Chapter 4
Theoretical Explanations of Migrations, Mental Health, Wellbeing and Posttraumatic Stress Disorder

You have to believe it, before you see it.
(Unknown)

Abstract We approached this chapter by providing frameworks for understanding the migration process, posttraumatic stress disorder (PTSD), and mental health and wellbeing of migrants with special focus on migrants of African origin. The Migration Theory of Boswell (Addressing the causes of migratory and refugee movements: The role of the European Union (Working Paper No. 73). United Nations High Commissioner for Refugees, Geneva. https://www.unhcr.org/3e19ac624.pdf, 2002) was critiqued and principally utilized to explain the root and proximate causes, enabling conditions and sustaining factors of migration with backgrounds in the existing macro, meso and micro theories of migration. The existing theoretical postulations used in explaining the PTSD, wellbeing and mental health of migrants include the Trauma-based Medical Model, Chronic Traumatic Stress Model, Hobfoll’s Conservation of Resources, Stress-coping Framework, Lazarus and Folkman’s Stress Model, Boski’s Theory of Disharmony, Acculturative Theory, Cultural Syndromes, and Attachment Theory. These theories were categorized according to how they accounted for the mental health and wellbeing of both forced and economic migrants during the pre-migration, mid-migration and the post-migration periods. These categorizations may be useful to experts in the management of mental health problems based on each stage of the migration process and motives for migration.

Introduction

Unlike in classical neo-positivist studies, theories, for the present research, are not the basis from which to generate hypotheses, but are the frame for understanding the data. The quantitative part encompassed in the to-be-reported research serves the purpose of being a resource for ‘quantitative hermeneutics.’

https://www.selfgrowth.com/print/534978. Accessed March 26, 2020.
The book tries to theoretically explain some peculiar questions that many scientists in migration research do not ask: For example, with specific reference to African migrants, how can we theoretically explain the current ‘wave’ of migrants across the Sahara Desert and the Mediterranean Sea passage and mostly of youths? The journey involves living on the road for an uncertain period of time (which can be from weeks to years) and therefore demands good health, resistance to pain, discomforts, perilous in nature and no doubt highly dangerous. In addition, how then also do we theoretically explain these behaviors and what can be said of their psychological make-up? What is the relationship between stress, mental health and PTSD of these migrations? How do migrants cope upon arrival in their to-be host countries? As we indicated previously, there is no single, well-developed theory of international migration. Models used to explain international migration have been used among economists. However, there are theoretical perspectives guarded by psychosocial rather than medical or economic models that highlight the significance of life changes and the appraisal of these changes during migration.

No matter the nature of migration, whether voluntary/involuntary or authorized/unauthorized, there is always a realignment of daily lives with attendant significant challenges to economic, social and psychological health of individuals and communities (Quesada et al., 2014). Although, migration is a consequence of many root causes ranging from forced displacements to seeking for better economic and educational opportunities, it is also a social determinant of both physical and mental health in its own right (Castaneda et al., 2015). This is so because the relocation process is an accumulation of risks starting from countries of origin to transit and destination countries. Despite successfully “escaping” from strains and difficulties in the country of origin, migrants must face further challenges until they reach their destination countries. Upon arrival, there are still various challenges to encounter, bothering on adaptive coping mechanisms for proper integration, and problems inherent in the reciprocal exchanges between migrants and citizens of receiving countries (Dovidio & Esses, 2001). Following the vulnerability of refugees and migrants to several unpleasant experiences associated with the migration process, social science researchers have provided various theoretical positions to understand and explain possible connections existing between the migration phenomenon, mental health and coping.

In this chapter, migration theories are being approached from the perspective of existing theories or attempts to explain international migration from Africa, examining the various theoretical lenses on migrants’ mental health across relevant fields and providing critiques as appropriate, and then adapting such viable theories that fit better the behavior of migrants from Africa. Drawing from these critiques, we shall further relate and categorize these theories based on their relevance to understanding the etiology of stressors associated with mental health in both forced and economic migration, and each stage of the migration process comprising of pre-migration, mid-migration and post-migration, and in addition migrants’ ways of coping. The theories will only evaluate international migration from Africa. In addition, since migration starts from the sending countries, all the factors necessitating such migrations will be discussed. For easy understanding, these theories will be grouped into clusters of
migration theories in literature: before, during and after migration. Therefore, some of the theories to be discussed will be looking at the following points: (A) Why is there a sudden burst to migrate to Europe by Africans? (B) acculturation theories, (C) acculturation-related stress theories, (D) general migration and mental health theories, (E) value preferences in the context of migration, and (F) coping theories. The theories reviewed here include Boswell’s (2002) Theory of Migration, Berry’s Acculturation Theory (1997, 2006), Boski’s (2013) Psychology of Economic Migration, Attachment Theory, associated with authors like Bowlby (1969) and Ainsworth (1991), the trauma-based medical model (see Ryan, Dooley, & Benson, 2008), the Chronic Traumatic Stress (CTS) Model (Fondacaro & Mazzulla, 2018), Lazarus and Folkman’s (1984) Cognitive-Phenomenological Stress Model, Holling’s Conserva-

Why Is There a Sudden Burst to Migrate to Europe by Africans?

A theory that tried to explain this question is that of Boswell (2002). Boswell’s theory is a fascinating albeit lengthy theory that tries to explain the root and proximate causes, enabling conditions and sustaining factors of forced displacement and economic migration in a global sense. It is a theoretical explanation aimed at providing answers to the European Union’s questions of unauthorized migration and influx of refugees into the EU region.

The theory recognizes the interplay of macro and meso factors (Bilsborrow & Zlotnik, 1995) in the dynamics of international migration. According to Boswell (2002), macro theories emphasize the structural, objective conditions that act as push and pull factors for migration such as economic conditions of unemployment, low wages or low per capita income of the sending countries compared to the receiving countries. Pull factors would include migration legislation and the labor market condition of the receiving countries. Meso theories, on the other hand, reject macro theories and rather focus on systems and networks, because migration flows only occur between countries linked by economic, political and cultural ties.

In linking migration drivers to appropriate policy responses, Boswell grouped causes of international migration into four categories: root, proximate, enabling and sustaining factors. However, these four categories have their backgrounds in the
existing macro, meso and micro theories of migration. Root causes are those systemic or structural factors that serve as preconditions of migration. These include the combination of macro and meso factors such as a weak state, economic deprivation which results from state restructuring and not actual poverty, severe social disintegration, and migration systems shaping the connection between origin and destination countries in terms of trade colonial and pre-colonial ties. Proximate conditions are also macro and meso causes that immediately propel movement. Examples are escalation of armed conflicts, persecution of citizens, the breakdown of means of livelihood and existence of international economic opportunities. Enabling causes make possible the journey, entry and stay in destination countries. These include the availability of resources for traveling, migration policies and border controls, and various networks making the travel possible, for example, the initial pioneer migrants. Lastly, sustaining conditions are factors that allow enduring or chain migration from some particular sending countries (see Fig. 1 for details).

Boswell’s (2002) model focuses on viable strategies of prevention rather than containment of migration flows into the European Union. Boswell states that many EU policies are directed towards mitigating the drivers of displacement and refugee flows given the existing political will, but achieving this goal has been marred by many political and institutional constraints. Boswell identifies these constraints and places them into four categories: (1) continual doubts on the circumstances under which prevention strategies would be effective, (2) limited internal mechanisms in evaluating drivers of migration and refugee flow, plus a deficit in the development

![Fig. 1 The dynamics of forced displacement. Source Boswell (2002, p. 6)](image-url)
Why Is There a Sudden Burst to Migrate to Europe by Africans?

of suitable policy responses, (3) an over-emphasis on prevention strategies being in partial conflict with existing external developmental goals and policies on migration, and (4) partner countries being sensitive to making prevention strategies an explicit goal, thereby hindering cooperation.

