Immigrant acculturation and mental health of Portuguese women living in South Africa

By

JENNAVIVE LAGOA PEREIRA

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SUPERVISOR: Mr. D. J. KRUGER

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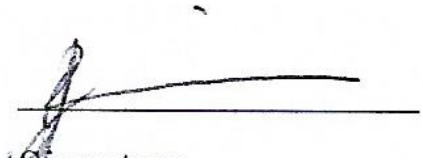
DECLARATION

Student number: 53273141

I, Jennavive Lagoa Pereira, declare that "Immigrant acculturation and mental health of Portuguese women living in South Africa" is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.



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ABSTRACT

This study aims to gain an understanding of the mental health and acculturative experiences of Portuguese women who immigrated to South Africa in the 1960s. A qualitative research design was utilised with semi-structured interviews to gain information from four Portuguese female immigrants. Thematic analysis reveals experiences of acculturative stress and a difficult assimilation process. The main difficulties were: poor proficiency in the host country's local languages; availability of social and organisational support; access to medical services; and access to mental health services. These factors were linked to the occurrence of the mental health problems of: depression, isolation, and being actively discriminated against by the dominant Afrikaner community during the apartheid years. The respondents' poor proficiency in English and their unwillingness to learn Afrikaans, combined with a fear of stigmatisation hampered their willingness to access psychological and mental health services. The negative factors were mitigated by the protective factors of: the traditional family structure, formal community organisations (societies and clubs), and the church.

Keywords: Portuguese immigrants; Women; Acculturation; Mental health; Migration; Health Psychology; Apartheid; English proficiency; Ecological model; Assimilation

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CHAPTER ONE: INTRODUCTION

Chapter one aims to develop the rationale and motivation for the study. The chapter contextualises the study by succinctly highlighting preliminary reading as well as relevant theoretical literature. Additionally, the chapter identifies and clearly delineates the research problem, its aims, and key objectives. It then presents a general indication of the research methods and design, and provides an outline for the remainder of the research study.

1.1 Background and rationale of the study

South Africa has a long and extensive history of Portuguese immigrants choosing South Africa as their new home. Owing to globalisation and intensive worldwide migration, the world has become a colossal "melting pot" of races and cultures. It was estimated that the number of Portuguese immigrants living within SA in the 1990s ranged from 300 000 to 700 000 (Glaser, 2010). The Portuguese community in South Africa is the third largest European community (Rodrigues, van der Walt, & Ngulube, 2014).

According to Rodrigues et al. (2014), the main reason for the Portuguese immigration to South Africa was economic. Most of these immigrants originated from Madeira or Portugal, while many others moved to South Africa permanently after Mozambique and Angola gained their independence. Carr (2004) suggests six main reasons for immigrants deciding to migrate, namely the promise of better income or economic opportunities, political factors, career or vocational opportunities, lifestyle factors and cultural factors.

Portuguese immigrants left their extended families in their respective homelands when it was decided that immigrating would provide better opportunities for their families. This migration to South Africa's shores was mostly due to the economic incentives available in the country (Glaser, 2012a). Acculturation becomes an important process for migrating families and the individuals within their family groups. This process can lead to numerous stress-related problems that have an enormous impact on the mental health of the immigrating family and the individual. Research has suggested that acculturation entails a certain amount of stress that occurs due to the cultural gap between the ethnic and the new host culture (Kim & Kim, 2013). As Kim and Kim (2013) have stated, during the process of adapting or navigating a different culture and society from one's own, immigrants may encounter several challenges, such as culture and ethnic differences, language barriers, and cultural conflicts. Santiago-Rivera, et al. (2008) agree with Kim and Kim (2013) and state that the demands of adjusting to different

customs and social norms, and learning a new language, can cause a considerable amount of stress.

However, the growing literature on acculturation and stress has established that acculturative stress may be beneficial to immigrants. The literature indicates that individuals who experience major life events associated with trauma and stress manifest positive psychological changes (Tedeschi & Calhoun, 2004). These individuals may engage in constant efforts to cope with stressors enabling them to develop their own coping strategies (Tedeschi & Calhoun, 2004). Stress-related growth has been associated with psychological health in terms of optimism, positive affect along with subjective and psychological well-being, as found by Bostock, Sheikh, and Barton (2009) and Durkin and Joseph (2009). However, for the purpose of this study, focus is placed on the non-beneficial effects that acculturation may have had on first-generation Portuguese immigrant women in South Africa. Therefore, the study focuses specifically on women who immigrated to South Africa in the 1960s and 1980s.

1.2 Research problem

There is very limited literature on the effects of acculturation on the mental health of immigrant Portuguese women in South Africa. Thus, research designed to specifically look at the effect of acculturation on Portuguese immigrant women in South Africa, with limited English proficiency and who have developed a mental illness, is needed. It should be noted that the researcher in question forms part of the specified population group, however the researcher is of the first-generation to be born South African. I am multilingual and speak Portuguese, English and Afrikaans fluently. A trend has been noted by the researcher indicating that first-generation immigrant women with limited English proficiency develop some form of mental illness later in their lives. This provided impetus for research into the process of acculturation of long-term Portuguese immigrant women in South Africa and how limited English proficiency contributes to the mental health and well-being of these immigrant women. The researcher also noted that very few, if any of the immigrant elders in her community sought out the help of a mental health professional, although being prescribed psychotropic medicine. The aim of the study is to provide insights regarding the acculturation process of long-term immigrant Portuguese women in South Africa as well as to highlight potential intervention strategies aimed at coping and adjustment strategies during the acculturation process.

For the purpose of this study, acculturation is defined as the process of change in attitudes, values, cognitions and behaviours as a direct consequence to the exposure of a new dominant culture and environment (Marin as cited in Kurt, 1992). In this study coping and adjusting will be referred to as the constant change of cognitive and behavioural efforts to manage specific external and internal demands that are seen as taxing or exceeding the resources of the individual (Lazarus & Folkman, 1984).

Additionally, limited English proficiency for the purpose of this study will be referred to as an individual who has a basic knowledge of the English language (Macmillan Dictionary, 2014). Please refer to Table 2 for The Global Scale of English Proficiency regarding the basic level of English proficiency as listed by the Language Policy Division of the Council of Europe (2001).

Past research tends to focus its efforts on acculturation, coping and adaptation by using theory of Acculturation and the different models of acculturation. Therefore, a study utilising a systemic perspective such as *Bronfenbrenner's Ecological Model* (Bronfenbrenner, 1977) would be relevant to the present study, since Bronfenbrenner considered the ecological environment as affecting each level starting from the micro-system to the macro-system. These systems, namely the micro-, meso-, exo- and macro-systems, all influence human behaviour. Utilising an ecological perspective allows for an understanding of the behaviours (which occur in this particular setting), as well as an understanding of why a particular behaviour occurs (Scileppi, Teed, & Torres, 2000). Urie Brofenbrenner (1977) hypothesised that the ecological environment is a nested arrangement of structures, each situated in the next system or level as well as affecting and interacting with each other.

1.3 Purpose of the study

South Africa has a large number of Portuguese immigrants. Many of the first-generation Portuguese immigrant women have limited English proficiency. These women have difficulty with the process of acculturation, specifically in adapting and coping with the societal milieu they are embedded in. This becomes problematic as this influences the mental health and well-being of these woman. The literature shows that having a limited English proficiency has a direct consequence on the mental health of immigrants, as reported by Zhang, Hong, Takeuchi, and Mossakowski (2012). Zhang et al. (2012) have stated that English proficiency can be considered as an important social status variable that directly influences patterns of

psychological distress in immigrants. Immigrants who are unable to speak English, or the host language, may experience a type of "cultural distance" (Berry, 1997).

Immigration can be a daunting and challenging decision to make; not only do the immigrants need to adapt and assimilate into the host country, but they may additionally suffer some form of loss when leaving their native land. Thus, immigration includes a loss and mourning process. According to Eisenbruch (1990, 1991), the loss of one's culture can cause a grief reaction within the immigrant. Migration involves loss of the familiar which includes language as well as the dialect and colloquialisms of the host country. Additionally, attitudes, values, social structures and support networks are lost (Bhugra & Becker, 2005). Bowlby (1961) and Kübler-Ross (1969) write that regardless of the nature of the loss of transition, a grieving process occurs in stages. This will be discussed in further detail in Chapter Two.

Acculturative theory is an important aspect to be mentioned when discussing both acculturation and immigration. Acculturative theory not only describes the strategies utilised for assimilation but also that of ethnic identity and cultural identity. Berry (2006) provides a comprehensive approach to acculturation in his classification of strategies of acculturation. Acculturation strategies consist of daily behaviours and attitudes which are shaped by dominant and non-dominant cultures (Berry, 2006). These strategies look into the array of immigrant psychological responses to the new culture as stated by Berry (2006). Berry (2006) writes that individual preferences include "maintaining one's heritage and identity or having contact with and participating in the larger society along with other ethnic groups" (Berry, 2006, p. 34). These responses will have an effect on the individual in terms of their mental health as well as how they will assimilate and cope within the new culture in which they are now embedded. Cultural identity and migration will be further discussed in detail in Chapter Two.

During the acculturation process immigrants need to find a happy medium between their own culture and that of their host country. Therefore, certain interventions need to be set in place to support this group of people in adjusting and coping more effectively within their new environment. *Bronfenbrenner's Ecological Model* would benefit this study as it highlights the relationships that the immigrant individual or family has within different systems. This would benefit future studies focused on first-generation immigrants who are unable to speak the main dialect of the country as it may highlight what intervention strategies may potentially be set in place in order to aid immigrants with acculturation within in these particular communities. It

would be beneficial to the immigrant as their integration may be more streamlined; this will help alleviate the mental illnesses that occur due to acculturation and the stress associated with it.

1.4 Objectives of the study

- The researcher would like to understand the subjective experience of the acculturation process with first-generation female Portuguese immigrants who live in South Africa.
- The researcher would like to explore how the acculturation process was linked to the mental health of this population group.

1.5 Research Questions

- How did you experience South Africa and its culture when you immigrated here?

1.6 Chapter Outline

The study is structured in the following way: the literature on migration, enculturation and mental health is reviewed in Chapter 2. Chapter 3 provides the research method and approach to interviewing, coding, and analysis. In Chapter 4 the findings are presented. This is followed by an integrated discussion in Chapter 5 with Chapter 6 being the conclusion.

Summary

This chapter outlines the background, rationale and motivation for the study. The problem statement and aims for the study were clearly described and the chapter outlines were listed and discussed.

CHAPTER TWO: LITERATURE REVIEW

The aim of this chapter is to discuss relevant literature pertaining to the research question. The chapter aims to set the context and garner a comprehensive understanding of the acculturation process and how it is linked to mental illness in long-term migrant Portuguese women. Moreover, the chapter aims to highlight the disadvantages and social determinants that could have potentially resulted in the development of mental illness. The story of Portugal almost reads like a Shakespearean tragedy. A once great nation renowned for its nautical skills and thirst for exploration that fell broken, to its knees. Portugal seems unable to regain its great stature as year in and year out it faces new losses, never being allowed to breathe, to stand, to fight. A once great giant fallen unable to regain glory. Portugal is stuck in a labyrinth, forever feeling loss.

2.1 Brief history of Portugal

Portugal is a small country in the Iberian Peninsula. It went from being a great nation which was a fore runner of nautical science in the 15th century, to being in a major financial crisis. The country suffered an extensive lack of affordable housing and employment in the 20th century (Araujo, 1996). As a result of the financial, socio-political and geographic problems faced by the country, immigration became a viable option for the Portuguese people.

Until 1910, Portugal was ruled by a monarchy. However, a revolution lead to the end of monarchic rule with Portugal eventually becoming a republic. Over time the military took over the government which resulted in a 50-year fascist rule which contributed further to the fear of loss experienced by the Portuguese people (Araujo, 1996). During this fascist rule, self-expression was unacceptable and punishment through imprisonment and denunciation was experienced by the Portuguese people. Araujo (1996) writes that the Portuguese people and the colonies lived under constant fear of the secret police, called *Policia Internacional e de Defesa do Estado* (PIDE), which kept detailed records about citizens they felt were suspicious. If imprisoned or interrogated, political prisoners suffered physical and emotional torture and would often be found dead. Many first-generation Portuguese immigrants still have vivid memories of these occurrences.

Finally, in the year 1974 another revolution occurred resulting in the end of the fascist rule. Following the revolution, the new government in Portugal negotiated to end the war in the colonies and supported the sovereignty of the colonies.

South Africa has an extensive history of migration to its shores. In the 1990s the estimated number of Portuguese immigrants in South Africa ranged between 300 000 to 700 000 (Glaser, 2010). From looking at the estimates it can be seen that Portuguese immigrants constituted at least 10 percent of the White population in South Africa in the mid-1990s (Glaser, 2010). Nation Master (2008) stated that South Africa was ranked as the first option for migration as observed by the net migration amongst Sub-Saharan Africa in 2005. From the statistics described above, one can see that South Africa was seen as a good country to immigrate to due to its opportunities.

2.2 Immigration waves of the Portuguese into South Africa

The Portuguese immigrated to South Africa in three distinctive waves. In the late 1800s until the 1970s, the first Portuguese immigrants were from Madeira. Many of these immigrants usually had low levels of skills and literacy (Glaser, 2010). Madeira is a volcanic island with limited space for cultivation and thus most of its population depended on fishing or farming of small plots. Furthermore, the island had poor infrastructure with a limited industry and limited schooling opportunities, which developed into a culture of migration (Glaser, 2012b).

The second wave of immigration occurred in the 1940s to the 1980s. These immigrants originated from the mainland (Portugal itself) and Glaser (2013) states that these immigrants were relatively skilled artisans. The immigrants who arrived from the mainland of Portugal were escaping the country for similar reasons, namely economic stagnation, poor social services and political repression (Glaser, 2013).

Lastly, the third wave happened when Portugal's dictatorship regime collapsed and the colonies, Mozambique and Angola, gained their independence. This immigration wave to South Africa occurred in the 1970s. The immigrants from the former Portuguese colonies were also different in terms of their skills. Glaser (2013) stated that they were considered the privileged elite and lost many of their material possessions and status after this collapse and the transition period. The immigrants became vulnerable to attacks and confiscations in these colonies, thus causing them to flee. According to Glaser (2013), the Mozambican and Angolan

Portuguese immigrants were more skilled and educated than their counterparts. They tended to be professionals, administrators or commercial farmers.

According to Schutte (2012, citing Simon et al., 1984, p. 92), immigration by the Portuguese to South African shores was encouraged by the South African government in the 1960s in an attempt to attract expertise in the building trade. The number of immigrants then increased as the immigrants in Angola and Mozambique fled to South Africa due to the political unrest and instability that was brought about by the changeover in power from the Portuguese to Africans (Schutte, 2012).

From the brief description of the reason for immigration to South Africa it is important to consider the acculturation process that occurred once the immigrants reached South Africa. It is crucial to take note of the potential adverse effects the acculturation process had on these immigrants and their families with regards to mental health.

2.3 Immigration into South Africa during Apartheid

In 1946, the South African Prime minister, Jan Smuts, announced a policy for large scale immigration from Europe (Jewish Telegraphic Agency, 1946). At the time, there were two compelling reasons for encouraging White immigrants, namely South Africa needed skilled workers to realise the countries potentialities for industrial development, and to strengthen the position of the Europeans versus the non-Europeans (Vandenbosch, 1970).

However, by the late 1960s to early 1970s, anxieties began to arise within the Afrikaner community and the political establishment over the growth of the Portuguese communities (Glaser, 2010). The Afrikaans politicians in power at that time questioned the open-door immigration policy and referred to the Portuguese immigrants as “undesirable”, as stated by Glaser (2010). Glaser (2013) further writes in another article that some Afrikaner nationalists questioned the Portuguese immigrants “whiteness” and that this particular community was singled out as inappropriate immigrants. Groenewald (1977) and De Bruin (1987) noted the tendency in South African society to stigmatize immigrants. The Portuguese entered into a society that was riddled with prejudice and discrimination and Barnes and McDuling (1995) stated that it was reasonable to assume that these immigrants inevitably experienced an identity crisis and loss of self -esteem.

By 1968 White immigration in South Africa had become more restrictive particularly because the Portuguese immigrants would most likely assimilate into English-speaking communities rather than Afrikaans communities, therefore potentially decreasing Afrikaans support during apartheid. Hence the restriction was aimed at controlling the immigration numbers of Southern-Catholic Europeans (Glaser, 2010) due to the tendency to be assimilated into the English communities. It was only after 1976, after experiencing net emigration, that the restrictions were relaxed.

Immigration is a daunting and challenging experience for immigrants, especially when immigrating to a country where one cannot speak the language or understands the different cultures in which the individual or family will be interacting with on a daily basis. This process can result in feelings of loss and thus the immigrant may find themselves in mourning for their own country and culture. Furthermore, there is a loss of identity coupled with a need to acclimate and adapt with the new culture in which the immigrant is embedded in. The following theories below illuminate the challenges and difficulties that the immigrant and their families are confronted with as well as providing an understanding of these difficulties and challenges.

