

**AN EXPLORATION OF  
HOW ADULTS SEEKING  
ASYLUM UNDERSTAND  
AND COPE WITH THE  
ASYLUM JOURNEY &  
PROCESS**

**Thomas Hoare  
2013**

**Supervisors:  
Dr Andrew Vidgen  
Dr Neil Roberts**

**Dissertation submitted in partial fulfilment of the requirement for the degree of D.Clin.Psy. at  
Cardiff University and the South Wales Doctoral Programme in Clinical Psychology**

**DECLARATION**

This work has not been submitted in substance for any other degree or award at this or any other university or place of learning, nor is being submitted concurrently in candidature for any degree or other award.

Signed ..... *Don Now* ..... (candidate)      Date ..... *7/6/13* .....

**STATEMENT 1**

This thesis is being submitted in partial fulfillment of the requirements for the degree of D.Clin.Psy

Signed ..... *Don Now* ..... (candidate)      Date ..... *7/6/13* .....

**STATEMENT 2**

This thesis is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by explicit references. The views expressed are my own.

Signed ..... *Don Now* ..... (candidate)      Date ..... *7/6/13* .....

**STATEMENT 3**

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed ..... *Don Now* ..... (candidate)      Date ..... *7/6/13* .....

**STATEMENT 4: PREVIOUSLY APPROVED BAR ON ACCESS**

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loans **after expiry of a bar on access previously approved by the Academic Standards & Quality Committee.**

Signed ..... (candidate)      Date .....

## ACKNOWLEDGEMENTS

A massive, loving thank you to my partner Meera, who has been more supportive and understanding than she can possibly imagine throughout the writing of this thesis. The thesis is dedicated to her, and the others who made it possible, my mum Patrice, dad Phill, and brothers Sam and Pat, for providing continuous encouragement, ideas, perspective and much needed banter!

I'm indebted to all of the participants who took part in this research. If you hadn't given up your time to come and share your stories and experiences with me, this project wouldn't have been possible.

Thank you / امش زارکشت اب

Many thanks to all of the professionals who have supported this research; especially Rebecca, Alison, Samira, Suzanne and Sonia. You've been so helpful, and have provided me with ideas and enthusiasm continuously throughout the research.

A huge thank you has to go to Andrew and Neil, my supervisors for this research. Andrew, you have been fantastic throughout the research process, thank you for guiding me through every stage with kindness, humour, interest and support. Neil: thank you for the inspiration for the project and helping shape the research.

To all of my placement supervisors throughout training: Becci, Clare, Rachel, Nicola, Bethan and Ruth – I've been really lucky to have such amazing supervisors throughout this course and you have all contributed to my ideas and thoughts behind this thesis. A special thank you to Liz and the Skills for Living team (Andy, Chris, Jess & Janine) for helping me reflect and find my wise mind in trying times!

Thank you to all my other family and friends, especially for having to put up with me jabbering on relentlessly about this thesis for months! I'm looking forward to seeing you all a bit more now! Finally thanks to my cohort for being around to grab chats with at the graduate centre, settling my panic and pontificating over this thesis for hour after hour over coffee(s)!

## **ABSTRACT**

Asylum seekers often experience stressful and traumatic experiences throughout the asylum journey (in country of origin, in ‘flight’ and in re-settlement in the UK), shown to be linked to psychological difficulties. A systematic review of the literature demonstrates a paucity of high-quality qualitative research exploring the experiences of asylum seekers across the asylum process. Research with this population has been dominated by quantitative research examining the psychopathological sequelae resulting from exposure to traumatic events. Resilience is an emerging concept in psychotraumatology, though no studies have examined resilience and coping in asylum-seeking populations. The aim of this research was to address this gap in the research by using a qualitative methodology to understand the ways asylum seekers make sense of, and cope with their experiences across the asylum journey. Using an interpreter, semi-structured qualitative interviews were conducted with eleven asylum seekers in South Wales accessing a third sector mental health project and / or a primary care service. A constructivist grounded theory approach was used, and a theory emerged from the data highlighting four themes spanning the asylum journey; ‘*Before Asylum*’, ‘*Displacement*’, ‘*What it means to be an asylum seeker*’ and ‘*thinking about the future*’. The stressors of involvement with the asylum system and adaptation to a new environment are core aspects of the theory, along with an exploration of how asylum seekers cope with these circumstances, via a range of internal psychological and external support sources. Prior experiences (including the development of ‘inner strength’) impacted upon how participants conceptualised their everyday experiences, and this shaped how they thought about the future. The findings have numerous clinical implications for services providing support for this population, which are discussed along with recommendations for future research. The study increases the research base around how asylum seekers understand and cope with the asylum journey.



# CONTENTS

*Page*

## **CHAPTER 1: INTRODUCTION**

<b>1.1 OVERVIEW</b>	1
<b>1.2 THE 2011 CENSUS</b>	1
<b>1.3 ASYLUM SEEKER &amp; REFUGEE DEMOGRAPHICS</b>	1
<b>1.4 DEFINITIONS OF ASYLUM SEEKERS &amp; REFUGEES</b>	2
<b>1.5 PUBLIC, MEDIA &amp; POLITICAL DISCOURSE AROUND ASYLUM &amp; IMMIGRATION</b>	3
1.5.1 PUBLIC ATTITUDES	3
1.5.2 MEDIA DISCOURSE	4
1.5.3 POLITICAL RHETORIC	4
<b>1.6 THE UK ASYLUM PROCESS</b>	5
1.6.1 MAPPING THE PROCESS	5
1.6.2 HOW ASYLUM SEEKERS EXPERIENCE THE ASYLUM SYSTEM	6
<b>1.7 EXPERIENCES OF ASYLUM SEEKERS – THE ‘TRAUMA’ NARRATIVE</b>	7
1.7.1 THE MENTAL HEALTH OF FORCED MIGRANTS	7
1.7.2 THE PTSD MODEL OF TRAUMA: A CRITIQUE IN RELATION TO FORCED MIGRANTS	9
1.7.3 ALTERNATIVE TRAUMA-FOCUSSED MODELS	12
<b>1.8 EXPERIENCES OF ASYLUM SEEKERS – THE ‘RESILIENCE’ NARRATIVE</b>	15
1.8.1 DEFINITIONS OF RESILIENCE	15
1.8.2 MODELS OF RESILIENCE	16
1.8.3 RESILIENCE IN FORCED MIGRANTS	18

<b>1.9 AN INTEGRATED PSYCHOSOCIAL ‘WELLNESS’ MODEL OF FORCED MIGRANTS</b>	19
<b>1.10 A SYSTEMATIC REVIEW OF THE EXPERIENCES OF ASYLUM SEEKERS USING QUALITATIVE RESEARCH METHODS</b>	21
1.10.1 INTRODUCTION	21
1.10.1.1 Systematic Review Question	22
1.10.2 METHOD	23
1.10.2.1 Search Strategy	23
1.10.2.2 Quality	26
1.10.3 RESULTS – NARRATIVE REVIEW OF FINDINGS	35
1.10.3.1 Country where research was conducted	35
1.10.3.2 Study aims & purposes	35
1.10.3.3 Sample	37
1.10.3.4 Methodology	41
1.10.3.5 Themes & Conclusions	42
1.10.3.6 Quality Issues	48
1.10.4 DISCUSSION	51
1.10.4.1 Country where research was conducted	51
1.10.4.2 Study aims & purposes	52
1.10.4.3 Sample	52
1.10.4.4 Methodology	53
1.10.4.5 Themes & Conclusions	54
1.10.4.6 Quality Issues	56
1.10.4.7 Implications for Research	57
1.10.4.8 Conclusions	58
<b>1.11 STUDY AIMS AND RATIONALE</b>	59
1.11.1 RATIONALE FOR STUDY	59
1.11.2 STUDY AIMS	60

## **CHAPTER 2: METHODOLOGY**

<b>2.1 OVERVIEW</b>	62
<b>2.2 QUALITATIVE METHODOLOGY</b>	62
2.2.1 EPISTEMIOLOGICAL UNDERPINNINGS	62
2.2.2 RATIONALE FOR USE OF A QUALITATIVE APPROACH	63
<b>2.3 CONSTRUCTIVIST GROUNDED THEORY</b>	63
2.3.1 OVERVIEW & KEY PRINCIPLES	63
2.3.2 RATIONALE FOR USE OF CONSTRUCTIVIST GROUNDED THEORY	64
2.3.3 THE CONSTRUCTIVIST GROUNDED THEORY PROCESS	65
<b>2.4 ENSURING QUALITY</b>	66
2.4.1 PERSONAL & PROFESSIONAL REFLEXIVITY	68
2.4.1.1 Position of Author	68
2.4.1.2 Position of Interpreter	69
<b>2.5 DESIGN</b>	70
<b>2.6 CLINICAL GOVERNANCE</b>	72
2.6.1 RESEARCH & DEVELOPMENT (R&D) AND ETHICAL APPROVAL	72
2.6.2 INTERPRETATION & TRANSLATION	72
2.6.3 INFORMED CONSENT	73
2.6.4 CONFIDENTIALITY	74
2.6.5 ENSURING PARTICIPANT WELFARE & RISK MANAGEMENT STRATEGY	77
<b>2.7 PARTICIPANTS</b>	78
2.7.1 SAMPLE	78
2.7.2 INCLUSION CRITERIA	79
2.7.3 PARTICIPANT DEMOGRAPHICS	81
2.7.4 DESCRIPTIONS OF PARTICIPANTS	81
<b>2.8 PROCEDURE</b>	85
2.8.1 RECRUITMENT PROCEDURE	85
2.8.2 DEVELOPMENT OF INTERVIEW SCHEDULE	85

2.8.3 INTERVIEW PROCEDURE	86
2.8.4 DATA RECORDING & MANAGEMENT	86
<b>2.9 DATA ANALYSIS</b>	<b>86</b>
2.9.1 TRANSCRIPTION	86
2.9.2 ANALYSIS OF INTERVIEW DATA	87
2.9.2.1 Initial coding	87
2.9.2.2 Focussed coding and categorisation	88
2.9.2.3 Constant comparative method	88
2.9.2.4 Negative case analysis	89
2.9.2.5 Memo writing	89
2.9.3 TRIANGULATION	89
<b>2.10 SUMMARY</b>	<b>89</b>
<b><u>CHAPTER 3: RESULTS</u></b>	
<b>3.1 OVERVIEW</b>	<b>90</b>
<b>3.2 SUMMARY – A CONSTRUCTIVIST GROUNDED THEORY OF HOW ASYLUM SEEKERS UNDERSTAND &amp; COPE WITH THE ASYLUM JOURNEY</b>	<b>90</b>
<b>3.3 PRESENTATION OF RESULTS</b>	<b>93</b>
3.3.1 THEME 1: BEFORE ASYLUM	93
3.3.2 THEME 2: DISPLACEMENT	96
3.3.3 THEME 3: WHAT IT MEANS TO BE AN ASYLUM SEEKER	105
3.3.4 THEME 4: THINKING ABOUT THE FUTURE	130
<b>3.4 SUMMARY OF RESULTS</b>	<b>132</b>
<b><u>CHAPTER 4: DISCUSSION</u></b>	
<b>4.1 OVERVIEW</b>	<b>134</b>
<b>4.2 FINDINGS</b>	<b>134</b>

4.2.1 THEME 1: BEFORE ASYLUM	135
4.2.2 THEME 2: DISPLACEMENT	138
4.2.3 THEME 3: WHAT IT MEANS TO BE AN ASYLUM SEEKER	135
4.2.4 THEME 4: THINKING ABOUT THE FUTURE	144
<b>4.3 CLINICAL &amp; SERVICE IMPLICATIONS</b>	144
<b>4.4 STRENGTHS &amp; LIMITATIONS OF THE STUDY</b>	147
<b>4.5 RECOMMENDATIONS FOR FUTURE RESEARCH</b>	148
<b>4.6 CONCLUSIONS</b>	149
<b><u>REFERENCES</u></b>	150

## LIST OF FIGURES AND TABLES

<i>Figure</i>		<i>Page</i>
Figure 1	An overview of the asylum process	5
Figure 2	A common psychosocial approach to the study of refugee and asylum seeker wellness	19
Figure 3	A Constructivist Grounded Theory of how asylum seekers understand and cope with the asylum journey	92
 <i>Table</i>		
Table 1	Entitlements for asylum seekers and refugees	6
Table 2	Summary of Studies in Systematic Review	30-34
Table 3	Characteristics of Sample Interviewed	80

## **LIST OF APPENDICES**

**Appendix I** - Summary of Systematic Review Process

**Appendix II** - Quality Review Table for Systematic Review

**Appendix III** - Extract from Reflective Journal & researcher position of change

**Appendix IV** - Extract of Coded Interview Transcriptions

**Appendix V** - Interview Schedules (Version 3.0) – initial and adapted

**Appendix VI** - Cardiff and Vale University Health Board Scientific Review Approval (CaRRS)

**Appendix VII** - NISCHR Ethical Approval – 2 documents

**Appendix VIII** - Cardiff and Vale University Health Board Research and Development Approval

**Appendix IX** - Participant Information Sheet (Version 3.0) – English Version

**Appendix X** – Participant Information Sheet – Farsi Version

**Appendix XI** - Participant Consent Form (Version 3.0) – English Version

**Appendix XII** - Participant Consent Form – Farsi Version

**Appendix XIII** - Demographics Checklist (Version 2.0)

**Appendix XIV** - Example of Memo Writing

**Appendix XV** – Post Interview reflections with project worker & interpreter

**Appendix XVI** - Development of Constructivist Grounded Theory – Versions 1 to 11 (12 is final version presented in the ‘Results’ section)

## **CHAPTER 1:** **INTRODUCTION**

### **1.1 OVERVIEW**

This chapter begins by providing an outline of the 2011 census, demonstrating the multicultural nature of society in the UK today, and goes on to consider demographics around forced migrants (including asylum seekers). Following this, a definition of asylum seekers will be provided, followed by consideration of the public, media and political discourses around asylum seekers. The introduction then goes on to provide a sense of the asylum journey and the welfare rights of asylum seekers, and then attempts to outline the ‘trauma’ and ‘resilience’ narratives (or dominant stories) surrounding asylum seeker mental health. A systematic review explores the qualitative literature base pertaining to the accounts and experiences of asylum seekers at various stages of their journey, and finally the aims and rationale for the current study will be highlighted.