Boswell partly blames many of these obstacles as being responsible for the lack of a systematized categorization of the dynamics and causes of migration flows and the failure to specifically link policy response to the varied factors impelling migration. Her views oppose the usual unstructured policy instruments and one-size-fits-all approach tailored towards mitigating the migration problem. For these reasons, Bowell’s model is based on a systemic analysis of the causes of migration and the implications of each of these causes for policy making.

Boswell goes on to propose various instruments that can generate a positive policy response to causes of migration. Although she believes that solutions remain almost infeasible for the proximate causes of migration because of the likely unresponsive nature of coercive states to internal and external pressures, nevertheless she proposes that states that are economically and politically dependent on the EU states can be easily influenced to implement reforms on democratization and human right protections. The EU can also be involved in post-conflict reconstruction in affected regions so as to facilitate refugee repatriation and reintegration.

For immediate solutions to proximate causes, she suggests the use of mediation, formulation of laws to protect minority groups, granting of financial rewards or threat to boost compromise and dialogue. In preventing proximate causes such as unemployment disparities between sending and receiving countries, she proposes an increment in trade liberalization and foreign direct investment (FDI) among sending countries for an expansion of industries to accommodate the unemployed, thereby reducing migration flow. The EU may also encourage the use of migrant remittances for investment rather than consumption which will help increase investments and income. Given that economic gains from employment of irregular migrants in EU countries outweighs its costs, it is practically difficult finding solutions to the migration of low-skill workers to the EU. This reality may prompt the EU to institute legal means to maintain this advantage. Root causes stemming from population expansion can be curtailed by promoting family planning policies in order to reduce environmental degradation and match demographic growth to employment growth.

However, Boswell believes that there is little the EU can do to abate the sustaining causes of migration given that family reunion and cultural cohesion are fundamental to social considerations and human rights. The strength of the EU lies in the use of economic instruments in terms of trade and investment, political dialogue, human rights and democratization in sending regions to prevent migration. There should be a shift from the current policies of concentrating on seeking solutions to migration through focusing on proximate regions to the EU, but rather focus on a wider range of countries with high migration flows. More priorities should be given to middle income countries than low-income countries given that major flows are from the former. Invariably, in implementing prevention strategies, the so-called “good performers” should be the target for prevention of economic migration while potential (conflict) areas should be aimed for prevention of displacement migration.
The theory acknowledges that one of the root causes for forced displacement were exogenous (external) causes of underdevelopment, state management incompetence (corruption), narrow power base/lack of legitimacy and contested border/destabilizing neighbors which leads to deprivation of basic needs and other forms of inequality, and therefore conflicts. On the other hand, root causes for economic migration include economic restructuring, economic mismanagement, environmental degradation, and population growth, which, of course, affects unemployment, low income, labor demand in destination countries. While the theory tries to provide solutions to EU migration problems, we find it unfortunate that the theory is written from a—by and large—biased Eurocentric point of view and as such neglects many of the central root causes of the problems for Africa migration.

In our opinion, an adapted version of the theory (Fig. 2) explains that the exogenous (external) factors actually include (1) direct and indirect (bold and broken arrows) interference of the European countries in the form of colonial ties, notably the UK, France, Spain, Portugal, Belgium, but also Italy and Germany, who viewed Africa as a source of wealth and natural resources confirmed in the historical Berlin conference of 1884–1885, subsequently laid claim to over 90% of Africa and imposed artificial borders, which according to Michalopoulos and Papaioannou (2016, 2020) corresponded to colonial conquests rather than ethnic affiliations. Exogenous factors additionally include (2) as a second root cause of underdevelopment in Africa what is now

![Diagram 1: The dynamics of migration flow](image)

Fig. 2 The dynamics of migration. Source Adapted from Boswell (2002)
typically labeled globalization, often a sort of an acronym for liberalization of international trade and the revolution in communication. It is arguably one of the most important factors generating increased levels of international migration because trade liberalization, according to statistics has placed developing economies under economic pressures, often generating increased unemployment, reduced social spending, and a decline in living standards due to the impact of the infamous structural adjustment programs (SAPs) otherwise known as the “slimming tablet” thereby becoming a third factor. SAPs are economic policies introduced for developing countries since the early 1980s that have been promoted by the World Bank and the International Monetary Fund (IMF) to provide conditional loans on the adoption of such policies. As a consequence, many economies of the continent—because of deregulated foreign investment, liberalized imports and removal of currency controls—produce poverty, unemployment, and migration among disgruntled and frustrated youths. SAPs have also undermined the internal and national productive capacities, social security and democratic integrity of these countries. SAP policies have ballooned many African countries into debt distress because according to a report (Allison, 2018), repaying national debt has on averaged tripled as a percentage of national expenditure—from four percent in 2013 to a whopping 12% in 2017. These pressures have generated political insecurity by creating grievances over limited or inequitably distributed resources, or frustration at the declining capacity of states to provide socio-economic security thereby leading to mass migration.

As indicated, Fig. 2 is an adapted version of Boswell (2002). The figure demonstrates that there are different pathways to both forced migration and economic migration. The root causes of forced migration include the exogenous factors, state mismanagement, narrow power-base, and contested borders. On the other hand, economic restructuring, mismanagement, degradation of the environment, and rapid population growth are the major root causes of economic migration. Further, root causes of both forced and economic migrations are directly and indirectly influenced by globalization, the blue-print established for territorial governance during colonial and post-colonial era, and interference of the western powers via use of political and economic instruments. Consequences of the etiological factors in both forced and economic migrations are the same: inequitable distribution of rights and resources, needs deprivation, unemployment, low income and poverty. Citizens who have lower thresholds of coping with these consequences seek for better life abroad, and thus become economic migrants. However, they don’t just become economic migrants unless there are enabling factors to their aspirations. These include financial and informational resources to migrate, migration networks (smugglers and traffickers), (low-level) border control and labor demand in receiving countries.

The consequences of the root causes of migration are not necessarily enough to propel involuntary or forced migration. Instead, these consequences mobilize frustrated citizens to form themselves along ethnic, social, and religious lines to express their grievances to the state. These they carry out by entrenching conflicts and public disorder. In counter-reactions, the state responds by clamping down on oppositions through repression and oppression under the pretext of control and rule of law. Unfortunately, the state is often unable to rescue the situation given that the
nation has already been fractionalized into different blocks by forming rebel and militant groups. The clash between the state and these blocks gives rise to armed conflicts, violence, wars, and displacement. Accordingly, citizens approach international borders and seek for safety. However, the journey towards international borders is made possible by the aforementioned enabling factors of migration.

**Acculturation Theory**

Acculturation has become an inevitable phenomenon in modern societies given the shift from monoculturalism to multiculturalism engendered by both historical and current global migration trends. According to Berry (1997), acculturative experience is a major life event that is characterized by stress, demands cognitive appraisal of the situation, and requires coping strategies. Personality, societal values of origin, group acculturation, and values and norms of the society of settlement as well as individual difference variables are strong factors that will influence the processes and psychological outcomes of migration and acculturation experiences.