2.4 Theories informing the research study

2.4.1 Bowlby's process of mourning

Grieving or mourning is a process or a sequence of reactions to the death or loss of a significant other. For the purposes of this study the focus is on the loss of the immigrants' home country and identity with their country of origin. Bowlby's model of grief (1961) suggests that there are four stages or phases of grief experienced after a death or loss.

The first phase of the grieving process relates to the experience of numbness and shock with regards to the immigrants' experiences. According to Arredondo-Dowd (1981), the immigrants cannot comprehend that they have left their native country and that they will not be able to see familiar faces and sites any longer. Therefore, there is a sense of being estranged due to the foreign nature of the new environment. The immigrant loses their values, traditions, familiar food and even their native stories and songs. Marlin (1994) argued that the process of immigration involves substantial losses of loved elements in the culture such as familiar patterns of being and relations to other people. Additionally, the immigrants lose the holding functions that their mother countries provided such as feelings of connectedness to others and

feelings of security and safety (Litjmaer, 2001). As Marcus (2001) writes, the immigrants give up a "home world" that gave them a sense of security and direction in their lives.

Phase two of Bowlby's (1961) model is yearning and searching, this speaks of the feelings of homesickness and longing for the homeland (Arredondo-Dowd, 1981). Therefore, the immigrants may be experiencing feelings of resentment and hostility which may be directed at themselves or at others. There may even be outbursts of anger which may occur frequently in unrelated situations.

Phase three refers to despair and disorganisation; in this stage the immigrants start to accept the permanent loss. Here the immigrant may experience restlessness and aimlessness, this may cause the immigrant to become withdrawn, introverted and irritable. Rando (1993) writes that immigrants coping with immigration associated losses may experience chronic grief reactions and loss is experienced for a long period without there being any alleviation of the intensity and range of emotions seen during the initial period following the loss. However, Carta, Bernal, Hardoy, Haro-Abad and the "Report on the mental health in Europe" Working Group (2005) state that the migratory grief process is partial, meaning that the grief's subject does not disappear entirely.

Finally, phase four is the reorganisation phase (Bowlby, 1961). As Arredondo-Dowd (1981) states, there is a resolution to reorganise one's life and start anew. The immigrant seems to develop an acceptance of the new life and acquire a greater sense of identification (Arredondo-Dowd, 1981). Therefore, the immigrants start to come to terms with their changed circumstances. They have acknowledged their loss and because of this acknowledgment are able to pursue new opportunities. There is a gaining of a sense of control over their lives as well as a sense of hope around and about the future.

2.4.2 Migration and identity

The process of migration has been mentioned as occurring in three stages, namely the pre-migration stage, migration and post-migration (Bhugra & Becker, 2005).

Pre-migration stage

The pre-migration stage involves the decision of migrating. This includes the reasons the individual is choosing to migrate and the preparation to move. Therefore, it can be considered

as the pre-departure phase and this affects the rest of the migratory journey. According to Bhurga and Becker (2005), during the stages of migration, there may be factors that predispose individuals to mental disorders. Looking at the pre-migration phase, factors such as personality structure of the individual, forced migration and persecution may have a significant role to play in development of mental disorders for this particular group of people.

Looking at women specifically, this stage incorporates many factors that shape the decision to migrate and make the migration process possible for women. These factors include both systemic and macro factors such as the state of the national economy, while the individual factors or micro factors included gender-specific stages in the life cycle. Grieco and Boyd (2003) have divided the above-mentioned factors into three areas namely, gender relations and hierarchies, status and roles, and structural characteristics of the country of origin.

Gender relations and hierarchies

Research into migration and rationales for migration often looks at the impact that gender relations and hierarchies have on the decision-making process of migration. These relations and hierarchies usually play out within the family with the female being subordinate towards male authority (Lim, 1995). The family plays the role of both defining and assigning the roles the women must fulfil and this determines their relative motivation and incentive to migrate, while subsequently controlling the distribution of resources and information that can discourage, support or prevent migration, as observed by Grieco and Boyd (2003). "The family or household can be seen as the structural or functional context within which women's status is determined, migration motivations and values are shaped, human capital is accrued, information is received and decisions are put into operation" (Lim, 1995, p. 42). Grieco and Boyd (2003) write that the family context is significant as it both determines a woman's position in relation to other family members and when this is combined with patriarchal authority structures, it influences her ability to autonomously make decisions, contribute to the decision-making process and finally access familial based resources.

Status and roles

Gender status and roles of women and men within their families and sending communities influence gender-specific propensities to migrate (Grieco & Boyd, 2003). A woman's position in the sending community influences her ability to autonomously decide to migrate and to

access the resources necessary to accomplish this, but also the opportunity she has to migrate at the point when the decision is being made.

Structural characteristics

Macro or structural characteristics in the host country can also influence gender-specific migration propensities. These characteristics, as stated by (Grieco & Boyd, 2003), can interact with the gender relations and the position of women within the sending society. The sending society refers to the society in which the immigrant is currently embedded in and that is sending the immigrant to the new host culture.

Migration stage

This stage involves the physical relocation of the individual or individuals from one country to the other. Bhugra and Becker (2005) state that the initial stage of migration may have lower rates of mental illness and health problems than the later stages. This could be attributed to the younger age at the initial stage of migration and the problems with acculturation, as well as the possible incongruency between the attainment of goals and achievement in the latter stages (Bhugra, 2004a). However, it is important to note that the different stages are often not discrete and often merge from one phase into the next. In the migration phase, there are factors which may contribute to the emergence of mental illnesses or disorders; these factors include bereavement, culture shock, a discrepancy between expectations and achievement as well as acceptance by the new culture or nation, as Bhugra and Jones (2001) report.

Post-migration stage

The post-migration stage is defined as the assimilation of the immigrant into the social and cultural framework of the host or new society (Bhugra & Becker, 2005). This is the stage where the immigrants may learn the social and cultural rules and new roles for the absorption into the dominant culture. The post-migration stage focuses on factors that occur within the host country that influence the adaptation and integration of women and men into the receiving community or society (Grieco & Boyd, 2003).

Cultural identity

Throughout this paper, immigration has been mentioned as a process that involves many changes; it includes a high requirement for the immigrant to assimilate or be absorbed into the dominant culture. Therefore, a redefinition of one’s cultural identity also occurs. Culture, as

Bhugra and Becker (2005) assert, is learned and passed through the generations. This learning includes the beliefs and value system of a society. Shah (2004) states that culture has been described as having features that are both shared and binding of individuals into a specific community. Cultural identity is negotiated, co-created and reinforced in communication with others when there is social interaction. It is a manifestation of social reality and reflects on the individual's personal life history and experiences.

Identity is the perception of oneself or how individuals view themselves as unique from others (Bhugra & Becker, 2005). Bhugra (2004a, 2004b) has noted that racial, ethnic and cultural identities form part of the individual's identity and this identity changes with development at a personal and social level along with migration and acculturation. Therefore, ethnicity is a source for social identity. On arrival into the immigrants' new host country, immigrants carry a mixture of ethnic and national identities from their home country and thus face an assimilation challenge with regarding to the local ethnic and national identities.

During the assimilation process, cultural differences disappear as the immigrants adapt to the dominant culture and value system, which is one of the psychosocial changes experienced (Bhugra & Becker, 2005). These changes in identity may be stressful and result in psychological problems. This relates to the loss and grieving process that Bowlby discusses in his theory.

The maintenance of Ethnic identity amongst the immigrants

The construction of a Portuguese identity was of paramount significance to the immigrants, delaying assimilation and only allowing for limited acculturation to take place, as Machado (1992) writes. The constant attachment to the homeland impacted the lives of the immigrants to the extent that the ethnic bonds went above class divisions (Machado, 1992).

Other minority groups in South Africa at the time, such as the Jews, Italians, Greeks and Irish, relied on the existence of organisations such as social clubs, fraternal societies and religious institutions for the maintaining and preservation of their immigrant identity in foreign environments. As Machado (1992) writes, the Portuguese too relied on three institutions that facilitated their adaptation to South Africa and provided for this group a sense of belonging to a wider ethnic community. The three institutes were the Catholic Church, formal organisations and institutions and the traditional family.

The Catholic Church

The Catholic Church and religion was intertwined with the Portuguese immigrants' national identity. As Sperling (2013) writes, Catholicism was a central element in Portuguese immigrant culture and much of the Portuguese social structure and community practices were based on religion. One of the most important roles of the Church was celebrating and supporting the Portuguese religious festivals (Festas). These festivals provided a social life for the immigrants in the receiving countries (Sperling, 2013), and Machado (1992) agrees as he writes that the Church served as a catalyst to adaptation to the urban, South African environment, but also helped maintain and facilitate the creation of a Portuguese identity. Machado (1992) further writes that the impact of the Roman Catholic culture was not only significant in shaping and creating an ethnic consciousness, but was also ideologically central in creating a distinctively Portuguese religious culture.

Institutions and organisations

The Portuguese immigrants are responsible for establishing many fraternal societies or clubs which were responsible for creating a sense of belonging as well as a way to maintain their cultural identity. Some of these organisations were started for specific services such as helping to pay for burials or aiding the families of recently deceased individuals, however these organisations expanded to cover a variety of social needs (Sperling, 2013). Machado (1992) writes that prior to the establishment of the Portuguese Association in Cape Town, South Africa, for example, the immigrant's identity revolved primarily around the Catholic Church and the informal interaction amongst the immigrants living near one another. Therefore, such organisations aided the immigrants in broadening their consciousness to help fashion an identity which also promoted an awareness of the broader Portuguese community. Additionally, as Sperling (2013) states, the organisations initially were formally established upon pragmatic needs, however they began to serve strong social functions and provided a needed diversion from the difficulties of daily life.

Additionally, these organisations not only provided an environment for social interaction but sustained a structure within which members could express themselves culturally through traditional dance, language and music (Machado, 1992). Apart from the formal organisations, this community of immigrants started their own newspapers. In South Africa, the Portuguese newspaper is called *O Seculo de Joanesburgo* (*The Century of Johannesburg*), which provides the community with news from their homeland as well as with news about the events happening

in the Portuguese community in South Africa. The weekly newspaper focuses on the issues of the local South African Portuguese community (O Seculo Online, 2008) and in the past *O Seculo de Joanesburgo* published reports on the activities of Angolan and Mozambican rebel factions (Mozambique History Net, 2006).

Family structure

The family unit was an important role player in the development of an ethnic consciousness (Machado, 1992). The family was seen as an informal social institution in the community which nevertheless exerted considerable influence on the maintenance and shaping of the individual identity. Sperling (2013) agrees that the family, in conjunction with the high concentration of Portuguese immigrants in the area, allowed for cultural maintenance and encouraged continuity in family structure. Looking at the family roles, the father established patriarchal dominance but the mothers were seen as cultural transmitters which shaped an ethnic consciousness (Machado, 1992). The women were responsible for the continuance of the Portuguese's culture particularly with regards to language which Machado (1992) states is an important marker of identity. The mothers were the role players who exposed their children to the Portuguese language as a marker of a specific, or supposed, ethnic identity.

2.4.3 Acculturation

Acculturation is a process in which an immigrant is in the process of adapting to a new environment (Fuertes, Alfonso, & Schultz, 2009). This includes changes in language use, work setting and hours, socio-economic status, gender roles and family obligations. Factors such as social networks, weather and food are additionally involved in the process of acculturation.

As Kim and Kim (2013) have stated, the process of navigating and adapting to a new culture definitely entails some levels of stress. This stress was defined as acculturative stress which, as Kim and Kim (2013, citing Lueck & Wilson, 2010, p. 48) have stated, is a reduction in mental health and well-being of ethnic minorities which occurs within the process of adaption towards a new culture. The questions surrounding acculturative stress are: what is the effect of this form of stress on mental health, what is involved under the definition of acculturative stress, and what are the main causes of this form of stress? Berry (1992, 1997) specifically identified the aspects that cause this type of stress and which are unique to immigrants. Berry (1992, 1997) identified several categories or elements, namely physical, social, cultural and functional. Berry (1992, 1997) further elaborated, stating that physical stressors are related to

a new social environment specifically that of the different social structures and systems, while limited social supports, social networks and homesickness create social stressors. Berry (1992, 1997) further wrote that the cultural stressors occur due to differences in culture, languages, and customs, while functional stressors relate to financial situations, language barriers and changes in family structures.

The uniqueness of the migratory experience lies in the fact that migration is a psycho-social process of loss and change (Carta et al., 2005). Lurbe Puerto (2002) states that psychiatry sees this process of loss and change in migration as a grief process. The grief is regarded as a type of stress which is characterised by its intensity and length (Carta et al, 2005), therefore this grieving process can be linked to acculturative stress.

Carta et al. (2005) state that the immigrant goes through seven losses or griefs which cause anguish to the person, namely the loss of family and friends, language, culture, homeland, loss of status, loss of contact with the ethnic group and exposure to physical risks. All these losses fall under Berry's (1992, 1997) descriptions of the different types of stressors that the immigrant is faced with in the new country. Difficulties in expressing the grief felt from migrating could cause psychological problems which can be accentuated if the migration was accomplished under adverse conditions (Carta et al., 2005). Therefore, the reception into the host country is crucial.

The above theories are important to take into consideration when looking at immigrants and their experiences with regards to acculturation and mental health. This study specifically chooses to view the immigrant women from an ecological perspective. The rationale for this view was due to the researcher noticing that the immigrant is imbedded in many systems all of which impact on the immigrant and vice versa. Therefore it was deemed necessary to look at the immigrant from within all their contexts in order to garner an understanding of the challenges faced by the immigrant women from all system levels as stated by Bronfenbrenner.

2.5 Bronfenbrenner's Ecological Model

The current research on acculturation, limited English proficiency and coping seems to be focused mostly on the acculturation strategies which were developed by Berry (1997), as well as the Resilience-based stress-appraisal-coping model by Castro and Murray (2010) and the Stress and coping grounded theory for recent immigrants by Yakushko (2010). Research on

Bronfenbrenner's Ecological model is limited with the researcher finding a limited number of articles utilising this particular model. The family ecology paradigm is focused on the interrelationships between the family and other ecological systems, for example, neighbourhood and peer networks. Paat (2013) found that the application of ecology as a holistic theoretical approach is of extreme importance for immigrant families.

Immigrant families do not exist in isolation but are embedded within a larger social structure which is interconnected with other social structures, institutions and social domains (Paat, 2013). It is because of this embeddedness in different social aspects that Bronfenbrenner's ecological model is appropriate. Bronfenbrenner's ecological model points out the prominence of the interconnection between nested contexts, that the circumstances in one context can moderate the impact of another context. This model looks at four specific subsystems that cannot be defined without there being some reference towards the other subsystems. Bronfenbrenner thought that the ecological environment is a nested arrangement of structures, each situated in the next and each level affecting and interacting with the other. These subsystems are the micro-system, meso-system, exo-system and macro-system.

The micro-system is the first level that Bronfenbrenner theorises has an influence on human development. Therefore, the micro-system focuses on direct interpersonal interactions between individuals and the members of their immediate environment (Campbell, Dworkin, & Cabral, 2009) such as family, friends, and peers.

The second level is called the meso-system which reflects interconnections and linkages between individuals and between individuals and systems (Campbell et al., 2009). Therefore, it is a system of micro-systems which can have interactions among family and school as well as place of employment and places of worship.

The third level, which is the exo-system, encompasses other formal and informal social structures, which do not contain the individual directly. The exo-system, contains organisations and other social systems including legal, medical and mental health systems (Campbell et al., 2009). This level directly influences the individual and their immediate environment.

The fourth and last level identified by Bronfenbrenner was the macro-system. This system includes societal norms, expectations and beliefs which form the broader social environment

(Campbell et al., 2009). As has been stated by Bronfenbrenner (1977) in this system, overarching institutional patterns, ideologies, laws, regulations and political systems are then manifested through the activities of the individual's life.

Looking at immigrant families or individuals from this perspective will highlight what the different subsystems on each of the five levels can do, in order to provide the necessary assistance and support during the acculturation process. This perspective will allow for the researcher to discover and explore what programmes and structures can be put in place for these types of families. This will be beneficial as the perspective will help each subsystem simplify the acculturation process, minimising the impact of this process on the immigrant family or individual.

The researcher is a first-generation South Africa, meaning that the researcher was the first in her nuclear family to be born in South Africa after the immigration of her parents. The researcher's extended family were all first-generation immigrants to South Africa. By being a part of the Portuguese community the researcher observed from her family and her community that many of the first-generation immigrant women who immigrated in the 1960s and 1970s, have all had been diagnosed with a form of mental illness, primarily depression and anxiety, these diagnoses seeming to occur more frequently when the women were in their later years or near retirement. The researcher has found that research into this particular population group is limited, thus it is worthwhile conducting research into this topic and population.