### **1.2 THE 2011 CENSUS**

The 2011 Census (ONS, 2013) highlights the ways in which the demographics in England and Wales have changed over the last ten years, resulting in an increasingly multicultural society as a consequence of immigration. Compared to 2001, the population in 2011 has risen by 7% (3.7 million), and 55% (2.1 million) of this increase is due to migration. Of the 13% (7.5 million) of total residents born outside of the UK, just over half (3.8 million) arrived in the last 10 years. The top 10 non-UK countries of birth accounted for 45% of the foreign-born population of England and Wales in 2011 (India was top of this list, followed by Poland and Pakistan). Within EU countries, England and Wales have the ninth highest percentage of foreign-born residents (the highest percentage of foreign-born residents among EU countries with populations greater than 50 million).

### **1.3 ASYLUM SEEKER & REFUGEE DEMOGRAPHICS**

Given the developing multicultural nature of the UK in the last ten years as demonstrated by the 2011 Census, it is useful to consider asylum-seeking and refugee populations in terms of their relative impact on this multicultural shift.



The Office of the United Nations High Commissioner for Refugees (UNHCR) estimates that in 2009 there were around 10.5 million refugees worldwide, not counting the 838,000 people seeking asylum or those internally displaced (UNHCR, 2009).

Between 1998 and 2007, the Home Office (Home Office, 2007) suggest that around 57,000 people were recognised as refugees and were granted asylum in the UK. Migration Watch UK (2004) suggest that between 1997 and 2004 of the 499,000 persons applying for asylum, 52,000 were granted asylum at the initial hearing, 61,000 were granted asylum on appeal, 72,000 were granted exceptional leave, discretionary leave or humanitarian protection ('refugee' status), and 314,000 had their asylum claim rejected. Seventy-five thousand of these persons were removed or deported, leaving 239,000 asylum seekers in the UK whose application failed, but were not removed from the UK, some of whom were progressing through an appeals process.

In Wales in 2006, it was estimated that there are around 3000 asylum seekers and 10,000 refugees (Robinson, 2006). Around 35 new asylum seekers are sent every week to Wales; in 2008, 980 people were dispersed to Cardiff, 385 to Swansea, 250 to Newport and 25 to Wrexham (UKBA dispersal statistics, 2008), and the Welsh Refugee Council (WRC) suggest that most of these people come from Iraq, Iran, Sudan, Somalia, the Democratic Republic of Congo, Zimbabwe and Afghanistan.

## **1.4 DEFINITIONS OF ASYLUM SEEKERS & REFUGEES**

The legal definition of a refugee is someone who has made a claim and been accepted as having refugee status via the 1951 Refugee Convention. This Convention defines a refugee as:

*'A person who has a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion. Someone who is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country; or who, not having a nationality and being outside the country of his/her former habitual residence is unable, or owing to such fear, is unwilling to return to it'* (Convention Relating to the Status of Refugees, 1951)

An 'asylum seeker' is someone who has made a claim under the Convention and is awaiting a decision on their case. That person remains an asylum seeker for so long as their application is pending (Migration Watch UK, 2006). If this application is successful, the person can remain in the host country under 'refugee' status (either Exceptional Leave to Remain (ELR) or Indefinite Leave to Remain (ILR), which determines the length of time a refugee can stay in the country before a Home Office review of circumstances). If unsuccessful, the asylum seeker can appeal, but is technically a 'failed' asylum seeker and is at risk of being deported from the UK.

The term 'forced migrants' has been used (e.g. Palmer & Ward, 2006) to describe people who are either asylum seekers or refugees. The status of individuals who are seeking asylum is in a continuous state of flux, as decisions are made about asylum status on a regular basis. As noted by Stewart (2005), '*asylum status is an extremely dynamic concept*' (p.504). Consequently, some research studies have labelled their population 'forced migrants' to indicate that they may be asylum seekers or refugees. This study utilises this terminology also, unless 'asylum seeker' or 'refugee' is specifically stated. 'Forced migrants' differ from 'economic migrants' who comes to the UK in order to seek increased financial security, as opposed to a need for safety. These definitions are important to clarify early; an ICAR (2004) study demonstrated that often within media discourse, inaccurate terminology is used, which Palmer & Ward (2006) suggest places immigrant populations into a homogenous group in order to elicit the same negative responses.

## **1.5 PUBLIC, MEDIA & POLITICAL DISCOURSE AROUND ASYLUM & IMMIGRATION**

### **1.5.1 PUBLIC ATTITUDES**

An opinion poll by Nissa (2005) highlighted the importance the UK public place on asylum and immigration as an issue. In this poll, people felt that immigration is not under control, that asylum seekers are not genuine in their case for refugee status, that asylum seekers are associated with illegality and are economically motivated, that the numbers of asylum seekers in the UK are problematic, that asylum seekers are a 'threat' to British society (in terms of religion, values, ethnicity and health) and that asylum seekers are given preferential treatment and are generally better off than the average white Briton.

### **1.5.2 MEDIA DISCOURSE**

Lewis (2005) suggests that the UK media have fostered a generally negative attitude towards asylum seekers within the British public. Pearce & Charman (2011) completed a content analysis of newspaper articles throughout 2006, and demonstrated that asylum seekers were represented in the media as undesirable, criminals, illegitimate, physically (in terms of terrorism) and economically (in terms of resources) threatening, and as ‘spongers’. These newspaper attitudes were consistent with the opinions of British residents in an area with high numbers of asylum seekers. Further, as noted in an article in the Guardian (Leader, 2005) a 2003 opinion poll suggested that the British public believed that the UK received 23% of the world’s refugees, whereas in reality, the entire European Union takes only 3%, with the UK in ninth place in the EU league table in terms of refugees per head of population. The article concludes that *‘tabloid scare stories clearly have more impact than facts’*.

### **1.5.3 POLITICAL RHETORIC**

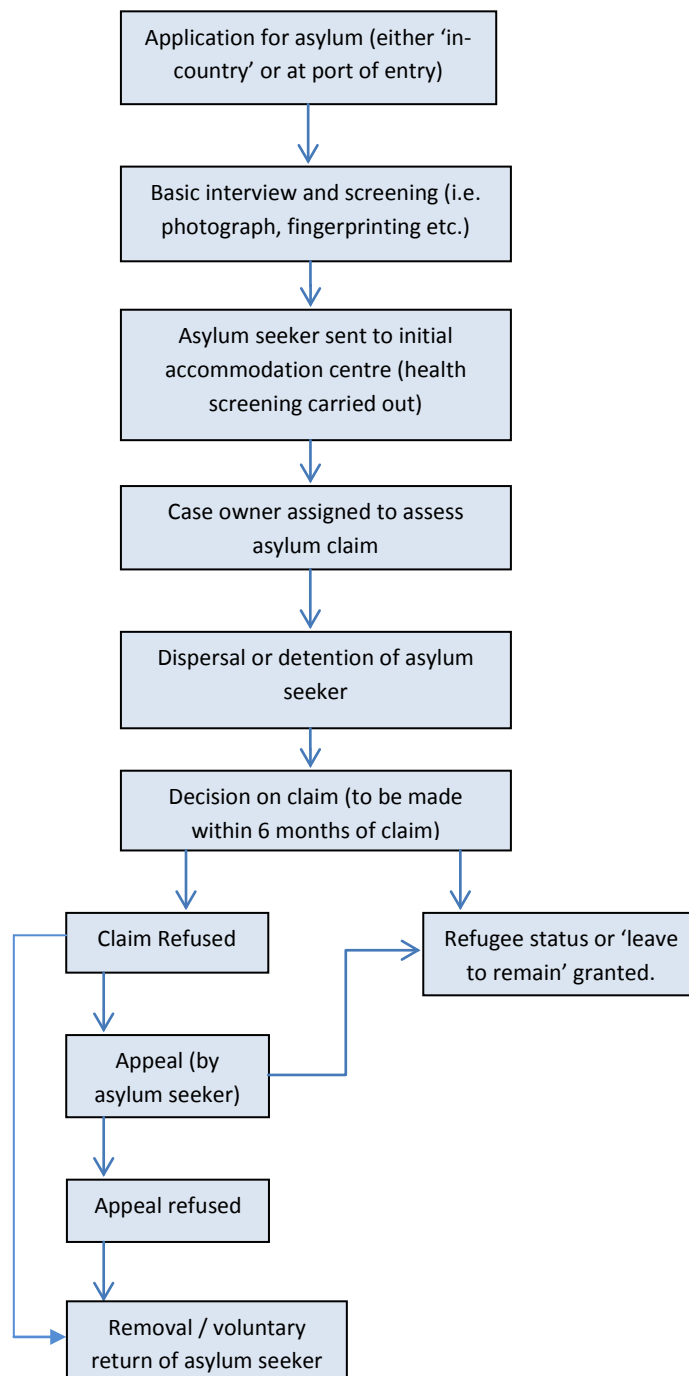
Palmer & Ward (2006) suggest that the issue of asylum has become increasingly controversial and emotive over the last two decades. In 2013, this seems particularly relevant given that support for the United Kingdom Independence Party (UKIP) has become the third biggest political party in the UK (Syal, 2013), a party which has immigration curbs at the centre of their policy agenda. This has further resulted in tougher immigration policy in other political parties (*ibid*). In response to the largely negative and hostile views of the media and the general public in the UK towards asylum seekers, politicians have responded with policies which aim to restrict asylum seekers (Hansen, 2000). In 2013, the Conservative Party have pledged to reduce net immigration from 200,000 during the last government to less than 100,000 (Conservative Party Website, 2013); this is reflected in policy measures around attempting to reduce asylum applications and remove asylum seekers with unsuccessful applications, including policies around visa sanctions and use of detention (Heath *et al.*, 2005), termination of support following a refused claim and restricted support during the processing of claims (Robinson & Segrott, 2002).

## 1.6 THE UK ASYLUM PROCESS

### 1.6.1 MAPPING THE PROCESS

The process of asylum is complicated, and the application system and legal context is constantly changing (Asylum Aid, 2013), though is overseen, and outcomes decided by, the United Kingdom Border Agency (UKBA – a branch of the Home Office). An overview of the asylum process is outlined in Figure 1, which attempts to demonstrate the processes involved for asylum seekers when they arrive in the UK:

Figure 1: An overview of the asylum process (Haroon, 2008)



The asylum system in the UK has significant impacts on the welfare rights of forced migrants. A table summarising the welfare rights for different groups of forced migrants can be seen in Table 1.

Table 1: Entitlements for asylum seekers and refugees (Haroon, 2008)

	Asylum seeker – claim in progress	Asylum seeker – claim refused	Refugee (i.e. asylum claim accepted)
<b>Financial Support</b>	Supported (70% of income support for adults; 100% for under 16's)	Supported (vouchers only, limited to certain goods and outlets)	Not supported
<b>Housing</b>	Housed	Housed	Not housed, but some rights
<b>Primary Care Access</b>	Can use NHS free. Entitled to free prescriptions etc.	Previously emergency care only but now free. In 2008, Mr Justice Mitting ruled that asylum seekers whose claims had failed, should, in general, be classed as 'ordinarily resident' in the UK and thus entitled to free NHS treatment.	Can use NHS free.
<b>Secondary Care Access</b>	Can use NHS free.	As for primary care.	Can use NHS free.
<b>Right to work</b>	Not permitted to work.	Not permitted to work.	Eligible to work / obtain benefits.

### 1.6.2 HOW ASYLUM SEEKERS EXPERIENCE THE ASYLUM SYSTEM

There is paucity in the peer-reviewed research base around how asylum seekers experience the asylum system (explored in the systematic review). Despite not being published in a peer-reviewed journal and having data reported from a mixed sample of forced migrants and professionals, a report by Asylum Aid (Gower *et al.*, 2007), highlights some of the difficulties that asylum seekers face throughout the asylum process. The report shows that asylum seekers often experience difficulties with UKBA staff (including obstructive, hostile and de-personalised treatment, a culture of refusal and disbelief, delays in claim-processing, lack of understanding about decisions and rights, poor quality of interpreters, little acknowledgement of traumatisation), experience practical and psychological effects of putting lives 'on hold' (creating fear and depression), find the available support regime complicated and inaccessible (including poor legal support) and experience multiple welfare difficulties (Being unable to work, poor-quality accommodation and limited financial support). Further, asylum seekers have a general sense of being 'punished' for seeking asylum, have to rely on donations from family, friends and voluntary organisations and have generally significantly negative experiences of detention (including a lack of consideration of individual circumstances and the detrimental psychological effects of arbitrary and indefinite

detention (e.g. fear, isolation and mental health difficulties)). Further highlighted was threatening and intimidating behaviour by UKBA staff during removal attempts.

Thus, despite a limited evidence base for experiences of asylum seekers, it appears as though the asylum process is complicated and difficult for asylum seekers to negotiate, and has a significant impact on their rights in the UK. The following sections will attempt to explore the ‘trauma narrative’ and ‘resilience narrative’ as applied to asylum seekers, in an attempt to contextualise what is known about their experiences.

## **1.7 EXPERIENCES OF ASYLUM SEEKERS – THE ‘TRAUMA’ NARRATIVE**

This section provides an overview of some of the quantitative research pertaining to the mental health of forced migrants. Overall, the research suggests that, given forced-migrant experiences in their country of origin and in the process of displacement and re-settlement in the UK, many in this population will meet the criteria for Post-Traumatic Stress Disorder (PTSD). However, the concept of PTSD seems limited in its ability to account for the problems experienced by this population, and a brief critique of the construct of PTSD as applied to forced migrants will be presented. Following this, other models of trauma, with an increased emphasis on connection to others and attachment will be described. A key criticism of trauma-focussed research as a whole is that studies often fail to take into account the significant number of people who do *not* go on to develop PTSD after a traumatic event; this section will thus examine the construct of resilience following traumatic events, with a particular emphasis on the resilience experiences of forced migrants.

### **1.7.1 THE MENTAL HEALTH OF FORCED MIGRANTS**

As noted by Van der Veer (1998), each stage of the migration process is a potential risk factor for mental illness; experiences in country of origin, in the process of displacement, in travelling to a new country (i.e. ‘flight’), and within that new country.

Forced migrants have often been exposed to traumatic situations in their country of origin including an abuse of power by totalitarian regimes or armed militant groups (Van de Veer, 1998), physical and psychological torture, sexual violence, bombings, living in poverty and malnourishment (Neuner *et al.*, 2004).