Acculturation is defined as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936, p. 149). In bicultural societies, acculturation induces changes in cultures of the different groups, however, these changes are not felt equally as the non-dominant groups (i.e., the immigrants) are more induced than the dominant group (Berry, 2000). Of major concern is the concept of psychological acculturation which has been distinguished from acculturation itself. While acculturation is considered to operate at the level of cultural change, psychological acculturation is the change that occurs at the level of individual psychology (Graves, as cited in Berry, 1997). This distinction is important, given that cultural groups may change due to acculturation while some individuals within these particular cultures may not be absorbed in community changes (Berry, 1997). According to Berry, psychological acculturation involves the learning of new behavioral repertoires for proper adaptation into the new culture and unlearning some aspects of the culture of origin that may not be appropriate in the new cultural context—this Berry referred to as “culture shedding.”

Four strategies are identified to be important for understanding how migrants learn and adapt into the new cultural context: assimilation, separation, integration and marginalization (Berry, 2001). Assimilation entails more preference in maintaining positive interaction with the new culture than heritage culture. This strategy is considered to be more accepted by the dominant culture or receiving country, where migrants are expected to drop their cultural heritage and imibe cultural practices of the host culture (Van Oudenhoven & Hofstra, 2006). In assimilation, the cultural
values of immigrants melt into that of the host community. Separation involves maintaining cultural values and customs from one’s culture of upbringing, while avoiding interaction with the host culture. However, separation will only produce segregation of immigrants from the larger hosting community. In marginalization, the individual neither identifies with the culture of origin nor the host culture. Marginalization occurs as a result of feelings of being forced to give up one’s culture and a counter-reaction to discriminations inherent in the host culture. In this instance, the immigrant feels excluded by the receiving community. Integration is the continual practice of one’s original culture while maintaining positive communication with the receiving society. According to Berry (2000), the integration strategy seems to encourage positive adaption of immigrants. However, this is only possible when the receiving culture promotes cultural diversity through openness and inclusion. In this sense, immigrants adopt the culture of the new society while the receiving culture also adjusts its institutions to accommodate the values of non-dominant cultures in order to attain a larger pluralistic society (Berry, 2001). This will entail imbibing the value of multiculturalism, reduced prejudice and discrimination, and individual/group’s identification with the larger society (Kalin & Berry, 1995).

However, when psychological adaptation and coping are not achieved because of lack of integration or assimilation (in the least), then “culture conflict” occurs. Following the occurrence of “culture conflict” is “culture shock” or “acculturative stress” (Berry, 1997). To Berry, if acculturative stress continues to persist, then the immigrant is predisposed to developing mental health problems or “psychopathology.”

**Criticism:** Acculturation theory has been criticized for an “overculturalized” approach to migrants’ mental health, and adaptation to culture of receiving country (Ryan et al., 2008). This view makes unimportant other salient factors in migration that are not directly linked to the acculturation process. To Lazarus (1997), acculturative stress is only a subset to other hosts of burdens and demands that the migration process places upon the individual migrant. “Acculturation Isn’t Everything,” migrants experience a significant amount of stressors before getting into destination countries which include escaping from war and internment with or without money to aid their journeys, long periods of loss, search and stressful transit into countries that will accept them, struggle for legal status and other myriad of problems (Lazarus, 1997). Ryan et al. (2008) further point out that relocation drives migrants into feelings of loneliness and isolation given the separation and loss of social contact with family members and friends. In addition, asylum seekers and refugees may have to spend long durations in detention centers where there is little contact and interaction with the majority of the population. These factors are important in many ways to predict the mental wellbeing of migrants and how they adapt to the new cultural context. In all, the acculturation theory only limits itself to explaining sources of post-migration stressors and jettisons issues related to pre-migration and mid- migration factors in the relocation process.
Acculturation-Related Stress Theories

There is no doubt also that when migrants leave their countries, several things happen during mid-migration particularly when they travel through the hot Sahara Deserts, encounter difficult challenges, untold hardships and when they survive the journeys, eventually end up in their planned or unintended destinations and in this case Europe or anywhere between the Sahara Deserts and Mediterranean Sea. Therefore, one of the acculturative stress-related theories will be the stress-coping framework (Ward, Bochner, & Furnham, 2003), which assumes that the experience of intercultural contact and change occurs in a socio-political and economic context and is influenced by the characteristics of the migrant’s society of origin and society of settlement. The changes associated with these contacts are viewed as precipitating stress, which results in affective, behavioral and cognitive coping responses. Therefore, both stress and coping are mediated by characteristics of the individual and characteristics of the situation, and in turn, affect adjustive outcomes.

The similarity-hypothesis narratives (Byrne, 1969) explain why social contacts between people from different cultural backgrounds are often difficult and stressful. This theory predicts that individuals are more likely to seek out, enjoy, understand, want to work and play with, trust, believe, vote for, and generally prefer people with whom they share salient characteristics. These include interests, values, religion, group affiliation, skills, physical attributes, age, language, and all the other aspects on which human beings differ. And since cultural identification by definition categorizes people according to the idiosyncratic characteristics, which distinguish them from other groups, it follows that cross-cultural interactions occur between individuals who are likely to be dissimilar on at least some of these salient dimensions. A close analogy would be that societies could in principle be located on a continuum of how close or distant they are with respect to their sociocultural features (Babiker, Cox, & Miller, 1980). According to Ward et al. (2003), the culture-distance hypothesis predicts that the greater the cultural gap between participants, the more difficulties they will experience.

Other theoretical narratives include that of Abrams and Hogg (1990), who proposed that cross-cultural interaction is inherently difficult due to the process of social categorization. This term is used to refer to the tendency for individuals to classify others as members of a group, in particular whether they belong to their own ingroup or to some other group, an out-group. Categorization no doubt has consequences for how people so-categorized are perceived and treated, with the ingroup usually (Tajfel, 1970, 1981)—but not always (e.g., Bochner & Cairns, 1976)—being given preference. The process of stereotyping (Katz & Braly, 1933; Lippmann, 1922) also contributes to the dynamics of intercultural contact, in attributing to individuals the traits that allegedly characterize the group that the target person has been assigned to by the perceiver. According to Deaux (1976), primary socialization is the process through which persons acquire a set of core values early in their lives, which they come to regard as reflecting reality and, therefore, as absolutely true, and which, for a variety of reasons, are highly resistant to change. Different cultures may and
Acculturation-Related Stress Theories

do provide idiosyncratic primary socializing influences which may result in belief systems that are not universally shared and values that are diametrically opposed but greatly cherished by their respective groups. According to Ward et al. (2003), when members of two such groups come into contact, the potential for conflicts are obvious.

Other theoretical narratives explaining the source of intercultural conflict is ‘Cultural Syndromes’ by Triandis (1990). Cultural syndromes refer to patterns of attitudes, beliefs, norms and behaviors that can be used to contrast groups of cultures. Triandis (1990) identified three major cultural syndromes that are relevant to the analysis of ethnocentrism: cultural complexity, ‘tight’ versus ‘loose’ cultures, and individualism-collectivism. He also considered the implications of these syndromes for effective intercultural relations. For example, people from tight cultures prefer certainty and security. Because they highly value predictability, they are likely to reject people from loose cultures, perceiving them as unreliable and undisciplined. People from complex cultures pay attention to time—the stereotypic African does not (“African time”, Hamminga, 2016). From an African perspective, the terms “tight” and “loose” convey a derogatory touch and do appear as coming from the WEIRD (Western Educated Industrial Rich Democratic) world. The terms are being seen as having a connotation of one culture syndrome being superior to the other. The same applies to individualism-collectivism, where the family-oriented African ‘we person’ also is on the opposite pole of the individualistic orientation of westerners.

