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COLLEGE OF EDUCATION AND LANGUAGE STUDIES

SCHOOL OF PSYCHOLOGY

THE PSCHOSOCIAL EFFECTS OF URBAN GENTRFICATION ON DISPLACED RESIDENTS IN ADDIS ABEBA, ETHIOPIA

BY

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DECLARATION

Simret Guangul Tegegne , hereby declares that the thesis on the tittle “The psycho social Impact of Urban Gentrification of Displaced Residents in Addis Ababa, Ethiopia’’ is my original work and it has not been presented for any academic purpose in any other university prior to this time and that all source of materials used for thesis have been properly acknowledged.

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ABBREVIATION AND ACRONOMYS

1. **ATLAS**; Archive for Technology, the Life-World, and Everyday Language
2. **DAS** ; Depression Anxiety Stress Scales
3. **FGD**; Focus Group Discussions
4. **KII** ; Key Informant Interviews
5. **MHPSS**; Mental Health and Psychosocial Support
6. **SDH** ; Social Determinants of Health

ABSTRACT

A growing body of research has documented the economic and spatial consequences of displacement, but less attention has been given to its psychological costs. This study investigates the lived experiences and mental health impacts of forced resettlement resulting from urban regeneration in Addis Ababa, Ethiopia. Using a qualitative phenomenological design, in-depth interviews were conducted with displaced residents selected through purposive and snowball sampling. Inductive thematic analysis supported by ATLAS.ti software revealed major themes: mental health impacts; displacement as loss and disempowerment; economic devastation and disconnection; physical health effects; disruption and fragmentation of the social fabric; and coping mechanisms and unmet needs. Participants described experiences of worry, sadness, hopelessness, and powerlessness stemming from job loss, weakened social ties, and inadequate support systems. While some relied on faith and community as coping mechanisms, others turned to substance use to manage distress reflecting both vulnerability and resilience. The findings highlight that urban gentrification–induced displacement extends beyond housing insecurity, generating profound psychosocial consequences. Addressing these impacts requires that urban planners and policymakers move beyond physical resettlement to promote mental health and social well-being.

Chapter 1: Introduction

1.1 Background

This study examines the effect of gentrification-induced displacement on the psychosocial well-being of residents in Addis Ababa, Ethiopia. Most recent studies on gentrification have focused on the economic and geospatial components of neighbourhood change, while neglecting research on the social and emotional impacts that gentrification has on displaced residents (Curran & Kern, 2023; Richardson et al., 2019; Rothschild, 2019; Thurber et al., 2019).

Urban gentrification, a process characterized by the influx of higher-income residents into historically low-income neighbourhoods, has become a prominent phenomenon in many cities worldwide (Arrigoitia, 2018; Brown-Saracino, 2017; Halasz, 2023; Hochstenbach & Musterd, 2018; Sequera & Nofre, 2020; Zhang & He, 2018). These kinds of displacement cause change of community social, economic and culture structure. (Arrigoitia, 2018; Brown-Saracino, 2017).There are a lot of studies that focused on different dimensions of gentrification impacts; however its psychosocial implication has been neglected (Anguelovski et al., 2020; Fong et al., 2019; Ribeiro, 2020; Tran et al., 2020).

Since gentrification causes changes in location, social connections and societal familiarity built around a neighbourhood. The breaking of bond, support and connection between people following gentrification can affect the psychosocial wellbeing. (Alroy et al., 2023; Schusler et al., 2023).In addition to all these impacts, gentrification is also followed by economic burden, because it’s very difficult for long-time residents to afford house rents and other life expenses with the high economic inflation going on (Gie & Borthwick, 2023). This economic pressure

and burden brings along anxiety, stress and other mental problems that could lead to different psychosocial problems (Alroy et al., 2023; Gie & Borthwick, 2023).

Furthermore, gentrification brings cultural displacement by relocating residents to a new place with different cultural and moral values, making them feel like outcasts or outsiders. This can affect their self-worth and sense of belonging, leading to disturbance in their psychosocial wellbeing, since these two are very important and essential for their psychosocial health (Alroy et al., 2023; Schwartz, 2023). Besides gentrification can worsen any pre-existing psychosocial problems as it is often followed by a rapid change and instability, which may even cause another new issue (Pykett et al., 2023; Sheng & Sun, 2023).

Earlier studies on gentrification and family displacement in urban areas mainly emphasized the physical movement of residents and neighbourhood changes driven by economic and infrastructural factors. While these studies offered valuable insights into the tangible and economic impacts of gentrification, there was still a lack of research exploring its effects on the psychological and social well-being of those who were displaced (Lee, 2023).

This study fills the gap by discussing the participants who experienced the displacement and how it affected their psychosocial wellbeing. There are multiple reasons for studying the impact of urban gentrification on the residents of Addis Ababa, First, urban gentrification affects not only the physical environment but also the social structure and economic opportunities, which all have significant effects on psychosocial well-being (Kloosterboer, 2019; Pankhurst et al., 2022). Additionally, gentrification in Addis Ababa is happening fast enough to displace long-term residents who are subjected to economic distress, social isolation, and culturally imposed disconnection (Teklemariam, 2023; Wayessa, 2020; Weldegebriel et al., 2023).

1.2 Statement of the Problem

Studies on the psychosocial effects of gentrification have been widely conducted in Western or developed countries. However, similar research remains limited in developing nations (Justa & Cause, 2014). Gentrification has become a global urban issue and a growing subject of study across various academic disciplines in recent years (Vandergrift, 2006). Research has shown that gentrification influences multiple aspects of community life, including economic, political, and social dimensions (Aka, 2010). Moreover, while some studies acknowledge the broader consequences of gentrification, most have primarily focused on its economic effects, giving less attention to its psychosocial impacts (Afandi, 2018). For example, a study conducted in four gentrifying neighbourhoods in Chicago revealed that gentrification contributes to the loss of community cohesion and ethnic or racial identity, as well as the disruption of neighbourhood social networks, ethnic businesses, religious institutions, and community organizations (Nyden, Edlynn, & Davis, 2006).

Lots of neighbourhood's infrastructure, services and life styles have been changing for the better following gentrification and urbanization it has also displaced many low-income families and disrupted the traditional neighbourhood and the ways of life they are already used to(Kloosterboer, 2019; Pankhurst et al., 2022; Teklemariam, 2023; Wayessa, 2020; Weldegebriel et al., 2023).These forced displacements are more related to the negative impacts leading to social isolation and loosened social networks and stronger anxiety and stress. Yet, low- and middle-income countries like Ethiopia have relatively limited number of researches related with the relationships between psychosocial health and gentrification.

The impact of urban gentrification on the psychosocial health of the residents is a very important and also time sensitive topic due to several reasons. First these displacements disrupt the traditional neighbourhood's social network and support system to one another

which is important for psychological well-being. Especially low income residents experience loneliness, and a profound sense of loss, which contributing to psychosocial health problems such as depression and anxiety.

Second, the arrivals of new wealthier residents, new business and amenities create feeling of dislocation and disorientation among the former neighbourhood. These incidents can be stressful and destabilizing which increase the risk of psychosocial health challenges such as depression and anxiety (Teklemariam, 2023).

Third, the effects of gentrification also extends to communities and society at large passing the individuals because when longstanding community is disrupted and traditional neighbourhoods are displaced their social support and link weakens leading to social and economic problem and inequalities in turn worsening mental health problems among the residents (Iyanda & Lu, 2021; Smith et al., 2020; Tran et al., 2020).

Overall, the problem of urban gentrification and its impact on mental health, economic and social aspects in Addis Ababa, Ethiopia, is both significant and underexplored. It affects individuals, communities, and broader societal structures. This study aims to address this research gap by exploring the lived experiences and perceptions of low-income residents affected by gentrification in Addis Ababa,

1.3 Research Questions

1. What are the lived experiences of residents displaced by gentrification in Addis Ababa?
2. How do displaced residents perceive the psychosocial effects of gentrification on their psychosocial spheres of life?
3. What mental health problems are commonly reported by residents displaced by gentrification in Addis Ababa?

4. What coping mechanisms do displaced residents use to deal with mental health issues brought about by gentrification?

1.4 Objectives

1.4.1 General Objective

The general objective of this study is to explore the lived experiences of displaced residents in Addis Ababa who have been affected by urban gentrification and to understand the impact of these experiences on their psychosocial aspects of life.

1.4.2 Specific Objectives

- To find out the lived experiences of displaced residents affected by gentrification in Addis Ababa.
- To examine the perceived impact of gentrification on psychosocial domain of life among displaced residents.
- To identify common gentrification related mental health issues on displaced residents.
- To explore the coping strategies of displaced residents used against psychological impacts of gentrification.

1.5 Limitations of the Study

This study has some limits when it comes to making the findings fit for everyone because, the study was done in one specific place Addis Ababa, Ethiopia so the results may not be the same for other areas. Afterwards it only included participants who lost their homes because of gentrification; it doesn't show how other people think or feel. Finally study used phenomenological approach, which may limit the generalizability of the findings to other populations.