In addition to traumatic experiences in their country of origin, forced migrants then face the further challenge of coping with the stressors in their new environments (Ellis *et al.*, 2007). Bhugra and Becker (2005) suggest that migration is a process of displacement, stress, and loss in time and space. Taloyan *et al.* (2011) also highlights that '*migration includes multiple stresses and factors that may affect the mental health of individuals...areas affected [may include] the social support system, changes in identity, concept of self, and adjustment to a new culture*' (p.335). This is an idea supported by Palmer & Ward (2006) who highlight a number of post-migration stressors, including a lack of understanding and access of services, low income, racism, and isolation and disconnection from own culture, all of which can contribute to psychological stress. Experiences of detention in host-country are also worth considering in relation to impact on mental health; Cutler & Ceneda (2004) highlight that female participants escaping gender-based persecution found detention by the UKBA a profoundly shocking experience, reporting traumatisation, difficulties accessing legal support and lack of support around physical and mental health problems in detention. Following release, participants lived in fear about being re-detained and possibly deported.

There is a body of research directly examining the mental health of asylum seekers using quantitative methodologies (e.g. Gerritsen *et al.*, 2006, Onyut *et al.*, 2009). These studies generally highlight the notion that forced migrants are vulnerable to experiencing physical and mental health problems, including depression, anxiety and PTSD. Fazel, Wheeler & Danesh (2005) also indicate that studies have shown that there are generally high rates of psychological disorder amongst war-affected and displaced populations and additionally, these high rates have been documented amongst forced migrants from diverse cultures and contexts (e.g. de Jong *et al.*, 2001). Gerritsen *et al.*'s (2006) study noted that higher prevalence rates for physical and mental health difficulties were found in asylum seekers compared to refugees, and speculate that this may be for a variety of reasons, including uncertainty about asylum status, differences in living conditions, leaving country of origin under different circumstances and the political climate in host-country around attitudes and tolerance towards asylum seekers. This is an assertion supported by Bhugra & Cochrane (2001) who suggest that 'de-culturation' as a process of settling down in a new and alien culture can produce psychological distress and lead to the development of a range of diagnosable mental illnesses. Indeed, a number of studies (e.g. Summerfield, 1999, 2001) have suggested that stressors resulting from being in exile in a new community may be as

powerful as events that have caused an individual to leave a country and be exposed to the displacement process; Rabaunt (1991) for example demonstrated that family loss was a significant factor of distress in a new resettled environment.

It has been estimated that between a third and a half of all forced migrants suffer from some form of mental distress, and the most commonly made diagnosis is PTSD, followed by depressive and anxiety disorders (Carey-Wood *et al.*, 1995). The prevalence of specific post-trauma-type symptoms within forced migrant population's range between studies, but figures as high as 30% are not atypical in the literature (Nicholl & Thompson, 2004) and some studies have found prevalence rates of up to 86% (Thelesius & Hakansson, 1999). Ahern (2000) & Afuape (2011) note that PTSD is perhaps the most popular descriptor of forced migrant mental health today. The literature with forced migrants frequently refers to trauma and PTSD resulting from displacement, and researchers have shown trauma to be linked to separation (Zima, 1987), flight & uprooting (Timberlake & Cook, 1984), persecution, oppression & torture (Hjern *et al.*, 1991) and stressful life events (Duingtraan, 1996), and has been described in the literature with forced migrants from a range of cultural backgrounds.

Schweitzer, Greenslade and Kagee (2007) suggest that with few exceptions, psychological studies conceptualising the psychological status of refugees and asylum seekers predominantly use quantitative methodologies to '*examine exposure to traumatic events [and] posttraumatic psychiatric reactions*' (p.4).

### **1.7.2 THE PTSD MODEL OF TRAUMA: A CRITIQUE IN RELATION TO FORCED MIGRANTS**

The previous section demonstrates the emphasis in the current literature on forced migrants on quantitative studies examining the prevalence of mental health problems (predominantly PTSD) in forced migrants. The following section will provide a brief overview of PTSD and a critique of this construct as applied to this population.

As suggested within the DSM IV (APA, 2000), PTSD is thought to be a set of symptoms persisting for more than a month; re-experiencing of trauma through flashbacks, intrusive memories and nightmares; efforts to avoid any reminders of the traumatic event; emotional numbing and a restricted range of affect such as dissociation and low mood; hyperarousal and difficulties remembering or concentrating, severe anxiety and exaggerated startle response.



The diagnosis of PTSD has been subject to a number of criticisms, especially in relation to applicability for forced migrants:

1. A PTSD diagnosis contradicts the notion that it is normal to react severely to extreme events and suggests the existence of a cut-off point whereby distress changes from being a response to being a pathological response (Afuape, 2011), a notion echoed by Summerfield (1999) who suggests that PTSD only serves to reframe the understandable suffering of war and forced migration.
2. A PTSD diagnosis is applied to single traumatic events that are sudden and unexpected (e.g. Terr, 1991), whereas many people who experience trauma, including forced migrants, experience multiple traumatic events (Herman, 1992).
3. In relation to forced migrants, it is suggested that the concept of PTSD “*consigns the traumatic experiences to the past, implying that trauma was something experienced before or during the flight, [though] much of the trauma that refugees experience is in their country of re-settlement through isolation, hostility, violence, and racism*” (Burnett & Peel, 2001, p.609) and also the result of “*an oppressive immigration system that creates poverty and destitution, questions the credibility of those victimised and insensitively moves people around in a hostile social context beset by anti-refugee sentiment*” (Afuape, 2011 p.124). This suggestion is echoed by Watters (2001), who suggests that the concept of PTSD in non-Western cultures minimises the reality of the refugee story, and that only that which is clinically significant in relation to the diagnosis is attended to; by focussing on discussing past trauma events as determining current psychological difficulties, this may undermine the importance of the current situation and ongoing stressors faced by refugees.
4. Afuape (2011), suggests that often excluded from trauma discourse is the way in which social circumstances impact on how asylum seekers can direct emotional energy towards the future; an asylum seeker may feel tied to the traumas of the past partly because they are living in uncertainty about whether they will be granted asylum status in the UK, partly because they feel loyal to their communities experience of ongoing persecution, and because feeling unsafe in their present living circumstances replicates past experiences of danger.

5. Some theorists (e.g. Quarantelli, 1985) suggest increased emphasis on social factors in PTSD, believed to be minimised due to a focus on a biologically-orientated mental health system on an individual trauma approach. Braken, Giller & Summerfield, (1995) suggest that PTSD is based on Western notions of ‘individuality’, thus undermining the possibility that relationships and spirituality may be central to the issue, especially in other cultures. De Zulueta (2007) notes a popular Zulu proverb which sums up the importance of connection with others ‘*Umuntu ngumuntu ngabantu*’ – a person is a person because of other people.

6. The cultural applicability of PTSD has been questioned (e.g. Summerfield, 2001; Papadopoulos, 2002). Most PTSD research has been based on populations from Western countries (Roth & Fonagy, 1996) and thus, the applicability of the concept to non-Westernised populations has been challenged (e.g. Bracken, 2001). Summerfield (1999) suggests that PTSD constructs have been applied to victims of disaster or war regardless of culture or background, and notes that the application of the PTSD construct in this way is a reflection of Western culture imposing a medicalisation of distress. One focus for challenge is based on the symptoms included with the construct of PTSD; similar symptoms may exist in different cultures but hold different values and meanings, and there are differences in what constitutes ‘normal’ emotional expression (Zur, 1996). De Zulueta (2007) for example, suggests that in many cultures, people tend to express their psychological problems in terms of physical symptoms, and cites Al Krenawi (2005) who has shown this in Arab patients, with the explanation that this allows people to get the help and support that they need without the stigma attached to mental illness. Nicholl & Thompson (2004) suggest that similar criticisms may be aimed at other Western diagnoses also, but highlight the need for PTSD to incorporate ‘ethno-cultural differences’.

7. A general criticism of the research base is that the literature has been dominated by constructs of PTSD following traumatic events, and that these reactions have generally become to be seen as normal following these events, underestimating the ability of people to be resilient (Bonanno, 2004). This issue is explored later in the introduction. In relation to this point, Papadopoulos & Hilderbrand (1998) note that positioning forced migrants within victim discourses overshadows their resourcefulness and resilience; as suggested by Mueke (1992), ‘*refugee people present the maximum example of the human capacity to survive despite the greatest of losses and assaults on human identity and dignity*’ (p.520)

### 1.7.3 ALTERNATIVE TRAUMA-FOCUSSED MODELS

Thus, whilst the majority of studies are focussed on quantitative investigations of PTSD with forced migrants, this model is subject to multiple criticisms with this population. The following explores other models of trauma that allow for more community-based and attachment perspectives on trauma, which potentially hold more applicability for forced migrant populations.

In a proposed model of working with traumatised populations, Herman (1992) outlines four stages of recovery. Central to her model is the concept that psychological trauma causes disconnection and disempowerment from others, and consequently, the therapeutic approach is based on empowerment of the survivor and creating new connections. The first stage of recovery involves the establishment of a ‘safe’ relationship with whom the survivor is able to explore ideas about the trauma and discuss the ‘unspeakable’ events that they have experienced. Stage two involves enabling the person to reclaim their earlier history in order to re-create a flow of the person’s life, thus restoring a sense of continuity with the past (Danielli, 1988) and therefore reconstructing the story. The third stage is conceptualised as reconnection; given that the survivor has come to terms with past traumas (beliefs which have been challenged by the trauma) they now attempt to create a future where a new ‘self’ and relationships can be developed. The final stage of recovery is related to the importance of the bond between individual and community; Herman (1992) suggests that traumatic events break these bonds, and that survivors learn that a sense of self depends on feeling connection to others. Group solidarity provides protection against terror and despair and is the ‘strongest antidote’ to traumatic experience; trauma isolates, shames, stigmatises and de-humanises the individual, whereas the group / community can provide a sense of belonging and restores humanity. Herman (1992) highlights that repeatedly in testimonies of survivors, the sense of connection is restored by others displays of generosity and altruism and *‘mirrored in actions of others, survivors can recognise and reclaim a lost part of self [and] can begin to re-join human commonality.’* (p.214). This can be seen poignantly in a quote from the author Primo Levi, a survivor of a Nazi concentration camp, who captures the importance of community in a moment of liberation:

*‘When the broken window was repaired and the stove began to spread its heat, something seemed to relax in everyone...[one prisoner] proposed to the others that each of them offer a slice of bread to us three who had been working. And so it was agreed. Only a day before a similar event would have been inconceivable. The law of the [camp] said: “eat your own*

*bread, and if you can, that of your neighbour” and left no room for gratitude. It really meant the [camp] was dead. It was the first human gesture that occurred among us. I believe that that moment can be dated as the beginning of the change by which we who had not died slowly changed, from [prisoners] to men again.’ (Levi, 1961 p.145).*

Thus, Herman’s (1992) model emphasises connection with others as both a crucial aspect of the development of traumatic symptoms (trauma shatters a construction of the self that is formed and sustained in relation to others, thus undermining the belief system that gives meaning to human experience) and the process of recovery. This belief system is formed in relation to others and begins early in life (consistent with ideas presented by Bowlby (1984), on attachment theory); basic trust, acquired in the primary intimate relationship, is the foundation of faith; later understandings of law, justice and fairness are developed in childhood in relation to other caretakers and peers. Herman (1992) suggests that the traumatic event intensifies the need for protective attachments and notes that the traumatised person frequently alternates between isolation and anxious clinging to others. Consistent with this idea, Herman (1992) also emphasises the effects of social support, and notes that whilst traumatic life events inevitably cause damage in relationships, people in the survivors’ social world have the power to influence the eventual outcome of the trauma (Green *et al.*, 1985). Supportive responses from others may mitigate the impact of the event, whilst hostile or negative responses may compound the damage and aggravate the traumatic experience (Flannery, 1990). Further highlighted by Herman (1992) is that a need to share the traumatic experience with others is a precondition for the restitution of a sense of a meaningful world, and in this process, the survivor seeks assistance from both those closest to them and from the wider community. The response of the community has a powerful influence on the ultimate resolution of the trauma. Restoration of the breach between the traumatised person and community depends at first on an acknowledgement of the traumatic event and also on a form of community action; when it is publically recognised that the person has been harmed, the community must take action to assign responsibility for the harm and to repair the injury. Recognition and restitution are necessary to rebuild the survivor sense of order and justice.

Herman’s (1992) model also emphasises the idea that ‘*with severe enough traumatic exposure, no person is immune*’ (p.57) citing Laufer *et al.* (1983), who notes that there is a simple and direct relationship between the severity of trauma and psychological impact. Despite this, Herman (1992) acknowledges that, whilst the likelihood a person goes onto develop PTSD-symptoms depends primarily on the nature of the traumatic event, individual

differences play an important part in determining the form of response that the disorder will take; no two people have identical reactions, even to the same event. The impact of the event depends on the resilience of the person and studies of diverse populations have suggested that the traits of having high sociability, a thoughtful and active coping style and a strong perception of their ability to control their destiny will empower resilience (Gibbs, 1989; Luther & Zigler, 1991). The notion of resilience is therefore considered in the Herman (1992) model, and will be considered further in the next section.

An emphasis on community and attachment is also emphasised in the attachment model of PTSD presented by de Zulueta (2007), who cites researchers who have suggested that a diagnosis of PTSD has implications for both the individual and systems around them, including family and community (e.g. Bloom, 1997; Van der Kolk, 1996). De Zulueta (2007) suggests that even if people have been brought up to feel secure and confident within the context of home, the experience of severe traumatisation within the community, such as racism and other forms of abuse in adulthood, can lead to feelings of helplessness and unbearable feelings of humiliation. Consistent with the model presented by Herman (1992), De Zulueta (2007) suggests that traumatic stress symptoms are the manifestation of an attachment disorder; a lack of social support is the most important risk factor in the genesis of PTSD (NICE, 2005), and PTSD involves internal attachment representations and an external attachment matrix involving family and community which gives meaning to the individual's life experiences. For example, it has been shown that man-made disasters are more likely to produce PTSD than natural disasters, due to the meaning that survivors attach to the traumatic event that has affected them and their community (Scurfield, 1985). The individual's social environment during and following the traumatic event is important in determining whether that person develops PTSD, as usually people in distress turn to others for help and support. However, this does not always happen as often, others in the person's community do not respond appropriately; with forced migrants, for example, often people in Western societies tend to see this population as responsible for what has happened to them (de Zulueta, 2007).