2.6 Language acquisition of the host country

Alexander (2005) stated that for human beings to produce a means of subsistence they have to cooperate, and in order to do so, they have to communicate. Language is the main instrument of communication at the disposal of human beings. Therefore, the specific languages in which the production processes take place become the languages of power. This means that if one does not command the language(s) of production, one is automatically excluded and disempowered. (Alexander, 2005). Language shift is a universal phenomenon which typically affects minority languages (Barnes & McDuling, 1995). A language shift is usually a slow process which is influenced by a variety of factors, for example, socio-political and socio-economic factors are two of the major influences for language shift in immigrants (Gal, 1987; Mackey, 1980).

Fuertes et al. (2009) write that the greatest challenge regarding the acculturation process for immigrants in the U.S is learning to speak and master the English language. Glaser (2013) writes that new immigrants, that being the Portuguese immigrants to South Africa, found that their inability to speak Afrikaans or English was a barrier towards social integration into the country. As Barnes and McDuling (1995) state, a shift to the dominant language of the host society is in the work domain, and further, that it is a universal pattern in immigrant societies, the reason being that immigrants are often severely handicapped or discriminated against in the area of employment if they lack competency in the dominant language.

Research on the acculturation process has noted that the language barrier and limited proficiency in English or the host country's language has a profound effect on the immigrants' mental health. Kim and Kim (2013) noted that among various stressors the lack of proficiency in the local *lingua franca* was identified as the most difficult factor in adaptation towards the new culture. As Zhang et al. (2012) has noted, this is associated with socioeconomic factors including social interactions and discrimination. Discrimination, however, was only described to immigrating individuals in South Africa in the 1960s and 1970s whereby the official languages at the time of immigration were English and Afrikaans.

Proficiency in the local *lingua franca* can be considered a variable with an important social status that directly influences patterns of psychological distress (Zhang et al., 2012). A prominent example of how limited English proficiency in South Africa can affect immigrants is by noting how communication between the two cultures is difficult and how the immigrants may not be able to access useful resources which may undermine their life chances (Zhang et al., 2012). During apartheid (from 1949 to 1994), in South Africa, the three Portuguese immigration waves occurred and the official languages were English and Afrikaans at that time.

Berry (1997) writes that new immigrants who have only lived in the country for a short period of time, and who have limited English proficiency, are particularly at risk of acculturative stress, which may have a negative impact on the immigrants' psychological well-being. This is the reason why this study will be looking specifically at first-generation Portuguese immigrants, as the respondents for this study fall into this inclusion criterion and furthermore have a limited English proficiency.

The research by Zhang et al. (2012) found that a limited English proficiency has an indirect effect on immigrants. Zhang et al. (2012) found that having limited proficiency in the English language or speaking with a foreign accent is usually associated with a foreigner stereotype which may trigger discrimination. Dalgard and Thapa (2007) are in agreement and state that a factor that could, and is likely to affect mental health among immigrants is the attitude of the host country towards the immigrants. Thus, if the host population is tolerant towards diversity this particular factor could be circumvented, if not discrimination will occur which results in adverse effects on the immigrants.

2.7 Social determinants of mental health for Portuguese immigrant women

Araujo (1996) describes four major dynamics which influence Portuguese immigrant families. The first dynamic refers to the fear of loss of their traditional way of life which rises out of the real loss of the Portuguese empire, loss of aspects of freedom during the fascist rule and loss of the homeland through immigration.

The second dynamic is fatalism towards life, this is characterised by a sense of hopelessness and sadness. Morrison and James (2009) write that the fatalism stems from the mainland's history of being occupied by different invading groups. The third dynamic that influences Portuguese immigrant families, according to Araujo (1996), is the ambivalence toward authority which is an attempt to gain control over life. Finally, the fourth dynamic is the need and drive for financial independence. Morrison and James (2009) echo the fourth dynamic from Araujo (1996), stating that the financial independence is attained by valuing work over education for both children and adults.

The family structure in Portuguese immigrant families are patriarchal in nature, the men in Portuguese families exerting great control over their wives and daughters (Sperling, 2013), however, the women are the facilitators and negotiators of issues that are occurring within the family. The authoritarian line moves from father to mother and to the oldest child (Araujo, 1996). If the rules in the household are broken or challenged there is a fear that respect will be lost for the family within their wider community.

As this study looks particularly at women immigrants it was imperative to note that, according to Glaser (2012b), the women were largely confined to the home, farm or shop. Machado

(1992) wrote in his book that it was unheard of for married Madeiran women to have jobs outside of their home or family business. Out of economic necessity some of the women embroidered and crocheted items at home to "sell" to family, friends and acquaintances; however this was never done commercially. Due to this confinement, the women struggled more with the language acquisition of the acculturation process, therefore they suffered from linguistic isolation (Glaser, 2012b) and many, as the researcher has come to note, have never fully acquired the ability to speak the local language effectively to date. Botha (1971) stated that many of these women failed to become proficient in the languages of their host country throughout their lives. This language isolation led to the women having to rely on the family or the Portuguese community for support and companionship. As Barnes and McDuling (1995) state, Portuguese women in South Africa traditionally tended to be housebound and insular.

Research conducted by Aslan (2009) found that women who enter as sponsored or dependent family members tend to arrive with limited proficiency in English. Interestingly, immigrant women are generally responsible for and significantly contribute to the well-being of their families, thus lacking fluency in the English language makes it difficult to access services and resources that address their needs as caregivers (Boyd, 1992). This inability to speak the host country's languages has an impact on the mental health of the immigrant. The immigrant experiences powerlessness, isolation as well as an inability to connect with expert services.

Cultural levels

Grob (2009) defines culture as a common heritage or set of beliefs, values and norms shared by a particular group. Delara (2016) writes that immigrant women have different cultural identities which shape their responses to mental health and illness. Therefore, culture can influence immigrant women's access to the health care system as it influences their perceptions and interpretations of symptoms, help-seeking behaviour, decision-making, expectations of the sick role and coping style and communication with health providers (Adler Adashi, Aguilar-Gaxiola, Amaro, Anthony, Brown, & Hazzard, 2010). Additionally, culture determines how much stigma immigrant women attach to mental illness and it can also prescribe acceptable norms for behaviours associated with gender role (Mahoney & Donnelly, 2007). Finally, culture has an impact and influences the acculturation process of the immigrant woman (Donnelly et al., 2011). Berry (2008) argues that the ability to balance a sense of ethnic identity with adaptation into the new society can lead to positive mental health, however it seems that cultural influence on immigrant women's mental health through the acculturation process is

intertwined with factors such as immigration experience, racism, social support, discrimination, and ethnic identity (Delara, 2016).

Social levels

Social networks affect mental health as these networks provide various kinds of supporting such as emotional, instrumental, appraisal and informational (Weiss, 1974). Lynam (1985) noted that immigrant women are particularly reliant on family, peer and outsider support. First, these women rely on family members to meet settlement needs as these family members have already been through the process and therefore offer valuable input and support, which is an important protective factor. Second, peer support, which refers to ethnically similar community members whom women expect to understand their needs and experiences due to the common culture. Third, social support from outsiders refers to the network outside their family and ethnic community (Lynam, 1985). Social support enhances coping styles and has a positive impact on the mental health of these groups of people. However, immigrants are often vulnerable to stigmatisation and xenophobia as was illustrated earlier in the chapter and noted by this excerpt from a weblog by Karon (2005):

> *Like Greeks and Portuguese South Africans…were labelled "see-kaffirs" ("ocean-niggers") by some Afrikaners – politically unreliable; culturally alien; preferred soccer to rugby (that being, in the apartheid imagination, a "black" game over a "white" game).*

Many immigrant women experienced negative attitudes and discrimination particularly when associated with mental illness. This may prevent women from seeking help or adhering to medication and treatment regimes. Moreover, this group of individuals may choose to express their physical symptoms such as headaches or fatigue instead of depression, as this may be considered more socially acceptable (Ortiz, 2008).

Community and health levels

Research done on immigrant women and their mental health have indicated that immigrant women are confronted with many barriers when seeking government services, social assistance, shelters and support services (Ortiz, 2008). This in turn influences access to mental health services. Four main issues come to light when examining barriers to social and health

care services, namely communication and psychological barriers, spirituality barriers and religious barriers, and structural or organisational barriers.

Communication barriers due to lack of English proficiency, as stated earlier in the chapter, may result in limited social interaction and the ability to develop relationships within the social and health care system (Adler et al., 2010). It may result in an inability to express their social and mental health needs as well as understanding bureaucratic procedures and the functioning of the services (Davis, Basten, & Frattini, 2006). South Africa's health care system is lacking in resources, for example, in being unable to provide the immigrant with an interpreter, which could alleviated the communication barrier. Additionally, the interpreter allocated may not be acceptable by the immigrant, particularly in the cases of refugee women. Ortiz et al. (2008) showed in their study that refugee women may experience fear and shame about disclosing their personal histories when the interpreter is male and/or a member of their community. Therefore, one can infer that immigrant women may experience this fear and discomfort and therefore forego treatment.

Many immigrant women face psychological barriers which may result in the immigrant not seeking necessary treatment. Some of the barriers that these women encounter include fear of stigmatisation, social isolation, insufficient knowledge of mental health and unfamiliarity with biomedical treatments, as laid out by Donnelly et al. (2011) and Grob (2009). Both Donnelly et al. (2011) and Mahoney and Donnelly (2007) write that these perceptions or constructs are largely embedded in lack of cultural acceptance and cultural differences between immigrant women and the social and health care system. In many cultures, mental illness is synonymous with madness or psychosis. In a study done by Green, Bradby, Chan, and Lee (2006), it was found that Chinese migrant women sometimes regarded the idea of "mental illness" as comparable to "psychosis" which resulted in these individuals feeling inhibited from seeking help for mental health problems. Lastly, research has illustrated that immigrant women's personality and the level of self-acceptance of the illness may determine their willingness to take care of themselves and seek out the help needed (Donnelly et al., 2011).

Another potential component to immigrant women resisting mental health care may be linked to spiritual and religious beliefs. Religion plays a significant role in immigrant women's health as they use it as a frame of reference which can affect their decision to seek or avoid professional help, as was noted by Khanlou (2009) and Grob (2009). In another study

conducted by Donnelly et al. (2011), some religious beliefs discourage and deter immigrant women from using biomedical treatments and force them to seek assistance from ethnic group leaders and informal support systems.

One of the most prominent barriers to health care experienced by immigrant women are structural or organisational barriers. These barriers include issues such as bureaucratic hurdles, completion of multiple application forms or having to go to agencies that may not be close to the immigrant women and are therefore difficult to access. Additionally, the immigrant women may be faced with unequal power dynamics between the service provider and user, lack of confidentiality, fragmentation of services and lack of professional translation and interpretation services in social and health care system (Adler et al., 2010). All these barriers impact on the immigrant women's health seeking behaviours.

Summary

The above chapter highlights how the acculturation process can be linked to mental illness in immigrant women. The literature clearly demonstrates how leaving one's country of origin involves a process of grief and adjustment which is not always managed in the most appropriate manner, resulting in the development of mental health problems. Furthermore the chapter discusses the social determinants for mental health that hinder immigrant women, specifically when managing the acculturation process and navigating their new environment. These social determinants illustrate the possible reasons for the development and maintenance of mental health difficulties.

The literature discusses how the governing regime in both the countries of origin and host country contribute to the acculturation into the new environment as well as the assimilation into the new country and culture in which the immigrant is imbedded. The apartheid regime significantly influenced the assimilation of the immigrant women into their new environment. This was noted by the prejudice and discriminatory behaviour experienced by the women from the host country's dominant culture. This study aims to add to the literature on acculturation and immigration, especially for the long-term Portuguese female immigrant population.

CHAPTER THREE: RESEARCH METHOD

3.1 Introduction

The aim of the research study is to explore how first-generation Portuguese women immigrants who live in South Africa with limited English proficiency have experienced the acculturation process as well as how the process could have contributed towards the emergence of mental illness. Therefore, the research study proposes a gathering of the subjective experiences of this population with regards to the acculturation process. Many Portuguese speaking female immigrants cannot utilise the English language effectively enough to seek assistance from a psychologist or other health professionals due to the language barrier, resulting in the exacerbation of mental illness. The above information will be ascertained by using a qualitative approach using the method of a semi-structured interview with the respondents.

This chapter will further illustrate the research design, sample, population group, and method of analysis and significance of the study with ethical considerations being the most important part of the methodology.

3.2 Research design

A qualitative approach was decided upon for the study. In contrast to a quantitative method, which translates social phenomena into variables and mathematical formulae (Terre Blanche & Kelly, 1999), a qualitative approach was preferred since it relies on the:

> *…naturalistic description or interpretation of phenomena in terms of the meaning these have for the people experiencing them.* (Langdridge, 2007, p. 2)

Therefore, a qualitative approach is more appropriate to explore the experiences of the respondents in the study.

According to Durrheim (1999), qualitative research is naturalistic, holistic and inductive. It allows real-world situations to unfold naturally, to understand the complexities of certain phenomena and immerse oneself in the details and specifics of the information that has been acquired from the study's respondents. This particular type of design allows researchers to study specific issues in depth and detail as well as attempt to understand categories or occurring themes of information that emerge from the data (Durrheim, 1999).

A qualitative design is important as the nature of the study requires the researcher to gain an understanding from the respondents about their experiences regarding acculturation and how this process can affect the respondents' mental health. Furthermore, the researcher would like to explore what interventions or programmes could have been put in place which would be seen as beneficial for the coping and adapting of the respondents in the host country.

Secondly, the study is explorative and descriptive in nature and thus a quantitative method would not be appropriate, this further emphasises the need for a qualitative methodology. Exploratory studies are utilised and implemented when a researcher examines a new topic of interest and does further investigation into the subject. The approach in this study allows for this, as qualitative enquiry captures information of phenomena in the words of and from the perspective of the informant.

3.3 Epistemological framework of the study

This research draws on other theories that have been previously discussed. It is important to note that the epistemological framework of the study is social constructionism. This theory draws influence from a myriad of disciplines such as linguistics and sociology, hence the theory is multidisciplinary in nature.

Social constructionists sought to change from a positivist worldview and preferably use different approaches, for example, symbolic interactionism which reveals the hidden world of everyday interaction and decision-making (Brown, 1995). Therefore, the approach allows for a unique method of framing information which are based on the assumptions the theory makes about people's knowledge, thoughts and ideas and consequently the meanings that are attached to the above. The social constructionist theory's epistemology has certain assumptions about the knowledge people attain from the world in which they are embedded.

Social constructionist approaches focus on the construction of social reality through discursive purposes (Kiguwa, 2006). Therefore, personal and individual characteristics are taken to be socially constructed and are revealed through everyday conversation. Language is further considered a central aspect of this particular theory. Kiguwa (2006) writes that discourse facilitates and endorses the emergence of certain relations made in everyday concepts. Therefore, the aims, research design and data collection conforms to the social constructionist approach. The key features of the theory will be stipulated below.

This theoretical approach takes a critical stance towards knowledge which is often taken for granted, as stated by Burr (1995). The researcher is often compelled to be cautious of making the assumption that a concept is "common" knowledge. This means that the categories or labels people assign to everyday situations in life are neither true nor reality and is thus subjective to the individual. Kiguwa (2006) wrote that elements or concepts which are often used within a specific context usually represent social constructs.

Another aspect of this theory, as Burr (1995) states, is that people's understandings are historically rooted and culture specific. Therefore, the individual's perceptions are rooted within a specific context relevant to that individual and that context is often influenced by the individual's culture and historical background.

Another important key feature to note is that knowledge is sustained by social process within this paradigm (Burr, 1995). This means that people construct their own knowledge of the world by doing so with the involvement of others. Social interactions and particularly language are taken into consideration by social constructionists because language frames people's knowledge.

Finally, the social constructionist theory sees knowledge and social action as having an interactional effect. Thus, the knowledge that people acquire determines the nature of social action that they adopt and implement. The reasoning behind this statement is that knowledge is constructed differently and therefore people will act differently (Kiguwa, 2006).

The realities that individuals construct for themselves will allow for the attachment of meanings and understanding to various elements within that reality. Therefore, these attached meanings and understandings are important, as they carry the understanding of consequences to actions and thus determine the action that will be taken by the individual.

Social constructionism emphasises the meanings individuals attach to various elements from their perspective. This emphasises that the respondents' discourses will reflect their understanding and meaning behind mental health and acculturation in a country where the dominant language is English. A theoretical consideration will allow for deeper insight into their social realities.

3.4 Data collection techniques

The instruments that will be used during the study will be in-depth, semi-structured interviews (appendix three) which will be conducted in Portuguese by the researcher, in order to garner rich material from the respondents' experiences. This method of data collection was chosen as it will allow for the researcher to gain a detailed picture of a respondent's beliefs, perceptions or accounts of, a particular topic (de Vos, Strydom, Fouche, & Delport, 2012). This method allows for flexibility on the part of the researcher and the respondents. Since the researcher is interested in the acculturation process and how this contributed to the development of mental illness in this population group, semi-structured interviews are an appropriate instrument for data collection.

As de Vos et al. (2012) have stated, semi-structured interviews are suitable when the researcher is interested in complexity or process. Semi-structured interviews allow for the interviewer or interviewee to diverge in order to pursue an idea or response in more detail, as Britten (1999) writes. The interview format is most often used in health care, as it provides respondents with guidance on what to discuss, as well as allowing for discovery or elaboration of information that is important to respondents but may not have been thought of as important to the researcher (Gill, Stewart, Treasure, & Chadwick, 2008).