1.6 Delimitations of the Study

This study only looked at how gentrification affected the psychosocial health of people who were gentrified and lost their houses in Addis Ababa, Ethiopia. The study also did not include other things that can affect mental wellbeing like family history, past trauma and chronic illness. It only focused on people who were directly affected by gentrification and didn't include the rest who weren't affected.

1.7 Significance of the Study

This study is crucial because it fills a gap in Ethiopia where only little is known about gentrification related with psychosocial health impact. It studying the displaced residents of Addis Ababa gives new and local information about these issues.

The study helps to share the voices of the people often unheard, raising awareness about these challenges and supporting actions for their rights. In addition it gives useful ideas for psychology and counselling that can help create better support programs for these gentrified residents and communities.

Furthermore this study comes with new insight on relationship between urban gentrification and psychosocial health in Addis Ababa, Ethiopia. And the finding of this study contribute the development of policies and practices that support psychosocial health with in displaced residents who affected by gentrification.

Chapter 2: Related Literature Review

2.1 Introduction

The term gentrification was first introduced in 1964 by Ruth Glass, a British sociologist who observed significant changes in the social structure and residential patterns in central London. Initially, the term was used to describe the process by which members of the upper or middle classes moved into working-class neighbourhoods, leading to the displacement of lower-income residents (Atkinson & Bridge, 2005).

Gentrification is a transformative urban process that redevelops underprivileged areas through investment and the arrival of wealthier residents. While initiatives like park restoration and urban greening can improve living conditions by providing recreational spaces, reducing heat, and fostering social interaction, they often lead to higher property values and living costs. As a result, low-income residents are frequently displaced, disrupting community ties and weakening social cohesion. In neighbourhood with deep cultural and historical significance, these shifts can widen socio-economic inequalities. To counter such effects, urban renewal efforts should be paired with inclusive measures—such as affordable housing and rent regulation—to ensure that all residents benefit from improved urban environments (De Oliveira, 2025).

Urban gentrification and its effects on mental health, economy and social life is a complex issue, which has gained significant importance over the recent years (Iyanda and Lu, 2021a; Smith et al., 2020; Tran et al., 2020). Gentrification involves the influx of more affluent residents in the neighbourhoods inhabited by the lower income groups, which usually results in higher prices and higher costs of living, as well as social detachment of native inhabitants, negatively affecting their mental health. These activities may disintegrate the social networks

and increase the level of stressors, which can lead to significant amounts of psychological damage to the community.

2.2 Theoretical Review

I analysed the relationship between gentrification and psychosocial health with three theoretical frameworks: Stress Process Model, Social Disorganization Theory, and the Social Determinants of Health (SDH) Framework. These theoretical frameworks helped to conceptualize the relationship of urban gentrification and psychosocial health through a multidimensional model.

2.2.1 Stress Process Model

The Stress Process Model provides a framework for understanding how different types of stressors impact mental health. According to this model, there are direct "primary" stressors (e.g., displacement due to gentrification) and "secondary" or cumulative stressors (e.g., loss of social networks, economic insecurity) who together heighten risks of anxiety, depression and chronic stress (Jang & Vincent, 2019). In the context of gentrification, residents who are displaced face economic burden, loss of social capital and erosion of community support—all of which amplify vulnerability to psychological distress. Empirical evidence supports this: for example, long-term renters and low-income residents of gentrifying neighbourhoods showed higher prevalence of serious psychological distress (Tran, 2018), while displaced residents had elevated mental-health–related hospitalisations relative to those who remained (Lim et al., 2017). The model also emphasises the importance of coping mechanisms and social resources as moderators/mediators of stress-mental health pathways. Specifically, higher levels of social capital (trust, social networks, participation) are associated with lower incidence of common mental disorders (De Silva et al, 2005; Fu & Zhang, 2022). In gentrified contexts such as Addis Ababa, the loss of community support systems and

diminished social capital may weaken these protective resources, thereby exacerbating negative psychosocial outcomes. A recent scoping review underscores that the pathways from gentrification to mental health inequities include disrupted social cohesion and increased economic burden (Pineault et al. 2025). Consequently, applying the Stress Process Model helps us understand gentrification not merely as a spatial or economic process, but as a psychosocial stressor that operates through multiple interlinked mechanisms, resulting in mental-health inequalities.

2.2.2 Social Disorganization Theory

The Social Disorganization Theory emphasizes the connection between community structure and social cohesion, highlighting how disruptions in social networks can affect residents' psychosocial well-being. Rapid social change, such as gentrification, destabilizes neighbourhoods by eroding informal social controls, weakening collective efficacy, and fragmenting community networks (Sampson & Groves, 1989; Walker, 2009). In gentrifying areas, the displacement of long-term residents and the loss of stable local institutions undermine the community's ability to maintain shared norms, provide social support, and regulate behaviour (Wickes, 2017). For displaced residents of Addis Ababa, this weakening of social connections can result in heightened social isolation, loss of cultural bonds, and increased vulnerability to psychosocial health problems (van Os, Driessen, Gunther, & Delespaul, 2014). By applying the Social Disorganization Theory, we can understand how gentrification operates not only as an economic and spatial process but also as a disruption to community social structure, thereby increasing psychological distress and adverse mental health outcomes (Hart & Waller, 2013).

2.2.3 Social Determinants of Health (SDH) Framework

The Social Determinants of Health (SDH) model emphasises how wider socioeconomic conditions shape psychosocial wellbeing, viewing mental health as directly influenced by the

contexts in which we live (Jeste & Pender, 2022). Under this model, key living‐ conditions such as stable housing, employment, access to healthcare, and strong social networks are fundamental determinants of mental health (Jeste & Pender, 2022; Neighbourhood Health Partnerships Program, 2023). In the context of gentrification, these determinants are compromised when affordable housing is displaced, community resources become constrained, and social networks are disrupted. In rapidly gentrifying cities such as Addis Ababa, displaced residents face increasing housing and economic insecurity and a loss of identity. Through the SDH lens, these changes in socioeconomic conditions can be seen as structural influences on psychosocial wellbeing, not merely individual-level responses. As research shows, neighbourhood- level determinants such as housing affordability and access to services significantly affect mental health outcomes (Neighbourhood Health Partnerships Program, 2023; Wolf et al., 2023). Therefore, the mental health effects of gentrification must be understood as embedded within structural inequalities and social conditions rather than solely as individual pathology.

2.3 Empirical Review

Research in this field start to focus on psychosocial aspects of urban gentrification and has clearly show the presence of mental, economic and social problems with in displaced residents. These reviews include empirical evidence on psychosocial well-being from international, regional and local levels, focusing on Addis Ababa, Ethiopia.

At a global level the research about gentrification and psychosocial health came mostly from high-income countries such as the USA and the United Kingdom. Gibson (2019) found that Individuals live in wealthy area specially residents who racially diverse community experience neighbourhood related stress, with loss of cultural connection having a significant impact on psychosocial well-being (Anguelovski et al., 2021) Due to social crises and

economic pressure Excluded groups have been found to be at higher risk of developing psychological problem (Lim et al., 2017). When compared mental illness related visit and hospital admission displaced resident experiencing higher rate than those who remain in their homes (Dragan et al., 2019) In new York city neighbourhood's anxiety and depression shown increases in children those at risk of displacement.so this finding clearly indicate there is a psychological burden associated with gentrification, regardless of age.

Although data from South Africa and Kenya indicate that the event poses significant psychological risks, the impact on generation and mental health in the African context is still being seen. In Cape Town, South Africa, researchers have found that gentrification disproportionately affects low-income and marginalized populations, leading to feelings of social exclusion, loss of cultural identity, and increased psychological distress (Karuri-Sebina & Beckley, 2023; Ordor et al., 2022). the gentrification of Nairobi, Kenya, has had a similar effect, with displaced residents facing economic hardship, social isolation, and mental health problems such as anxiety and depression (Onyango & Elliott, 2022). These studies show that in various African urban landscapes, social and economic displacement from rural areas negatively impacts the psychosocial well-being of residents, especially in areas of rapid urban development.

Research on gentrification and its consequences in Ethiopia is limited, especially in terms of psychosocial health. However, urban transformation in Addis Ababa, driven by infrastructure development and modernization efforts, has displaced thousands of residents, raising concerns about psychosocial impacts. Studies on the broader consequences of urbanization and displacement in Ethiopia have identified negative outcomes such as weakened social cohesion, housing insecurity and economic hardship, but few have focused specifically on the mental health dimension.

Few studies found that displacement due to urban renewal projects in Addis Ababa had significant social and emotional impacts on low-income residents who experienced increased levels of stress and anxiety due to forced relocation and economic insecurity (HOSAENA, 2020; Iyanda & Lu, 2021). At the local level, Addis Ababa has undergone rapid urban transformation, with gentrification becoming a significant driver of displacement and social dislocation in various neighbourhoods. The city's development initiatives, including large-scale infrastructure projects and real estate investments, have led to the displacement of long-term residents, particularly in low-income areas. Although the literature on the impact of gentrification on psychosocial health in Addis Ababa is sparse, its potential consequences are increasingly recognized.