## 1.8 EXPERIENCES OF ASYLUM SEEKERS – THE ‘RESILIENCE’ NARRATIVE

The previous section has suggested that forced migrants are likely to have experienced multiple traumas across the asylum journey. The research literature has generally focused on quantitative investigation of PTSD, and rates of this diagnosis have been shown to be high in forced migrant populations, though the diagnosis has been critiqued in relation to applicability with this population. Other models of trauma (including alternative propositions around PTSD; as it being an attachment disorder, for example) have included concepts around attachment and the importance of community in trauma focussed work, and have also mentioned the concept of resilience. The following section will examine this concept, with particular reference to forced migrants and specifically asylum-seeking populations, though as will become clear, there is a paucity in research into this area generally, and whilst there are a handful of studies exploring resilience in mixed populations of forced migrants, to the knowledge of the author, there are no studies into this concept specifically with asylum seekers.

### 1.8.1 DEFINITIONS OF RESILIENCE

The concept of resilience emerged from studies conducted by Rutter (1979) and Garmezy (1971) on work with children, but has now been broadened to adult models. Bonanno (2004) defines adult resilience as:

*‘The ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as...a life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning...as well as the capacity for generative experiences and positive emotions’.* (p.20-21).

Wald *et al.* (2006) notes that resilience plays an important role in how individuals adapt to stressful life events, but that traditional trauma research has focussed on pathological reactions and negative outcomes that arise from exposure to extreme stressors, such as psychopathology, physical illness and disability (Breslau *et al.*, 1991). However, research suggests that there are notable individual differences in the trauma response; studies illustrates that around 40-60% of adults in the community have been exposed to trauma (e.g. Yehuda & Wong, 2001) but only a fraction of the general population (around 8%) have developed PTSD (American Psychiatric Association (APA), 2000). Wald *et al.* (2006) suggest that both risk and protective factors must also be taken into account when examining

the causes of trauma-related psychopathology, and, as suggested by Bonanno *et al.* (2004) the overemphasis in the research on negative reactions to trauma has limited researchers understanding of the individual's ability to adapt and successfully cope with acute and chronic stress. Wald *et al.* (2006) suggests that by '*broadening research to focus more on adaptive responses and outcomes to trauma exposure will lead to a more complete understanding of stress-related psychopathology...its treatment and prevention*' and '*there is a need to extend resiliency research to other populations who are at heightened risk of directly experiencing or witnessing traumatic events involving human suffering and death*'. Only a handful of studies (e.g. Bartone, 1999; King *et al.*, 1998; Sutker *et al.*, 1995; Taft *et al.*, 1999; Zakin *et al.*, 2003) have investigated resilience in groups of people likely to have been exposed to acute and chronic stressors, such as emergency service workers and military personnel.

### **1.8.2 MODELS OF RESILIENCE**

In his model of resilience, Bonanno (2004) suggests three key tenets. Firstly, is the notion that *resilience is different from recovery*. Recovery connotes a trajectory in which normal functioning temporarily gives way to threshold or sub-threshold pathology for a time-period, before returning to pre-event levels. Resilience conversely, reflects the ability to maintain a stable equilibrium. It is suggested that most research literature defines resilience as a set of protective factors that foster the development of positive outcomes among children exposed to aversive life circumstances, whereas in this context, resilience relates to the ability of adults in otherwise normal circumstances who are exposed to a highly disruptive event and can maintain relatively stable and healthy levels of physical and psychological functioning. The second suggestion of the Bonanno model is that *resilience is common*. Bonanno (2004) cites a range of studies pertaining to loss and trauma which indicate that the vast majority of individuals exposed to traumatic events do not exhibit the symptom profiles of PTSD, and that many, and in some cases the majority, exhibit the type of healthy functioning that is suggestive of the resilience trajectory (e.g. Holen, 1990). The third tenet of the Bonanno model is that *there are multiple and sometimes unexpected pathways to resilience*. These include the personality trait of hardiness which helps buffer extreme stress, (Kobasa *et al.*, 1982), self-enhancement (e.g. Bonanno *et al.*, 2002), repressive coping (e.g. Weinberger *et al.*, 1979) and positive emotions and laughter (Bonanno *et al.*, 2003).

On the basis of this model, Bonanno (2004) argues that a broader conceptualisation of stress responding needs to be considered, accounting for the high prevalence of resilience in the studies reviewed. This model of resilience, however, has been criticised for making a distinction between resilience and recovery; other researchers (e.g. Wald *et al.*, 2006) note that this distinction may be arbitrary, and also criticise the Bonanno definition for its foci on single, isolated traumas. Indeed, forced migrants are likely to have been exposed to multiple and chronic stressors, as previously indicated. A number of other models of resilience have been suggested and outlined by Wald *et al.* (2006) and are briefly discussed below.

Richardson *et al.* (1990) proposed a homeostatic model suggesting that we are able to regulate and adapt (physically, spiritually and psychologically) to current life circumstances. Stressors disrupt the homeostatic balance, and a person's ability to adapt and cope with life events are influenced by resilient qualities and previous resilient re-integrations. The interaction between daily stressors and protective factors determines chronicity for the individual.

Saakvitne *et al.* (1998) suggest a constructivist theory of resilience suggesting that symptoms for a survivor of trauma are adaptive and present for protecting the integrity and safety of the self. The circumstances of the event(s) must be integrated into beliefs about self or others, and the intensity of the somatic, affective and interpersonal components of the stressors determine how it will be cognitively processed; the more overwhelming the experience (taking into account the persons capacities) the greater the need for dissociative defences that preclude conscious processing of the event.

Cicchetti & Lynch (1993) outline a systemic model of resilience drawing on the work of Bronfenbrenner (1977) suggesting an ecological model comprising of a macrosystem (cultural beliefs and values permeating societal and family functioning), an exosystem (the neighbourhood settings) and the microsystem (the family environment where individuals create and experience); these levels transact over time to shape the individual's development and ability to adapt to the environment.

Tedeschi & Calhoun (1996, 2004) were instrumental in focussing on an emerging area of study; the concept of Post-Traumatic Growth (PTG). PTG is defined as an individual's ability



to respond well to adversity; primarily that it is not the trauma itself, but the struggle in the aftermath of the trauma that produces positive changes in the person's life.

As suggested by Wald *et al.* (2006), whilst some of these theories have received modest empirical investigations, many studies are limited by various methodological shortcomings. There is extensive debate about the nature of risk and resilience factors, but it is beyond the scope of this study to outline these here (See Wald *et al.*, 2006 for a review), though it is worth highlighting that post-trauma social support has been shown to be a statistical predictor of reduced risk to PTSD (Wald *et al.* 2006), as suggested by the models discussed in the 'trauma' narrative outlined previously.

### **1.8.3 RESILIENCE IN FORCED MIGRANTS**

Given the relative paucity in trauma research relating to resilience as a whole, it is unsurprising that there have been very few published studies examining the concept of resilience in forced migrants, and to the knowledge of the author, no peer-reviewed studies have explored concepts of coping and resilience specifically in relation to asylum seekers, who are faced with a unique set of circumstances in a host country. Schweitzer, Greenslade and Kagee (2007) used Interpretative Phenomenological Analysis in interviewing specifically refugees (i.e. *not* asylum seekers), and found a number of strategies assisted in coping and resilience-development (including religious beliefs, social support and personal qualities). Additionally, Kleinman (1990) showed that in Vietnamese refugees positive coping was related to religious faith and mastery of a previous trauma, and Timberlake and Cook (1984) highlighted coping styles of denial and somatic responses in Vietnamese re-settlers. A report by the Mental Health Foundation (MHF; Kalathil *et al.*, 2011), on interviewing a number of women from African, African-Caribbean and South Asian communities (including a mixed sample of forced migrants) around concepts of resilience, suggest that;

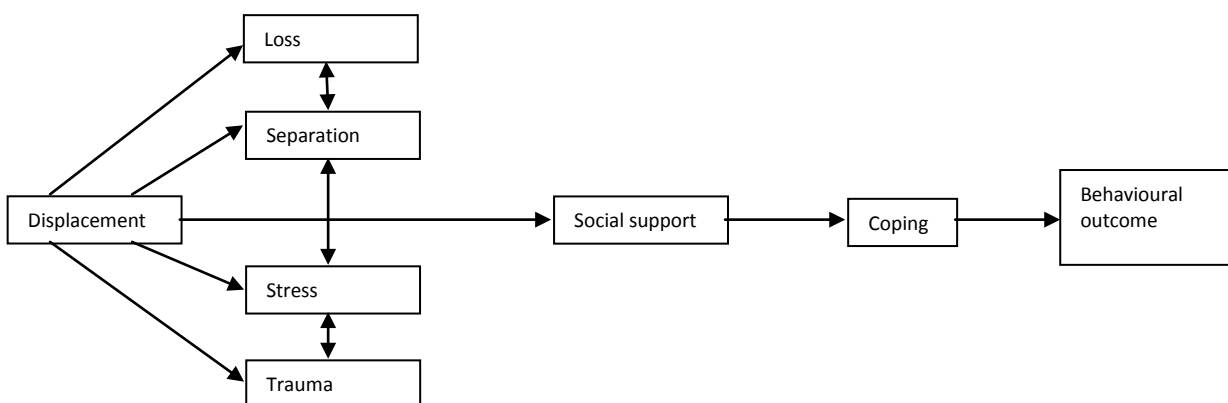
*“People spoke of watching the resilience of parents as they adjusted to lives as migrants in a new country, bringing up children within racist and discriminatory environments...They also spoke in terms of collective resilience in terms of their communities, surviving colonisation, slavery and the continuing legacy of oppression and the resilience of black women.”* (p.10).

Despite these studies on resilience and coping with forced migrants, no studies were found that explored these concepts in asylum seekers, and this is therefore an identified gap in the research.

## 1.9 AN INTEGRATED PSYCHOSOCIAL ‘WELLNESS’ MODEL OF FORCED MIGRANTS

Therefore, there are potentially two relatively different narratives around the asylum seeker experiences; that of ‘trauma’ and that of ‘resilience’. Whilst Herman (1992) and de Zulueta (2007) have integrated ideas of connectivity with others and attachment into their models of trauma, these have not been done specifically in relation to forced migrants. Ahearn (2000) provides a common psychosocial approach to the study of refugee and asylum seeker wellness that incorporates concepts of loss, separation, stress, coping, social support and trauma (Figure 2).

Figure 2: A common psychosocial approach to the study of refugee and asylum seeker wellness (from Ahearn, 2000)



In relation to this diagram, Ahearn (2000) describes a number of studies that support this framework.

In relation to ‘**Loss**’, Ahearn (2000) highlights a study by Drachman (1992) who found that refugees accumulate numerous losses before they leave their homes, during flight and first asylum, and during the process of resettlement, including deaths of family members and friends and destruction of home and community.

In relation to the concept of ‘**Separation**’, Ahearn (2000) highlights attachment theory (Bowlby, 1984) which emphasises the pernicious consequences of separation and loss; separation from one’s homeland represents a major life event (Ager *et al.*, 1991) and can lead

to anger and cultural bereavement (Eisenbruch, 1992), guilt (Brown, 1982) and poor psychosocial functioning (Masser, 1992).

**‘Stress’** is another key concept in the Ahearn (2000) model. External events (such as displacement and re-settlement) are often viewed as ‘stressors’ while internal reactions of individuals to these events are seen as ‘stresses’ (Ahearn, 2000). Duingtraan (1996) showed that refugees who experienced pre-migration and acculturation *stressors* were prone to depression, nightmares and physical illness. Orley (1994) found that refugee *stresses* in re-settlement came from cultural differences, loss of status, possessions and employment, lack of family supports, discrimination and poor physical health.

In relation to the **‘social support’** aspect of the model, Ahearn (2000) suggests that a number of studies have examined social support as mediating factors that facilitate and ease adjustment or re-adjustment; these include family, relatives, friends, neighbours, the school, church and statutory and third sector organisations, all of which may be important in confronting and coping with stressful life events.

In relation to **‘Behavioural Outcome’**, Ahearn (2000) notes that researchers consider displacement as an event, often violent, that produces loss, separation, stress and trauma, that is, in turn, mediated by support systems and coping ability. The outcome, suggested by Ahearn (2000) is behaviour that may be expressed in terms of adaptation or maladaptation, wellness or illness, acculturation or non- acculturation.

Studies pertaining to the **‘coping’** and **‘trauma’** aspects of the Ahearn (2000) model can be seen in the ‘resilience’ (Section 1.8.3) and ‘trauma’ (Section 1.7) narratives presented previously.

On presenting this integrated psychosocial wellness model, Ahearn (2000) notes that *‘very few of the studies reviewed...relied upon qualitative methods’* (p.15). Further, in the studies reviewed, it is noted that there is a significant reliance on ‘forced migrants’ as opposed to specifically asylum seekers. Ahearn (2000) suggests that qualitative research with these populations would allow forced migrant voices to define and clarify their emotional struggle and psychological reality. Further emphasised is the notion that the overwhelming majority of literature regarding psychological understanding of these populations is related to stress,

trauma, and psychological maladjustment (portraying populations as victims, dependent and helpless), whereas a focus on psychological ‘wellness’ or coping allows a shift in emphasis towards the perspective of strength, resilience and independence. Whilst the model is linear with minimal interactive effects (Ahearn, 2000), it can produce a strategy for understanding forced migrant wellbeing, and includes the various dimensions of the processes that researchers observe and measure.

Whilst it is clear that some of the issues affecting both refugees and asylum seekers will be relevant, given that they are populations that only differ in terms of legal status, it is important that the asylum seeker experience, given their set of unique circumstances, is also privileged (Gower *et al.*, 2007).