General Migration and Mental Health Theories

Most of the theories in this section bother on pre-migration and post-migration stress theories. Thus, the likes of Boski’s (2013) theory or model of ‘psychological disharmony’ will be discussed as an example. Boski (2013) claims that hard work and thrift are the crucial elements of an immigrants’ condition, and therefore proposed that work and money-related behaviors will be the reasons why immigrants experience stress in any receiving country. The theory assumes that economic migrants will normally come from countries where “material standards of living and technological advancement are much lower than those in the receiving countries,” and assumes that all economic migrants would normally have poor education. The author then compares educational sojourners with economic migrants (see Table 1 for details).

Based on these assumptions, hypotheses are formulated that migrants’ stress will result due to a psychological disharmony, which results from self-sacrifice and not taking good care of own health due to physical exhaustion, excessive amount of physical and work activities and deficits in psychosocial bonds and cultural activities, all anchored in immigrant life styles. On the positive side, immigrants are able to cope because they are self-recruited from selected demographic and psychological categories and as such are young, physically strong and fit, hardy, resilient, strong with long-term motivations, optimistic and emotionally detached.
Table 1  Educational sojourners vs. economic immigrants: A Comparison between learn and earn

| Domains of comparison       | Educational sojourners                                                                 | Economic immigrants                                                                 |
|-----------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Priority goal for relocation| Acculturation: Learning and acquiring competences in second culture                  | Improvement of material standards of living                                        |
| Selection of a host country | Personal preferences for language or other aspects of its past/present culture       | Based on economic considerations; ease at legalization and realistic prospects for work and pay |
| Stay/sojourn organization   | Usually based on bi-lateral agreements between countries and institutions            | Often spontaneous individual decisions; sometimes family-sponsored or agency services; illegal immigration |
| Work for pay                | Minimal; unwanted or contrary to the conditions of sojourn                           | Central goal for leaving home country and settling down in host country             |
| Lifestyle                   | Demanding but enjoyable due to cognitive activities and progress in skill acquisition| Hard work to maximize earnings and thrift to maximize savings                       |
| Social contacts             | Often with local majority members, facilitated by immersion programs                  | Usually within home country ingroup; isolation from local majority                  |
| Second language acquisition | Central, usually mastered and practiced in second language courses                   | Online: Instrumental to job and communication requirements                           |
| Interest in host culture    | Of intrinsic value; explorations and growing understanding                             | Indifference; time, energy, or financial limitations                                |
| Acculturation: culture learning| Intentional learning, central processing, feedback, and expert control               | Often incidental, peripheral to other activities; trial-and-error, or social imitation |
| Short time duration         | Semester students, learners of gradually advanced courses                             | Seasonal/returning workers                                                         |
| Longer time duration        | Full-time international students, permanent residents, or visitors                   | Permanent/naturalized immigrants                                                   |

While this newly entering psychological theory is surely interesting, some of the assumptions of Boski’s (2013) theory of psychological disharmony are not applicable to African migrants, at least not in simple terms. The theory in the first place, does not address pre-migration stressors of migrants. In addition, the majority of the African migrants are highly skilled (at least according to the standards of their own countries), educated and not in a crude sense self-recruited or selected. Explaining why they are predominantly males, is tied to cultural values in Africa where men continue to be regarded as breadwinners in the family. It is the duty of the man—in normative terms—to go out and provide food and place a roof over his family, which may
account why some will be desperate and foolhardy enough to embark on such a dangerous journey without much logical reasoning.

In recent migration statistics, migrants are beginning to include women, which is a new emerging trend in international migration in and from Africa, and needs additional attention. Finally, the participants of Boski’s studies were mainly Poles, Irish, Vietnamese, and Eastern Slavs, and as such cannot be used to generalize to African migrants. The historical conditions of these migrants differ in many ways. In addition, the people who migrate are not self-recruited or resilient or with hardy personalities. Different accounts of their journeys show high death rates among them. Oral accounts also show that luck, chance and providence contribute to their survival during their journeys.

According to Pannetier, Lert, Jauffret Roustide, and du Loûa (2017), research on mental health and the migration path has favored acculturation frameworks, which also have been challenged (Castañeda et al., 2015; Viruell-Fuentes, Miranda, & Abdulrahim, 2012) because scholars are more interested in how the social and political context of the home and destination society affects migrants’ health, which they say brings about an accumulated stress to aggravate mental health outcomes. Studies conducted in the US on Latino migrants have demonstrated that exposure to political violence in the country of origin has a persistent effect on post-migration mental health (Fortuna, Porche, & Alegria, 2008; Ornelas & Perreira, 2011), and that unplanned migration was related to psychological distress for women (Torres & Wallace, 2013).

At the EU-level, studies have also shown that migrants’ psychological problems are associated with both pre-migration traumatic life events and living conditions in the host country, particularly when residence permits are deliberately delayed or not issued (Lamkaddem, Essink-Bot, Devillé, Gerritsen, & Stronks, 2015; Warfa et al., 2012). The deliberate delay in processing visa extensions according to Pannetier et al. (2017), also contributes to the creation of undocumented migrants which again has the plausibility of impacting migrants’ mental health (Larchanché, 2012).

### Attachment Theory

The central aim of attachment theory is to explain how attachment styles predict strategies utilized by migrants in adapting to the host culture. As formulated by Bowlby (1969), children’s attachment to their parents or caregivers vary along three categories: secure attachment, anxious resistant attachment, and avoidant attachment. In secure attachment, caregivers are perceived as responsive, available and capable of providing adequate protection. In anxious resistant attachment, children exhibit

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1This is surprising insofar, as Boski did spend a considerable time of his career in Africa [https://english.swps.pl/pawel-boski Accessed March 26, 2020].
ambivalent feelings towards the caregiver because they doubt the persistence of the
caregiver in being available and providing needed support. Children do not only
doubt the responsiveness of caregivers in avoidant attachment, but they further lose
confidence in the ability of the caregiver to be available, responsive and protective.
As a result, they keep a kind of emotional distance from caregivers. In addition, these
attachment styles are further internalized and become working models for children as
they grow up, formulating the mental schema of the self as worthy of love or hatred,
and others as dependable or not (Van Oudenhoven & Hofstra, 2006). These mental
schemas remain permanent and form a significant part of the cognitive orientation
carried into adulthood which will be used to evaluate the self and relationship with
others.

Based on Bowlby’s works on the operative framework of the self and others,
Bartholomew and Horowitz (1991) proposed four different adult attachment styles.
These include secure attachment, preoccupied attachment, fearful-avoidant attach-
ment and dismissive-avoidant attachment. Secure attachment consists in perceiving
the self as lovable while also perceiving others as loving, responsive and hospitable.
Preoccupied attachment creates a sense of personal unworthiness but a positive eval-
uation of others. These orientations make self-acceptance dependent on gaining the
acceptance of other valued individuals. The fearful-avoidant attachment also indi-
cates unworthiness or “unlovability” with an orientation that others are rejecting,
lack love, and are unresponsive. In other words, to protect oneself this schema
predisposes avoidance of interaction with others because of anticipated rejection.
In dismissive-avoidant attachment, the individual has feelings of worthiness or love
but with an adverse disposition towards others. Individuals with this orientation main-
tain a high level of independence and invulnerability. However, they avoid forming
close relationships in order to protect themselves from disappointments.