Gebre et al. (2020) conducted a study in Addis Ababa examining the socioeconomic impact of urban renewal projects on displaced residents and noted that those affected reported feelings of isolation, loss of community, and increased stress due to the disruption of their social environment. While the study primarily focused on socioeconomic factors, mental health impacts were evident, particularly in terms of stress and anxiety resulting from displacement. Other local reports, such as Addis Ababa City Planning Authority (2021), have suggested that urban gentrification has disproportionately affected low-income residents, but systematic research on specific mental health consequences is still lacking.

The global and regional literature offers useful information on how gentrification links to psychosocial health, yet large gaps remain, especially in low- and middle-income countries such as Ethiopia. Most studies use cross-sectional designs they cannot show whether gentrification causes changes in psychosocial health. Work that focuses on Ethiopian cities is scarce their income levels and urban growth patterns differ from those in high income countries results from elsewhere do not apply directly. Little is known about the steps that

connect gentrification to health outcomes, such as the breaking of social networks, the disappearance of familiar cultural practices or the rise in economic uncertainty.

The empirical literatures on psychosocial health impact on gentrification indicate that have negative impact on psychosocial well-being of displaced residents. From the global studies economic burden, social distribution and psychological problems have noticed. When we see from regional finding that social and psychological effect of displacement in African cities indicate significant treat to psychosocial wellbeing .however, in Ethiopia relationship between gentrification and psychosocial health has not been studied yet, Particularly in Addis Ababa. This phenomenological study addresses this gap and gives insight in to psychosocial problems associated with gentrification.

Chapter 3: Methodology

3.1 Study Design

This study used a phenomenological design to explore the real-life experiences of the residents that were affected by gentrification and its impact on psychosocial wellbeing in Addis Ababa, Ethiopia .This phenomenological study design is useful and optimal because it helps researchers to understand people's personal feelings and point of views in detail, focusing on how residents feel about gentrification. This approach fits the goals of this study because it can closely look into the impacts of gentrification on their psychosocial wellbeing and social well-being in detail, which other research methods may not fully show.

3.2 Study Setting

The study was conducted in three urban neighborhoods of Addis Ababa. Arada, Kirkos, and Lideta. These areas were selected because they are undergoing significant transformation due to gentrification and include both low- and middle-income residents. This socioeconomic diversity provides an appropriate context for examining how gentrification affects psychosocial health. In recent years, these neighborhoods have seen extensive urban redevelopment, including road expansion, infrastructure improvements, and modern housing projects, which have reshaped the social, economic, and cultural life of the communities.

Although specific data on the number of displaced residents in these neighborhoods is limited, a report by Wanofi Solomon (March 16, 2024) indicated that nearly 100,000 residents were relocated from their homes in Shaggar City, on the outskirts of Addis Ababa, over the past few years. Similarly, Amnesty International (2025) reported that victims of demolition in Addis Ababa were often given only 24 to 72 hours' oral notice, without written documentation or clear communication. The report also documented at least 872 forced

evictions in the Bole and Lemi Kura sub-cities, including 254 homeowners and 618 tenants, although this data does not represent all affected areas.

3.3 Participants

This phenomenological study involved low- and middle-income residents from the Arada, Kirkos, and Lideta neighborhoods of Addis Ababa, all of which have undergone gentrification. The participants were individuals who had directly experienced the changes in their communities brought about by redevelopment projects. They were selected for their ability to share firsthand, lived experiences of displacement, social disruption, and adaptation related to gentrification.

3.4 Inclusion Criteria

Participants included in the study were individuals aged 18 years or older who had lived in the Arada, Kirkos, or Lideta neighbourhoods for at least two year and had directly experienced gentrification in their communities. Eligible participants were also required to have no history of mental health issues and to be willing to participate voluntarily in the study.

3.5 Sampling and Sample Size

Purposive sampling was employed to select participants with considerable knowledge and experience relevant to the research topic. Participants were initially reached through a community service group and further recruited using a snowball technique, ensuring the inclusion of individuals with diverse and rich insights.

The study participants were drawn from Arada49, Ayat, and Gelan condominiums, as well as temporary shelters. Initial contact was made at their homes, and data collection took place

between February and May 2025. Specifically, 22 participants were involved in in-depth interviews (IDIs), 12 participated in focus group discussions (FGDs), and 3 were interviewed as key informants (KIIs).

The sample size was determined based on the principle of data saturation, which occurs when no new themes, insights, or patterns emerge from additional data. This ensured that sufficient information was collected to comprehensively address the research questions.

3.6 Method of Data Collection

Data were collected using semi-structured interviews, key informant interviews (KIIs), and focus group discussions (FGDs) from participants residing in Ayat 49, Arada, Gelan condominiums, and temporary shelters**.** The study also adapted the DASS scale to assess symptoms of depression, anxiety, and stress among participants. An interview guide was developed based on the research questions and objectives, containing open-ended questions that allowed participants to freely share their experiences and perspectives. The guide covered a range of topics, including social disconnection, economic challenges, and emotional distress, losses experienced in the community, coping strategies, and participants' perceptions of their mental well-being post-displacement. Participants were contacted at their homes, the purpose of the study was explained, and informed consent was obtained. Interviews and discussions were conducted in Amharic and audio-recorded with participants' permission. Each in-depth interview lasted approximately 60 to 90 minutes, giving participants sufficient time to express their experiences in detail while enabling the researcher to gain a thorough understanding of their perspectives. During data collection, the researcher followed a structured process: establishing initial contact, explaining the study, conducting the interviews or discussions using the guide, probing for additional insights as needed, and taking notes alongside audio recordings to capture non-verbal cues. This systematic approach

ensured that rich, detailed, and contextually grounded data were collected to comprehensively address the research questions.

3.8 Data Analysis

All the data from the interview were well analyzed using thematic analysis looking for and identifying common ideas and patterns in what the participants said to figure out a repetitive pattern within their sayings and stories. The process was supported by ATLAS.ts software to help organize and code the data. First, all the interviews were written down word for word in English from Amharic. Then the transcripts were read well multiple times to be well understood and then pick the key ideas. Basic codes were created based on repeated topics and experiences, such as mental health, economical issues, social life loosening problems, displacement and the coping mechanisms. These codes were then grouped into bigger themes like as mental health outcomes, emotional distress, coping mechanisms. Finally these themes were used to explain how gentrification can influences the psychosocial wellbeing of displaced people and how related it could be.

3.9 Ethical Considerations

Ethical approval was obtained from the school of psychology, college of education and language studies review board. All the ethical rules including confidentiality, informed consent and protection from harm were followed during whole study. Participants were well informed about the purpose of the study they were being part of and they voluntarily agreed. Participants were assured that if they wish to refuse to participate, their care or dignity were not compromised in any way they otherwise entitled. Participants also were informed that there were no additional treatment or associated benefit and risks for them in participating in

this study. All collected data were stored private and safe to protect to participants confidentiality.

Chapter 4: Results

4.1 Introduction

This chapter presents findings from qualitative interviews, key informant interviews, and focus group discussions (FGDs) with city residents and relevant stakeholders in Addis Ababa, Ethiopia. Their experiences of displacement and how it affected their psychosocial well-being were the main focus of our study. To triangulate the data and gain a comprehensive understanding of the phenomenon, two FGDs and three KIIs, each consisting of six participants, were conducted with representatives from the local government and urban development departments. In-depth interviews were conducted with 22 displaced persons (10 women and 12 men, aged 29-68 years). Data were analysed using ATLAS.ti software, using Braun and Clarke's six-step process for thematic analysis: (1) familiarizing with the data; (2) generating initial codes; (3) developing themes; (4) evaluating themes; (5) defining and naming themes; (6) preparing the report. Using the transcripts, codes were created and then organized them into categories, subcategories, and major themes. Peer debriefing and continual theme comparison across many data sources guaranteed the validity and thoroughness of our results. Six key themes emerged from the study of the interview data capturing the experiences of displaced people: Displacement as Loss and Disempowerment, Economic Devastation and Disconnection, Impacts on Mental and Physical Health, Disruptions and fragmentation of social fabric, and Coping Strategies and Unmet Needs.

4.1 Socio-Demographic Characteristics of the Respondents

4.1.1 Socio-Demographic Profile of In-Depth Interview Participants

For thorough interviews, 22 displaced residents of Addis Ababa were selected to investigate their real experiences of eviction resulting from urban gentrification. Participants ages ranging from 29 to 68 years, representing diverse demographic characteristics including age,

gender, marital status, occupation, and educational background. Males and women were almost equally represented. While few participants were single or preferred not to disclose their marriage status regarding employment, participants were employed in various capacities including self-employment, formally employment, or were retired or currently unemployed. Education backgrounds varied from elementary to tertiary-levels, with some participants choosing not to provide this information. Among those who reported their education, most had primary or secondary schooling, while a small portion had completed vocational training or higher education.

4.1.2 Socio-Demographic Profile of Focus Group Discussion (FGD) Participants

There were conducted two focus group discussion (FGDs), each had six individuals displaced by urban development. The FGDs were stratified by age and sex to reduce possible asymmetry and boost open discussion.FGD1 had six women aged 28 to 52,with displacement periods from one to four years.FGD2 include six male participants aged 30 to 50,with displacement periods ranging from one to three and half years. This stratification enabled the collection of gender-sensitive insights into displacement experiences across diverse ethnic and socio-economic backgrounds. Table 1 show that the FGDs range of age and displacement experiences.