## **1.10 A SYSTEMATIC REVIEW OF THE EXPERIENCES OF ASYLUM SEEKERS USING QUALITATIVE RESEARCH METHODS**

### **1.10.1 INTRODUCTION**

Chapter 1 thus far has defined and described the population of asylum seekers in the UK, as well as demonstrating the necessity to consider the ‘trauma’ and ‘resilience’ literature bases for this group. Consequently, it examined the literature around these concepts, demonstrating that research concerning the psychological status of asylum seekers has generally focused on the psychopathological sequelae of exposure to traumatic events measured using quantitative methodologies. There is a paucity in the literature with this population using qualitative methods, and most studies conceptualising the psychological status of forced migrants have used quantitative methods to examine exposure to traumatic events, PTSD reactions and the identification of risk factors to mental illness or acculturation stress (Schweitzer *et al.*, 2007). Additionally, concepts such as ‘PTSD’, ‘stress’, ‘depression’ and so on, are constructs that have been developed in the Western world, and potentially tell us relatively little about what it is like to be an asylum seeker (see critique on PTSD p.11). Also highlighted in the introduction, is that the focus on trauma-reactions means that limited attention has been directed to positive adaptation and resilience (*ibid.*). Research based on checklist and questionnaire data fails to acknowledge that the majority of refugees seemingly have adapted to the various stressors they have encountered without formal support from mental health professionals (e.g. Steel *et al.*, 2002). Ahearn (2000) further notes that the vast majority of

literature in the field of refugee and asylum seekers focusses on examining stress, trauma and emotional symptoms as indicators of psychological maladjustment, and suggests that the term “wellness” is more appropriate to explore the relationship between migrant experience and psychological consequence and adaptation by highlighting strength, resilience and independence.

As the study was focussed specifically on the lives of people seeking asylum as opposed to refugees, it was important to ascertain the status of the literature specifically to asylum seekers (i.e. not refugees who are ‘successful’ asylum seekers having gained asylum status).

Consequently, given that; a) some authors have highlighted a paucity in the research base concerning asylum seekers using qualitative methodologies, and b) as the study is focussing exclusively on what life is like for people who are in the position of seeking asylum, a systematic review of the available literature was conducted to highlight research in this area. A systematic review is a structured and critical process where previous research can be reviewed with a level of rigour and scrutiny.

#### **1.10.1.1 Systematic Review Question**

***In their own words: A synthesis of the qualitative research on adults seeking asylum.***

Initially, this review question may appear broad in relation to the overall thesis aims, which, as will become apparent, examined the coping experiences of asylum seekers across the asylum journey. The option of conducting a systematic review specifically examining articles that related to experiences of coping and resilience was considered, however, a brief initial search demonstrated that there was an extremely limited research base in this area (zero qualitative results on an initial search of databases). Consequently it was considered important to consider the qualitative research base examining the literature that pertained to the overall experiences of people in relation to their asylum journey and process. This way, a notion about the general experiences of asylum seekers could be developed, in the words of asylum seekers themselves.

## 1.10.2 METHOD

### 1.10.2.1 Search Strategy

A number of key procedures were used to conduct the systematic review and to identify relevant articles. Initially, a search was conducted using the OVID databases which included searches on 'Ovid Medline', 'PsycINFO' and 'PsycARTICLES Full Text', and also using ProQuest 'Sociological Abstracts'. The searches in these databases were used to specifically identify articles that yielded empirical research on the *experiences of asylum seeker using qualitative methodologies*. The following search terms and combinations of Boolean operators were applied: Qualitative OR "Grounded Theory" OR "Interpretative Phenomenological Analysis" OR "IPA" OR "Thematic Analysis" AND "Asylum Seeker\*". These terms were searched as keywords and applied to the full texts of generated articles. The search was conducted on 28<sup>th</sup> of November 2012 and generated a total of 75 articles in the OVID databases and 42 articles in ProQuest Sociological Abstracts. Thus a total of 117 articles were identified.

Additionally, "Grey" Literature from Google and Google Scholar was reviewed, but all papers examined had been identified in the context of the database searches. A number of articles by third sector organisations (e.g. MIND, Centre for Mental Health, Rethink, The Medical Foundation for Victims of Torture and Violence, Asylum Aid) were reviewed but excluded due to not being published in peer-reviewed articles.

A number of identified papers in the database searches were either conference presentations (**n=4**; Bjornberg (2010); Bjornberg (2011); Sinha *et al.*, (2006); Smit & Rugunanan (2010)) or university dissertations (**n=5**; Conlon (2008); Fair (2007); Saltsman (2010); Perez-Ramirez (2003); Millington (2010)). In order to ensure a level of rigour to the process of the review, the researcher attempted to contact authors of these presentations and dissertations to ascertain whether any peer-reviewed articles had resulted from this work. Of eight contacted, five responded via email. This led to the identification of a number of further articles (**n=8**) that were also scrutinised using the inclusion and exclusion criteria.

All remaining articles were reviewed manually and screened, initially reviewing titles and abstracts, and later examining whole articles. The following inclusion and exclusion criteria were applied:

*Inclusion criteria*

- Qualitative studies – the review was interested in ascertaining the qualitative research base exploring experiences of people seeking asylum in relation to their circumstances; specifically qualitative methodologies providing accounts of asylum seekers in their own words.
- Studies utilising mixed methodologies (qualitative and quantitative components) – these were included, though only the qualitative aspect of the study was critically reviewed.
- Studies where participants were asylum seekers at the time of study commencement – asylum applications and status are in a continuous state of flux, so it was decided that provided that a proportion of the participants were ‘asylum seekers’ (as opposed to ‘refugees’) at the time of study commencement, these studies would be included. A number of included papers had samples which included a mixed sample of asylum seekers and refugees.
- Studies that pertained to asylum seeker experiences with mental health services - As this study is being completed as part of a doctorate in clinical psychology, where mental health is a key focus, it was decided to retain articles that pertained to asylum seeker experiences of mental health services (including access and satisfaction of mental health services and experiences of mental health issues).
- Studies where the sample is made up of adult asylum seekers over 17 years old – the review was interested in the experiences of adult, rather than child asylum seekers.

*Exclusion criteria*

- Studies employing using a purely quantitative methodology; as noted in the introduction to the systematic review, the review was interested in the accounts and descriptions of people seeking asylum *in their own words*, and less concerned with quantitative studies using Western constructs (such as PTSD for example) to measure psychological distress in people seeking asylum. Further, there is an abundance of literature available on ‘forced migrants’ generally (though slightly less specifically on asylum seekers) using quantitative methodologies and this review wanted to focus on the narratives and accounts of people seeking asylum. Thus, studies employing quantitative methodologies (which would not have this information) were excluded from the review.

- Studies with no primary data (i.e. direct quotations from people seeking asylum).
- Qualitative studies with populations other than asylum seekers – e.g. interpreters, social workers and GP's.
- Qualitative studies with samples entirely comprising of forced migrant populations other than asylum seekers – e.g. samples consisting entirely of refugees who had gained leave status; the current review was interested in the experience of people who were actively seeking asylum.
- Papers that were not in the English Language – it was decided that, for practical and pragmatic purposes, to focus on research studies that had been published in English.
- Papers which had not been published in peer-reviewed journals (including dissertations, conference presentations, pre-publications, book chapters and third sector research which has not been peer reviewed).
- Articles that related solely to asylum seeker experiences of physical illness / diet. This included asylum seeker experiences of accessing and satisfaction with physical health services. A number of articles were accessed relating to satisfaction and access of physical health services and dietary changes in arriving in a new country, but this review was focussed on the actual issues around the asylum process and journey itself for adult asylum seekers; consequently, studies examining access and satisfaction with services were excluded.

By applying these inclusion and exclusion criteria, a total of 15 articles were identified and were thus retained for review. A summary of the search strategy is presented in Appendix I. Following identification and access of these articles, the subsequent stage of the systematic review process involved critiquing these studies in order to ascertain what can be confidently concluded based on the quality of these studies and their main findings in relation to the systematic review question.

The search was conducted again on the 27<sup>th</sup> May 2013, in order to ensure that the review was updated, and to ascertain whether any further studies could be identified. Since the search on 28<sup>th</sup> November 2012, a total of five new studies were added to the databases searched (Sandhu *et al.*, 2013; Warfa *et al.*, 2012; Priebe *et al.*, 2012; Cameron *et al.*, 2013; Vahideddin, 2012), however all of these studies were excluded on the basis of the exclusion criteria, and were thus not reviewed.



### 1.10.2.2 Quality

As noted by Mays and Pope (1995), in the health field, where there is a strong tradition of using quantitative, experimental methodologies, qualitative research is often subject to criticism focussing on it being ‘unscientific’, and that despite epistemological counter-arguments, the development of quality frameworks are necessary for qualitative research to be considered useful. Tracy (2010) suggests that criteria for assessing quality can be helpful, as these can help us learn, practice and perfect research, and can ‘*serve as shorthand about the core values of a certain craft*’ (p.838). In addition to enriching and improving the qualitative research base, improved quality can get qualitative research noticed and funded by individuals in the media, with government officials and policy makers (Tracy, 2010).

It is therefore appropriate to suggest that ensuring the highest standard and quality of qualitative research is important in order for it to be considered meaningful and valued. In this context, the concept of ‘quality’ refers to the importance of trustworthiness and credibility in qualitative research (Law *et al.*, 1998), to the extent that one would feel satisfied with the qualitative research in order for social policy to be based on the findings (Guba & Lincoln, 2005). Thus, it was felt important to develop a framework in order to be able to assess the quality of each of the articles accessed in the current systematic review. A number of articles were accessed and utilised to develop such a framework. Three key articles were located via other qualitative researchers at the author’s University Department, and via a Google search for frameworks of assessing quality in qualitative research.

A paper by Tracy (2010), explores eight ‘big-tent’ criteria markers of quality in qualitative research including (a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics and (h) meaningful coherence. Tracy (2010) notes that this model provides a common language of qualitative best practices that may be recognised as integral by a number of audiences.

Spencer *et al.* (2003) have also published guidelines on assessing quality in qualitative studies. Published by the Cabinet Office, these guidelines were ‘*developed with particular reference to evaluations concerned with the development and implementation of social policy, programmes and practice*’ (p.2). Using a variety of methodologies (including literature search, review of qualitative methods used in government-funded evaluation studies, interviews with relevant individuals such as practitioners, commissioners and funders

etc.), the authors have attempted to design a framework to assess quality, noting that there are often concerns about quality, rigour, robustness, relevance and utility of qualitative research. They also highlight a context of debate as to whether quality in qualitative research should be assessed in the same way as quality in quantitative research, though emphasise a need to assess quality in these different methodological approaches differently.

Law *et al.* (1998), have additionally provided a useful set of ‘Guidelines for Critical Review of Qualitative Studies’ for use of researchers and clinicians. In this framework, twenty-one guidelines are described covering purpose, literature review, study design, methodology, sampling, data collection, procedural rigour, data analysis, theoretical connections, trustworthiness and conclusions. For each of these domains, the authors cite a number of questions with the aim of promoting critical analysis of an assessed study.

Therefore, synthesising these three articles, a framework was designed to attempt to assess quality in the articles located via the systematic review in the current study. The critical framework proposed included the following points:

**A. Purpose and Aims** – have the authors clearly stated the purpose and aims of the research? Is a qualitative methodology appropriate for the study? Is the topic of the research relevant, timely, significant and interesting?

**B. Literature review** – has the article completed a relevant literature review detailing background to the study, clinical relevance, gaps in the current research and resulting justification for the study?

**C. Design** – Is the study design appropriate for the research question and objectives? Is the design defensible and has this been discussed? Have any limitations of the research design and implications for the study evidence been reflected upon? Have the nature of the end results been described? Have the beliefs, worldview, theoretical perspectives, values and biases of the researcher been made explicit? Is the process auditable (i.e. in order for the possible replication of the study)?

**D. Methods** – Does the article adequately describe the methods that have been used to generate data? Was this method appropriate for the type of study design?

**E. Sample** – have the sample design and selection, and study locations been justified plus a rationale provided? Are participants relevant to the research question? Was their selection

well-reasoned and described? If there were participants who did not participate, were reasons for this considered and described?

**F. Research Governance & Ethics** – Have ethical issues been considered? Were researchers thoughtful about research contexts and participants, and is there discussion about avoiding potential harm to participants? Have consent, confidentiality and anonymity processes been described? Has the study sought and obtained ethical approval for the study? What description is available regarding research governance? Were participants offered further information about sources of support?

**G. Data collection** – have the researchers given a clear description of the process of data collection (including description of the site, who is the person collecting the data, methods of data collection, procedures etc.)? Were data collection methods appropriate for research objectives and settings? Were data collection strategies comprehensive enough to support rich and robust descriptions of observed events? Have researchers considered the ways in which data collection methods may have influenced the data? Has it been shown that depth, detail and richness were achieved in data collection? Was data collected until saturation or redundancy in data was reached?

**H. Data Analysis** – Was data analysis inductive and findings adequately corroborated? Was the process of transforming data into themes and codes described adequately? Were the rules of analysis reported? Has the diversity of the perspective and content been explored? How well has detail, depth and complexity of the data been conveyed?

**I. Credibility (trustworthiness) & Reflexivity** – Was the process of triangulation reported (by source, methods, researcher and theories)? Has the researcher taken into account his/her biases in the research process? Are other ways of viewing the data reported? Is there evidence of the impact on the researcher?

**J. Discussions and Conclusions** – Does the study achieve what it purports to be about (i.e. in terms of its original aims and purposes)? Does it meaningfully interconnect the literature? Are the findings clearly supported by the evidence? Has the knowledge base been extended by the research? Are the limitations of the research clearly considered? What is generalisable and has this been considered via a critical lens? Do the authors provide an evaluation and how is this described?

Using this framework, each study article (n=15) was reviewed and the above questions were asked of each paper. A scoring system was utilised, where for each of the 10 key domains listed above, a quality score of 0, 1 or 2 was denoted. A similar scoring system has been

advocated by Chenail (2011). The following rationale for the scoring system demonstrates this:

- 0 This score indicated that the reviewer (lead author) determined that the study in question gave little or no consideration to the questions posed in the quality framework for that domain, or that there were significant limitations. In practice, this meant on asking the questions noted above for a particular domain, the reviewer highlighted that none of the questions were answered sufficiently.
- 1 This score indicated that the reviewer considered that the study had addressed key issues but there were some limitations or uncertainties. Considering the questions asked of that particular domain, a score of one indicated that some of the questions had been answered sufficiently, but others not so.
- 2 This score suggested that the paper was clear and robust in answering all of the questions posed by that domain in the framework.

The quality of the papers was critiqued using a table-format (see Appendix II) where the reviewer attempted to provide a rationale as to why scores of 0,1 or 2 were assigned to each domain, in order that the process is transparent and explicit. Scores for each of the ten domains were then added to give an overall 'Quality' score out of twenty. These are summarised in Table 1, using a key to describe which domain was attributed which score. It is important to acknowledge that even though this framework was employed, it still relies to an extent on the judgement of the reviewer, and other persons reviewing the paper may assign different scores. However, it is hoped that by providing a clear rationale for each of the scores assigned, this would aid in improving the reliability of the review process.