Exploratory studies require in-depth information and therefore personal face-to-face interviews are appropriate. This will allow for a deeper understanding and perspective of the respondents experience. By interviewing the respondents in Portuguese more information can be potentially gathered as the language is more accessible to the respondents being studied. The interview will be of a semi-structured nature in order for the discussion to be less formal and allow the respondents to explore different aspects of their experiences, allowing the researcher to gain further insight.

The researcher conducted personal interviews with the sample respondents, using a semi-formal interview schedule (appendix three). Appointments were made with the respondents and the interviews were conducted in Portuguese at their homes in Johannesburg as this is the location where the researcher has the most contact with the Portuguese immigrant community. Additionally, the interviews were translated by the researcher, as Portuguese is her first language. The telephone numbers were gathered from the chosen respondents, namely

Portuguese first-generation immigrant women. The respondents are acquainted with the researcher through community activities.

3.5 Issues of credibility, transferability, dependability and confirmability

De Vos et al. (2012) make use of four constructs which are a better reflection for qualitative research than using the constructs for quantitative research. The four constructs are namely credibility, transferability, dependability and confirmability.

Credibility involves establishing that the results of the study are credible or believable from the perspective of the respondents in the research. The research is aimed at exploring the respondents' experiences regarding acculturation with limited English proficiency who have suffered from a mental illness. Therefore, the research is exploring a certain social group which will be the study's validity (de Vos et al., 2012).

Transferability refers to the degree to which the results of the study can be generalised or transferred to another context (de Vos et al., 2012). Therefore, the researcher will provide thorough descriptions, describing the research context as well as the assumptions around the research. By utilising the framework or model of Bronfenbrenner (1979), the transferability of the study results will be assisted.

Dependability in a qualitative study is based on the assumption of replicability, as stated by de Vos et al. (2012). The researcher made use of semi-structured interviews and transcripts from each individual respondent to show how the results were documented and audited.

Lastly, confirmability refers to the degree to which the results of the study could be confirmed or corroborated by others (de Vos et al., 2012). The researcher made use of peer groups to avoid any bias or distortions that could be found in the data analysis. The data was also checked by a peer to avoid contradictions in the results.

3.6 Sampling techniques

Purposive sampling was the chosen technique for this study. This particular technique was decided upon as a specified population group was chosen for the research. As de Vos et al. (2012) state, this type of sample is based entirely on the judgement of the researcher, in that a sample is composed of elements that contain the most characteristic, representative or typical

attributes of the population that serve the purpose of the study best (as cited in Grinnell & Unrau, 2008; Monette, Sullivan, & DeJong, 2005).

The researcher has chosen a particular population group for this study, that being Portuguese immigrants with limited English proficiency that have experienced mental illness. This is a population group that have specific attributes for this particular study. Therefore, purposive sampling would serve the purpose of this study well.

3.7 Respondents

3.7.1 The respondents

The context of this research setting was in accordance with the aims and objectives stated with regards to the study. The chosen respondents are first-generation Portuguese female immigrants, who have a limited understanding or use of the English language and who have experienced problems with regards to their mental well-being.

The respondents were selected based on specific criteria, namely that the respondents speak Portuguese and have immigrated to South Africa. Furthermore, the respondents needed to be first-generation immigrants. The respondents also have a limited understanding of the English language and have been treated for a mental illness. For the purpose of this study only females of this particular cultural group will be interviewed, however many men are prone to the development of a mental illness, which needs to be noted.

3.7.2 Target group

The target group are Portuguese speaking women immigrants in South Africa who have a limited grasp of the English language and have been diagnosed with a mental illness. Therefore, these women are first-generation immigrants with Portuguese being their primary language and/or first language.

3.7.3 Sample

The sample of this study were four Portuguese immigrant women, who have been diagnosed with mental health challenges. The respondents are acquaintances of the researcher and have

agreed to participate in the study. The respondents were all of similar socioeconomic status as well as educational background.

3.8 Ethical considerations

As stated by Durrheim and Wassenaar (1999), the essential purpose of ethical research planning is to protect the welfare and the rights of research respondents. This study requires the participation of four women who have been diagnosed with a mental illness and have immigrated to South Africa. The respondents are first-generation female immigrants from Portugal. The research proposal was submitted to the Unisa Department of Psychology's Ethics Review Committee and clearance was granted on the 27th February 2015 (Appendix One).

The ethical considerations taken for this study were to first obtain the respondents' willingness to be the subjects of this study. Secondly, the respondents were informed of their rights as a respondent in this study, which included confidentiality, being allowed to withdraw, and that if they should need to be debriefed at any time in this study that counselling services would be readily made available to them. The respondents were all made aware of the strict confidentiality status of this research study (Appendix One and Two).

Respondents were asked to sign a consent letter stating the research topic and the purpose of the research being conducted (Appendix Two). The respondents were notified of their rights for withdrawal from the research project which will be voluntary and at the subject's own discretion at any point during the study (Gravetter & Forzano, 2012).

Only the researcher worked with the raw data of the study, and the supervisors or external examiners will receive the typed, verbatim texts of the respondents. The respondents were informed that their identities would be protected and that only certain select parties would be privy to the data. The respondents' identities were safe guarded, therefore the use of pseudonyms were implemented and their personal information was not published. In the case of audio tapes, they will be destroyed after five years. The researcher guaranteed that no harm to the respondents or any other person or group would be inflicted to the best of her ability.

The researcher has taken into consideration the potential risk of emotional harm to the respondents involved. If there is a need for therapeutic services, the respondents shall have access should the need arise. The principle of beneficence further requires that the research be

of benefit to either the respondents or more broadly to other researchers and society at large (Gravetter & Forzano, 2012).

3.9 Method of analysis

The information gathered from the interviews were analysed using a thematic content analysis. A thematic analysis should be seen as a foundational method for a qualitative analysis. This type of analysis encompasses everything in the study, namely identification, analysis and reporting of patterns occurring in the data (Braun & Clarke, 2006). The aims of this particular study require a qualitative analysis.

The thematic content analysis was done by reviewing the raw data and transcribing the texts, followed by the highlighting of the patterns which emerged from the data. The transcribing and translation of the text was done by the researcher and the researcher's supervisor reviewed the transcripts. These patterns were then categorised into groups according to the research questions.

Braun and Clarke (2006) have identified a six-phase guide to conducting a thematic analysis method of data collection, which will be discussed below.

The first phase revolves around the researcher becoming familiar with the data collected from the semi-structured interviews. This is an important phase for the researcher needs to immerse herself with the transcribed scripts. During the data collection procedure, the researcher is already aware of the content within the data, notes have already been made and the researcher should at this point be aware of the content within the data and have an idea of the themes that may arise. Reading and re-reading of the transcripts will equip the researcher with an even better idea of the depth and breadth of the data content. Therefore, the key to this initial phase is the immersion of oneself in the transcripts and, in addition, becoming knowledgeable of the transcripts. As Braun and Clarke (2006) have stated, this immersion and knowledge provides the foundation for the remainder of the analysis

The second phase involves the generation of codes. Braun and Clarke (2006) have stated that the researcher should systematically work through the data, while paying particular attention to each data item and identifying interesting aspects in the data which show repeated patterns or information. A further recommendation is that the researcher needs to code the information

as far as possible. The reason being that in the initial phase of the coding the information revealed may or may not be essential but it is more beneficial to have too much information than too little.

The third phase of the analysis requires the researcher to search for themes within the transcripts. Therefore, when all the data has been coded, the researcher will shift the narrow focus of coding to a broader level which focuses on the themes which were indicated by the codes. A potential problem could arise from the researcher not seeing the bigger themes but rather seeing sub-themes. This problem may not be a delay in the analysis process as the sub-themes may later become larger themes which are imperative for the research.

The researcher will also review the themes which are under consideration. Braun and Clarke (2006) suggest that once the preliminary themes are identified and listed, the fourth phase requires an examination of the themes. It is important to note that in some instances the themes may overlap or some themes may not be valid or essential. At the end of this process the researcher will be able to take note of the importance of certain themes and whether these themes compliment or contradict each other and the overall results of the analysis.

The fifth phase requires the defining and naming of the themes. Braun and Clarke (2006) state that the "define and refine" step in the analysis process is essential and beneficial. Thus, in this particular phase the researcher will identify the "essence" of the themes as well as the feature of the data that each theme is capturing. The researcher will then use this information in the naming of the theme, hence the theme will be named according to its particular function in the analysis process. Finally, the above phases will culminate in the sixth phase whereby the researcher will produce the report or results based on the previous steps.

Summary

The chapter illustrated that the study utilises a social constructionist framework, and adopts a qualitative research approach in order to understand the experiences of long-term Portuguese immigrant women from the 1960s and 1970s who immigrated to South Africa. The study employs a purposive sampling technique which required the relevant respondents for the study. Additionally, semi-structured interviews were used and conducted in Portuguese to gain relevant data. A thematic content analysis was applied to interpret and draw meaning for the

data and ethical considerations were used to ensure and maintain the respondents' rights to respect, confidentiality and voluntary participation.

CHAPTER FOUR: FINDINGS

This chapter aims to discuss the main themes and patterns found in each of the respondents' accounts with regards to their experiences of acculturation and its effects on their mental well-being. Additionally, the chapter illustrates and draws the individual accounts together by highlighting the main results of the study.

4.1 Interview Themes: Respondent One

Respondent one is a married Portuguese immigrant woman who arrived in South Africa in 1982 and resides in Johannesburg. She speaks Portuguese with limited English proficiency and has experienced mental health difficulties. The respondent immigrated to South Africa as her husband was already working as a carpenter in the country and had established employment and housing in South Africa. The interview was conducted in Portuguese, the respondent's primary language, which allowed ease in the answering of questions as she could express herself in her own mother tongue. The respondent was extremely anxious about the interview and the questions being asked. She often needed assurance that all identifying information would be kept confidential as she was afraid that people would be able to identify her story, particularly the family members who were present on her arrival to South Africa.

The following themes are discussed below:

A. Initial experiences Upon Arrival to South Africa
B. Environmental Stressors
C. Social and Organisational Support
D. Acculturation

A. Initial Experiences Upon Arrival to South Africa

Under this theme, the sub-themes of initial experiences on arrival and environmental stressors were identified. Respondent One recounts her impressions and hopes upon arriving in South Africa. She discusses what she experienced in terms of support from family and friends as well as from organisations with regards to her arrival. Her account had more negativistic undertones in terms of deep sadness and fear.

- *I came to South Africa and lived with my husband's and his brother's family. My husband worked for his brother so work was guaranteed but there were a lot of family conflicts. I had a bad experience where I stayed when I arrived with my*

husband. I suffered a lot. I experienced verbal abuse from the family I was staying with. I did not have many expectations.

- *I thought I'd stay a little while but I wanted to go back because I felt lonely and wanted to return home.*
- *I felt lonely and sad and experienced people* [family] *as being very jealous. I wanted to go back. I felt lonely and wanted to return home; the Afrikaans culture was unwelcoming and unsupportive.*
- *There was no organisational support initially...*

B. Environmental Stressors

Respondent One described the environmental stressors that she encountered that impacted her acculturation process. One of the main themes that became apparent in her transcripts was the political climate in South Africa when she immigrated.

- *...the Afrikaans culture was unwelcoming and unsupportive.*
- *I did not enjoy the racial divide and racism was different from my experiences in Portugal but I got used to it.*

The respondent also briefly mentioned the climate of South Africa as a potential stressor, however her perception of this stressor was more positive in nature and different from her other experiences.

- *The climate was hot and dry most of the time which in Portugal is only for three months at the most. But, it was a good climate. I really enjoyed the warmth and I got used to it very quickly.*

C. Social and Organisational Support

Respondent One highlights the different support systems she had as well as the systems she utilised which were helpful or unhelpful with regards to the acculturation process. Interestingly it was noted that the organisational support structure of the country at the time were found to be difficult, however the social support was slightly more tangible, with her own community being the most supportive with regards to the acculturation process.

- *There was no organisational support initially. Getting residency was very difficult, it took five years and it was difficult to plan life due to having a permit and not being a permanent resident of South Africa.*

In the following quotations, the social support systems are clearly highlighted.

- *The Portuguese club and church helped, it was a place where we could all meet and talk about our experiences also talking to parents of my children's friends who were not Portuguese helped me feel more a part of the community outside of only Portuguese immigrants… Helping at my children's school events helped me make friends and build relationships with other cultural groups.*
- *My friendships were better with the Portuguese community because we had the Portuguese club where we could socialise and we could speak the language and communicate about our difficulties and successes.*
- *Helping at my children's school and contributing at the school events helped me make friends and build relationships with other cultural groups.*

D. Acculturation

Respondent One discusses the difficulties she experienced with the acculturation process. The subtheme noted within the acculturation process was the difficultly with the host country's language, being English and Afrikaans at that time in South Africa, which impacted her interaction with the community. Additionally, she discusses the barriers she experienced with regards to accessing services such as psychological and medical health care.

- *I could not speak English and often needed the help from other Portuguese women who could speak English to help me when I went to my children's school evenings or meetings.*
- *I often needed to find a Portuguese and English speaking woman in my community so that I could attend my doctor's visits during my pregnancy. I needed her to translate from Portuguese to English and vice versa. I knew these ladies from the Portuguese club but they were not always available to help. This made it difficult to access the help and resulted in often not going to the doctor unless it was absolutely necessary.*
- *I was a victim of a robbery and started feeling depressed and that was the first time I went to a psychologist. I left the sessions due to the exploration of trauma and I was*

not sure what the point was of going through my childhood traumas. Also I felt depressed before during my pregnancy but I did not know what it was so I did not seek medical or psychiatric help… I thought it was just sadness.

- *…I could not explain clearly what I was experiencing and I did not want a translator with me as the community, although supportive, gossips very often.*

4.2 Interview Themes: Respondent Two

Respondent Two is a married Portuguese Immigrant who arrived in South Africa in 1964 with her two children. Her husband was in South Africa from 1955 and worked in construction. She immigrated to South Africa as her husband had secure employment and the employment opportunities were better. She currently resides in Johannesburg and is a housewife. The interview was conducted in Portuguese to put the respondent at ease and allow her to express herself more clearly, however she was anxious about the identifying details and often needed extensive prompting to engage with the questions.

The following themes are discussed in detail below:

A. Social Support
B. Impressions on Arrival
C. Language Differences
D. Organisational Support
E. Adaptation
F. Mental and Medical Health Access

A. Social Support

Respondent Two in her transcripts expressed the support that she received from her family, Portuguese community and the host country's community.

- *…we made friends with the black culture; they seemed to be friendlier and more helpful, e.g., in giving directions or helping with the language as the South Africans only spoke Afrikaans which was even more difficult.*
- *When me and my family landed in South Africa in September 1964 we had no support, family or friends waiting for us. The support we had on arrival was my husband as he had been in SA since 1955, but mainly in the homelands, so his*

English was very poor but he could speak fluently in Xhosa and Zulu, no Afrikaans which wasn't a problem as he just got a Zulu person to speak in Afrikaans when needed.

The respondent also mentioned that her husband was the bread winner and the main support system of the family, therefore when he had a work-related accident, it resulted in a role change for the respondent, also highlighting the support she received from her children.

- *…my role in the family changed when my husband stopped working at 48 years of age due to the accident which occurred at work. You see, he fell off a scaffold and broke his spine and he became a hunchback after that and I had to go out to look for work. Never having worked outside the home I could only find menial work. I also did not once again speak English. While this was happening my third child, a daughter, was born… It was very challenging to go out to work after my husband's accident.*
- *Lucky for the family my two oldest children started working when this accident happened and helped with the expenses and we got by.*

B. Impressions on Arrival

Respondent Two discussed what her impressions were when she arrived in the country. She recounted the political regime and what she experienced.

- *He was here in South Africa from 1955 and we came to meet him as he said that the work opportunities were very good in South Africa and it was not a good time in Portugal because of the government regime in place.*
- *The first impression we had of SA when we landed was everything was so BIG and open, even the people. We made friends with were the black culture, they seemed to be friendlier and more helpful, e.g., in giving directions or helping with the language as the South Africans only spoke Afrikaans, which was even more difficult. Also, when we arrived at the time very few Portuguese people were in South Africa and the political climate was also not very good as South Africa had just gone or was going through an uprising; at the time of President Verwoerd was in power.*

C. Language Difficulties

Respondent Two discussed how not having a good understanding or grasp of the English language was detrimental to her and her family experiences of acculturation and acquiring the necessary support and resources that would make the acculturation process more fluid and less detrimental to their mental health.