Van Oudenhoven and Hofstra (2006) empirically established a parallel between
the acculturative strategies (Berry, 1997) and Bartholomew and Horowitz (1991)’s
classification of adult attachment styles to explain how immigrants would respond in
a new cultural context. Their findings showed that secure attachment in both migrants
and host community members predict integration of immigrants (Van Oudenhoven
& Hofstra, 2006). Dismissively and fearfully attached immigrants were found, to
the contrary, to be less integrated and have more preference for separation given that
they are distrustful in their relationship with others.

Critique: Although recognized that the adaptation strategies for acculturation may
be dependent on early life attachment with caregivers, attachment theory like the
acculturation framework does not specifically address the role of pre- and mid-
migration factors on the migrants’ adaptation process. Further, the theory does not
explicitly or directly explain the etiology of migrants’ mental health but loosely
associates acculturation strategies with adult attachment styles.
Trauma-Based Medical Model

Unlike acculturation and attachment theories, this model captures the high impact of events that occur during the pre- and mid-migration phase of migrants’ lives, and specifically address the effects of posttraumatic stress on mental health of refugees (Ryan et al., 2008) by using the posttraumatic stress disorder (PTSD) framework of the Diagnostic Statistical Manual of Mental Disorders of the American Psychiatric Association. In this model, traumatizing and stressful experiences such as lack of employment and lack of access to basic needs of life, armed violence and conflicts, torture and oppression, witnessing death of family and friends, abuse and detention by border police, separation from loved ones, extortion by bandits, smugglers and traffickers, sexual violence and slavery are identified as significant factors impacting the mental health of refugees and migrants. The model may not be limited to events leading to the post-migration phase affecting PTSD and general mental health outcomes, but also some post-migration factors such as racial discrimination accompanied by physical assaults, language difficulties, poverty, homelessness and deportation (Bustamante, Cerqueira, Leclerc, & Brietzke, 2018; Fondacaro & Mazzulla, 2018). Treatment of PTSD is followed by using efficacious and evidenced-based treatments which include Cognitive Behavior Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PT) and Trauma-Focused Cognitive Behavior Therapy (TF-CBT) (Fondacaro & Mazzulla, 2018).

Critique: The trauma-based model has been criticized for using western diagnosis of PTSD to label refugees as very “sick” individuals who need psychotherapeutic and/or pharmacological management, and placing greater priority on pre-migration factors (Fondacaro & Mazzulla, 2018; Ryan et al., 2008). Aside from the fact that the trauma symptomatology is narrowly focused and may not holistically address the complex nature of refugee mental health needs, the internalization of labeling and diagnosis may predispose refugees to view themselves as inherently deficient as a result of trauma experienced (Fondacaro & Mazzulla, 2018). The model has neglected current events in refugees’ lives which include post-migration difficulties (e.g., lack of finances, discrimination, language challenges, underemployment or unemployment) and frequent daily stressors (Miller & Rasmussen, 2010). Recognizing these deficiencies, Fondacaro and Mazzulla (2018) recently developed an alternative perspective which they call the Chronic Traumatic Stress Model.

Chronic Traumatic Stress (CTS) Model

The CTS model is both conceptual and intervention-based (Fondacaro & Mazzulla, 2018). The model emphasizes the importance of cultural origins of refugees in the assessment, interpretation and treatment of mental problems brought about by pre-migration stressors such as war and violent conflicts. CTS specifies stressors and other
traumatic life events as precipitating factors while psychological and/or physical challenges and strengths are considered the outcomes. The precipitants—stressors and traumatic events—include Chronic Traumatic Stress (CTS), post-migration living challenges and daily stressors. The sources of chronic traumatic stress for refugees include sexual assault and rape, physical injury, torture, loss of family members and political violence and witnessing of violence. Also included among traumatic events are lack of medical care, food, shelter and exposure to danger that refugees experience as they struggle to escape persecution. It is further noted that resettled refugees may even continue to relive chronic traumatic events due to the ongoing unrest and torture in country of origin.

Drawing from empirical findings in the literature, Fondacaro and Mazzulla (2018) additionally note that resettlement and post-migration stressors such as language barriers, lack of housing, inadequate social support, apprehension over the safety of family members back home, acculturative stress, discrimination, financial challenges due to unemployment or underemployment may worsen the effect of initial traumatic exposure on refugees’ mental health. They also distinguished daily stressors from post-migration stressors while noting that both are classified together in the literature. While post-migration stressors are seen as challenges experienced after resettlement in the receiving country, daily stressors are considered those hassles that refugees, immigrants and citizens generally experience in daily lives, which may include unanticipated car trouble, child-care issues, managing financial responsibilities, and the rest.

Taking recourse to the ecological socialization model of Bronfenbrenner (1992), CTS further emphasizes the roles of the family and community networks in enhancing individual functioning. The moderation or dampening of pre- and post-migration stressors and daily hassles lies in the interplay between the individual and his/her surrounding environment. Protective and risk factors emanating from the family and the community may interact with traumatic and stressful life events to respectively mitigate or exacerbate the influence of stressors on physical and psychological outcomes. While risk factors increase vulnerability, protective factors increase resilience. Being resilient depends on the use of adaptive coping mechanism, community engagement and social support. Individual factors such as age, sex, coping style, genetic disposition and emotion regulation may also contribute to resilience. Resilience can, furthermore, be enhanced by the factors inherent in the family, culture, and the community.

The model also identifies psychological and physical outcomes of traumatic events and stressors. While psychological outcomes are symptoms of anxiety, depression and posttraumatic stress, physical outcomes consist of somatic complaints (e.g., headache and chronic pain), sleep disturbance (e.g., nightmares and insomnia) and chronic diseases (e.g., diabetes, hypertension, and obesity). Lastly, CTS suggests existing evidence-based therapies that can be used to manage refugees and survivors of war-related conflict who show symptoms of PTSD. These treatments include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cultural Adaptive-Cognitive Behavioral Therapy (CA-CBT) and the Narrative Exposure Therapy (NET).
Critique: The strength of the CTS framework lies in its ability to account to pre- and post-migration factors in refugee mental health. It also demonstrates both protective and risk variables that may moderate the impact of stress and traumatic events on physical and psychological outcomes. However, the theory seems to focus only on mental health of refugees and individuals who experienced war-related violence and torture while providing little or no explanation on factors determining the mental wellbeing of economic migrants. Given that economic migrants may not have undergone war-related trauma, it is important to understand the pathways to their mental health as distinct from refugees and displaced migrants?

Lazarus and Folkman’s Stress Model

Lazarus and Folkman (1984) provide us with a cognitive appraisal model of stress which may be applicable to difficulties inherent in the migration process. According to this model, the evaluation that migrants give to stressors they experience throughout the pre-, mid-, and post migration process is what determines their ability to cope with migration demands and then manifestation or non-manifestation of psychopathology. Lazarus and Folkman theorize that when individuals are faced the stressful life demands, they respond by making two types of cognitive appraisal, a primary appraisal and a secondary appraisal. Primary appraisal consists of evaluating the stressful events as benign or deleterious to personal wellbeing, while secondary appraisal enables the estimation of cognitive resources to respond and cope with the stressors. The outcome of the secondary appraisal defines individual coping responses to stressful events, and ultimately adaptation and wellbeing (Kuo, 2014). In coping with stressful life demands, Lazarus and Folkman (1984) identify some coping strategies which include social support coping, confrontational coping and escape-avoidance coping. The use of social support coping is, for example, found to attenuate the impact of acculturative stress on mental and physical health of immigrants (Kim, Suh, Kim, & Gopalan, 2012; Lee, Suchday, & Wylie-Rosett, 2012).