Scores for each domain were added to give the paper an overall quality score out of twenty. In the review, it was considered that papers scored 16-20 were 'good' quality, papers scoring 11-15 were of a 'medium' quality standard, and papers scoring 10 and below were considered to be overall of poor quality, in accordance with the quality framework employed by the current study.

Table 2: Summary of Studies in Systematic Review

No.	Authors	Country	Aim	Sample				Method (design, data collection, data analysis)	Results / main themes	Conclusion	Quality Rating framework	Overall Quality Rating
				Gender	Age	Asylum status	Other					
<b>HIGH QUALITY STUDIES</b>												
1	Whittaker, Hardy, Lewis & Buchan (2005)	UK	To explore individual & collective understandings of psychological well-being in young Somali asylum seeker or refugee women.	5 females	17-28 years	Asylum seekers=2 Refugees=3	-5 participants took part in 3 focus groups, then individually interviewed.  -All live with family member  -1 participant born in UK (data analysed separately)	<u>Recruitment</u> : voluntary Somali organisation. <u>Design</u> : Qualitative & Cross-sectional <u>Data collection</u> : focus group & individual semi-structured interviews. 40-90 minutes long. <u>Interview schedule</u> - adapted to acknowledge emerging themes. <u>Data analysis</u> : IPA used. Triangulation reported. Checked emerging themes with participants. <u>Other</u> : Quality framework used to ensure robust process.	<u>1. Resilience &amp; protection</u> -A 'get on with it' approach -Support from family -Religion & services  <u>2. Identity &amp; beliefs</u> -Conflict & convergence -Navigation & acculturation  <u>3. Concealment, distancing &amp; secrets</u> -Concealing concepts & emotions -Secrets  Spiritual issues considered across themes.	Young Somali women 'get on', cope & value support from family, services & religion. There are changing cultural & religious pressures around concealing distress – participants valued support as well as concealment and fearing disclosures	A=2 B=2 C=2 D=2 E=2 F=2 G=2 H=2 I=2 J=2	<b>20/20</b>
2	Bogner, Brewin & Herlihy (2010)	UK (London)	To qualitatively explore the factors in disclosure of sensitive personal information in Home Office interviews for refugees & asylum seekers with traumatic histories.	16 females 11 males	Aged 22-73 years  (Mean 40.7 years)  Age of arrival in the UK 18-68 years (Mean 37.7)	Asylum seekers = 10 Refugees= 17 (10 on appeal & 7 on first application)	-Participants arrived in UK 1995-2003.  -Participants from 14 countries in Europe, Africa, Middle East & Latin America  -All participants had history of pre-migration trauma  -Time between Home Office interview & research interview from 9 months to >9 years (Mean=45.1 months)	<u>Recruitment</u> : Participants identified via clinician or caseworker. Trauma clinic (n=17), community services (n=10) <u>Design</u> : Qualitative. <u>Data collection</u> : Detail regarding trauma from case notes. Semi-structured interviews with 1 interviewer. Audio recorded & transcribed (notes with 4 participants). Interpreters used. <u>Interview schedule</u> : based on literature search. Covered general impression of home office interviews, reaction to authority figures, situational factors, other issues, recommendations. <u>Data analysis</u> : thematic analysis, themes clustered. Quality framework used & triangulation reported. Themes considered with best practice guidelines for home office interviews.	1.General impressions (generally negative) 2. Conduct of interviewing officers & applicant reaction towards authority 3. Gender-specific interviewing officers & interpreters 4. Substantive asylum interview: best practice processes <ul style="list-style-type: none"> <li>Situation &amp; context specific factors</li> <li>The interview room</li> <li>Friends or other companions</li> </ul> 5. Other issues <ul style="list-style-type: none"> <li>Role of interpreter</li> <li>Interview notes</li> </ul> 6. Recommendations	Interviewees reported difficulties in disclosing personal details & interviewer qualities emerged as strongest factor in either facilitating or impeding disclosure. Disclosure is not just based on personal decisions & internal processes but also related to interpersonal, situational & contextual factors.	A=2 B=2 C=1 D=2 E=2 F=2 G=2 H=2 I=2 J=2	<b>19/20</b>
3	Coffey, Kaplan, Sampson, Tucci (2010)	Australia	Examine experience of immigration detention from perspective of previously detained asylum seekers, & identify consequences of	1 female 16 male	Mean age: 42 years	asylum seekers=4 permanent residency= 11 naturalised citizens=2	All participants had experienced detention (Average length of detention: 3 years 8 months)  All participants from middle eastern countries	<u>Recruitment</u> : via NGO <u>Design</u> : Quant. & qual. methods (semi-structured interviews). <u>Data Collection</u> : audio-recorded, transcribed (one had notes taken). Interview in English (n=10) or with interpreter (n=7) <u>Interview schedule</u> - mental & physical health, daily life, coping significant events, relationships.	<u>1. Detention themes</u> e.g. confinement, deprivation, injustice, isolation, hopelessness  <u>2. Post-detention themes</u> e.g. view of self, relationship difficulties, insecurity.  <u>3. Current mental health</u> e.g. depression, anxiety cognitive	Detention has long-term pervasive effects on psychological & interpersonal difficulties.	A=2 B=2 C=1 D=2 E=1 F=2 G=2 H=2 I=2 J=2	<b>18/20</b>

			experiences for life after release.				(Iran, Iraq, Afghanistan)	Data Analysis: Coding & themes developed. Triangulation reported. NVivo used.	difficulties.			
4	Hussein, Menthorpe & Stevens (2011)	UK	To examine potential of refugees & asylum seekers to work in social care in England. (sub-study of a government funded, 6-site project)	13 female 7 male	Aged 25-46 years  (Mean age: 33.3 years)	Asylum seekers=9  refugees=11	5 staff also interviewed  Participants from 8 different countries (9-DRC, 2 – each of Zimbabwe, Iran, Eritrea, Iraq & 1 - each of Uganda, Afghanistan & Sudan) – 8 languages  -Mean time in UK:3.8years	Study sites: Mix of high & low immigration areas Design: Qualitative Data collection: 1-hour semi-structured interviews, audio-recorded & transcribed or notes taken. In English or with interpreter (French / Arabic) Interview schedule: Previous work & qualifications, job seeking in UK, volunteering, language acquisition, aspiration and ideas about social care. Data Analysis: Coding, themes, triangulation & framework analysis used. NVivo used.	1.The attraction of care work  2.Barriers & Challenges in gaining employment – e.g. lack of UK experience, language skills, qualification recognition, prejudice & racism  3.Possible strategies to utilise refugees & asylum seekers in social care	-Willingness of refugee & asylum population to join workforce  -Barriers & strategies identified  -Despite being a small study, authors feel findings are generalisable.	A=2 B=2 C=1 D=2 E=2 F=2 G=2 H=2 I=1 J=2	<b>18/20</b>
5	O' Sullivan-Lago, de Abreu & Burgess (2008) – Study 1.  AND  O'Sullivan-Lago & de Abreu (2010) – Study 2*	Ireland	Study 1: investigates if areas of immigration causes change in individual cultural identity  Study 2: investigates if in areas of immigration there is cultural discontinuity. Plus examines schooling as a continuity strategy.	Study 1: 4 females 7 males  Study 2 33 participants - 'even' gender balance	Study 1: Ages range 21-42 years.	Study 1: Irish nationals=4  Immigrants=4  asylum seekers=3  Study 2 Irish nationals=8  Immigrants=13  asylum seekers=12	Study 1: Time in UK 6 months - 2 years (asylum seekers)  Range of countries of origin: Poland, Italy, Spain, Algeria, Kuwait, Albania, Kosovo	Studies 1 & 2 Recruitment:Education centres & hostels. Design: Qualitative Interview schedule: explored narratives, cultural identity, group perceptions, future impact on identity. Open-ended & theory driven questions Data collection:1 hour interviews, recorded, transcribed verbatim, Data analysis: thematic analysis. NVivo used. Triangulation described.  Study 2 -Schooling emerged as an issue & analysed as separate theme	Studies 1 & 2 1.Experiencing uncertainty 2.Finding a strategy <ul style="list-style-type: none"> <li>The 'I as a human being' strategy</li> <li>Emphasising similarities</li> <li>Rejecting unwanted identities</li> </ul> Study 2 1.School analysed as a further & separate theme	Conclusions 'I as a human being' strategy maintains continuity. Used differently by different populations. Allows insight into identity development in adults living through sociocultural change. Study 2 Schooling is a continuity strategy & allows migrant assimilation	A=2 B=2 C=1 D=2 E=1 F=2 G=2 H=2 I=2 J=1	<b>17/20</b>
<b>MEDIUM QUALITY STUDIES</b>												
6	Rees (2003)	Australia	Explore experiences of asylum seeking women from East Timor & highlight effect of prolonged asylum seeker status on 'wellbeing' (psychological, physical, spiritual, social & cultural welfare & contentment).	23 female	All 17+ years	All asylum seekers	-Sample all East Timorese women living in Australia since 1990	Recruitment: cluster sample from respected people in Timorese community or via professionals Design: Qualitative. Use of female-centred framework, critical orientation & human rights paradigm. Prioritised cross-cultural research theory Data collection: semi-structured interviews of asylum seekers, questionnaires of professionals, literature analysis. Interviews in Indonesian (researcher) or via interpreter Interview schedule: asylum process, deportation, service access &	1.Fear and trauma around uncertainty of asylum status  2.English language skills and isolation  3.Illness and healthcare  4.Post secondary education.	A necessity for faster processing of asylum claims, recognition of effects of torture & trauma on asylum seekers in the policy base & further immediate access for asylum seekers to essential & gender-specific support & services.	A=2 B=2 C=1 D=2 E=1 F=1 G=2 H=2 I=1 J=1	<b>15/20</b>

								satisfaction, acculturation, integration & involvement in services & groups <u>Data analysis:</u> coding, themes, triangulation.				
7	Palmer & Ward (2007)	UK	Explore asylum seeker perspectives on mental health issues & services.	20 females 11 males	Aged 21-65  Mean age: 38.8 years	Asylum seekers=6  Failed asylum seeker=1  British citizen=1  Refugees= 13	15 accessing mental health services, 6 not.  Aimed for maximum variation in age, London location, nationality, culture, religion, class, asylum status.	<u>Recruitment:</u> via refugee centre <u>Design:</u> Literature review & qualitative study. <u>Data Collection:</u> 10 interviews via interpreter. Recording, transcription not mentioned. <u>Interview schedule:</u> Topic guides developed via mapping exercise & literature on provision of mental health services for asylum seekers & refugees. <u>Data analysis:</u> Framework method, thematic analysis & 'constant comparative' process to define & redefine themes.	<u>1. Range of mental health issues described</u> <u>2. Trauma &amp; mental health</u> <u>3. Social issues &amp; mental ill-health</u> a. housing problems b. immigration process c. employment difficulties d. access to healthcare services e. conceptions of mental health f. confidentiality & stigma g. alleviating distress h. emotional & practical support i. talking therapies <u>4. Suggestions for improvements</u>	An integrated approach, involving service users in planning services is needed for better awareness of issues that affect mental health in this population. More focus on social issues affecting mental health is required.	A=1 B=2 C=1 D=2 E=2 F=1 G=2 H=1 I=1 J=1	<b>14/20</b>
8	Pearce & Charman (2011)	UK	Psychological study of moral panic, exploring Social Identity Theory (SIT) & Social Representations Theory (SRT) aiming to (a) theorise content & process of moral panic & (b) understand cause & impact of this response, applied to topic of asylum seekers.	<u>Focus groups</u> 20 female 16 male  <u>Individual interviews</u> 9 female 16 male	<u>Focus groups</u> Age not described  <u>Individual interviews</u> 19-54 years	<u>Focus groups</u> All British citizens  <u>Individual interviews</u> Asylum seekers=25	-8 focus groups of 3-6 participants (UK citizens) made of neighbours, families etc. Conducted in areas to maximise diversity variation. -Asylum seekers from 14 different countries, variety of socio-economic backgrounds.	<u>Design:</u> Qualitative. 3 aspects: newspaper article review, focus groups (UK nationals), individual interviews (asylum seekers). SRT & SIT used as theoretical drivers. <u>Data Collection:</u> Newspaper article review. Focus group recorded & transcribed, explored beliefs around asylum seekers. Individual interviews, 60-90mins, recorded, transcribed with asylum seekers explored media coverage, perceptions of host population, label of 'asylum seeker'. <u>Data analysis:</u> Thematic analysis & coding processes used. Inductive process in developing connections between codes. SIT & SRT used as analytic driver.	<u>1. SRT Analysis:</u> 6 core representations identified: -Asylum seekers as 'bad people' vs. 'good people' -'Threatening' versus 'threatened' -'Legitimate versus 'illegitimate'. <u>2. The spread &amp; transformation of moral panic discourse</u> <u>3. SIT analysis: Focus Groups</u> -Social categorization & comparison -Social belief Structure <u>4. SIT Analysis: Individual interviews</u> -Social categorization & comparison -Coping with stigmatised identity.	Social psychological processes are one contributory factor to host receptivity to moral panic, & strategies adopted by 'folk devils' to cope with stigmatised group membership were identified.	A=2 B=2 C=1 D=2 E=1 F=0 G=1 H=2 I=1 J=2	<b>14/20</b>
9	Zimmerman (2010)	UK	Explore destination choices of Somali asylum seekers (usually an excluded voice), & the role of financial support (connected to how people adjust to new environments)	4 female 9 male	All left Somalia Aged between 18 & 56 years.	13 asylum seekers	-All moved between 1991 and 2002	<u>Recruitment:</u> via community organisation where researcher volunteered <u>Design:</u> Qualitative method <u>Data collection:</u> Semi-structured interview. Interpreters used, but unsure for how many interviews. <u>Interview schedule:</u> broad to allow participant narratives. <u>Data Analysis:</u> thematic analysis of narratives	1. Why participants sought asylum in Europe – found that needs more important than location 2. Selection by friends / relatives 3. Limited choice v Greater choice 4. Role of financial support 5. Long-term periods of adjustment & support 6. Refusing financial support	1. Challenged idea of 'asylum shopping' – people moving to get best conditions - idea used to stigmatise arrivals 2. Challenges idea that asylum movements are reactive (a description which excludes broader aspects) 3. Study refutes prevention & deterrence politics 4. A need to address issues causing 'push' in country of origin to address migration.	A=2 B=2 C=1 D=2 E=1 F=1 G=1 H=1 I=0 J=2	<b>13/20</b>
10	Conlon (2011)	Ireland	Use a framework (Lefebvre, 1987) to understand the	25 females	19 – 43 years	All asylum seekers & refugees but	-Participants from countries including Nigeria,	Based on PhD research <u>Recruitment:</u> snowball sampling via migrant centres, social services &	1. Media shape ideas that asylum seekers have about everyday life in Ireland	Lefebvre's framework valuable for considering migrant everyday lives by helping	A=2 B=2 C=1	<b>13/20</b>