- *…we had a huge problem with the language and no support whatsoever. It was very challenging to go to a doctor or hospital if there was no one who could speak Portuguese; we had to communicate as best we could. Sometimes a Portuguese friend could help you at the doctors or other places but mostly we were on our own and had to figure out the language, especially when my husband was not around.*
- *The Shopkeepers, butcher, etc., were very helpful because they saw how we battled to speak and they usually asked us behind the counter to help ourselves and then we would go to the till and pay. There were also no super markets at the time so we all used to go to the OK Bazaar because there we always saw someone from Portugal or someone we might recognise that could help* [with the language].
- *…mass was said in English which was a challenge as we did not speak the language of the people.*

D. Organisational Support

In these excerpts from Respondent Two, it can be easily observed and noted what the support systems they utilised or needed were. She clearly described what organisational support made it easier to acculturate, as well as which organisations were needed but were inaccessible.

- *Portuguese socials were non-existent and even if they were it was too far to go to and we did not have transport. The church was also far and mass was said in English which was a challenge as we did not speak the language of the people.*
- *No, not really* [support received from other formal organisations such as home affairs or other governmental departments].
- [Difficulty approaching formal organisations*]. Yes, because my husband broke his back after an accident at work and although he worked for the company for five years he did not receive any compensation as he was not registered for UIF – once again we were ignorant because we did not know the laws and there was no one we could approach to speak on our behalf.*

- *…my role in the family changed when my husband stopped working at 48 years of age due to the accident which occurred at work. You see, he fell off a scaffold and broke his spine and he became a hunchback after that and I had to go out to look for work, never having worked outside the home I could only find menial work. I also did not once again speak English. While this was happening my third child, a daughter, was born… It was very challenging to go out to work after my husband's accident. Lucky for the family my two oldest children started working when this accident happened and helped with the expenses and we got by.*

E. <u>Ease of Adaptation</u>

Respondent Two expresses what made her adaptation easier when she immigrated to South Africa. She clearly described the resources she utilised that made adaptation easier.

- *We made a good life for my family and we did have a great time when we went to Mozambique, this being Portuguese. We really looked forward to the holidays in December because we were going to see family and friends and do some of our Portuguese events. In saying this, we were extremely lucky in not going through what they did in that country; we always felt safe and protected even though we had our problems.*
- *SA still did not have TV so we listened to the Portuguese radio from Mozambique and went to the Portuguese kiosk in JHB were they sold the Portuguese paper, records and books and that is how we mainly kept up to happenings in the country and Portugal.*

F. <u>Mental and Medical Health Access</u>

Respondent Two clearly discusses the difficulties she experienced with regards to accessing mental and medical health services. She describes what the most salient barriers that she experienced were, particularly when trying to access these resources.

- *…very challenging to go to a doctor or hospital. If there was no one who could speak Portuguese, we had to communicate as best we could. Sometimes a Portuguese friend could help you at the doctors or other places but mostly we were on our own and had to figure out the language, especially when my husband was not around.*
- *Going to the doctor was difficult and looking for a psychologist or psychiatrist was worse. I am sure I went through depression but we* [family and Portuguese community]

had no support and we did not know much about such things so we tried to help ourselves as best we could, and we did keep ourselves to ourselves because of the stigma attached to mental illness, even to this date. The only person we could maybe speak to was your priest or husband if he understood.

- *In saying this, I still feel in the area of mental conditions we are still very behind with other cultures as we still do not have enough professionals that can help the Portuguese community in this area*.

4.3 Interview Themes: Respondent Three

Respondent Three arrived in South Africa after the war that broke out in Mozambique for their independence from Portugal. She arrived from Mozambique in 1975 after war broke out, however her husband had lived and worked in South Africa for two years and had started his own entrepreneurial business in construction. She currently resides in Johannesburg South with her husband, who is also a Portuguese immigrant. Respondent Three experienced discomfort while being interviewed due to her arm which was affected by a stroke, as well as feeling anxious and worried about the interview questions. She was concerned about the confidentiality aspect and felt the questions were difficult to answer.

The following themes are discussed below.

A. Reason for Immigration and Initial Experiences of South Africa
B. Family Support and Organisational Support
C. Language Barriers
D. Medical and Mental Health Barriers

A. Reason for Immigration and Initial Experiences of South Africa

Respondent Three describes her reasons for immigration and initial experiences on arrival to South Africa.

- *We arrived in S.A. in 1975 because we ran away from the war which broke out in Mozambique in 1975…this was a very scary and a trying time for us as we considered Mozambique Portuguese and it felt like we never left Portugal, and now we felt lost and scared because South Africa was so different and the White South Africans were unwelcoming. However, we are still in S.A. as we are very happy here…*

- *We arrived in South Africa after running away from the war in Mozambique; we lost everything and had to rent a little flat for four people and we earned very little at the time. It was scary and difficult to adjust to a new way of life.*
- *We rented a little flat in Belgravia and we were very lucky we did not go to a concentration* [Refugee] *camp like a lot of our friends…*
- *We earned very little and my children started school here and I found work in a factory sewing text books for the schools. The wages were minimum but we were very grateful and thankful to start our life again from scratch; we lost everything in Mozambique as all the banks and property was nationalised. This made life difficult because we were not accustomed to struggling with the finances… Also, we did not have help from the organisations or Church. We were alone, my family and I had to manage our lives without understanding the customs or culture in South Africa.*

B. <u>Family Support and Organisational Support</u>

Respondent Three expresses the family support systems that made it easier to adjust to the new country and aided in the acculturation process.

- *…my husband had been in S.A before I arrived and knew how to go about setting us up in a new country. This made it easier because my husband knew how the country was and where to go to arrange our living space so we did not have to stay in a strange place.*
- *Friendships were few especially in the beginning and to this day I have better friendships with the Portuguese than English people, mostly because they understood what happened to us and they understood our customs. It was more difficult with the White South Africans because they called us names and did not want to help us with language difficulties or other areas, for example, home affairs.*

C. <u>Language Barriers</u>

Respondent Three indicates how the language difficulties played a significant role in her acculturation process and how it limited her access to support systems as well as needed resources.

- *The language difficulties made it difficult to make friendships with people who only spoke English or Afrikaans.*

- *The language was especially difficult especially if we went to the doctors or hospitals. No- one could speak Portuguese so it was hard to explain to the Doctor what was wrong or how we were feeling.*
- *Sometimes we were lucky and had a friend that could speak better English but that was rare*

D. Medical and Mental Health Barriers

Respondent Three describes the mental health and medical barriers she faced which were closely linked to the language difficulties which resulted in adverse effects on her mental and physical health.

- *I was put on Hormone Replacement Therapy. I had a stroke from being on HRT's for 14 years and I did not understand that I could only be on the medication for maximum of five years due to not visiting the doctor often as I struggled with the language… I kept getting prescriptions but did not check with the doctors and I now have a lame left arm and leg and suffer from pain after the stroke.*
- *I had a stroke and am on medication for depression and have no help due to the language barrier and have no assistance because of the language as there are no therapists who speak Portuguese to help us, which makes it difficult. We were very depressed and we did not and still do not have any psychological help.*

4.4 Interview Themes: Respondent Four

Respondent Four is a 65-year-old woman who currently resides in Johannesburg with her husband and two daughters. She immigrated to South Africa in 1969 for employment opportunities provided by her family members. She met her husband in South Africa and he is a Portuguese immigrant himself, from Portugal.

The following research themes will be discussed below:

A. Initial Experiences and Arrival
B. Organisational Support
C. Family and Social Support
D. Use of Health Services

A. Initial Experiences and Arrival

Respondent Four discusses what her experiences where when she arrived in the new host country. She also makes references to the political climate and how that contributed to her adjustment and acculturation process.

- *At the time the country in Portugal wasn't so good with the government and work opportunities were poor. I came alone and lived with my aunt and uncle and two cousins who were here.*
- *...my uncle offered to employ me as a secretary for his company. He does glass and aluminium shopfronts... I think that's what you call it. Also my family in Portugal needed financial help and my uncle promised to help by giving me work and paying me.*
- *At first I thought the country was so big...there was so much space and the buildings seemed very big. It was a little bit scary because the roads were also different and there were a lot of different rules at the time.*
- [Referring to the rules] *...the racism in the country was strange for me because I never experienced that so forcefully in Portugal. I felt it was a little strange that there was these difficult or hateful feeling between the White Afrikaans people and the Black people.*
- [Referring to impact on her adjustment*] Yes, especially in the beginning because I found the Black people to be so friendly and helpful even if they didn't understand us whereas when I interacted with the Afrikaans people even over the phone for work they would be rude and shout at me. They didn't really like us and sometimes we would hear them call us names and laugh about the types of things we do* [stereotypes].

B. Organisational Support

Respondent Four expresses the support systems she encountered and was unable to utilise due to barriers she experienced such as language and discrimination.

- *I did not have any help from home affairs or other places to make things easier. A lot of times I asked my aunt and uncle to help with those things but even they struggled and we would ask for help from Portuguese friends who had gone through the processes and could speak properly and understand.*

- *Home affairs was a horrible place to go to because the ladies wouldn't speak to us respectfully and always seemed uninterested in our problems or explanations. A lot of times we got turned away because the documentation was missing but we did not know. It was the same thing with the work documents and arranging bank accounts.*

C. Family and Social Support

Respondent Four goes on to discuss the family and social support that she received that aided with the acculturation process.

- *When I arrived, the support I had was from my family in terms of accommodation and finances.*

- *A lot of times I asked my aunt and uncle to help with those things but even they struggled and we would ask for help from Portuguese friends who had gone through the processes and could speak properly and understand.*

- *My family helped me a lot but more practical things; emotionally we weren't a very close family. There was a lot of fighting and I felt they wanted to control me and tell me what to do.*

- *Church was nice because I met other Portuguese speaking people who helped with things like home affairs because they understood the process. We also had Portuguese clubs where we came together and celebrated our religious feast days as well as Portugal day.*

- *When I met my husband, he became a big support, because he did everything for us and I stayed home to watch the children. He is also Portuguese so we had to depend a lot on each other and he understood what was happening with me and my other family. He was very loving and hardworking.*

- *The Portuguese ladies I met were helpful, because we could talk about everything, even our problems at home, not just the immigrating. They helped me feel a part of them and that I had people I could come and have fun with but also ask for help. My kids were also very helpful, they could speak English so when they were older it was easier to go to places like the doctors or hospital because they could translate what I didn't fully understand.*

D. Accessing Health Services

Respondent Four discusses the barriers and difficulties she experienced when accessing health services as well as the factors that helped her acquire the aid and support she needed.

- *In the beginning before my kids and children, it was very difficult. I sometimes couldn't communicate clearly with the doctor about my symptoms. I remember one time I directly translated the word "constipaçao" into English and the doctor thought I meant constipation and not flu...so I got the wrong treatment.*

- *I laugh now about it but then it was so irritating. It made me lose hope and faith in being able to survive in the country...I mean it was horrible going to the doctor because I felt useless and idiotic. It would sometimes take me very long to see someone because I didn't want to go through the humiliation.*

- *The most difficult thing was the language. Not being able to express myself clearly just made me hate going to the doctor so I would postpone until I could bear it no more.*

- *Sometimes the doctors would get frustrated with us…because he could not understand me properly and this made him irritable with me and the same for me.*

Respondent Four further communicates that the difficulties in accessing mental health were more pronounced due to stigma and perceptions around psychology.

- *Psychology…huh…that was unheard of. I would not dare go to a psychologist because I am not mad or psychotic. If anyone heard I went to a psychologist, they would immediately start rumours in the community that I'm crazy or even a witch.*

- *There is too much stigma around the psychologist. People will say that I need to be in a mad house because I'm not mentally well and then no one would take me seriously.*

Also, not speaking English does not help. How can I speak about my emotions that are so private with a stranger?

- *There are no Portuguese psychologists; if there were maybe I'd have gone, especially when I got depressed and anxious but I did not want anyone to hear my stories and the only way was if I had a translator or my children and that was not an option. So, I went to the GP and took my medication and kept it a secret.*

- *The Portuguese community even today need psychology but they are scared of what that'll do to their reputation and what their families would say. So, we all go to the GP and say its headaches or flu but we will not tell the truth.*

- [Wipes tears when talking about what could've helped with coping with a mental illness*]…well…you could speak to the priest because they won't say anything and church is a very big part of my culture so no one would question me speaking to the priest, but even then I did not do that because I felt like I could handle it myself and the medication would be enough.*
- *Yes…you see now you understand. How could I go to a doctor for mad people when I am not mad? I know I'm being silly or stupid…as my kids will tell me but that's how it feels if I see a psychologist or psychiatrist.*
- *Exactly…that's why I did not tell my family members because that's the view which is even worse in the community. Also, if I had an argument with my husband or other members of my family that would be their excuse…that I'm crazy or mad and need to go to Conde Ferreira* [mental hospital in Portugal].
- [Stigma around psychology and psychiatry] *…the rumours and stories can be awful because sometimes they are worse than the actual story and it grows to horrible proportions. Even now just speaking to you I feel very uncomfortable.*

<u>Summary</u>

This chapter presents the key themes which occurred in the respondents' interviews about their lives and their experience of South Africa when they immigrated. These themes highlighted the various factors such as culture, political climate and resources which played a role in their acculturation process and their mental health and well-being. These factors illustrate the set of challenges that they needed to overcome in order to successfully acculturate and assimilate into their new host country. However, the transcripts also highlighted the systems that aided in the

acculturation process and made their adjustment process easier, such as family and their own ethnic community.

In conclusion, the above chapter discusses the main patterns found in each of the respondent's accounts. Therefore, it highlights the main findings of the study which indicated that various factors such as culture, political climate, support systems, access to health services and language all impacted the process of acculturation and assimilation and resulted in detrimental effects on their health and well-being. The integrated meta-themes are discussed in the next chapter.

CHAPTER FIVE: INTERPRETATION AND DISCUSSION OF FINDINGS

5.1 Introduction

The following section presents the analysis and findings of the transcribed semi-structured interviews conducted, as well as a brief discussion of each theme. The transcripts were analysed using Braun and Clarke's (2006) method of thematic analysis whereby reading and re-reading the transcripts, identification of codes and then grouping the themes together into meaningful themes is essential.

Thematic categories were identified according to the aims and objectives of the study and then discussed as various themes accordingly. In order to substantiate the themes, extracts of the semi-structured interview discussions are also presented. The discussion of each theme was also linked to the present literature as well as the theory of Bronfenbrenner. Furthermore, a summary of the present findings will be reviewed.

5.2 Findings and discussion of the study

Four thematic categories were identified. The thematic categories (Table 1) are then divided into themes and described further, elucidating the aims of the study.

Table 1: Thematic categories for discussion

Category	Description	Theme
Thematic category 1	Arrival into a new culture and country	A) Initial experiences on arrival B) Environmental stressors
Thematic category 2	Availability of support from a new country and community	A) Social support B) Organisational support C) Acculturation
Thematic category 3	Barriers to seeking medical and mental health services	A) Access to mental health services B) Access to medical services
Thematic category 4	Silencing	A) Fatalism

5.3 Thematic Category 1: Arrival into a new culture and country

The meaning that these group of individuals attach to arriving into a new culture and country was established through inquiry into (a) their initial experiences upon arriving in South Africa, and (b) environmental stressors. These two sub-themes together clearly describe and explain how this group of individuals have constructed their understanding of what their lives would be like in this new country. These initial experiences have a significant impact on their health, particularly relating to their mental health.

5.3.1 Initial experiences on arrival

From reading the transcripts, the respondents' initial experiences upon arriving in South Africa were one of loss and longing coupled with hope and optimism. The respondents often spoke about their first impressions and hopes or expectations upon their arrival in the country. In this section we review how the individuals experienced South Africa and the culture. The respondents all had similar opinions regarding the country and the culture they were now embedded in.

Bronfenbrenner's theory (1977) states that the micro-system, refers to the complex relations of the individual as well as their immediate environment, therefore acculturation experiences such as arriving in the new country, migration and environmental stressors are part and parcel of the micro-system.

"I wanted to go back [to Portugal], *I felt lonely and wanted to return home, the Afrikaans culture were unwelcoming and unsupportive."* (Respondent One)

"When we landed in SA everything was so BIG and open…the people we made friends with were from the black culture as they were friendlier and more helpful for example, in giving directions or helping with the language." (Respondent Two)

"We ran away from the war that broke out in Mozambique in 1975 and this was a very trying time because we felt Mozambique Portuguese and it felt like we never left Portugal and now we felt lost and scared because South Africa was so different and the White South Africans were unwelcoming." (Respondent Three)

"At the time the country in Portugal wasn't so good with the government and work opportunities were poor. I came alone and lived with my aunt and uncle and two cousins who were here." (Respondent Four)

"At first I thought the country was so big...there was so much space and the buildings seemed very big. It was a little bit scary because the roads were also different and there was a lot of different rules at the time." (Respondent Four)

From the above statements, it is clear that the respondents' experience of South Africa initially was anxiety provoking owing to the fact that they did not know the culture and the people, and the political climate in the country was unstable which made acculturation more difficult. Furthermore, there is a component of grief associated with the initial experiences. From the extracts there is a sense of sadness and loss that permeates the statements about their initial experiences although the respondents do not explicitly mention grief. This grief is noted by their introduction into the new culture such as being exposed to the apartheid regime and experiencing hostility from the Afrikaner communities. The respondents' clearly mention the strange rules and their reception on arrival by the new culture. The respondents experienced discrimination and hostility by the Afrikaner communities which compounded the feeling that they were outsiders and unwanted. Therefore the sense of sadness was more pronounced as it was clearly highlighted that they were not welcome.