Table 1: Socio-Demographic Profile of Focus Group Discussion Participants

FGD Code	Number of Participants	Gender Composition	Age Range	Displacement Duration	Common Origin Areas
FGD1	6	All Female	28–52	1–4 years	Lideta, Kolfe, Arada
FGD2	6	All Male	30–50	1–3.5 years	Kirkos, Nifas Silk, Yeka

4.1.3 Socio-Demographic Profile of Key Informant Interviews (KII) Participants

As summarized in Table2, key informant interviews (KIIs) were conducted with professionals representing different institutional backgrounds and areas of expertise. In collaboration with Urban Planner from the Addis Ababa City Planning Commission:-social workers who have more than a decade experience in community service from a local municipal office, and a Clinical Psychologist from a public hospital in Addis Ababa provided various aspects that add to the narratives of displace residents. Their collaboration offered valuable information into the psychological impacts of displacement as well as policy and service challenges. Combining this information with the personal story of affected

Residents in add to the study by perceiving individual challenges within broader planning, social and health frameworks.

Table 2: Socio-Demographic Profile of key Informant Interviews Participants

KII Code	Role/Title	Institution/Organization	Area of Expertise
KII1	Urban Planner	Addis Ababa City Planning Commission	Urban Redevelopment
KII2	Social Worker	Local Municipality Office	Community Services
KII3	Clinical Psychologist	Public Hospital (Addis Ababa)	Mental Health

4.2 Thematic Findings

Thematic analysis of focus group discussion and the interview reveal six themes which mark out the experience of relocated people and these themes are together explain the

displaced people complex obstacles. (1) Mental health impacts (2) Displacement as loss and disempowerment (3) Economic devastation and connectivity (4) Physical health impacts (5) Disruption and fragmentation of social fabric (6) Coping strategies and unmet needs.

4.2.1 Theme 1, Mental Health Impacts

Participants' psychological health was severely harmed by the relocation process. Items from the DASS-21 scale that corresponded to symptoms of stress, anxiety, and depression were reflected in narratives. Desperation, hopelessness, anxiety, agitation, and emotional exhaustion were common experiences expressed. Three interconnected subthemes stress, anxiety, and depression are used to present the findings.

Depression

Depression emerged as one of the most common psychological effects of displacement. Participants reported a loss of positive emotions, feelings of worthlessness, existential emptiness, and a perception that life lacked purpose, consistent with the DASS-21 depression items. Many described an inability to experience joy or hope for the future. For example, one participant stated, "I have not seen a moment of happiness since I came here" (P18), while another reflected, "There is nothing to look forward to; we just sit here" (P05).

Many participants expressed a deep loss of self-worth closely linked to the loss of their livelihoods. Feelings of crisis and suicidal thoughts were reported by most of them. Several participants described how their situation had pushed them from being hardworking individuals to living in poverty and dependence. Others conveyed a strong sense of hopelessness and a lack of interest in life, reflecting severe emotional despair. Overall, eighteen participants reported experiencing depressive symptoms and significant psychological impacts as a result of displacement.

Anxiety

Participants reported heightened anxiety, consistent with the DASS-21 anxiety items. Their experiences included physical hyperarousal, anticipatory worry, and persistent fear. Several described panic-like symptoms, such as a rapid heartbeat, trembling, and shortness of breath, even in the absence of immediate threats. Many also reported ongoing fear without a clear cause, along with sleep disturbances and difficulty relaxing. Overall, anxiety was a widespread and significant concern, reflecting the profound psychological impact of displacement.

Stress

Stress-related experiences were among the most frequently described, aligning with DASS-21 stress items. Participants commonly reported mental fatigue, heightened emotional reactivity, and interference with daily functioning. Cognitive difficulties, including forgetfulness, poor concentration, and persistent mental exhaustion, were reported by sixteen participants. In addition, participants experienced ongoing tension, difficulty relaxing, exaggerated responses to minor problems, sleep disturbances, heightened irritability, and low frustration tolerance. Overall most participants reported experiences consistent with stress, highlighting the pervasive psychological strain associated with displacement.

Integrated Summary of Mental Health Impacts

A variety of mental health effects were produced by gentrification-induced displacement, as demonstrated by the integration of qualitative narratives with DASS-21 constructs. Hopelessness and suicidal thoughts were characteristics of depression; panic attacks and physical hyper arousal were characteristics of anxiety; and agitation, irritability, and difficulty relaxing were characteristics of stress. These psychological effects emphasize how

displacement has a significant negative impact on mental health, exacerbating the participants' pre-existing social and economic struggles.

4.2.2 Theme 2: Displacement as Loss and Disempowerment

The theme captures the deep sense of loss of home, community, and agency that defined the experience of displaced residents. The testimonies reveal that displacement was not only about losing physical shelter but also about severed social ties, loss of belonging and disempowerment in the face of imposed decisions. Three subthemes emerged: loss of home and community, lack of agency, and abrupt and force removal.

Participants reported experiencing deep grief and distress over the loss of their homes and neighborhoods. In many cases, displacement resulted in the disruption of social connections and traditional support systems, such as idir, which had previously been integral to their daily lives. They expressed feelings of frustration and disempowerment, emphasizing that the displacement process occurred without consultation or consideration of their needs. Decisions were made unilaterally by authorities, leaving residents with no opportunity to influence their own future. Many participants reported that their displacement occurred abruptly, with little notice or time to prepare, which intensified the trauma of the experience. The speed and suddenness of their removal were described as overwhelming and distressing, creating a heightened sense of urgency and disruption. Overall, these findings indicate that displacement was universally perceived as traumatic, disempowering, and deeply disruptive to both individual and communal life.

4.2.3 Theme 3: Economic Devastation and Disconnection

Economic hardship emerged as a main and direct severs consequence of displacement, significantly heightening participant’s vulnerability to mental health risks. Three major

subthemes emerged in this category. First, displacement immediately disrupted participants' businesses and employment networks in the neighborhood, leading to widespread unemployment or significantly reduced incomes. Many struggled to cover basic expenses such as rent and transportation, while small business owners, including coffee vendors and shopkeepers, lost their primary sources of livelihood.

Second, financial compensation was often inadequate, delayed, or inconsistently provided, failing to cover actual losses or facilitate economic recovery. Even larger compensation amounts were insufficient to prevent continued deprivation, and promises of support were frequently unfulfilled.

Third, the economic disruption contributed to difficulties in meeting basic needs and a pervasive sense of helplessness regarding self-sufficiency. Participants reported challenges in securing food, medicine, and other necessities, with some feeling reduced to dependence despite previously being self-reliant.

4.2.4 Theme 4: Physical Health Impacts

Displacement had significant consequences on participants' physical health, primarily due to reduced access to healthcare and the worsening of existing medical conditions. Many participants reported that pre-existing illnesses had deteriorated because they were unable to receive timely medical care, while new health problems also emerged but remained untreated.

The shortage of healthcare facilities further exacerbated these issues, as local centers lacked the capacity to meet the increased demand. Financial hardship also posed a significant barrier, with many participants unable to afford medications for themselves or their children. These experiences highlight a prevalent trend of physical health challenges among displaced populations.

4.2.5 Theme 5: Disruption and Fragmentation of Social Fabric

Displacement was found to significantly disrupt social networks, community structures, and social systems that previously served as vital protective factors against mental illness. Participants consistently described the breakdown of traditional bonds, the difficulty of rebuilding new relationships, and the resulting experience of social isolation.

Forced relocation nearly completely severed existing community ties and networks, dismantling important social and economic support systems. This left many participants feeling unsupported, with scattered neighborhoods and friends making reconnection nearly impossible. Nineteen participants reported experiencing this state of social disintegration.

Forming new friendships and adapting to a new environment was described as a challenging and exhausting process. Many participants noted that the lack of familiar social connections hindered the formation of new ties, resulting in persistent feelings of loneliness and isolation, even among neighbors.

As a result, participants often withdrew from broader social interactions, relying primarily on immediate family for emotional, psychological, and economic support. For some, the lack of external social engagement led to profound internal loneliness, even when family was present.

4.2.6 Theme 6: Coping Strategies and Unmet Needs

This theme highlights significant unmet needs in residents' reintegration and support systems and illustrates how they manage mental health challenges. Participants exhibited a range of

responses, including neglecting their mental health, attempting partial coping strategies, limited help-seeking and reduced motivation for employment and social reintegration.

Various coping strategies were reported. Some participants used passive avoidance behaviors, while others resorted to extreme measures such as substance use to escape reality. Sleep was commonly used as a way to temporarily forget stressful experiences, and alcohol consumption was sometimes employed as a coping mechanism. Others described a more passive response, characterized by helplessness and waiting for circumstances to improve. These coping strategies were reported by a total of eighteen participants.