Critique: Lazarus and Folkman’s contribution emphasizes individuals’ appraisal of a stressful situation as the determinant of psychological wellbeing. However, the model has suffered criticism for neglecting the importance of the societal structures in determining the availability of coping resources for the individual. For example, Ryan et al. (2008) contend that the ability and resources to cope with stressful demands cannot be ultimately decided by individuals but dependent on societal structures, which are organized along gender, legal and socioeconomic status, and cultural/ethnic background lines, and that resources are not available to individuals in equal amounts. By implication, Lazarus and Folkman’s model emphasizes that coping with stressful demands depends on the ability of migrants to attain positive mental health, and appropriate intervention lies in the individual-level approaches. For migrants to attain positive mental health, they must have been trained in cognitive restructuring where they learn how to change the “irrational” ways they perceive the consequences of
stressors (Ryan et al., 2008). However, stressful life events are considered to have their origins in the environment given the structural inequalities inherent in societies (Ryan et al., 2008). Hence, mental health of individual migrants can be improved by altering societal processes that induce stressors and not actually by cognitive restructuring.

Hobfoll’s Conservation of Resources Theory

The Conversation of Resource (COR) Theory (Hobfoll & Lerman, 1988, 1989; Hobfoll, 1998), unlike Lazarus and Folkman’s stress model, provides an integrative approach by considering both individual and environmental conditions to traumatic and stressful events. Departing from the cognitive nature and individual-based level approach of existing stress theories, COR theory emphasizes “the individual-nested in family-nested in tribe, set in social context” (Hobfoll, 2001, p. 338). This approach allows the stress perspective to be seen as a greater whole and not in disjointed forms, otherwise, the predictive capacity of stress on mental health would suffer from limitations. COR theory considers the self to be a product of cultural process with foundations and attachments to biological families and familiar social groups. Given the dependence of the self on the social environments, it becomes imperative that the stress encountered by the self are situated in the social context. Hobfoll (2001) noted, however, that placing the source of stress in the social context does not imply that the study of individual-level factors in the stress process should not be studied, but should not be considered as the “primary active agent.”

The central notion of COR theory is that every person makes effort to acquire, preserve, safeguard and nurture what is of value to them in a world believed to be threatening, and thus must synergize their personal strengths, social connections, and cultural repertoire in order to remain in existence (Hobfoll, 2001). These valuables are referred to as resources which may be in form of personal characteristics, condition, object and energy resources, and are believed to be transculturally and culturally determined. Hobfoll (1998) identified seventy-four of these resources. Examples include “adequate food”, “feeling that my life is peaceful”, “hope”, “financial stability”, “affection from others,” etc.

COR theory additionally posits that psychological stress occurs, when there is (1) a threat to individuals’ resources, when there is (2) actual loss to individuals’ resources, and (3) where individuals fail to have sufficient returns from investments. In contrast to Lazarus and Folkman’s model, COR theory sees resources as being objectively or observingly appraised to determine resource gains or losses, and that the assessment of resources’ importance reflects cultural values.

Hobfoll (2001) then proposed two major principles based on the tenets of COR theory. The first principle is “The Primacy of Resource Loss.” This principle states that resource gain is disproportionately less salient compared to resource loss. This implies that the impact of loss is significantly more felt than that of gain given an equal amount of the two. Hence, the primacy of resource loss is a strong component in the
stress process. The second principle is named “Resource Investment.” This principle suggests that resources must be invested in order to gain more resources, recover, or prevent resource loss. In other words, the higher the availability of resources, the higher the orchestration of resource gain and less vulnerability to resource loss. Conversely, the less resource availability, the lower the capability of resource gain and higher vulnerability to resource loss. Derived from the second principle, Hobfoll (2001) also states that individuals who suffer from lack of resources tend to adopt defensive strategies (e.g., denial) for conservation of resources. However, denial seems to be the consequence and evidence of lack of resources (Breznitz, 1983).

The application of COR theory and of Lazarus and Folkman’s stress appraisal model seem to have distinct pathways in explaining the etiology of migrants’ stress and mental health. While COR theory allows us to associate stressors experienced by forced migrants or refugees with objective loss of resources, the appraisal model somewhat provides nexus between stressors in economic migrants and subjective loss of resources. People in war situations experience objective resource loss and are incapable of resources investment, and as result feel serious psychological pressure, and are forced to flee for safety. They do not need to evaluate the impact of war-related stressors on their wellbeing because these stressors are directly impactful, and response seems more automatic. The use of adaptive coping in this situation is almost impossible because there is total breakdown of societal order. People do not have alternatives than to flee. In essence, stressors emanating from war and violence directly impact mental health and PTSD without any evaluative judgments because they are more or less objective. In contrast, citizens are at will to decide whether they would migrate or not in economic migration. However, this is dependent on how they perceive the extent of the effect of economic stressors on wellbeing and the availability of coping resources. Economic migrants (subjectively) appraise the stressful economic situations (e.g., lower income, bad governance, lack of employment and basic amenities) in their country to be detrimental to their personal wellbeing (primary appraisal) and respond to these stressful events perhaps by using a non-adaptive coping mechanism (secondary appraisal). The inability to use adaptive coping strategies in the face of economic stressors predispose vulnerability to negative mental health (e.g., depression and anxiety), leading to migration in order to fulfil economic needs. However, citizens in country of origin who employ adaptive coping mechanisms do not migrate, are hopeful and seek ways of overcoming economic problems. Thus, in economic migration, resource loss resulting from economic stressors is rather subjective than objective since most citizens experiencing the same level of stress do not migrate. While some migrate, many do not.

The reverse is the case in forced migration given that all citizens experiencing the same level of war-related stressors look for safe haven, making resource loss to be rather objective than subjective. As a result of the automatic effect of war-related stressors on objective loss of resources during pre-migration period, forced migrants may exhibit symptoms of PTSD in addition to other mental health problems. On the other hand, pre-migration stressors may not trigger PTSD but general mental health problems in economic migrants given that they only experience subjective loss of
resources. In essence, while objective resource loss may necessarily impact PTSD, subjective resource loss may not, but both may have effect on general mental health.

Moreover, stressors in forced and economic migrations converge at the mid-migration period. During transit both groups of migrants suffer from homelessness, sexual assault and violence, extortions from smugglers and traffickers, hunger and lack of basic needs, robbery and inhumane treatments. COR theory is applicable at this stage given that these traumatic events may trigger objective resource loss to impact psychological wellbeing. However, this pattern changes at the post-migration stage. At this stage, it may be plausible to explain the impact of stressors on mental wellbeing by utilizing the Lazarus and Folkman’s stress appraisal model given that the impacts of stressors are more perceptive rather than objective. Post-migration stress precipitators such as acculturation strain, racism, discrimination, separation from family and friends, loneliness, unemployment/underemployment and legal status-related issues may subjectively impact personal wellbeing (primary appraisal). In addition, these stressors may be counteracted or exacerbated by adaptive and non-adaptive coping mechanisms respectively (secondary appraisal). For example, the stressors stemming from discrimination may not impact mental health if individual evaluative judgments utilize adaptive coping mechanism or if migrants consider the situation benign to personal wellbeing. In this case, the impact of discrimination on mental health may be subjective since the relationship between the two may pass through individual’s evaluative judgment.