Donnelly et al. (2011) state that culture can influence the acculturation process of immigrant women. This uncertainty and initial experiences of the new culture may leave the immigrant feeling vulnerable, exposed and isolated particularly if the immigrant is faced with an unstable political climate as well as racial prejudice. Campbell et al. (2009) state that negative social reactions predicts multiple negative outcomes such as depression, anxiety and post-traumatic stress. Therefore, specific factors and considerations are needed especially when viewing the immigrant woman from an ecological perspective. Viewing the immigrant from the micro-system, there are numerous aspects that affect the acculturation process, namely the host environment, acculturation and length of time in the host country, and social support in the home and host environment (Yahushko & Chronister, 2005).

However, research done by Davis et al. (2006) and Khanlou (2009) shows that on initial arrival the immigrants' usually fair better in terms of mental health as opposed to the natives of the

country. This healthy immigrant effect has been associated with factors relating to the immigration process itself which indicates that healthier people tend to move more than those with poor health (Delara, 2016). However, this healthy immigrant effect appears to diminish over a period of time and the longer the immigrants live in the host country, the worse their health status becomes (Wiking, Johansson, & Sundquist, 2004).

5.3.2 Environmental stressors

The concept of stress from an environmental point of view according to Veitch and Arkkelin (1995) is a state that occurs when people are faced with demands from the environment that require them to change in some manner. The changes that the individual has to adapt to is due to natural and technical catastrophes, for example major life events such as immigration to a new country or different climates such as dry and extremely hot temperatures.

Environmental stressors play a part in the facilitation of the immigrant into the new host country and subsequent culture. Important aspects to consider in terms of environmental stressors would be, where the immigrant stayed upon their arrival, and their perceptions and thoughts about their new environment. In the next excerpt, it is clear that environmental stressors impacted the individuals' experience of the new host country and culture as well as acculturation and assimilation. Looking at the immigrant's experiences regarding where they stayed upon their arrival, the tone of the excerpts shows very negativistic experiences and outlooks.

"I had a bad experience where I stayed when I arrived with my husband, I suffered a lot. I experienced verbal abuse from my family I was staying with… I felt lonely and sad and experienced people as being very jealous." (Respondent One)

"We arrived in South Africa after running away from the war in Mozambique, we lost everything and had to rent a little flat for four people and we earned very little at the time…it was scary and we had a very difficult time in adjusting to a new way of life." (Respondent Three)

Additionally, an important environmental stressor to take note of, would be the immigrants' perceptions and thoughts of their new context. The political climate within the country is an

essential stressor to take into consideration when looking at immigrants and the stressors they experience. In the 1970s, when the respondents arrived in South Africa, the country was under the governance of the apartheid regime resulting in the instability of the country which was on the brink of a possible, if not probable, civil war.

"I did not enjoy the racial divide and racism was difficult from my experiences in Portugal but I got used to it." (Respondent One)

"…the political climate was also not good as South Africa had just gone or was going through an uprising at the time President Verwoerd was in power." (Respondent Two)

"It was more difficult with the White South Africans because they called us names and did not want to help us with language difficulties or other areas, for example at home affairs." (Respondent Three)

"[Referring to the rules] *the racism in the country was strange for me because I never experienced that so forcefully in Portugal. I felt it was a little strange that there was these difficult or hateful feeling between the White Afrikaans people and the Black people. "*(Respondent Four)

"[Referring to impact on her adjustment] *Yes, especially in the beginning because I found the Black people to be so friendly and helpful even if they didn't understand us, whereas when I interacted with the Afrikaans people even over the phone for work they would be rude and shout at me. They didn't really like us and sometimes we would hear them call us names and laugh about the types of things we do* [stereotypes*]."* (Respondent Four)

The Portuguese community experienced discrimination due to the political climate in South Africa at the time. In the 1970s, many of the Portuguese immigrants were referred to in derogatory terms by some White South Africans, who considered the Portuguese immigrants beneath them (Glaser, 2010, 2013). According to Guruge, Collins, and Bender (2008), substantial literature shows that race and gender discrimination are major inhibitors of radicalised immigrant women to attain social inclusion. Therefore, being discriminated against may leave the immigrant feeling worthless, undervalued and unwanted which in turn impacts the acculturation process as well as their mental health and well-being within the new country.

Bronfenbrenner's (1977) ecological theory, which describes the individual as being nested within and influenced by different systems, namely, the micro-system, meso-system, exo-system and macro-system. In the present study, being discriminated against and/or being socially excluded from the community would have a detrimental impact on mental health and perhaps acquiring or accessing the support needed to acculturate relatively easily. The findings of this study illustrate that with this particular sample their health status was significantly diminished due to the immigration process. All the respondents found it difficult to adjust to the new environment and culture. Additionally, all the respondents clearly demonstrated that they were discriminated against and experienced hostile attitudes from the host culture, particularly from the Afrikaans community.

5.4 Thematic Category 2: Availability of support from a new country and community

Support available from social and organisational perspectives are essential aspects to how acculturation can occur and it may determine the ease with which the immigrant may assimilate into the new host country and culture that they are now embedded in. The meso-system, refers to the quality of the relationships among women's different contexts, such as between her family and community, church and community (Yakushko & Chronister, 2005). Three sub-themes were noted during the interviews, namely social support, organisational support and acculturation.

5.4.1 Family support

Social network ties affect mental health most clearly via the provision of certain or varied kinds of support, including emotional, instrumental, appraisal and informational, according to Weiss (1974). Social support refers to the cognitive appraisal of being connected to others and knowing that support is there if need be (Barrera, 1986). According to Lynam (1985), immigrant women tend to rely on three types of social support. The first being that extended family members meet their settlement needs; immigrant women consider this support to be one of the most crucial, powerful and protective factors for their mental health status (Khanlou, 2009; Donnelly et al., 2011).

"I stayed with my husband's brother's family." (Respondent One)

"The support we [respondent and her two children] *had on arrival was my husband as he had been in South Africa since 1955."* (Respondent Two)

"My husband was in South Africa before I arrived and knew how to go about setting us up in a new country." (Respondent Three)

"When I arrived the support I had was from my family in terms of accommodation and finances." (Respondent Four)

"A lot of times I asked my aunt and uncle to help with those things but even they struggled…" (Respondent Four)

The above extracts illustrate how social support from family members was of paramount importance to aid with the acculturation process into the new country. However, the researcher experienced difficulty in gaining in-depth discussions of the availability and quality of the support. Family relations are considered to be generally supportive although as Yeh (2003) wrote roles, expectations as well as values which may be in conflict within the families may result in being both burdensome and isolating towards the immigrant. One respondent mentioned that although her husband's family helped her when she arrived in the country in terms of accommodation, whenever her husband was away due to work obligations she experienced frequent verbal abuse which left her feeling lonely, depressed and with a deep longing to return home. However, when probed for further information, she immediately stopped the interview in a non-verbal manner by getting up and leaving the interview room which explicitly told the researcher that she would not continue this line of questioning due to fear of possibly offending her family and that they might find out which would result in family conflict.

This silencing of the researcher was found with all the respondents, when the interview questions became difficult and asked for more clarity the respondents immediately opted to end the interview if the line of questioning was not changed or amended to more appropriate discussions according to the respondents. This was noted through nonverbal cues such as crossing arms, becoming more aggressive towards the researcher by giving one worded answers or staring out the window. Badr, et al (2001) found in their study that the impact of culture is reflected in assumptions about the acceptable expressions for support as well as behaviours. It can be hypothesised that talking to an outsider about one's painful experiences is taboo and not appropriate. This could further be interpreted as an intrusion into the respondents' grief from immigration and loss of their culture and way of life. Immigration has

a component of loss or grief. Eisenbruch (1990, 1991) reports that the loss of one's culture can cause a grief reaction. This grief comes from the loss of language, support networks and of one's moral values. Morrison and James (2009) write that the separation from important family members and extended family was very emotional and difficult. This resulted in feelings of sadness and a longing to return to the homeland.

5.4.2 Peer support

The second source of social support is peers or insiders who generally are immigrant women's close, ethnically similar community members, where there is an expectation that this group will understand their needs because of the sharing of the same cultural background.

"My friendships were better with the Portuguese community because we had the Portuguese club where we could socialise together and we could speak the language and communicate about our difficulties and successes." (Respondent One)

"We did have a great time when we went to Mozambique because the country was Portuguese, we really looked forward to the holidays in December because we were going to see family and friends and do some of our Portuguese events." (Respondent Two)

"I have better friendships with the Portuguese than English mostly because they understood what happened to us and they understood our customs." (Respondent Three)

"When I met my husband he became a big support, because he did everything for us and I stayed home to watch the children. He is also Portuguese so we had to depend a lot on each other and he understood what was happening with me and my other family. He was very loving and hardworking." (Respondent Four)

"The Portuguese ladies I met were helpful, because we could talk about everything, even our problems at home, not just the immigrating. They helped me feel a part of them and that I had people I could come and have fun with but also ask for help. My kids were also very helpful..." (Respondent Four)

From the extracts it was noted that the respondents had a preference for their own cultural group, the reasoning being that their community understood the challenges as well as the customs related to being Portuguese. These friendships seemed to help the immigrant women feel more comfortable and supported, however, on first arriving in the country, the women experienced isolation and feelings of being unsupported.

"We had no support [on arrival and subsequent months], *we had no friends or family waiting for us, at the time very few Portuguese people were in South Africa."* (Respondent Two)

"Portuguese socials were non-existent or too far away to go to and the Church was also far." (Respondent Two)

"Church was nice because I met other Portuguese speaking people who helped with things like home affairs because they understood the process. We also had Portuguese clubs where we came together and celebrated our religious feast days as well as Portugal day." (Respondent Four)

It is clear from the above extracts that the respondents felt the most support and experienced social inclusion when involved with other people of the same cultural background and customs. There is a clear emphasis on social events such as Church as a way of accessing other people of the same community; these were crucial for feeling included and possibly coping more effectively in a foreign country. Dunkel-Schetter, Folkman, and Lazarus (1987) and Wolf et al. (1991) suggest that these experiences enhance coping styles in the sense that the tendency to seek social support per se is a coping style.

5.4.3 Peer support from other ethnic communities

Thirdly, outsiders are considered a social support network outside the immigrant's family and ethnic community. Looking at the support that the respondents felt regarding outsiders, namely people in their community that were not of the same ethnic or cultural background, it was noted that there were both negative and positive experiences. Interestingly these experiences seemed to be mostly centred on the language barrier, particularly around the Afrikaans and English languages.

"*I could not speak English and often needed the help from other Portuguese women who could speak English to help me when I went to my children's school evenings or meetings."* (Respondent One)

"The people we made friends with were the Black culture; they seemed to be friendlier and more helpful..." (Respondent Two)

"The language difficulties made it difficult to make friendships with people who only spoke English or Afrikaans." (Respondent Three)

"I found the Black people to be so friendly and helpful even if they didn't understand us, whereas when I interacted with the Afrikaans people even over the phone for work they would be rude and shout at me." (Respondent Four)

Having support from all cultures within in the new host country may help the immigrant to feel supported and less isolated from the new country. Integration into a new culture through social support helps alleviate psychological distress. People with low social support report more sub-clinical symptoms of depression and anxiety than do people with high social support (Barrera, 1986). From this sample, the women still cannot speak English fluently, they still continue to speak as they did on their arrival to South Africa. Therefore it can be deduced that these women were unable to learn English or Afrikaans perhaps due to their own cultural roles, as was mentioned in the literature review. The findings of the study illustrated clearly that by not being able to speak English or Afrikaans or being able to learn the languages and acquire a better grasp of the language led to these women experiencing isolation and lack of relationships within the Afrikaans and English community. Thus, this detracted from their sense of connection to their new county and the new people they encountered.

Furthermore, it can be hypothesised from the sample that these women although some worked within the family business were mostly confined to the home or where involved in family related business matters, which resulted in the further isolation from the new cultural context they are embedded in as well as the continued lack of proficiency in the dominant languages of South Africa. As Glaser (2012b) stated these women suffered from linguistic isolation which hampered their assimilation and integration into the new culture. Therefore these women were

excluded from participating in programmes or groups which would foster social networks and thus a sense of belonging which resulted in continued loss of self-esteem and isolation.

5.4.2 Structural and/or organisational support

Structural support refers to the extent to which a recipient or individual is connected within a social network such as the number of social ties or how integrated the individual is within his or her social network (Wills, 1991). Membership to clubs and organisations contribute to social integration and are more formal forms of social support. These organisations help the immigrant navigate the acculturation process far more easily and smoothly, however, when their access to these support systems are hindered it may foster feelings of anxiety, depression, isolation and frustration. In the following excerpts, not having access to certain organisations can impact on finances and changes in roles within the family.

"My husband worked for a company for five years, however he did not receive any compensation as he was not registered for UIF…we were once again ignorant because we did not know the laws and there was no one we could approach to speak on our behalf… My role in the family changed when my husband stopped working due to an accident which occurred at work and he broke his spine. So, I had to go out to look for work, never having worked outside the home, I could only find menial work and I did not once again speak English." (Respondent Two)

"Home affairs was a horrible place to go to because the ladies wouldn't speak to us respectfully and always seemed uninterested in our problems or explanations." (Respondent Four)

Social networks provide a basis for intimacy and attachment which has meaning both for intimate and for more extended ties (Delara, 2016), therefore when these ties are not made the immigrant is left feeling despondent or inadequate. Moreover, the language barriers and their inaccessibility to learning the spoken languages further led to the immigrants feeling disconnected and isolated. Other organisations that are important for the immigrant to have support from would be home affairs in order to help with their relocation documents, however, when the support and access to these organisations are difficult the immigrant may struggle to acculturate and may again experience difficulties with mental health and feeling part of the community.

The following extract from the interviews showed how difficult one respondent experienced acquiring residency, which took five years, impacting on her life as she could not plan ahead.

"Getting residency was very difficult, it took five years and it was difficult to plan life due to having a permit and not being a permanent resident of South Africa." (Respondent One)

From the extract one can deduce that the respondent felt anxious and uncomfortable in her environment due to not being able to fully be part of her community for fear of being deported and losing the life she had built for herself and her family in the new host country.

If social integration is successful, it has the potential to engage immigrant women in a variety if meaningful social roles, including parental, familial, occupational and community roles and through opportunities for engagement, social networks can enhance social roles which in turn supply a coherent and consistent sense of belonging, attachment, value and identity (Berkman, Glass, Brissette, & Seeman, 2000). The meso-system is important in facilitating the feeling of social integration as it encompasses the relationship between the individual and her community, therefore if the needs of the immigrants are not met there is an impact or influence on the mental health of the individual. The reason being that the immigrant feels that she is unable to fully integrate with the new community and culture. Therefore, the immigrant may feel that she does not belong and thus struggles to create a new sense of identity that encompasses both her old culture and new culture, which may result in a sense of inadequacy and incompetency. This in turn facilitates symptomology associated with depression and anxiety.

"The Portuguese club and church helped, it was a place where we could all meet and talk about our experiences but also talking to parents of my children's friends who were not Portuguese helped me feel more a part of the community outside of only Portuguese immigrants." (Respondent One)

"Helping at my children's school and contributing at the school events helped me make friends and build relationships with other cultural groups." (Respondent One)

"Church was nice… We also had Portuguese clubs where we came together and celebrated our religious feast days as well as Portugal day." (Respondent Four)

As Berkman et al. (2000) state, social integration provides opportunities for companionship and sociability. Therefore, social ties give meaning to immigrant women's lives by providing them with full participation and attachment to their community and an obligation to be a support for others (Delara, 2016). Therefore their participation with the Portuguese clubs and formal institutions such as their children's school events helped the respondents' feel connected and supportive towards other community members as noted by the extracts. These institutions fostered social interaction which in turn aids the immigrant in feeling part of something outside of themselves. There is a grander sense of belonging and connectedness which is not always present with only the traditional family as there is a connection with one's original culture but also the new culture.

5.4.4 Church support

The Catholic Church plays an integral role in Portuguese culture and identity. Sperling (2013) noted that most of the Portuguese social structure and community practices were rooted in their religion. This institution allowed the immigrants to have a hold on their cultural identity from Portugal by being a place where they could form support networks with people in their community and at the same time allowing them to pass on their practices and beliefs to the new generation.

"The Portuguese club and church helped, it was a place where we could all meet and talk about our experiences." (Respondent One)

"…church was nice because I met other Portuguese speaking people who helped with things like home affairs because they understood the process" (Respondent Four)

"…church is a very big part of my culture" (Respondent Four).