			'everyday' amongst asylum seeking women. Framework needed to understanding 'fractured mosaic' –dynamic elements that mark asylum seekers social, material & cultural everyday lives.		(Mean= 32 years).	uncertain about how many in each category – author suggested that this changed over time.	Uzbekistan, Iraq and the DRC but not described is how many from each country. -At time of interview, average length in Ireland ranged 6 months to 6 years (Average length of residency = 2.4 years).	newspaper adverts. <u>Design:</u> Qualitative <u>Data collection:</u> 1 hour interviews in neutral space or participant homes. <u>Interview schedule:</u> everyday life prior to seeking asylum, previous knowledge of Ireland, narratives of participant geographies. Follow-up questions around routines, social encounters & places, objects & practices significant to them as migrants. <u>Data analysis:</u> Interviews were transcribed, coded & analysed thematically.	2. Encounters with religion demonstrate complex relationship between religion as a cultural artefact & commodity that intersects with power & transnational mobility.  3. Absence of possessions – mobility associated with loss of possessions.  4. Accommodation  5. Culinary practices	ground meta-narratives of globalisation & mobility within local contexts, material objects and social & spatial practices where the daily lives of migrants unfold.	D=2 E=1 F=1 G=1 H=1 I=1 J=1	
11	Dwyer (2005) [study 1]  AND  Dwyer & Brown (2005) [study 2] **	UK	Both studies draw on the 'Leeds Study'. Study 1 explores welfare of forced migrants at an EU level, UK level and using qualitative data to explore housing and social security rights. Study 2 draws on same data to explore adequacy of welfare provision regarding financial and housing needs.	10 females  13 males	Aged 21-57 years.	Refugees= 11  asylum seekers = 7  Failed asylum seekers = 5	34 respondents 2 sets of qualitative, semi-structured interviews with 23 forced migrants & 11 welfare service providers.  Of migrant respondents: 9 countries of origin: Afghanistan, DRC, Iran, Iraq, Iraqi Kurdistan, Kosovo, Pakistan, Somali, Zimbabwe.	<u>Recruitment:</u> Purposive, non-random sampling technique used from Refugee Community Organisation (RCO), leaflets & researcher requests. Leeds, 2004. <u>Design:</u> Qualitative study <u>Data collection:</u> Semi-structured interviews (1-hour), anonymised, audio recorded & transcribed. 18 interviews in English, 5 with interpreter <u>Data analysis:</u> Coded & analysed using grid analysis and thematic coding. Nudist 6 computer package used.	<u>Study 1:</u> 1. <i>Socio-legal status &amp; the hollowing out of forced migrants welfare rights</i> – increased governance, inadequate housing & social security = poverty. 2. <i>Housing asylum seekers: regulation, scrutiny &amp; boundary disputes</i> 3. <i>Picking up the pieces: a role for NGO's, RCO's &amp; other forced migrants</i> 4. <i>Self-help or no help</i> – forced migrants supporting other forced migrants <u>Study 2</u> 1. <i>The inadequacy of financial provision</i> -Socio-legal status & social security -Destitution -Meeting basic needs: a key role for RCO's 2. <i>Housing Issues</i> -Housing: reliance on other forced migrants	<u>Study 1:</u> -States have increased governance to deter entry of unwanted forced migrants -An eradication of welfare rights of forced migrants  <u>Study 2:</u> Strong evidence to suggest that statutory provisions are failing to meet the basic financial & housing needs of many forced migrants.	A=2 B=2 C=1 D=2 E=1 F=1 G=1 H=1 I=0 J=1	<b>12/20</b>
12	Rugunanan & Smit (2011)	South Africa	To explore forced migrant perceptions & experiences around daily lives and survival strategies.	10 female	22-44 years	Refugees=5  Asylum seekers=4  Failed asylum seeker=1	-Country of origin (Burundi=4, DRC=6) -Time in South Africa 2-8 years. - 8 married, 1 divorced, 1 widowed. -All had min.one dependent child (aged 2-21 years).	<u>Design:</u> Qualitative <u>Data collection:</u> Initial focus groups & individual semi-structured interviews with women from groups. Conducted with interpreter (French or Swahili) <u>Interview schedule:</u> family, well-being & resilience <u>Data analysis:</u> 3 types of coding used: open, axial & selective. Memo-writing & concept mapping.	-Lack of security in South Africa -Difficulties obtaining asylum status -Employment difficulties (re: asylum status & language difficulties) -Poor living conditions -Falling victim to crime -Threat of xenophobia -Survival strategies	Forced migrants are constantly worried about daily survival and are pre-occupied with issues of housing, xenophobia, protection against crime and deportation	A=2 B=2 C=1 D=1 E=1 F=0 G=1 H=2 I=0 J=1	<b>11/20</b>
<b>LOW QUALITY STUDIES</b>												
13	Renner & Salem (2009)	Austria	High numbers of refugees are in need of help as a consequence of post-traumatic	40 females  110 males	Mean Age – 30.8 years (range: 18-63 years).	106 Asylum seekers  44 refugees.	-50 from Chechnya, 50 from Afghanistan, 50 from West Africa	<u>Design:</u> Qualitative & Quantitative methodologies used. <u>Data collection:</u> Semi-structured interviews recorded & transcribed. Interpreters used.	<u>Women</u> reported more shame (at sexual assaults) depression, lack of vitality, loss of sexual interest, breathing problems, pins & needles in hands & feet. Reported that gaining	Men & women differ in respect to symptoms & coping strategies: Women cope by attending to children & pursuing indoor activities, men	A=2 B=2 C=1 D=1 E=2	<b>10/20</b>



			stress or acculturation problems. Study aimed to investigate the gender differences in symptomatology and coping.				-46 Christians, 102 Muslims, 1 no denomination, 1 not stated. -70 single, 75 married / living together, 5 widowed. -65 from rural regions, 85 from urban regions. -Mean duration of stay in Austria – 21.1 months.	<u>Interview schedule:</u> coping with traumatic experiences, stressful events, symptoms of PTSD or culturally-specific concepts, memory of traumatic events <u>Data analysis:</u> -Qualitative content analysis used. 92 categories extracted from 150 interview transcripts. Categories were coded quantitatively, dichotomous data obtained and Chi Squared used to explore differences between gender.	asylum would help difficulties, felt more secure in Austria & focussing on children's wellbeing would help cope with previous trauma. Women felt that contact with family back home, learning German, talking to others, doing handiwork & better living conditions would be helpful. <u>Men</u> felt problems arose from being idle and were worried about own aggressive tendencies causing problems.	report more detachment & differential coping strategies (getting involved in social activities and looking for information)	F=0 G=0 H=1 I=0 J=1
--	--	--	---	--	--	--	---	---	--	---	---------------------------------

\* = These 2 papers (O'Sullivan-Lago, de Abreu & Burgess (2008) and O'Sullivan-Lago & de Abreu (2010)) are both based on the same larger study (for a doctoral thesis by one of the authors). Following an initial review of the papers, it seemed as though Study 1 (O'Sullivan-Lago, de Abreu & Burgess, 2008) was based on a sub-section of participants. Study 2 (O'Sullivan-Lago & de Abreu, 2010) had a larger group of participants and an added theme (relating to schooling), but initial themes were the same as those considered in Study 1. Thus, it was felt that it would be possible to review both of these articles in a synthesised way. The quality review incorporates both studies.

\*\* = These 2 papers draw on the same sample and qualitative study (The 'Leeds Study') and consider similar themes for the study. Thus, it was considered that these papers could also be analysed together.

**KEY FOR QUALITY RATING:** A – Purposes & Aims ; B – Literature Review ; C – Design ; D – Methods ; E – Sample ; F – Governance & Ethics ; G – Data Collection ; H – Data Analysis ; I – Credibility (trustworthiness) ; J – Discussions & Conclusions

### 1.10.3 RESULTS – NARRATIVE REVIEW OF FINDINGS

Table 2 provides a summary of the 15 articles retained for review. Two sets of two articles were reviewed in a combined rather than individual way (as explained in the table). This section represents a narrative review of the studies which were reviewed, where the author has summarised the literature accessed in the systematic review and provided an overall picture of the studies in respect to countries where studies were conducted, aims and purposes, characteristics of samples, methodologies, themes and findings, and issues around quality. These are considered in relation to the key systematic review question and should be read in conjunction with Table 2.

#### 1.10.3.1 Country where research was conducted

Of the 13 studies, seven were conducted in the UK (Hussein *et al.*, 2011; Palmer & Ward, 2007; Pearce & Charman, 2011; Whittaker *et al.*, 2005; Bogner *et al.*, 2010; Dwyer, 2005 and Dwyer & Brown, 2005; Zimmerman, 2010), two in Australia (Coffey *et al.*, 2010; Rees, 2003), two in Ireland (O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Conlon, 2011), one in South Africa (Rugunan & Smit, 2011), and one in Austria (Renner & Salem, 2009). Thus, whilst the majority of reviewed studies were conducted in the UK, a number of other studies were conducted in other Westernised countries. No studies reviewed were conducted in developing countries.

#### 1.10.3.2 Study aims & purposes

Given that the systematic review search aimed to develop an overall sense of the asylum seeker experience as investigated by qualitative methodologies, the aims of all the studies were highly diverse and tended to focus on a specific aspect of the asylum seeker experience. On examination, the aims of the studies could be clustered broadly under four keys aspects of the asylum seeker experience:

##### i) Journey of forced migrants

Four studies explored an aspect of the asylum seeker journey. Zimmerman (2010) aimed to explore the *destination choices* of Somali asylum seekers, given that asylum seeker voices and are largely excluded from debate and discourse around destination choices, and further explore the role of financial support, shown to be connected with how effectively people adjust in new environments (e.g. Thielemann, 2003). Coffey *et al.*, (2010) aimed to examine the *experience of immigration detention* from the asylum seeker perspective and identify

possible psychological and interpersonal consequences for life post-release. Bogner *et al.*, (2010) aimed to explore the factors involved in forced migrant disclosure of sensitive personal information in *Home Office interviews*. Finally, Rees (2003) aimed to examine the experiences of asylum-seeking women around the *impact of uncertainty of status* on psychological, physical, spiritual, social and cultural wellbeing.

#### ii) Exploring psychological distress or wellbeing

Three studies reviewed had aims that could generally be conceptualised as exploring psychological distress or psychological wellbeing. Renner & Salem (2009) aimed to explore *gender differences in symptomatology and coping* in forced migrants that are in need of support as a consequence of post-traumatic stress or acculturation problems. Palmer & Ward (2007) aimed to explore asylum seeker *perspectives on mental health issues and services*. Whittaker *et al.*, (2005), aimed to explore *understandings of psychological wellbeing* amongst young Somali female forced migrants.

#### iii) Forced migrant cultural identity & adaptation

Four studies reviewed had aims which could be broadly considered to explore ideas around forced migrant cultural identity and adaptation to new environments. O'Sullivan-Lago *et al.*, (2008, 2010) in their studies (reviewed together) aimed to investigate whether in emerging 'cultural contact zones' (areas where there is diversity of nationals, immigrants and asylum seekers) there is an impact on the *cultural identity* of the individual, and further investigates schooling as a continuity strategy. Pearce & Charman (2011) explored the concept of *moral panic* from Social Identity Theory (SIT) and Social Representations Theory (SRT) perspectives aiming to understand the process of moral panic in an area in the UK with high numbers of asylum seekers. Conlon (2011) aimed to use a framework developed by Lefebvre (1987) to understand the '*everyday*' amongst asylum seeking women, aiming to illustrate the importance of this framework in being able to understand the 'fractured mosaic'; dynamic elements that mark asylum seekers social, material and cultural everyday lives. Finally, Rugunanan & Smit (2011) aimed to examine and understand forced migrant experiences of *struggles in daily life*, as well as survival strategies.

#### iv) Social welfare, housing & employment for forced migrants

Finally, two studies had aims which could broadly be considered to focus on social welfare, housing and employment. Hussein *et al.*, (2011) examined the potential of forced migrants

for *employment* in the social care sector in the UK, presenting a sub-study of a large, Home Office funded multi-site project. Dwyer (2005) and Dwyer & Brown (2005), two studies which were analysed in a combined way, drew upon data from one study (the ‘Leeds Study’) and aimed to explore *welfare of migrants* at an EU (European Union) level, a UK level and using qualitative data from the Leeds study to explore housing, social security rights and adequacy of welfare provision around housing and financial needs.

Given the breadth of these aims, it is hoped that the review provides more of a sense of the experiences of asylum seekers in these areas of study.

### 1.10.3.3 Sample

#### i) Overall Sample Characteristics

Despite all studies interviewing forced migrants, it is noteworthy that a number of studies also interviewed other populations and collected data from other sources. Nine studies (Coffey *et al.*, 2010; Palmer & Ward, 2007; Rees, 2003; Whittaker *et al.*, 2005; Bogner *et al.*, 2010; Conlon, 2011; Renner & Salem, 2009; Rugunanan & Smit, 2011; Zimmerman, 2010) only interviewed forced migrants (asylum seekers and/or refugees) in relation to specifically their experiences of a range of issues generally about daily lives or an aspect of their asylum journey (see Study Aims and Purposes, Section 1.10.3.2).

Four other studies also interviewed other populations, or used other means of gathering data, and could broadly be considered to be about integration of asylum seekers with host communities and the provision of services to asylum seekers (employment, housing & welfare). Hussein *et al.*, (2011) also interviewed support group staff to develop a sense of how staff felt asylum seekers and refugees were suited to social care employment.

O’Sullivan-Lago *et al.*, (2008) and O’Sullivan-Lago & de Abreu (2010) in their study on a ‘cultural contact’ zone, interviewed participants from three groups (forced migrants, Irish nationals & immigrants). Pearce & Charman (2011), in a study on moral panic in diverse UK communities, interviewed asylum seekers individually and members of the host community in focus groups, as well as conducting a newspaper analysis. Dwyer (2005) and Dwyer & Brown (2005), interviewed forced migrants and welfare service providers about housing and welfare support for asylum seekers.