Despite barriers such as stigma, limited knowledge, and concerns about confidentiality, some participants attempted to seek support from professionals or community resources. However, the availability and effectiveness of these services were often limited, with professional and community support frequently perceived as insufficient. Twelve participants reported similar experiences of recognizing distress but receiving minimal assistance.

The most pressing unmet needs were access to meaningful employment and opportunities for social reintegration, both seen as essential for restoring dignity and improving mental health. Many participants emphasized the importance of creating jobs and rebuilding social connections, highlighting the direct link between employment, social engagement, and mental well-being. Fifteen participants identified these unmet needs as central to their struggles.

Chapter 5: Discussion

The study reveals that displacement caused by gentrification goes beyond a simple change of residence it is a deeply distressing experience that strips individuals of their homes, communities, and sense of control. Participants expressed that they lost not only their

physical dwellings but also the social bonds that gave meaning to their lives. This aligns with place attachment theory, which emphasizes the deep emotional ties people form with their environments(Casakin et al., 2021; Kamani Fard & Paydar, 2024; Manzo & Devine- Wright, 2018). For long-time residents, neighbourhoods were not just places to live, but central to their identities and support systems. The sudden break of these connections was deeply painful, as some participants reported being forced to leave homes their families had occupied for decades. In Addis Ababa, where informal settlements made up nearly 50% of the city's housing stock in 2023 and historically 70–80% of urban residents lived in slums (Taye et al., 2025), this disruption hit vulnerable populations the hardest. Community groups like the idir (mutual aid associations) were also shattered, leaving residents without a key social and economic support system.

Alongside this loss was a sense of disempowerment. Many participants felt excluded from decision-making, faced with short notice and little information. Such experiences align with theories of procedural and distributive unfairness, where exclusion in decision-making creates resentment and feelings of powerlessness (Tyler, 2023). The extent of exclusion is highlighted by the housing shortage: of the 1,398,447 residents registered for condominiums from 2005 to 2013, only 353,376 (25%) received housing (Taye et al., 2025). Studies show that a lack of control undermines psychological well-being because having control and being involved are key factors in mental health (AlWaer et al., 2021; Cassarino et al., 2021).

The economic destruction was one of the most visible effects. Informal traders and small business owners lost long-term customers, while family-owned businesses were also devastated. This situation reflects social vulnerability theory, which explains how structural inequalities increase the risk of hardship (Arrigoitia, 2018; Biswas & Nautiyal, 2023; HOSAENA, 2020; Hosen, 2023; Kim et al., 2022; Song & Levine, 2024; Thurber et al.,

2021; Weldegebriel et al., 2023). Research consistently links financial stress from gentrification with increased emotional distress (Alroy et al., 2023; Anguelovski et al., 2021, 2020; Brown-Saracino, 2017; Dragan et al., 2019; Holt et al., 2021; Iyanda & Lu, 2021a, 2022; Matos, 2024). Studies also show significant declines in employment following displacement, especially in informal jobs (Admasu, 2021; Hochstenbach & Musterd, 2018; Gie & Borthwick, 2023; Lee, 2023; Suresh et al., 2024).

Insufficient compensation worsened the situation, with many participants reporting that even amounts considered relatively large were inadequate to restore their livelihoods. This economic hardship generated feelings of despair, inability to meet basic needs, and a loss of dignity. Economic collapse thus became both a cause and effect of psychological distress.

The combined effects of loss and economic hardship led to widespread emotional, cognitive, and physical suffering. Almost all participants reported experiencing anxiety, sadness, and disrupted sleep. Cognitive difficulties, including forgetfulness and trouble concentrating, were also common. Neglect of physical health due to financial constraints further exacerbated the situation, with many unable to access treatment for chronic illnesses or afford medications for themselves and their children. These findings correspond with global evidence linking gentrification to higher rates of depression and anxiety (Alroy et al., 2023; Astell-Burt et al., 2025; Iyanda & Lu, 2021a, 2021b, 2022; Matos, 2024; Mendoza-Graf et al., 2023).

Severe hopelessness emerged as one of the most alarming consequences, with some participants expressing suicidal thoughts and feelings of resignation. These experiences reflect the dangerous combination of trauma, poverty, and social exclusion. Research shows that displaced individuals face high rates of trauma-related disorders, with a meta-analysis reporting that 55.64% of displaced people in Africa suffer from PTSD (Andualem et al., 2024).

Another critical layer of distress was the breakdown of community networks, which usually protect against psychological suffering (Avolio, 2025; Jain et al., 2025; Mercado et al., 2024; Suresh et al., 2024). Participants described their idirs as severely disrupted and reported feeling without any support. Attempts to rebuild connections were met with challenges, and new neighborhoods lacked the solidarity and familiarity of previous communities. Many participants reported feeling socially isolated, relying primarily on their immediate family for support. The breakdown of community support increased residents' vulnerability to mental disorders.

Participants adopted various strategies to cope, some helpful and others harmful. Avoidance through excessive sleeping and alcohol use were common, reflecting feelings of desperation and helplessness. Passive withdrawal and waiting for circumstances to improve were also reported. Such behaviors align with learned helplessness theory (Seligman, 1975). Despite barriers such as stigma and limited access to services, a few individuals sought professional or community support; however, the services were frequently described as insufficient.

The most pressing unmet needs were access to meaningful employment and opportunities for social reconnection. Employment was closely linked to well-being, with participants emphasizing that work and social engagement were essential to improving mental health. The persistence of harmful coping habits highlights systemic failures to meet basic economic, social, and psychological needs. Effective solutions must therefore integrate support across all these domains.

The findings support global research indicating that sudden, top-down urban redevelopment causes psychological distress, particularly in informal settlements where residents lack secure housing (Di Giovanni & Bercovich, 2021; Pashayan, 2023). In Ethiopia, displacement due to modernization projects generates unique psychological challenges, including feelings of

exclusion and difficulties integrating into the “modern city.” The distress associated with displacement mirrors patterns observed elsewhere: in Southern California, residents in gentrifying areas were 1.25 times more likely to report serious psychological distress (Tran et al., 2020). In Ethiopia, displaced individuals in Metekel reported 79.64% severe depression and 74.62% severe anxiety (Bekeko et al., 2025). These findings underscore the widespread trauma linked to forced relocation while highlighting Ethiopia’s unique cultural context, where identity is closely tied to community and place (Davis et al., 2023; Hussain et al., 2025).

Coping strategies rooted in faith and community connections align with resilience studies (Alamgir et al., 2024; Matos, 2024; Seitz & Proudfoot, 2021). Ethiopian culture and lifestyle heavily rely on shared and spiritual systems, whereas many Western models emphasize individual approaches. Consequently, interventions should extend beyond clinical care to incorporate community-based strategies that foster social connections, restore dignity, and enhance a sense of belonging.

Chapter 6: Summary

This study includes complex interaction of mental, economic and social experience of displaced resident in Addis Ababa, Ethiopia. And it involved on urban gentrification effect on psychosocial wellbeing. Totally 22 participant was included. The study used phenomenological method. The result show that mental health impact, social network distribution, economic instability and loss of identity.

6.1 Conclusion

Displacement is far more than a simple relocation; it disrupts people's social lives, independence, and economic stability. The interviews revealed participants' deep sense of powerlessness. Being forced to leave their homes unexpectedly and without proper planning coupled with inadequate compensation brought serious economic and social hardships. Many described experiencing stress, hopelessness, and feelings of worthlessness. The process also disrupted traditional social systems such as *idir*, which play a vital role in community bonding. As a result, participants' support networks were weakened, leading to increased anxiety, depression, and even cognitive decline. Alarmingly, some individuals reported severe anxiety and suicidal thoughts.

Despite these hardships, participants demonstrated remarkable resilience, relying on family ties, relationships, and spirituality to endure extremely challenging circumstances. However, these coping mechanisms alone are insufficient to address the broader community problems that require collective solutions.

These findings extend beyond Addis Ababa, reflecting global patterns of gentrification and displacement. In the Ethiopian context, the burden falls most heavily on those already vulnerable such as day laborers, tenants, and street vendors who depend on informal

livelihoods and lack access to social protection. The results highlight an urgent need to rethink urban development strategies, shifting from growth-driven models toward approaches that are human-centered, equitable, sustainable, and grounded in the protection and wellbeing of all citizens.

6.2 Recommendations

Urban development, which is an essential part of a city's expansion and community harmonization, is a common phenomenon around the world. The process is usually complex but happens to be successful, when it is backed by economic context, residents consent and people's lifestyle. The takeaway recommendation of this study is to counterbalance urban development and psychosocial crisis by developing policies and setting new strategies that giving focus and priority to mental and psychosocial support, using new approach and community social integration.

1. **Policy and Urban Planning**

Policies and strategies should modify to protect the society, by involved the community from the very beginning and training the community relations office and staff to promote open communication in addition, involving residents in the decision-making process. This helps resident sense of trust and support, also promote the resident power and autonomy.

Another point is the compensation should be modify to balance the market rate of the physical assets and retain the resident moral they deserve extra support for their business loss, social connection loss and emotional stress that come with it. And independent committee and representative should be created to look down the community problem and ensure fairness.