From the above extracts it can be seen that the Church's role in providing a social life for these immigrants was of paramount importance as it allowed for a feeling of inclusion and involvement while still being able to respect their cultural values or to facilitate the creation of a Portuguese identity (Machado, 1992). Additionally, the researcher noticed from being personally involved with this community, that church was an important place for Portuguese culture, work ethic and moral values to be passed onto the next generation. The maintenance

of one's roots was important for these immigrant families as it aided in the Portuguese identity being honoured, almost in the form of an inheritance. Building links to the past and strengthening the new and old bonds with the motherland can pave the way for growth and facilitate acculturation.

Two of the respondents were particularly vocal on how not having access to the church and therefore the festas (Portuguese festivals) and social events led to a feeling of isolation and be an outsider.

"The church was also far and mass was said in English which was a challenge" (Respondent Two)

"...we did not have help from the organisations or Church. We were alone, my family and I had to manage our lives without understanding the customs or culture in South Africa". (Respondent Three)

From the above excerpts, both of the respondents struggled with social isolation due to the lack of support from the church. Not having access to this support network fostered a sense of disconnection with not only the new culture but with their own. These respondents were unable to respondent in important religious practices which would foster and honour their Portuguese identity within the new culture. Thus, adaption was made even more difficult.

5.5 Thematic Category 3: Barriers to seeking medical and mental health services

Access to community and health care services have a significant impact on mental health in immigrant women. Research has shown that immigrant women face substantial barriers when seeking government services, social assistance and police and support services, as reported by Ortiz (2008).

5.5.1 Communication barriers

Many social and health services may be available to assist immigrant women, however these women may experience barriers in accessing such services. One of the main barriers to immigrant women accessing health care services is due to communication difficulties with regards to language. Delara (2016) writes that lack of language skills limit social interaction and the ability to develop relationships within social and health care systems. Language

proficiency and communication fall under the micro-system within the framework of Bronfenbrenner's ecological theory (1977), and Yakshuko and Chronister (2005) write that language skills are an important proponent for positive mental health outcomes.

"I often needed to find a Portuguese and English speaking woman in my community so that I could attend my doctors' visits during my pregnancy. I needed her to translate from Portuguese to English and vice versa." (Respondent One)

"I had a stroke from being on Hormone Replacement Therapy for 14 years and I did not understand that I could only be on the medication for maximum of years [5 years] *due to not visiting the doctor often as I struggled with the language."* (Respondent Three)

"In the beginning before my kids and children, it was very difficult. I sometimes couldn't communicate clearly with the doctor about my symptoms. I remember one time I directly translated the word "constipaçao" into English and the doctor thought I meant constipation and not flu...so I got the wrong treatment." (Respondent Four)

"It made me lose hope and faith in being able to survive in the country... I mean it was horrible going to the doctor because I felt useless and idiotic. It would sometimes take me very long to see someone because I didn't want to go through the humiliation." (Respondent Four)

"The most difficult thing was the language. Not being able to express myself clearly just made me hate going to the doctor so I would postpone until I could bear it no more." (Respondent Four)

From the above extracts from the interviews, it was made clear that not having the ability to fluently and effectively communicate in English or Afrikaans made contacting health services difficult. The resources in South Africa with services such as interpreters is scarce, which may result in the immigrants deciding to wait for a more opportune time or until their condition has deteriorated before seeking the services of health professionals. As Delara (2016) states, lack of language ability or skills is a major obstacle to immigrant women both expressing their social and mental health needs as well as understanding bureaucratic procedures and the functioning of services.

"I had a stroke and am on medication for depression and have no help due to the language barrier and have no assistance because of the language as there are no therapists who speak Portuguese to help us, which makes it difficult." (Respondent Three)

"There are no Portuguese psychologists, if there were maybe I'd have gone especially when I got depressed and anxious, but I did not want anyone to hear my stories and the only way was if I had a translator or my children and that was not an option. So I went to the GP and took my medication and kept it a secret." (Respondent Four)

From the above quotations, the fact that there are no Portuguese speaking therapists further impacts on the respondents' ability to access mental health services, particularly psychological services. It is difficult to communicate one's emotions and difficulties in a language that one is uncomfortable with, which may impact on the quality of services received, and consequently on the success of treatment. However, it is crucial to note that not being able to learn the spoken language of the host country further impacts the immigrants' ability to seek and access aid from health professionals, which subsequently may result in the exacerbation and deterioration of their illness, particularly with regards to mental health which is more difficult to treat if there are language barriers. Many immigrants need psychological or psychiatric intervention such as inpatient care, however, owing to language difficulties the immigrant may not be able to attend therapeutic wards as they would not be able to benefit from the intervention programmes such as groups or individual therapy. This would then result in failed treatment and may leave the individual or immigrant feeling further isolated and inadequate, which could possibly further exacerbate the illness or symptoms being experienced.

Another respondent stated that she saw a psychologist once in her life since relocating to South Africa. However, she reported only attending two sessions as she felt depressed after experiencing a trauma, however her lack of understanding regarding therapy and of the language, in addition to what treatment entailed, resulted in a default in treatment.

"I left the sessions due to the exploration of trauma and I was not sure what the point was of going through my childhood traumas." (Respondent One)

It is clear from the above quotation that lack of information regarding mental health procedures, treatments and therapeutic processes resulted in defaulting in her treatment.

5.5.2 Psychological barriers

Psychological barriers refer to the beliefs, attitudes opinions and emotions that an individual may have about mental illness as well as cultural values and prejudices at exo-systemic and macro-systemic levels. Therefore, this has a significant impact on the ability to seek services or communicate about mental illness. Cultural values and prejudices of the host country also influence how immigrant women are seen within psychological science (Yashuko & Chronister, 2005).

Donnelly et al. (2011) and Grob (2009) write that the psychological barriers that influence immigrant women in seeking or accessing mental health services include insufficient mental health information, unfamiliarity with and mistrust of biomedical treatments, fear of stigmatisation and its consequences, such as social isolation. Additionally, according to Donnelly et al. (2011), these cognitive and perceptual barriers to some extent are linked to a lack of cultural acceptance and cultural differences between the immigrant women and the health care system. From the following extracts the above-mentioned barriers can be seen.

"We were very depressed and we did not and still do not have psychological help." (Respondent Two)

"I am sure we went through depression but we had no support and we did not know much about such things, so we tried to help ourselves as best we could and we keep ourselves to ourselves because of the stigma attached to mental illness, even to this date. We could maybe speak to our priest or husband if they understood." (Respondent Two)
"Psychology…huh…that was unheard of. I would not dare go to a psychologist because I am not mad or psychotic. If anyone heard I went to a psychologist they would immediately start rumours in the community that I'm crazy or even a witch." (Respondent Four)

"There is too much stigma around the psychologist. People will say that I need to be in a mad house because I'm not mentally well and then no one would take me seriously. Also, not speaking English does not help. How can I speak about my emotions that are so private with a stranger?" (Respondent Four)

Corrigan and Watson (2002a, 2002b) state that unlike physical disabilities, persons with mental illness are perceived by the public to be in control of their disabilities and responsible for causing them. Therefore, the immigrants may not seek psychological help due to the fear of being ostracised from their community due to these perceptions that the individual is weak or has a lack of self-control. Another barrier to seeking mental health services is the fear that seeking social or health services may have a negative impact on the immigrant's immigration application (Ortiz, 2008).

5.5.3 Social barriers

Immigrants are a group of people who are vulnerable to stigmatisation and discrimination. As was mentioned earlier in this paper, the Portuguese immigrants in South Africa experienced negative behaviour or discrimination towards them, particularly if there are mental health problems. This may have a detrimental impact on the help seeking or adhering to and taking psychotropic medication.

"I am sure we went through depression…we kept ourselves to ourselves because of the stigma attached to mental illness. We could maybe speak to the priest or your husband." (Respondent Two)

"If anyone heard I went to a psychologist they would immediately start rumours in the community that I'm crazy or even a witch." (Respondent Four)

"The Portuguese community even today need psychology but they are scared of what that'll do to their reputation and what their families would say. So we all go to the GP and say its headaches or flu, but we will not tell the truth." (Respondent Four)

From the above quotations, it can be noted that stigma is related to discrimination, therefore for the respondents it was easier to speak to religious leaders and family or state that symptoms were related to medical causes rather than psychological so that they would not be judged or experience isolation from their community. Bronfenbrenner's theory (1977) states that the macro-system societal norms and beliefs form the broader social environment. Therefore, discrimination and stigmatisation fall under the macro-system level and such forces, namely oppression and discrimination (Yashuko & Chronister, 2005), have a powerful role to play in

shaping immigrant women's mental health in addition to their accessing of mental health services.

5.6 Silencing

One of the most prominent difficulties experienced by the researcher was the respondents' resistance to providing details of their experiences during the interviews. This resistance was encountered with each respondent interviewed for the study, and it seemed prudent to note how this group of respondents responded to requests for greater details of their experiences of South Africa. Additionally, during the interview process there seemed to be a great fear that should they be recorded their family members would discover their participation which would result in discord and conflict. Due to this fear or mistrust, all the respondents agreed to only be interviewed if they were not recorded.

During the writing up of this study, it was made clear from the onset that information on the Portuguese culture and immigration into South Africa was limited. This trend was found again when looking at other countries for information on this particular cultural group. One can hypothesise that this particular cultural group prefers to manage their difficulties within their ethnic background and are reluctant to allow other sources of support to help or create insight into the culture in order to perhaps aid in future generations as well as treatment for current ails in terms of mental health needs. Araujo (1996) writes that the Portuguese culture seem to hold a strong unspoken belief that if one talks about negative or bad things, that this will come to be in reality. Therefore by not speaking about difficulties or seeking help will keep the problem at an abstract level.

5.6.1 Fatalism

The Portuguese empire was once one of the most powerful and influential countries in the world owing to their explorers and discoveries at sea. However, the country has fallen both economically and in influence. It's a culture marked by elements of fatalism, lament, nostalgia and loss. Araujo (1996) described the Portuguese immigrants as experiencing fatalism towards life which is characterised by a sense of hopelessness and sadness. The researcher, through the noting of the respondents' verbal and non-verbal cues during the interviews found that there is a sense of hopelessness and sadness. This was noted in the way the respondents' constantly referred to the confidentiality of the study and the refusal to talk about their experiences in rich

detail due to a need to keep their problems private by not seeking help from professionals outside of the Church. Morrison and James (2009) noted that many women of this cultural group prefer to rely on prayer or church but no one talks to professionals such as psychologists or psychiatrists. Additionally, Morrison and James (2009) stated in their study that Portuguese immigrant women often present a positive view of their families and did not share their problems or difficulties with the interviewer. This was one of the major challenges during the interviews with the respondents' of this study.

"I would just want this to be kept private because I would not want my family to hear about what I went through as we are closer now. This is very sensitive information and I know you told me earlier but I just needed to be sure" (Respondent One)

"I know you said this will be kept private but will all my information be written out?" (Respondent Two)

"I just do not want people to read about me or guess that it is me…but I am happy to help just want it to be kept private" (Respondent Three)

"Ai...these questions are so personal that I'm getting a little uncomfortable now" (Respondent Four)

"Even now just speaking to you I feel very uncomfortable" (Respondent Four)

"The questions are hard to answer and going back then makes me feel upset and sad sometimes" (Respondent Four).

From the above extracts, it can be seen that the respondents' struggled to allow the researcher to delve into their experiences. They often tried to stop the interview questions by deflecting the questions or leaving the room before returning. One can deduct from these behaviours that these respondents' prescribe to the belief that talking about their problems may cause them to become real. Araujo (1996) writes that this belief or powerful mysticism can be carried to an extreme point, therefore leaving the immigrant who seeks help feeling torn between personal and familial anguish and the need to preserve family honour. The researcher found that this

reluctance to speak was perhaps an attempt by the respondents' to maintain the silence through coercion particularly due to the fact that the researcher is Portuguese as well.

5.7 Summary of findings

The semi-structured interviews were analysed using a thematic analysis as proposed by Braun and Clarke (2006), which were then arranged and presented into emerging themes found in the dialogues of the respondents. The interpretations of the findings are presented as four thematic categories with various themes under each category, namely, *Arrival into a new culture and country, Availability of support from a new country and community, Access to health services and Silence.*

The respondents reported their experiences of living in South Africa when they immigrated. They clearly described the initial experiences when arriving in South Africa as well as the environmental stressors that they encountered while adjusting to and living in their new host country. From the respondent's narratives, it was relatively easy to identify the different systems in which the immigrant is embedded and how these systems impact on the immigrant, particularly women, and how the immigrant impacts their environment.

A key concept of the ecological framework is bi-directionality, therefore it represents the influence that each ecological context exerts on the individual's development as well as the individual's power to effect change in each ecological context (Bronfenbrenner, 1979). The respondents described their emotional states on arrival due to the different languages and cultures in the country. The uncertainty of being in a new environment left the respondents' feeling exposed and isolated especially when they came into contact with the discrimination and prejudice which was happening in South Africa at that time. However, it was important to note that initially the immigrant fairs better in terms of mental health. With time, the immigrant starts to deteriorate in terms of mental health, this is due to the acculturation process followed by a myriad of other factors such as discrimination and stigmatisation as well as living conditions in the new country.

From the respondents' interviews, it was clear that there was a lack of availability of support from the new host country and community. Support from the community and from organisations in the country is important for facilitating enculturation. These organisations and community relations fall under the meso-system as described by Bronfenbrenner's (1977)

ecological theory. Three categories were noted in the narratives of the respondents, namely social support, structural or organisational support and acculturation.

Social support refers to the immigrant's extended family members, peers or insiders, these being people from the same ethnic background, and outsiders who are considered to be people outside of the immigrants' cultural and ethnic background or culture. It was noted that the respondents found social support to be better within their own ethnic communities as they experienced the feeling of validation and understanding with regards to their difficulties. However, their experience of support from outsiders was both positive and negative. It was found that the respondents found the African cultures to be more tolerant and helpful and struggled more with the Afrikaans community with regards to prejudice and discrimination.

The respondents described how being unable to communicate in English posed a great obstacle in obtaining support and building relationships with the outsiders or new host cultures. Additionally, structural or organisational support such as the support from club memberships and organisations contributed to social integration as the immigrant feels more included within the new culture. This was noted with regards to the respondents' participation with clubs and the Catholic Church which allowed for the fostering of the Portuguese way and culture. In the narratives it was noted that hindrance occurring from lack of organisational or structural support has a significant impact on the immigrant and their families, resulting in feelings of inadequacy and despondency therefore impacting on the immigrant's mental health. The meso-system is important in facilitating the feeling of social integration as it encompasses the relationship between the individual and her community, therefore if the needs of the immigrants are not met, there is an impact or influence on the mental health of the individual.

Additionally, seeking medical and mental health services were limited, as stated in the narratives. These highlighted three main barriers namely communication barriers, psychological barriers and social barriers. Language proficiency and communication fall under the micro-system within the framework of Bronfenbrenner's (1977) ecological theory, and Yakshuko and Chronister (2005) write that language skills are a prominent indicator for positive mental health outcomes. The narratives showed that not being able to communicate in English efficiently led to less doctors' visits, less adherence to treatments and misunderstanding of the treatment and duration thereof, resulting in medical and mental health problems. Furthermore, a lack of resources such as interpreters and Portuguese speaking therapists led to

some of the respondents seeking medical attention later which had an impact on their mental and physical health.

Looking at the psychological barriers, the findings suggested that the stigma, opinions, and prejudices from all the systemic levels of Bronfenbrenner's ecological theory have a significant impact on immigrant mental health in terms of seeking services and communicating about mental illness. Corrigan and Watson (2002a, 2002b) state that persons with mental illness are perceived by the public to be in control of their disability as well as for being responsible for them unlike the public's perception on physical disabilities. The findings showed that the respondents preferred to manage their illness alone or within their own families or community leaders, rather than seeking professional help due to the above-mentioned barriers. Furthermore, there was a clear lack of understanding with regards to treatment procedures and mental health information.

In terms of social barriers experienced when accessing health services, particularly mental health services, the findings showed that there was a need to keep quiet about one's mental illness for fear of being discriminated against due to the illness and therefore becoming ostracized from the community. Bronfenbrenner's theory (1977) states that the macro-system consists of societal norms and beliefs which are formed by the larger social environment. Discrimination and stigmatisation fall under the macro-system level and such forces (Yashuko & Chronister, 2005) have a powerful role to play in shaping immigrant women's mental health in addition to their accessing of mental health services.

Finally, the silencing category illustrated how this particular community has a strong mistrust of outsiders and that there is a cultural taboo to talk about their negative experiences. There is a clear preference to talk about difficult experiences from an abstract and self-removing stance, rather than to discuss experiences in an in-depth manner, which may foster better understanding and result in better outcomes with regards to health and overall well-being. Moreover, there is a fatalistic mind-set, that being, an overall feeling of hopelessness and sadness which perpetuates the need to silence any discussion about negative experiences due to the cultural taboo mentioned previously. This continues the vicious cycle or system of double binds that these individuals experience. This vicious cycle impacts the different systems in which the individual is embedded in as it colours their perceptions or impressions of the different support

systems available. Therefore the individual impacts the system and vice-versa due to the bi-directionality of the Ecological Model.