Table 2 displays the applicability of the mental health theories discussed according to types of migration and stages of the migration process.

|                          | Pre-migration            | Mid-migration                        | Post-migration                        |
|--------------------------|--------------------------|--------------------------------------|---------------------------------------|
| **Forced migrants**      | Trauma-based medical model | Similarity-hypothesis framework       | Stress-coping framework               |
|                          | Chronic traumatic stress model | Trauma-based medical model           | Similarity-hypothesis framework       |
|                          | Hobfoll’s conservation of resources | Chronic traumatic stress model       | Culture-distance hypothesis           |
|                          |                          | Hobfoll’s conservation of resources  | Social categorization                 |
|                          |                          |                                      | Cultural syndromes                    |
|                          |                          |                                      | Acculturative theory                  |
|                          |                          |                                      | Chronic traumatic stress model        |
|                          |                          |                                      | Attachment theory                     |
| **Economic migrants**    | Lazarus and Folkman’s model | Boski’s theory of disharmony         |                                       |
|                          |                          | Lazarus & Folkman’s model            |                                       |
|                          |                          | Acculturation theory                 |                                       |
|                          |                          | Attachment theory                    |                                       |

*Note* Theories may not completely fit into the categories
Value Preferences in the Context of Migration

Values have for a long time been “a dormant concept” (Hitlin & Piliavin, 2004) in the social sciences. However, work in political science, commencing with Inglehart (Inglehart 1977), in leadership studies and sociology (House et al., 1999; Hofstede, 1980), but most prominently in social and cross-cultural psychology (Schwartz, 1992; Triandis, 1995) has spurred research in the field of value preferences and their relevance for individual behavior in recent decades.

Boer and Boehnke (2015, p. 132) state that most definitions of personal values in the social sciences elaborate on the functions that values serve in people’s lives. One type of value definition focuses on needs-based functions of values, while another construes values in terms of societal and cultural challenges leading to cross-cultural differences in value orientation, whereas a third approach focuses on the behavioral and attitudinal guidance functions of values. The first ‘school’ is best embodied by work of the political scientist, Ronald Inglehart. Boer and Boehnke (2015) emphasize that Inglehart draws heavily on earlier—psychological—work by Maslow (1943, 1969) in his hierarchy of needs. Inglehart suggests that individuals’ value preferences focus on life aspects that were deprived or showed deficiencies in needs fulfillment during childhood or adolescence. This basic assumption leads to the differentiation between survival values vs. self-expression values in Inglehart’s (1997) value taxonomy. In it, high preferences for survival values signal deficient fulfillment of basic human needs in early socialization. A second value dimension distinguishes traditional vs. secular-rational orientations towards authority. This value dimension is premised on security needs and their fulfillment. Norris and Inglehart (2004) argue that in contexts of high insecurity (e.g., in developing countries), people turn to traditional religious values since religious institutions provide security and uncertainty management, whereas in highly developed, secure contexts, individuals rely more on secular-rational values. Value preferences, thus, in this school of value definitions are here closely related to fundamental human needs and their fulfillment within specific macro-contextual and social environments.

The second school of value theories hails from research in intercultural relations, cross-cultural psychology and cultural sociology. Hofstede (1980, 2001), Triandis (1994, 1995), and Schwartz (1994, 2004) put forward value theories that emphasize cultural value climates. Specific cultural values develop based on macro-contextual challenges that societies and cultural groups need to attend to in order to optimize conditions of collective survival and wellbeing. Importantly, cultural values determine general tendencies of individual value orientations and self-definitions within a given context. Hofstede, Triandis, and Schwartz—similar to Inglehart—state that cross-cultural differences in personal values proceed from differences in the socio-cultural and macro-contextual environments where individuals are embedded in.

The presumably most influential psychological theory of personal values was developed by Shalom H. Schwartz and goes back to Rokeach (1973) and Kluckhohn (1951). Schwartz argues that the human values system by and large serves three
requirements of human life: biological needs, the coordination of social interactions, and the survival of the group. Most importantly, these requirements need to be negotiated against each other by reconciling and prioritizing one’s values as behavioral guides. The guidance functions of values have been summarized by Rohan (2000) in terms of what type of judgments they influence, namely as guides for survival, as guides for goodness, as guides for best possible living and for ordering the importance of requirements and desires. Some of these judgments point towards needs-based functions of values, which thereby also seem linked to the guidance function of values (cf. Fischer, Milfont, & Gouveia, 2011).

In sum, values contribute to human well-functioning by offering a system for an assessment of needs fulfilment as well as for behavioral guidance leading to functional adjustment with regard to selfdefinitions, wellbeing and social functioning. Value preferences also preform attitudes and predict behavior. Only few studies offer empirical evidence of value preferences of migrants (see, however, Schiefer, 2013). Tartakovsky et al. (2017a, 2017b) have studied the value preferences of Russian Jews who migrated to Israel, and re-migrants who have returned to Russia after they had migrated to Israel. Studies about value preferences of African migrants are yet scarcer. Idemudia (2014) published a small-sample study on African migrants to Germany, where he found among others that if they migrants cherished self-enhancement values (achievement, power), they typically suffered from a worse mental health status than migrants with a lesser preference of such values.

The present study resorts to Schwartz value definition of values as a guiding principle in people’s lives. Figure 3 depict the newest version (Schwartz et al., 2012) of the Schwartz value circle. In the figure small asterisks mark those value preferences that were assessed.

An instrument was utilized that was taken from the questionnaire used in the World Values Survey. After an introductory text “Now I’ll briefly describe some people; would you, please, indicate for each description whether that person is very much like you, like you, somewhat like you, a little like you, not like you, or not at all like you,” ten items followed; they had to be rated on a Likert scale ranging from ‘1’ to ‘6,’ later reversed for all analyses in order to let high marks stand for high similarity rating, i.e., high preferences of a value of a specific type.

There was one item each for the ten value types marked with an asterisk in Fig. 3. Items read, “It is important to this person to think up new ideas and be creative; to do things one’s own way” (Self-Direction), “It is important to this person to be rich; to have a lot of money and expensive things” (Power), “Living in secure surroundings is important to this person; to avoid anything that might be dangerous” (Security), “It is important to this person to have a good time; to ‘spoil’ oneself” (Hedonism), “It is important to this person to help the people nearby; to care for their wellbeing” (Benevolence), “Being very successful is important to this person; to have

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2 http://www.worldvaluessurvey.org/WVSDocumentationWV6.jsp. Accessed March 26, 2020.
people recognize one’s achievements” (Achievement), “Adventure and taking risks are important to this person; to have an exciting life” (Stimulation), “It is important to this person to always behave properly; to avoid doing anything people would say is wrong” (Conformity), “Looking after the environment is important to this person; to care for nature” (Universalism), and “Tradition is important to this person; to follow the customs handed down by one’s religion or family” (Tradition).

As there are so few (if at all) studies available that assess value preferences of African migrants to Europe, the present study is exploratory in nature. The results section of the present volume will report descriptive data on value preferences, but will also offer exemplary findings on the relationship between value preferences and other variables such as xenophobic attitudes among migrants.

**Coping Theory and Migrants’ Adaptation**

Coping, defined as the ability to deal with situations when under stress has come in many colors and descriptions necessitating the development of psychological measuring tools such as ‘Ways of Coping’ (Folkman & Lazarus, 1980, and a revised version in 1985) and the Brief Cope Scale (Carver, 1997) which is used in this study. Researchers have traditionally categorized ways of coping
as adaptive/maladaptive, primary/secondary control coping, problem/emotion-focused, engagement/disengagement, and approach/avoidance (García, Barraza-Peña, Wlodarczyk, Alvear-Carrasco, & Reyes-Reyes, 2018).