2. **Prioritize on-site improvements**

It is better to see a new approach to urban development which makes the city attractive without community displacement. this means improving and renewing homes and buildings in existing place, this will modernize the city and reduce forced displacement in this case it gives resident to get fair and transparent way of serving prevent social breakdown.

It will be a tourist attraction by renovating old houses and buildings. Also it's a way to the community create mixed income living. All those help to reduce mental, social and economic problems that come from feeling unheard and unseen.

3. **Mental Health and Psychosocial Support (MHPSS)**

Formalizing MHPSS integration: Recognize that forced displacement from cities poses a significant mental health risk. This recognition should lead to a national MHPSS strategy for displaced urban residents, complete with an allocated budget. Improve access to culturally sensitive services: Ensure affordable access to a range of culturally relevant mental health services in new settlement areas. This includes training community health workers and local leaders in psychological first aid, setting up mobile clinics, and integrating traditional and spiritual healers into the mental health support system. Launch public awareness campaigns: Launch mental health awareness campaigns to reduce the stigma surrounding seeking help. This stigma is a major barrier to accessing mental health services.

4. **Community and Social Reintegration**

The community need support group, who can give the psychosocial support and social connections like "idir and Equb". help to start a new one or continue the previous cultural programs, neighbourhood events and gathering because it can help displaced residents feel connected and also better adjust to the new community. . The housing development team should also include a shared place for social gatherings. Support the youth and children: starting programs that can help the children and youth adjust well to the new schools and

community which means less stress on the parents and adults helping them form new relationships.

5. **Livelihood and Economic Empowerment**

Provide programs that help the people to enhance economic stability like job placement, skill training, microfinancing, especially for previous informal workers, since they are moving to a relatively distant location from the city centre, it is imperative to organize transportation services for free or at a low cost. These initiatives should be based on comprehensive assessments to align skills with market needs in new resettlement areas. Promote Economic Opportunities: Ensure immediate and sustainable access to good jobs and economic options for displaced residents Securing livelihoods is key to restoring dignity and purpose, which are vital for mental wellbeing.

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ANNEX

ANNEX 1 Tables of Finding

Table 1: Socio-Demographic Profile of In-Depth Interview Participants (n = 22)

Participant ID	Age (Years)	Gender	Marital Status	Occupation (Current/Previous)	Education Level
P01	54	Male	Married	Informal Trader	Not Specified
P02	61	Female	Married	Retired Teacher / Home Teacher	Degree
P03	45	Male	Single	Construction Worker	10th Grade
P04	38	Female	Married	Private Business/Self-employed	Degree
P05	50	Male	Not Specified	Lawyer	Not Specified
P06	29	Female	Married	Hairdresser (now unemployed)	Technical/Vocational
P07	66	Male	Married	Unemployed	8th Grade
P08	34	Female	Married	Hairdresser	10+
P09	59	Male	Married	Metalworker	Not Specified
P10	42	Male	Married	Clothing Vendor (Self-	Not Specified

				employed)	
P11	47	Female	Married	Unemployed	Primary School
P12	68	Male	Single	Security Guard	8th Grade
P13	36	Male	Not Specified	Not Specified	Not Specified
P14	33	Female	Married	Private Business/Self-employed	5th Grade
P15	60	Male	Married	Unemployed (previously employed)	10+
P16	41	Female	Not Specified	Employee at Addis Ababa Uni.	Degree
P17	52	Male	Not Specified	Unemployed (Cement Shop Owner)	Diploma
P18	48	Female	Married	Used to sell coffee (now unemployed)	Not Specified
P19	55	Male	Married	Small Shop Owner (now unemployed)	Primary School
P20	63	Male	Widowed	Retired (previously Civil Servant)	10+

P21	37	Female	Single	Informal Trader (Disrupted)	8th Grade
P22	44	Male	Married	Construction Worker (now underemployed)	Technical/Vocational

Table 2: Composite Summary of Mental Health Impacts (DASS-21 Integrated with Qualitative Subthemes)

Main Theme: Mental Health Impacts	Subtheme	DASS-21 Item Link	Description	Representative Quote	Frequency (n)
Depression	Loss of Positive Affect	"I couldn't seem to experience any positive feeling at all"; "I was unable to become enthusiastic about	Inability to feel joy, absence of motivation	"I have not seen a moment of happiness…" (P18)	16

		anything”			
	Hopelessness & Futility	“I felt that I had nothing to look forward to”; “I felt that life was meaningless”	Hopelessness about future, existential despair	“There is nothing to look forward to; we just sit here.” (P05)	14
	Worthlessness & Self-Devaluation	“I felt I wasn’t worth much as a person”	Loss of self-worth, feelings of uselessness	“We are beggars now, we who used to work hard.” (P14)	12
	Suicidal Ideation / Existential Crisis	“I felt that life was meaningless” (severe form)	Suicidal thoughts, deep despair, anhedonia	“It is better to die than to live like this.” (P18)	8
Anxiety	Somatic	“I was	Physical	“I feel like I	10

	Anxiety	aware of dryness of my mouth"; "I experienced breathing difficulty"; "I experienced trembling"	symptoms of anxiety	am about to collapse; my body trembles." (P12)	
	Panic & Fear	"I felt I was close to panic"; "I was worried about situations in which I might panic"	Panic-like symptoms, racing heartbeat	"Sometimes my heart races, even when I am sitting." (P09)	8
	Generalized Fear & Hypervigilance	"I felt scared without any good	Persistent fear without triggers	"I feel scared even when nothing is	7

		reason”		happening.” (P21)	
Stress	Difficulty Relaxing / Winding Down	“I found it hard to wind down”; “I found it difficult to relax”	Restlessness, inability to calm down	“Even at night, I cannot calm my mind; I keep thinking about survival.” (P20)	14
	Agitation & Nervous Energy	“I found myself getting agitated”; “I felt that I was using a lot of nervous energy”	Persistent agitation, tension	“We are always nervous here, everything makes us tense.” (P03)	12
	Irritability & Over-	“I tended to over-react	Anger, irritability,	“We fight over small	11

	Reactivity	to situations"; "I was intolerant"; "I felt rather touchy"	interpersonal conflict	things now; I get angry so easily." (P11)	

Table3: Displacement as Loss and Disempowerment.

Category	Description	Representative Quote	Frequency
Subtheme 1.1: Loss of Home and Community	Participants expressed deep grief and emotional distress at losing not only their physical dwelling but also the intricate web of social connections, communal support systems (like 'idir'), and the sense of belonging that defined their former neighbourhoods.	"I had less than a week to leave the house my family had lived in for 30 years." (P03); "We were a community… we helped each other… Now we are totally disconnected…" (P11); "Our idir (community association) is	22

		everything to us. Now it is in pieces.” (FGD6)	
Subtheme 1.2: Lack of Agency	This subtheme reflects the participants' overwhelming feeling that the displacement process was imposed upon them with minimal to no consultation, involvement, or consideration for their needs and preferences. They felt powerless in the face of governmental decisions.	“They just came and told us we had to leave. No one asked us what we needed…” (P08); “There is no explanation?” (P20); "We had no choice but to accept what they decided for us." (P05)	19
Subtheme 1.3: Abrupt and Forced Removal	Participants consistently described their moves as sudden and often carried out under duress, with minimal notice, forcing them to relocate rapidly and without adequate preparation. This abruptness contributed significantly to the traumatic nature of the experience.	“We just loaded our goods and came here; in one day.” (P19); “In the morning, the car broke down and they stood at the door.” (P22); "It was like we were being chased out, with no time to	18

		think." (P07)	

Table 4: Economic Devastation and Disconnection

Category	Description	Representative Quote	Frequency
Subtheme 2.1: Loss of Livelihood/Market	Displacement destroyed businesses and local job networks.	“Now I have to pay rent, transport is so expensive… hard to find customers…” (P01); “I used to sell coffee... now I don’t have a job.” (P18); "My small shop was my only income, now it's gone." (P04)	20
Subtheme 2.2: Inadequate Compensation	Financial restitution was inadequate and confused.	“25 thousand birr is not a good amount” (P18); “160 thousand... could not prevent ongoing deprivation” (P20, P22); "They promised more, but we got so little, and it was delayed." (P09)	17
Subtheme 2.3: Deprivation & Loss of Economic Agency	Loss of basic needs; participants felt useless and powerless.	“Now there is no food, nothing...if we need medicine, no.” (P20); “What has he achieved if a person does not work?” (P22); "We are beggars now, we who used to work hard." (P14)	15

Table 5: Physical Health Impacts

Category	Description	Representative Quote	Frequency
Subtheme4.1: Cognitive Impairment	Trauma led to self-reported forgetfulness, difficulty concentrating, and a general sense of mental fatigue, impacting daily functioning and decision-making.	“I have also forgotten to concentrate... my mind is getting tired” (P18); “I am not focused; I am not with you.” (P22); "Sometimes I forget what I was doing, even simple things." (P05)	16
Subtheme 4.2: Physical Health Neglect	Lack of access to healthcare, compounded by stress and financial barriers, worsened pre-existing conditions and led to new health problems going untreated.	“I have blood problems... I haven’t treated it yet.” (P19); “There is only one health centre.” (P22); "We can't afford medicine, even for the children." (P10)	18
Subtheme 4.3: Severe Despair	A profound sense of hopelessness, often manifesting in suicidal ideation, anhedonia, and an existential crisis, where life loses its meaning and value.	“It is better to die than to live like this.” (P18); “I’m done.” (P20); “I haven’t seen a moment of happiness…” (P18)	14

