) What are conditions like in the camp?

Additional prompts, if necessary:

- a) What are employment conditions like on the camp?
- b) How is your health and the health of those around you?
- c) Can you describe the types and quality of resources available in the camp such as medical care, food, water, housing, social services, police, etc.?
- c) How safe is the camp?

3) How do you view yourself, and how (if at all) has it changed as a result of your refugee status?

Additional prompts, if necessary:

- a) Do you feel a part of Ghanaian society? Why or why not?
- b) Do you feel a part of Liberian society? Why or why not?

- 4) Can you describe some of your expectations and hopes for the future?

Additional prompts, if necessary:

- a) Where do you see yourself in 5 years?
- b) What will be necessary for you to reach your goals?
- c) What are some of the challenges you will likely face?
- d) What are some ways that you will be able to overcome the challenges?

- 5) Tell me about social support in the camp?

Additional prompts, if necessary:

- a) Do you have any friends in Ghana or in the camp from back home?
- b) Do you have family members in Ghana or in the camp?
- c) How has living in the camp affected your family life, if at all?
- d) Do you receive help or support from family members/friends in the camp, in the Liberian community, or at home?
- e) Is the support/ aid you receive from these people helpful?
- f) When something is wrong, whom or what do you turn to for help?

- 6) How have your experiences as a refugee influenced your ways of thinking about yourself and the world?

Additional prompts, if necessary:

- a) What does it mean to you to be a Liberian?
  - b) How has being in the camp influenced the way you see yourself?
  - c) How connected are you to the events in Liberia and/or Ghana?
  - d) How connected are you to the events outside of the camp?
- 7) How have your experiences as a refugee influenced your ways of thinking about God or a higher power?

Additional prompts, if necessary:

- a) What kind of religious or spiritual practices do you participate in?
  - b) What kinds of religious or spiritual practices are helpful to you and how often do you use them?
  - c) What kinds of cultural practices are helpful to you and how often do you use them?
- 8) Describe some of the biggest challenges you face at the camp?

Additional prompts, if necessary:

- a) How do you deal with these challenges?
- b) What are some of the things that you and/or your community brought from Liberia that help you get through difficult times?

9) How has this interview been?

Additional prompts, if necessary:

- a) Have you been comfortable sharing your experiences for the duration of this interview?
- b) How did it feel to talk about the issues concerning life in Ghana as a Liberian refugee?
- c) Is there anything else that you would like to share?

## Appendix G: Referral Resources

**Progressive Life Center, Ghana LTD**

P.O. Box AN 5628  
Accra-North  
Tel: 233.21.413921

**Valley View Clinic**

P.O. Box 116  
Trade Fair  
Accra  
Tel: 233.21.775249

**Pantang Psychiatric Hospital**

Pantang on Aburi Road,  
P.O. Box 81,  
Accra  
Tel: 233.21.503.844/501.024/ 501.023

**Accra Psychiatric Hospital**

Castle Road  
Asylum, Down,  
Accra  
Tel: 233.21.226.688/228.688

**Ankaful Mental Hospital**

P.O. Box 412  
Ankaful.  
Cape Coast  
Tel: 233.42.33.686/ 33.871