The concept of coping is based on the conceptual analysis of stress and coping studies (Lazarus, 1966; Lazarus & Folkman, 1984). According to Lazarus (1966), stress consists of three processes: Primary, Secondary and coping appraisals. Primary appraisal is defined as the process of perceiving a threat to oneself, while secondary appraisal is the process of bringing to mind a potential response to the threat and coping is the process of executing that response’. Carver, Scheier, and Weintraub (1989) argued that while the process is easily described as a linear sequence but that the outcome of one process may re-invoke a preceding process or the entire set of processes may cycle repeatedly in a stressful transaction.

According to Folkman and Lazarus (1980, 1985), people cope by indicating a coping thought or action that they use when under stress. The ways of coping have two main general ways of coping: problem-focused and emotion-focused. Problem-focused coping encompass behaviors of people who try to do something about their situation or try to solve the problem while emotion-focused coping tries to cope or manage with the emotional aspect generated by the stress situation or in the words of Carver, Scheier, and Weintraub (1989), “aimed at reducing or managing the emotional distress that is associated with (or cued by) the situation” (p. 267). Many authors (Aldwin, Folkman, Schaefer, Coyne, & Lazarus, 1980; Aldwin & Revenson, 1987; Coyne, Aldwin, & Lazarus, 1981) have criticized the two-ways of coping as too simplistic and that both coping methods should be measured in factors and hence the Brief Cope (for details, please see, Carver et al., 1989).

Carver (1997) identified 14 coping styles people use when they encounter stressful life events. These include acceptance (A), emotional support (ES), humor (H), positive reframing (PR), religion (F), active coping (AC), instrumental support (IS), planning (P), behavioral disengagement (BD), denial (D), self-distraction (SD), self-blaming (SB), substance use (SU) and venting (V). While A, ES, H, PF and R are considered emotional focused coping, AC, IS and P are problem-focused coping (Carver, 1997). The other coping methods which include SD, SB, SU and V are termed dysfunctional coping strategies. Using a bi-dimensional approach, Meyer (2001) classified the problem and emotion-focused strategies as adaptive coping while the dysfunctional strategy was classified as maladaptive coping. Whereas the adaptive coping strategies are associated with positive psychological wellbeing, the maladaptive coping methods are shown to predict mental health problems and perceived stress (Meyer, 2001; Alveal & Barraza, 2015).

The Brief Cope scale has 28 items and as indicated above has 14 subscales. Two items measure a subscale. The subscales are defined accordingly: Self-Distraction is defined as when some self-distract by attending to other things to ward off the stressors; Active Coping (the process of taking active steps to try to remove or circumvent the stressor or to ameliorate its effects); Denial (when a person denies the reality of a situation); Use of Instrumental Support (getting help from other on what to do); sub-stance Use (use of alcohol or other substances to cope with the stressor); Positive Reframing (trying to make good of a bad situation by positively
looking at the situation; Use of Emotional Support (use of emotional support and understanding from others); Planning (when a person thinks about how to cope with a stressor and it involves coming up with actionable strategies, practical steps to take and how best to handle the problem); Behavioral Disengagement (lack of using one’s effort to dealing with the stressor or giving up the attempt the stressor is affecting, more like a state of helplessness, theoretically, behavioral disengagement occurs when a person expects poor coping outcome); Acceptance (opposite of denial and a functional coping response and is prepared to engage with the stressful situation but this can also accept a stressful situation in faith which is religion); Venting (tendency to focus on whatever distress or upset one is experiencing and ventilate those feelings); Religion (praying, meditating and faith in God); Humor (making fun of the stressful situation) and Self-Blame.

However, it is important to note the plausible impact and the role of culture on coping behaviors and this is what is mostly neglected in psychological literature on coping. Most of the literature on coping are from the western parts of the world and in the main Eurocentric. Cultures where religion is practiced and a way of life, faith in God may serve as a positive coping measure that alleviates mental health stress. It may, however, be a maladaptive way of coping in the western world. Migration is a stressful process and migrants during their journeys go through a lot of stressful and horrifying experiences particularly during the mid and post-migration periods through the hot Sahara Deserts and the Mediterranean Sea. Due to the delays in processing refugee or resident documents and fear of deportation, we expect migrants to report more of behavioral disengagement and use of religion as a way of dealing with stressful events in their host countries and we also expect migrants to differ on their coping mechanisms across different countries.

**Theorizing Mental Health**

As indicated above and in Chap. 1, the theories discussed will not follow classical neo-positivist studies where theories are used to generate hypotheses, but these theories will act as frames for understanding the data presented in Chaps. 8 and 9, and consequently in the discussion and conclusion sections.

This categorization shows that none of the mental health theories (Table 2) is all-encompassing to explain the impact of migration stressors on mental health along the stages and types of migration. By implication, these theories should be seen as complementary to each other rather than being treated as independent migrants’ mental health frameworks. This perspective allows us to understand the dynamism of the migration process and how it impacts the mental health of migrants. On value preference, it is important to understand what values migrants will prefer for integration purposes which we hope will help minimize mental health problems. Coping methods will also be discussed within the context of the six European countries.
The theme of this book straddles on the psychosocial experiences of African migrants in what now in 2020 are five EU Countries (France, Germany, Italy, Spain, and The Netherlands) plus the United Kingdom—from both quantitative and qualitative methodological perspectives. Therefore, the role of theories discussed above will be connected with participants’ experiences in their home and receiving countries including their coping behaviors.

There is no doubt that negative external factors from colonial ties through post-colonial economic policies, bad governance, corruption, have contributed immensely to the current outbursts of unauthorized African migration to Europe and elsewhere. Coming from a continent where people are visibly different from those receiving countries and in addition with all the cultural and environmental differences may in one way or the other not only contribute but also precipitate poor mental health among African migrants in Europe. The ‘racial’ differences may also lead to poor or negative perceptions and in consequence negative treatment by members of the receiving countries could also determine or strongly affect their acculturation in various places of residence or work environments. These perceptions and treatments may in addition affect work accessibility, delay/granting of request for asylum and which may serve as strong factors for acculturative stress. Tanaka et al. (1994) and Searle and Ward (1990) have argued that attitudes held by members of the dominant culture strongly influence patterns of immigrant’s adaptation. The central argument here is that before leaving their homes, migrants would have experienced some form of dissatisfaction with their country maybe due to unemployment, environmental hazards, wars, ethnic/tribal conflicts and other hosts of life adversities. The channel they use to travel as discussed in Chap. 2 is again nothing to be described as healthy or safe. The travel is carried out under uncertainties. The journey may take from one month to ten years. In between the destination and home countries, they are trapped and in consequence suffer all manner of indignities: from rape to abuses, slavery, hunger and are visited with all deprivations. Finally, those who survive and arrive their destinations are again confronted with other hosts of ills from stereotyping, racism to deprivations and delays of asylum requests, homelessness, and to the lucky ones who get engaged, do so in menial jobs. In fact, according to Fernando (1993) racism is the most serious risk factor for acculturative stress for immigrants and African migrants in particular (Idemudia & Boehnke, 2010). These experiences from pre-migration, mid-migration to post-migration, cumulate to have strong impacts and may lead to sufficient mental health problems and posttraumatic stress symptoms (PTSS) or and posttraumatic stress disorders. It is also our hope that having the right attitude or value preferences held by the host countries may also help as buffer against poor mental health among migrants.

In the next chapter, the body of literature on mental health effects of migration among African migrants will be reviewed. In this strife for comprehensiveness, certain redundancies are unavoidable.
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