Table 6: Coping Strategies and Unmet Nneeds

Category	Description	Representative Quote	Frequency

Subtheme 5.1: Varied Coping Responses	Strategies ranged from avoidance/sleep to substance use, often employed as desperate measures to escape or numb overwhelming emotional pain.	“I try to forget that time by sleeping.” (P18); “We will just take him home and get drunk.” (P20); "Sometimes I just sit and stare, hoping things will change." (P03)	18
Subtheme 5.2: Search for Support/Help	Some actively sought professional or formal help, despite significant barriers, indicating recognition of their distress and a desire for intervention.	“Yes, he said... he said... three” (P20); "I went to the clinic, but they couldn't do much for my mind." (P09); "I talked to the community leader, but he also felt helpless." (P15)	12
Subtheme 5.3: Unaddressed Need for Work and Social Reintegration	Critical needs for meaningful employment and opportunities for social reintegration remained unmet, perpetuating cycles of deprivation and isolation.	“It’s creating the work, yes.” (P21); “Social connections, yes...” (P21); "If I had a job, I think I would feel better." (P04)	15

Table 7: Disintegration and Fragmentation of Society.

Category	Description	Representative Quote	Frequency
Subtheme 4.1: Disintegration of	Old community bonds and	“Our idir (community association) is everything to us. Now it is in pieces.”	19

Social Networks	associations were lost or weakened.	(FGD6); “I didn’t have any support.” (P18); "All my neighbours, my friends, they are scattered everywhere." (P02)	
Subtheme 4.2: Challenges Rebuilding Community	Difficulty forming new connections made adaptation slow, arduous.	“Are we starting over again... like that?” (P21); "It's not like the old place, people here don't know each other." (P12); "We are strangers to each other here, even in the same building." (P06)	16
Subtheme 4.3: Social Isolation	Many reported being cut off, relying only on close family.	“Now he is not seen in the social sphere at work.” (P20); “We will only have a family.” (P22); "I feel alone, even when my family is around." (P17)	18

ANNEX 2 Consent form

Title: The psycho social Impact of Urban Gentrification of Displaced Residents in Addis Ababa, Ethiopia:

Investigator: Simret Guangul

Advisor: D.r Assefa Berihun

I am well aware that this study is conducted by Simiret, which is part of the requirements for a Master's Degree in Counseling Psychology at the Department of Psychology, Addis Ababa University. I have been informed that the purpose of this study is to explore the lived experiences of displaced residents in Addis Ababa who have been affected by urban gentrification and to understand the impact of these experiences on their psychosocial health. I have been informed that any information I provide to data collectors are confidential. I understand that there is no risk or harm involved in the study. I also understand that I have the right to refuse to provide information, remove questions or stop at any time. I know that no one will force me to explain the reason for withdrawing from the contract. I am further informed that my health benefit and other administrative impacts will not be affected in any way.

Consent to participate in the study: Yes ☐ No ☐

Signature_____

ANNEX 3 In-Depth Semi-Structured Interview Guide

Section 1: Demographic Information

1. Age:_____

2. Gender:

 Male

 Female

3. Marital Status:

 Single

 Married

 Divorced

 Widowed

4. Occupation_____:

5. Education Level:

 Primary school completed

 Junior high school completed

 Secondary school completed

 University study completed

6. Monthly Income in birr_____:

Section 2: Displacement Experience

1. What was the primary reason for your displacement?

2. How were you informed about the displacement?

3. How much time did you have to prepare for the move?

4. What were the most significant challenges you faced during the displacement process?

5. Did you receive any compensation or assistance from the government? If so, please describe.

6. How has the displacement affected your income and employment opportunities?

7. How has the displacement affected your access to essential services (e.g., healthcare, education, transportation)?

8. How has the displacement impacted your social networks and community ties?

9. Have you experienced any changes in your standard of living after displacement? Please explain.

Section 3: Mental Health Impact

1. How has the displacement affected your mental health?

2. Have you experienced any of the following emotions or feelings since the displacement?

- Anxiety
- Depression
- Stress
- Anger
- Sadness

- Hopelessness
- (Open-ended response for any additional feelings)

3. How have these emotions affected your daily life, work, or relationships?

4. Have you experienced any changes in your sleep patterns or appetite since the displacement?

5. Have you had any thoughts of self-harm or suicide since the displacement?

- Yes
- No
- If yes, please explain.

6. How have you coped with the emotional and psychological impact of displacement?

7. Have you noticed any changes in your behaviour since the displacement?

8. Have you experienced any difficulties in concentrating or making decisions?

9. Have you engaged in any unhealthy coping mechanisms, such as substance abuse or excessive use of technology?

10. Have you sought help from any professionals, such as counsellors or therapists, to address your mental health concerns?

- Yes
- No
- If yes, please describe the support you received.

11. What kind of support would be most helpful to you at this time?

Focus Group Discussions (FGDs) Guide

Topic 1: Displacement and its immediate effects

Can you describe your experience of displacement in terms of gentrification?

What was the process like? Did you feel supported or ignored?

What were your emotional experiences during this transition?

Topic 2: Changes in living conditions

How has your new environment affected your daily life?

What difficulties have you encountered in adapting to a new environment?

Do you feel safe and secure in your current neighbourhood?

Topic 3: Impact on mental health

How has displacement affected your mental health and well-being?

Have you experienced stress, anxiety or other emotional problems?

Do you have access to mental health support in your current location?

Topic 4: Coping mechanisms and social support

What helped you cope with the changes and problems after displacement?

Do you feel supported by your family, friends or community?

Are there any resources or services you relied on during this time?

Topic 5: Perceptions of urban gentrification

What do you think about the gentrification process in Addis Ababa?

Do you think the changes in your neighbourhood are generally beneficial or harmful?

How do you feel about the future of your community?

ANNEX 4 consent forms in Amharic version

የ ፍ ቃ ድ ቅ ፅ

ር ዕ ስ ፡ በ አ ዲ ስ አ በ ባ የ ከ ተ ማ ሻ ሻ ል ሂ ደ ት የ ተ ፈ ና ቀ ሉ ነ ዋ ሪ ዎ ች ስ ነ ል ቦ ና ዊ ሜ ህ በ ራ ዊ ተ ጽ እ ኖ ፡

ሚ ሜ ሪ ፡ ስ ምረ ት ጓ ን ጉ ል

አ ማ ካ ሪ ፡ ዲ.ር አ ሰ ፋ በ ሪ ሁ ን

ይህ ጥ ና ት በ አ ዲ ስ አ በ ባ ዩ ኒ ቨ ር ሲ ቲ የ ስ ነ ል ቦ ና ት ም ህ ር ት ክ ፍ ል በ ካ ዉ ን ስ ሊ ን ግ ሳ ይ ኮ ሎ ጂ ሁ ለ ተ ኛ ዲ ግ ሪ

ለ ማ ግ ኘ ት ከ ሚ ያ ስ ፈ ል ጉ ት መ ስ ፈ ር ቶ ች አ ን ዱ በ ሆ ነ ው ስ ምረ ት ጓ ን ጉ ል የ ተ ሙ ራ መ ሆ ኑ ን በ ሚ ገ ባ አ ው ቃ ለ ሁ ።

የ ዚ ህ ጥ ና ት ዓ ላ ማ በ አ ዲ ስ አ በ ባ ከ ተ ማ ዉ ስ ጥ በ ከ ተ ሞ ች መ ሳ ቃ ቃ ት የ ተ ጎ ዱ ት ን የ ተ ፈ ና ቀ ሉ ነ ዋ ሪ ዎ ች ን

የ ሕ ይ ወ ት ተ ሞ ክ ሮ ለ መ ዳ ሰ ስ እ ና እ ነ ዚ ህ ተ ሞ ክ ሮ ዎ ች በ ሥ ነ ል ቦ ና ዊ ማ ነ በ ራ ዊ ጤ ን ነ ታ ቸ ው ላ ይ ያ ላ ቸ ዉ ን

ተ ጽ እ ኖ ለ መ ረ ዳ ት እ ን ደ ሆ ነ ተ ነ ግ ሮ ኛ ል ። ለ መ ረ ጃ ሰ ብ ሳ ቢ ዎ ች የ ማ ቹ ር በ ው ማ ን ኛ ዉ ም መ ረ ጃ ሚ ኒ ጥ ራ ዊ

እ ን ደ ሆ ነ ተ ነ ግ ሮ ኛ ል ። በ ጥ ና ቱ ወ ስ ጥ ም ን ም አ ይ ነ ት አ ደ ጋ ወ ይ ም ጉ ዳ ት እ ን ደ ሌ ለ ተ ረ ድ ቻ ለ ሁ. በ ተ ጨ ማ ሪ ም