In review, the findings showed that immigrant women face many difficulties with regards to acculturation which impacts on their mental health and well-being if the systems in which they are embedded do not provide support, acceptance and validation for the immigrant. The findings showed that retrospectively these women struggled immensely with acculturation due to the political climate of the country, the language difficulties as well as the accessing of services owing to barriers relating to communication, psychological and social. Bronfenbrenner's ecological model is important because it highlights the systems of which the immigrant women are part and how the bi-directionality of the model has an impact on the mental health and well-being of the immigrant women. As Yakushko and Chronister (2005) write, the ecological model is a useful guide for working with immigrant women, particularly those in the mental health field because it highlights the influence of individual factors and larger social contexts on their lives.

Conclusion

A qualitative exploratory design was implemented in describing Portuguese immigrant women's views of acculturative stress and mental health. The themes presented above are in keeping with the aims and objectives of the research study. The above chapter discusses the main trends and patterns found in each of the respondents' accounts. Following this discussion it highlights the most salient findings of the study which indicate the main barriers and perceptions the respondents' had with regards to acculturation and the management thereof. The chapter clearly highlights what the respondents' experiences were and additionally illustrates how their perception of being an immigrant and what is appropriate behaviour with regards to seeking aid and/or support had a severe impact on help seeking behaviour. The chapter shows the bi-directionality of the Ecological Model, that being, all systems have an impact on the other whether through direct impact or through more abstract means. The next chapter presents a final conclusion of the research study, limitations as well as recommendations for future research.

CHAPTER SIX: CONCLUSION

The aim of this chapter is to discuss the salient points of the research study conducted. It aims to illustrate how these points relate to the literature reviewed in Chapter Two as well as their broader significance. Additionally, the chapter makes recommendations for future research.

6.1 Reviewing the research question

The present study addresses an important social phenomenon which the Portuguese immigrants in 1960s faced when immigrating to South Africa. Immigration and the effects related to the phenomenon affects and shape the lives of the immigrants, particularly the women within this cultural and ethnic group. There was a need to identify the exact challenges faced by the immigrant women as well as their experiences of South Africa at that time and how they experienced acculturative stress and the impact that had on their mental health and well-being. The literature review showed the need to improve existing support systems on all levels, from the micro-systemic to the macro-systemic, in order to negate the effects of acculturative stress and the impact this has on the immigrants' well-being and mental health.

Delara (2016) writes that within a socioecological framework, determinants of immigrant women's mental health during the post-immigration context can be examined at different levels, particularly cultural, social and the health care system. Additionally the literature indicated that immigrant women's cultural identity can shape their responses to mental health and illness by influencing access to services, the acculturation process and stigmatisation (Delara, 2016).

6.2 Review of findings

The aims of this study were to understand the subjective experience of the acculturation process with first-generation Portuguese immigrant women living in South Africa, to explore how the acculturation process leads to the development of mental illness and understand how having limited proficiency in English contributed to mental illness and difficulty with adjustment and coping.

The study highlighted that there were a number of challenges which hindered the Portuguese immigrant women in South Africa. The present study gives credence to the theory discussed in Chapter Two. By using the ecological model by Bronfenbrenner (1960, 1977) it can be seen where factors contributed the most to acculturative stress and thus facilitated deterioration in

mental health in this group of people. The model clearly delineated what factors cause the most difficulty in acculturating and assimilating into the new host country culture. Moreover, the model highlighted the systems that the immigrant women utilised the most during initial arrival and subsequently during their stay. However, the model indicated what systems were the most detrimental to the immigrants' assimilation into the new culture and country.

The findings of the study highlighted that upon arrival into South Africa, this sample experienced difficulty with the language and cultures of the country. Additionally, they experienced discrimination and prejudice from the dominant culture within South Africa, that being the Afrikaans people. Bronfenbrenner (1979) wrote that the ecological context in which the individual is embedded impacts on the individual's development as well as their ability to impact and exert change in their ecological context. Therefore, being stigmatized and discriminated against led to the immigrants feeling isolated and disconnected from their new host culture, thus their ability to integrate into their new culture and ethnic identities was detrimentally impacted on.

Bronfenbrenner (1977) writes that the meso-system is the interaction between two or more micro-systems. Thus organisational or structural support as well as community relations compromises this particular level. The findings suggested that social support from this sample was perceived as being more beneficial and supportive within their own ethnic communities than from Afrikaans communities. However, it was noted that their interactions with the African community were perceived as more positive as they experienced more acceptance and a willingness to help, whereas with the White or Afrikaner community, they were often discriminated against or treated in a derogatory manner which left them feeling isolated and lost within their new community. Therefore, there was a clear preference to being with one's own ethnic community than interacting with the broader community. Conflict between these micro-systems may create tension and effect the development of the immigrant into their new host country. Furthermore, the finding showed that language barriers resulted in detraction of connections with the new host culture at both the relational level with the individuals of the community and with the broader support systems such as home affairs or health systems. Thus there is a social disintegration and this impacts on the immigrants' mental health and acculturation process.

The study illustrated that the language barrier went further by impacting help seeking behaviour particularly regarding health. Many immigrants do not seek medical or mental health aid due to perceptions of stigmatisation, miscommunication and discrimination. The study illustrated that not being able to clearly communicate one's symptoms or emotions resulted in feelings of despondency and hopelessness which in turn resulted in the deterioration of health, particularly of mental health. Lack of resources such as interpreters further compounded the reluctance to seek aid or adhere to treatment due to lack of understanding. Additionally, the study showed that this sample's perception of mental treatment was linked to ideas of psychosis or being insane or mad and therefore being discriminated against or stigmatised by the broader community and by their own ethnic communities.

Finally, the study illustrated the influential impact that the macro-system has on the immigrant's adjustment and development within their new host country. Bronfenbrenner (1977) wrote that societal norms and beliefs form part of the broader social context or environment. Apartheid falls under the macro-system as at that time in South African history segregation, discrimination and mistrust of other cultures were the dominating beliefs and norms. The study showed that this particular sample often needed to keep their illnesses private and manage the illness without the appropriate help due to the fear of being ostracized, ridiculed and discriminated against. Additionally this was noted by the respondents' responses to the researcher and their implicit need to superficially engage due to the fatalistic belief that they hold and to silence the researcher for fear of the "bad" experiences becoming reality.

As Yakushko and Chronister (2005) state the ecological model views the individual within their given context and thus provides a useful guide to understanding the influences both individual and larger social contexts have on immigrant women's lives. Since the most comprehensively utilized theory was Bronfenbrenner's ecological model, perhaps more thought should be given to the complementary manner in which it can be used in future studies.

6.3 Limitations

6.3.1 Lack of comparable literature

The current study has some limitations particularly with the lack of comparable literature. There was minimal literature available on Portuguese immigrant women arriving in South Africa in the 1960s to 1990s. The researcher found four studies that discussed this particular community. However there was a scarcity of literature on the experiences of the Portuguese

women and their experiences with regards to acculturative stress and mental illness. Most of the other studies reviewed were done in different social and cultural contexts.

6.3.2 Generalisability

A second limitation is the generalisability of the current study within the South African context, since the group of respondents was very small and homogenous. Future research regarding immigrant women's experiences of acculturative stress and mental health should be conducted across various social contexts.

Additionally, the interviews were done in Portuguese as the respondents have a limited understanding of English. Therefore, in order to ascertain an in-depth description and narrative the interviews were conducted in the respondents' preferred language. This runs the risk of the narratives losing some important information due to the translation process which may not account for terms used by this group of respondents and cannot be used to describe or infer about other cultures' experiences of acculturation and mental health. Theoretically, the epistemological framework of the study was better suited to a discourse analysis and perhaps would have revealed a more nuanced and in-depth understanding than the thematic analysis utilized in the study.

Moreover, the respondents were relatively unforthcoming in the interviews, possibly due to cultural factors such as their view of mental health services particularly psychologists. There is a large amount of stigma encountered by this group of people regarding mental health and well-being as well as a belief that one should not speak to strangers about mental illness. It is plausible that the history of poor support for psychological and mental health issues for this sample of Portuguese women who immigrated to South Africa a few decades ago has had a lasting impact. One possible implication is that interpersonal silencing on mental health issues could have become the norm for this group of respondents. However, there is a confounding factor, namely that the respondents, who are elders in the community, did not feel comfortable sharing their intimate and painful life experiences with the researcher. Additionally, the researcher is younger than the respondents' which could have resulted in the respondents' feeling unable to connect with the researcher due to a possibly belief of misunderstanding as well as the older generation needing to provide good examples for future generations. Therefore discussing one's difficulties is considered to be taboo especially with the younger generation.

6.4 Recommendations

The present study has identified pertinent social issues which can be addressed in future research studies. Future studies of mental health based on ecological frameworks will implicate policy and practice recommendations (Jensen, 2007). One such recommendation would be to advocate for sustained bi-culturism and bilingualism to sustain healthy mental statuses for the immigrant populations. Possibly research can be conducted with regards to the experiences of the subsequent generations after immigration occurred, specifically looking at mental health over time. Additionally, it would be pertinent to conduct quantitative research using instruments of acculturation, language ability and cultural orientation to note how acculturation, language ability and cultural orientation impact on mental health in immigrant families.

6.5 Conclusion

Acculturative stress has a substantial negative effect and outcome on immigrant women who cannot speak the host country's languages. The study attempted to identify the respondents' experiences of acculturative stress and which support systems were beneficial and which were not. It also attempted to highlight the barriers encountered that led to experiencing mental illness and having acculturative stress. In conclusion, the study identified the systems such as the family, social, namely friends and community members, and organisations such as Churches and clubs that were the most beneficial to the Portuguese immigrant women, but also highlighted the difficulties they encountered particularly with regards to social support and access to health care services. Furthermore, the findings highlighted how cultural taboos such as discussing mental illness in conjunction with cultural beliefs that come from discussing negative events or experiences further impact help seeking behaviours. Therefore perpetuating the cycle of silence and resulting in continued difficulty with mental health.

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APPENDICES

Appendix One: Letter of Invitation

Title of Study: Immigrant acculturation and mental health of Portuguese women living in South Africa

Principal Investigator: Jennavive Pereira; Student psychologist, Department of Psychology, University of South Africa

Faculty Supervisor: Mr Johan Kruger, Department of Psychology, University of South Africa
I, Jennavive Pereira, student Psychologist, from the Department of Psychology, University of South Africa, invite you to participate in a research project entitled. Experiences of Mental Health and Acculturation by Long-Term Portuguese Women in South Africa

The purpose of this research project is to explore the experiences the respondent had when immigrating to South Africa along with the experience that could have led to developing a mental health problem. The researcher would also like to understand how not being able to speak English fluently could have contributed to difficulty in adjusting and coping in the new country.

Should you choose to participate, you will be asked to attend a semi-structured interview with the researcher and answer a few questions regarding your experiences. The expected duration of the interview is an hour.

This research should highlight the experiences of the first-generation Portuguese immigrant women experiences into South Africa as well as what possible strategies could be put in place to help future immigrants coming into South Africa to ease the acculturation process.

If you have any questions, please feel free to contact me (see below for contact information).

Thank you,

Jennavive Pereira (Student Psychologist, UNISA)

jenpcruise@yahoo.com

0825409048

Johan Kruger (Supervisor, UNISA)

krugedj@unisa.ac.za

This study has been reviewed and received ethics clearance through the University of South Africa's Research Ethics Board **[53273141].**

Appendix Two: Informed Consent Document

PROJECT TITLE: Immigrant acculturation and mental health of Portuguese women living in South Africa

INTRODUCTION

You are invited to join a research study to look at. **Immigrant acculturation and mental health of Portuguese women living in South Africa.** Please take whatever time you need to discuss the study with your family and friends, or anyone else you wish to. The decision to join, or not to join, is up to you.

In this research study, we are exploring the acculturation process of first-generation Portuguese women in South Africa and how this experience could have contributed to mental health problems. The project is also exploring how limited English proficiency could have further contributed to mental health problems.

WHAT IS INVOLVED IN THE STUDY?

If you decide to participate you will be asked to do be involved in a semi-structured interview with the researcher. We think this will take you 60 minutes for a period of one day. You will be asked a few questions on your experiences as a first-generation immigrant arriving in South Africa and adjusting to South Africa. The researcher will record your answers on the interview questionnaire and you may be audio recorded if you agree to the recording. The researcher will also conduct the interview in Portuguese for your convenience.

The researcher may stop the study or take you out of the study at any time they judge it is in your best interest. They may also remove you from the study for various other reasons. They can do this without your consent.

You may stop participating at any time during the study if you so wish. If you decide to stop you will not lose any benefits from not participating or face any punitive measures.

RISKS

This study involves the following risks re-experiencing any trauma that may have occurred during the immigration and acculturation process. There may also be other risks that we cannot predict.

The researcher at this time does not foresee any risks from taking part in the study besides the risk that is stated above. However should you need psychological intervention during the study or after a psychologist or counsellor will be appointed if need be.

BENEFITS TO TAKING PART IN THE STUDY?

It is reasonable to expect the following benefits from this research: Highlighting and exploring your experience with regards to immigration and acculturation will increase the literature on the Portuguese community and possibility suggest strategies that may be put in place to further help immigrants during the transition into the new country. However, the researcher cannot guarantee that you will personally experience benefits from participating in this study. Others may benefit in the future from the information we find in this study.

CONFIDENTIALITY

We will take the following steps to keep information about you confidential, and to protect it from unauthorized disclosure, tampering, or damage:

- The interview recordings and questionnaire sheets will be held strictly confidential.
- The researcher will work with the raw data, while the research supervisor and external examiners will have access to the typed verbatim texts only.
- Any identifying details will be withheld from the questionnaire and the recordings through the use of assigned pseudonyms or random numbers. Any identifying information will be withheld and protected.
- The recordings will be kept in a secure password protected file and destroyed after 5 years.
- The questionnaires will be kept in a locked and secure cabinet and they too will be destroyed after 5 years.

INCENTIVES

There are no incentives available for the conducting of this research project

YOUR RIGHTS AS A RESEARCH RESPONDENT?

Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. Deciding not to participate or choosing to leave the study will not result in any penalty or loss of benefits to which you are entitled, and it will not harm your relationship with your community.

CONTACTS FOR QUESTIONS OR PROBLEMS?

Call Jennavive Pereira at 0825409048 or email jenpcruise@yahoo.com. If you have questions about the study, any problems, unexpected physical or psychological discomforts, any injuries, or think that something unusual or unexpected is happening. Please contact the above number or email address.

Contact Mr Johan Kruger, research supervisor at the department of Psychology, University of South Africa at Krugedj@unisa.ac.za, if you have any questions or concerns about your rights as a research respondent.

Consent of Subject (or Legally Authorized Representative)

Signature of Subject or Representative

Date

_____

Appendix Three: Interview Schedule

BIOGRAPHICAL QUESTIONAIRE

FOR THE CASE STUDIES AND FOCUS GROUP

Date:_____

Marital Status: _____

Age and gender of children:_____

Year arrived in South Africa:_____

Reason for coming to South Africa:_____

How long did you envisage your stay in South Africa?_____

Husband's occupation:_____

Wife's occupation:_____

Age group: (for example, 30-40 years):_____

Any additional information regarding your experiences in South Africa, that you wish to share in writing:

_____

_____

_____

_____

_____

_____

INTERVIEW GUIDE FOR RESPONDENTS

Initial experiences upon arriving in South Africa

 What were the first impressions and hopes you had upon arriving in South Africa?

 What support did you have upon your arrival? (for example, organisational support).

 In what way was this initial support helpful to you?

 If you did not obtain any organisational support upon arrival, how did this impact on your initial experiences?

Environmental Stressors

 Describe where you first stayed upon arrival

(explore the impact that the new environment has on the person).

 What were your perceptions and thoughts of the environment, for example, the vegetation, transport, buildings and living conditions.

 What are your experiences of the climate of this region? (explore if and how the climate has impacted on personal adjustment and quality of life).

Social Support

 Did you make friends with other Portuguese immigrants or the local people? Describe your experiences e.g look at the political climate of Soth Africa at the time.

 Where did you make new friends when you arrived in South Africa? (explore what is important to the person, for e.g, clubs, social networks, church ect.).

 Describe how new friendships may have assisted you in adjusting to the life in South Africa.

 Do you think the roles in your family may have changed? (explore and discuss with

the respondent. Assess how a change of role or occupation may have impacted on the non-working spouse's well-being).

Acculturation

 Describe your experiences in adapting to the new cultural groups of this region, their laws and religious customs.

 What helped you adapt to the new culture?

 What hindered you in adapting to the new culture? And in what way?

 How did you communicate everyday experiences of living in South Africa within your family? (explore caring and sharing, support, conflict, the communication process).

 What helped you to adjust to the living conditions and life-style here? (explore spirituality, resilience, the use of coping resources).

 What was difficult for you as a family or individual?

 How did you manage the difficulties or challenges of living in South Africa?

 What was hard for you?

 What were your feelings about living in South Africa? (explore feelings of anger, depression or positive feelings and what causes these feelings).

 What helped you cope with 'missing' loved ones left in Portugal/ Madeira? (explore experiences regarding family members, friends and pets left behind).