መ ረ ጃ ለ መ ሰ ጠ ት ፣ ጥ ያ ቄ ዎ ች ን ለ ሚ ሰ ወ ገ ድ ወ ይ ም በ ማ ን ኛ ዉ ም ጊ ዜ ለ ማ ቆ ም እ ም ቢ የ ሚ ለ ት መ በ ት እ ን ዳ ለ ኝ

ተ ረ ድ ቻ ለ ሁ ። ማ ን ም ሰ ው ከ ኮ ን ት ራ ቱ የ ወ ጣ ሁ በ ት ን ም ክ ን ያ ት እ ን ዳ ብ ራ ራ እ ን ደ ሚ ያ ስ ገ ድ ደ ኝ አ ው ቃ ለ ሁ ።

የ እ ኔ የ ጠ ፍ ጥ ቅ ማ ጥ ቅ ሞ ች እ ና ሌ ሎ ች አ ስ ተ ዳ ደ ራ ዊ ተ ጽ እ ኖ ዎ ች በ ም ን ም መ ል ኩ እ ን ደ ሚ ይ ነ ኩ የ በ ለ ጠ ሚ ጃ

አ ግ ኝ ቻ ለ ሁ ።

በ ጥ ና ቱ ለ መ ሳ ተ ፍ ፍ ቃ ድ ፡ አ ዎ _____ አ ይ ደ ለ ም_____

ፊ ር ማ_____

ANNEX 4 ጥልቅ ከፊል-የ ተዋቀረ ቃለ ማከይቅ መመሪያ

ክፍል 1፡ የ ስነ ሕዝብ አ ወቃቀር ሚ ጃ

1. ዕ ድሜ _____

2. ጾ ታ፡ -

□ ወን ድ

□ ሴት

3. የ ጋብቻ ሁኔ ታ፡ -

□ ነ ጠላ

□ ያ ገ ባ

□ የ ተፋ ታ

□ ባል የ ሞተ ባ ት

4. ሥራ _____:

5. የ ትምህ ር ት ደ ረ ጃ፡ -

□ የ መጀመሪ ያ ደ ረ ጃ ትምህ ር ት ቤት ተጠ ና ቀ ቀ

□ ጁኒ የ ር ሁለ ተኛ ደ ረ ጃ ትምህ ር ት ቤት ተጠ ና ቀ ቀ

□ ሁለ ተኛ ደ ረ ጃ ትምህ ር ት ቤት ተጠ ና ቀ ቀ

□ የ ዩ ኒ ቨ ር ሲቲ ጥ ና ት ተጠ ና ቀ ቀ

6. ወ ር ሃ ዊ ገ ቢ በ ብ ር _____:

ክፍል 2፡ የ መ ፈ ና ቀ ል ልምድ

1. የ መ ፈ ና ቀ ልዎ ዋ ና ምክ ን ያ ት ምን ነ በ ር?

2. ስለ መ ፈ ና ቀ ሉ እ ን ዴት ተ ነ ገ ረ ህ?

3. ለመነቀሳቀስ ለማጋጀት ምን ያህል ጊዜ ነ በረዎት?

4. በሜናቀሉ ሂደት ያጋጠመዎት ጉልህ ፈተናዎች ምን ምን ነ በሩ?

5. ከመንግስት ምንምአይነ ት ካሳ ወይምእርዳታ አግኝተዋል? ከሆነ እባክዎን ይግለጹ።

6. ሜናቀሉ በገቢዎ እና በስራ እድሎችዎ ላይ ምን ተጽዕኖ አሳድሯል?

7. ሜናቀሉ አስፈላጊ የሆኑ አገልግሎቶችን (ለምሳሌ፡ የጠፍ አጠባበቅ፣ ትምህርት፣ ትራንስፖርት)

ተደራሽነ ት ላይ ምን ተጽዕኖ አሳድሯል?

8. ሜናቀሉ በማህበራዊ አውታረ መረቦችዎ እና በማህበረሰብ ግንኙነ ቶችዎ ላይ ምን ተጽዕኖ አሳድሯል?

9. ከተፈናቀሉ በኋላ በኑሮ ደረጃዎ ላይ ምንምአይነ ት ለወጥ አጋጥሞዎታል? እባክዎን ያብራሩ።

ክፍል 3፡ የአእምሮ ጠፍ ተጽእኖ

1. ሜናቀሉ የአእምሮ ጠፍዎን እንዴት ነ ካወ?

2. ከተፈናቀሉ በኋላ ከሚከተሉት ስሜቶች ወይምስሜቶች አንዱን አጋጥሞዎታል?

 ጫቃቀት

 የመነፈስ ጫቃቀት

 ወጥረት

 ቁጣ

 ሀዘን

 ተስፋ ማጣት

 (ለተጨማሪ ስሜቶች ክፍት የሆነ ምላሽ)

3. እነዚህ ስሜቶች በዕለት ተዕለት ሕይወትህ፣ በሥራህ ወይምበግንኙነ ትህ ላይ ምን ተጽዕኖ አሳድረዋል?

4. ከተፈናቀሉ በኋላ በእንቅልፍዎ ወይምበምግብ ፍላጎትዎ ላይ ምንምአይነ ት ለወጥ አጋጥሞዎታል?

5. ከተፈናቀሉበት ጊዜ ጀምሮ ራስን የመጉዳት ወይምራስን የማጥፋት ሐሳብ አሎት?

□ አዎ

□ አይ

□ አዎ ከሆነ ፣ እባክዎን ያብራሩ።

6. የ መዲናቀልን ስሜታዊ እና ስነ ልቦናዊ ተፅእኖ እንዴት ተወጥተሃል?

7. ከተፈናቀሉ በኋላ በባህሪዎ ላይ ምንምአይነ ት ለወጦች አስተወለዋል?

8. ትኩረት በሚድረግ ወይምወሳኔ ዎችን ለሚድረግ ችግሮች አጋጥመውዎታል?

9. እንደ ዕፅ አላግባብ ማጠቀም ወይምከልክ ያለፈ የ ቴክኖሎጂ አጠቃቀምን የ መሳሰሉ ጠፍ ማያልሆኑ

የ መቋቋሚያ ዘዴዎች ወስጥ ተሳትፈዋል?

10. የ እርስዎን የ አእምሮ ጠፍ ችግሮች ለመፍታት ከማነኛቸውምባለሙያዎች፣ እንደ አማካሪዎች ወይም

ቴራፒስቶች እርዳታ ጠይቀዋል?

□ አዎ

□ አይ

□ አዎ ከሆነ ፣ እባክዎ የ ተቀበሉትን ድጋፍ ይግለጹ።

11. በዚህ ጊዜ ለእርስዎ ምን አይነ ት ድጋፍ በጣም ጠቃሚይሆናል?

የ ትኩረት ቡድን ወይይቶች (FGDs) መመሪያ

ርዕስ 1፡ መዲናቀል እና ፈጣን ወጠጦቹ

የ መዲናቀል ልምድዎን መግለጽ ይችላሉ?

ሂደቱ ምን ይመስል ነ በር? ድጋፍ ተሰምቷችኋል ወይምችላ እንደተባሉ ይሰማዎታል?

በዚህ ሽግግር ወቅት ምን ተሰማዎት?

ርዕስ 2፡ የኑሮ ሁኔታ ለወጡች

አዲሱ አካባቢዎ በዕለት ተዕለት ሕይወትዎ ላይ ምን ተጽዕኖ አሳድሯል?

ከአዲስ አካባቢ ጋር ለመላመድ ምን ችግሮች አጋጥመውዎታል?

አሁን ባሉበት ሰፈር ወስጥ ደህንነት እና ደህንነት ይሰማዎታል?

ርዕስ 3፡ በአእምሮ ጤና ላይ ያለውተጽእኖ

ሜዲናቀል የአእምሮ ጤናዎን እና ደህንነትዎን እንዴት ነካው?

ወጥረት፣ ጭንቀት ወይምሌሎች ስሜታዊ ችግሮች አጋጥመውዎታል?

አሁን ባሉበት አካባቢ የአእምሮ ጤና ድጋፍ አሉት?

ርዕስ 4፡ የመቋቋሚያ ዘዴዎች እና ማህበራዊ ድጋፍ

ከተፈናቀሉ በኋላ ያሉትን ለወጡች እና ችግሮችን ለመቋቋምየረዳዎት ምንድን ነው?

በቤተሰብዎ፣ በጓደኞችዎ ወይምበማህበረሰብዎ ድጋፍ እንደሚደረግ ይሰማዎታል?

በዚህ ጊዜ ወስጥ የተሞክሯቸውግብዓቶች ወይምአገልግሎቶች አሉ?

ርዕስ 5፡ ስለ ከተማጨዋነት ግንዛቤ

በአዲስ አበባ ስላለውየጀንትራይዜሽን ሂደት ምን ያስባሉ?

በአካባቢያችሁ ያሉት ለወጡች በአጠቃላይ ጠቃሚወይምጎጂ ናቸውብለውያስባሉ?

ስለ ማህበረሰብዎ የወደፊት ሁኔታ ምን ይሰማዎታል?