In terms of numbers of participants, it is worth noting that the vast majority of studies interviewed over 10 forced migrants in their studies, and eight studies interviewed over 20 participants (Hussein *et al.*, 2011 ; Palmer & Ward, 2007 ; Pearce & Charman, 2011 ; Rees, 2003 ; Bogner *et al.*, 2010 ; Conlon, 2011 ; Dwyer, 2005 and Dwyer & Brown, 2005 ; Renner & Salem, 2009). The one exception to this is Whittaker *et al.*, (2005), who interviewed a smaller sample of 5 female participants, though acknowledge that the small sample size raises issues around the generalisability of the findings.

## ii) Gender of Participants

Nine studies had mixed-gender samples. Of these, four studies seemingly had more of a discrepancy in terms of sample gender-balance. Coffey *et al.*, (2010) interviewed 16 males and only 1 female, and acknowledge that this is a limitation of the study, recommending future research on women and children around detention. Palmer & Ward (2007) interviewed 20 females and 11 males. Renner & Salem (2009), examining gender differences in symptomatology and coping, had a sample of 40 females and 110 males. Zimmerman (2010) interviewed 4 females and 9 males around destination choices for asylum, noting that only one of the female participants was an active decision maker and suggesting that female forced migrants are more likely to have decisions taken for them. However, no evidence is cited for this and consequently this may be an assumption on the part of the researcher.

Of the mixed-gender studies, five had more of an even gender balance; Hussein *et al.*, (2011) (13 females, 11 males), Bogner *et al.* (2010) (16 females, 11 males), O'Sullivan-Lago *et al.*, (2008) (4 females, 7 males), and O'Sullivan-Lago & de Abreu (2010) (an 'even' gender balance of 33 participants). Dwyer (2005) and Dwyer & Brown (2005) utilised the same data sets (the 'Leeds study') and also had a relatively even gender balance (10 females, 13 males). Pearce & Charman (2011) also had 9 females and 16 males for their individual interviews with asylum seekers, and in focus groups with host-community (British citizens) had 20 females and 16 males; this latter data was included in the analysis and whilst these views do not provide an insight into the experiences of asylum seekers, they may support in understanding integration.

Four studies had female-only samples, and all provided rationales for this. Rees (2003) interviewed female asylum seekers (n=23) from East Timor, noting that many women had experienced sexual assaults and other human rights violations, and questioned whether living

with prolonged asylum seeker status would compound problems relating to these prior abuses. Whittaker *et al.* (2005) focussed on a female-only sample (n=5) of young Somali forced migrants living in the UK to gain insight into their experiences of wellbeing. Conlon's (2011) study focussed on a female-only sample (n=25), suggesting evidence of times of greater female immigration (Walter, 2001) and greater scrutiny on forced migrant females in the media (White, 2002). Rugunanan & Smit (2011) conducted mixed-gender focus groups around experiences of asylum seeker daily struggle and survival strategies but conducted 10 interviews with females from the focus group, suggesting a focus on family and noting that many male focus-group attendees did not have families with them.

Thus, in mixed-gender samples, five had an even balance and four had an imbalance. Four studies provided rationales for a female-specific sample. Given this mix of studies, one has to be cautious in generalising as to whether the effects of the phenomena explored are experienced in similar ways by both genders, though the female-only samples may provide specific understanding of the ways in which females experience aspects of the asylum process.

### **iii) Age of Participants**

All studies explored the experiences of 'working-age' adult asylum seekers and refugees (aged 17+ years), as defined in the inclusion criteria for studies to be included in the review. Two studies provided the range of participant ages only (Pearce & Charman, 2011; Dwyer, 2005 and Dwyer & Brown, 2005), one provided the mean age only (Coffey *et al.*, 2010), and four provided both the range and the mean ages (Hussein *et al.*, 2011; Bogner *et al.*, 2010; Conlon, 2011; Renner & Salem, 2009). Four other studies (O'Sullivan-Lago *et al.*, 2010 and O'Sullivan-Lago & de Abreu, 2010; Palmer & Ward, 2007; Whittaker *et al.*, 2005; Rugunanan & Smit, 2011) comprehensively provided a list of participants and their individual ages.

One study (Rees, 2003), noted that participants were all aged over 17, though did not provide the age of the eldest participant and did not provide a mean age, so consequently it is difficult to get a sense of the age of the sample. Further, Zimmerman (2010) did not provide any sense of the age of the participants at the time of interview, providing details instead of when participants left Somali (country of origin), though again participants were suggested to be between 18 and 56 years old.

Thus, whilst it can generally be assumed that all of the studies focussed on adults of working age, given some discrepancies in the reporting of ages in the studies one has to be sensitive about assuming exact ages of participants within this extensive range.

#### iv) Asylum status

Throughout, the term ‘forced migrant’ has been used to denote samples of a mix of asylum seekers and refugees. The systematic review question (and focus for this research) was specifically attempting to understand the *asylum seeker* experience in studies that utilised qualitative methodologies. However, many of the studies contained a mixed sample of forced migrants.

In terms of asylum status, the majority of studies (ten - Coffey *et al.*, 2010; Hussein *et al.*, 2011; O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Palmer & Ward, 2007; Whittaker *et al.*, 2005; Bogner *et al.*, 2010; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Rugunanan & Smit, 2011) had samples that contained asylum seekers, refugees, immigrants and other populations (e.g. ‘Home’ citizens). Of the studies reviewed, only two studies (Rees, 2003, and Zimmerman, 2010) considered asylum seekers only. One further study (Pearce & Charman, 2011) considered groups of asylum seekers only, and also used data from a focus group of British nationals.

Thus, despite an attempt to focus solely on studies that had samples comprised of asylum seekers only (as opposed to refugee and other forced migrant populations), only three studies contained specifically-defined ‘asylum-seeker’ samples. Every other study, whilst having some asylum seeking participants in their sample, also included other populations; thus the extent to which they are able to describe the ‘asylum seeker’ experience is questionable.

#### v) Country of origin

Most of the reviewed studies focussed on forced migrants from a range of countries (Hussein *et al.*, 2011; O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Palmer & Ward, 2007; Pearce & Charman, 2011; Bogner *et al.*, 2010; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Rugunanan & Smit, 2011) predominantly countries in the Middle East, Africa and Europe. One study (Rees, 2003) focussed solely on forced migrants from East Timor, two studies (Whittaker *et al.*, 2005; Zimmerman, 2010) on forced migrants from Somalia and one study on forced migrants from the Middle East only

(Coffey *et al.*, 2010). Given that the majority of studies (9) contained mixed-samples in relation to country of origin, it may be difficult to be able to draw conclusions from these studies about whether forced migrants from specific countries could be clustered in relation to their experiences; the country-specific studies may offer more insight into this.

### 1.10.3.4 Methodology

#### i) Design

All 13 studies reviewed employed cross-sectional designs and used qualitative methodologies. Two of the 13 studies utilised mixed methodologies; Coffey *et al.*, (2010) and Renner & Salem (2009) used both qualitative interview data and quantitative methods (checklists and questionnaires) to measure symptomatology in their samples.

#### ii) Data Collection

All studies used semi-structured interviews with individual forced-migrant participants. In the majority of cases interviews were audio-recorded and transcribed verbatim, but a number of studies (Coffey *et al.*, 2010; Hussein *et al.*, 2011; Bogner *et al.*, 2010) noted that a minority of participants requested that notes be made at interview rather than use of audio-recording, primarily due to association with previous interrogations.

A number of studies utilised focus group data with forced migrant participants (e.g. Whittaker *et al.*, 2005) or interviews with other individuals, such as employment staff (Hussein *et al.*, 2011) or groups of UK nationals (e.g. Pearce & Charman, 2011). However, the commonality amongst all of the studies was that they all utilised data from individual interviews with forced migrants (at least some of whom would have been asylum seekers). For all studies, this data would have formed a significant part of the data collection & thus analysis.

Nine studies reported the used of interpreters for at least some of the interview participants (Coffey *et al.*, 2010; Hussein *et al.*, 2011; Palmer & Ward, 2007; Rees, 2003; Bogner *et al.*, 2010; Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Rugunanan & Smit, 2011; Zimmerman, 2010), though use of interpreters were described by varying degrees of detail across the studies. Four studies (O'Sullivan-Lago *et al.*, 2010 and O'Sullivan-Lago & de Abreu, 2010; Pearce & Charman, 2011; Whittaker *et al.*, 2005; Conlon, 2011) did not discuss use of interpreters, so it remains unclear as to whether interpreters were needed.



### iii) Data Analysis

All studies reviewed described, to varying extents, a process of coding the data and developing themes. Eight studies used thematic analysis approaches (Coffey *et al.*, 2010; O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Pearce & Charman, 2011; Rees, 2003; Bogner *et al.*, 2010; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Zimmerman, 2010) and two studies reported using thematic and framework analytic approaches (Hussein *et al.*, 2011; Palmer & Ward, 2007). One study utilised IPA (Whittaker *et al.*, 2005), one study (Rugunanan & Smit, 2011) used axial coding and memo-writing consistent with a grounded-theory approach (though did not present a grounded theory), and one study (Renner & Salem, 2009), analysed qualitative data by coding and dichotomously analysing data quantitatively. Four studies used computer software packages such as NVivo (Coffey *et al.*, 2010; Hussein *et al.*, 2011; O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010) or Nudist 6 (Dwyer, 2005 and Dwyer & Brown, 2005) to support the data analysis process.

Thus, coding, development of themes and frameworks, and use of software packages was described across all studies.

#### 1.10.3.5 Themes & Conclusions

Given that studies covered a wide range of participant experiences, emergent themes and conclusions derived from the data were broad and diverse. Themes and conclusions were considered highly related concepts, and were therefore reviewed jointly. These will be considered via the broad conceptualisation of studies provided in the ‘aims’ section of the narrative review.

### i) The journey of forced migrants

As noted, four studies seemed to examine an aspect of the asylum seeker journey. Zimmerman (2010) explored destination choices for asylum seekers, and highlights seven key themes; why participants sought asylum in Europe (showing that needs were more important than location), selection of destination by friends or relatives, a limited degree of choice, a greater degree of choice, the role of financial support, long-term periods of adjustment and support & refusing financial support. The author concludes that; firstly, there is a challenge to the notion of ‘asylum shopping’ (i.e. persons moving to where they can get the best conditions), an idea used to stigmatise new arrivals; secondly, there is a challenge to

the idea that asylum movements are reactive, which excludes broader aspects of destination choice; thirdly, the study challenges arguments for the effectiveness of prevention or deterrence controls to entering the country; fourthly, it is suggested that the answer to controlling immigration is to address issues that cause the 'push' in country of origin, rather than focussing on prevention in host areas.

Coffey *et al.* (2010) explored themes around detention (including sub-themes of confinement & deprivation, injustice & inhumanity, isolation and fractured relationships, hopelessness & demoralisation), post-detention (including sub-themes around insecurity & injustice, relationship difficulties and changes in view of self) and current mental health (described both qualitatively and quantitatively via questionnaires and measures, and included sub-themes of depression, demoralisation, concentration and memory disturbances and persistent anxiety). The study concludes that all participants were struggling to rebuild their lives following release from detention, and for most these difficulties were pervasive. Further, the study concludes that psychological and interpersonal difficulties for participants were the '*legacy of adverse consequences while detained*' (p.2070).

Six themes emerged from Bogner *et al.*'s. (2010) study on disclosure of personal information during home office interviews; general impressions of the interview (generally negative), the conduct of interviewing officers and applicants reaction towards people in authority, gender-specific interviewing officers and interpreters, the substantive asylum interview, best practice processes (including three sub themes of 'situation and context specific factors', 'the interview room' and 'friends and other companions'), other issues (including sub-themes around 'the role of the home office interpreter' and 'interview notes') and finally a theme around recommendations. They conclude that many interviewees report difficulties with disclosing personal details, and interviewer qualities emerged as the strongest factor in either facilitating or impeding disclosure. The interview data shows that disclosure is not just based on personal decisions and internal processes but also related to interpersonal, situational and contextual factors.

Rees (2003) highlighted four key themes in a study on the impact of uncertainty of asylum status decisions on wellbeing; fear and trauma around uncertainty of asylum status, English language skills & isolation, illness & healthcare, and post-secondary education. The author concludes that there is a necessity for faster processing of asylum claims, recognition of the

effects of torture and trauma on asylum seekers in the policy base, and increased immediate access for asylum seekers to essential and gender specific support and services.

Thus, studies considered in relation to the asylum seeker journey seem to generally suggest that asylum seekers do not 'shop' for destinations, and experience psychological distress and difficulties resulting from UK detention, Home Office interviews and the process of waiting for an asylum decision. Issues of psychological distress and wellbeing are also considered in the next narrative in relation to themes and conclusions of reviewed studies.

**ii) Exploring psychological distress or wellbeing**

Three studies seemed to focus on forced migrant psychological distress or wellbeing. In a study on gender differences in symptomatology and coping, Renner & Salem (2009) highlight themes around differences in what males and females reported. They note that women reported significantly more often than men; shame at being raped, feeling depressed or sad, a lack of vitality, loss of sexual interest, breathing problems, pins and needles in hands and feet and that 'being granted asylum would help them calm down'. Women also felt more secure in Austria, and felt that concentrating on their own children's wellbeing would be helpful in coping with previous trauma. Further, women more than men reported that the following would be helpful; contacts with extended family back at home, learning German, talking to other people, doing handiwork and improved living conditions. Men reported problems arising as a consequence of staying idle more frequently than women, and also indicated being afraid of difficulties resulting from their own aggressive tendencies. The authors conclude that men and women differ in respect to symptoms and coping strategies: Women cope by attending to children and pursuing indoor activities, men report more detachment and differential coping strategies (getting involved in social activities and looking for information).

In a study exploring asylum seeker and refugee perspectives on mental health issues and services, Palmer & Ward (2007) highlight four key themes; that forced migrants describe a range of mental health issues, highlight links between trauma and mental health, describe a range of social issues that are linked to mental ill-health (including sub-themes around housing problems, immigration problems, employment difficulties, access to healthcare services, conceptions of mental health, confidentiality and stigma, alleviating distress, emotional and practical support and talking therapies), and suggestions for improvements of

services. The authors conclude the necessity of taking an integrated and holistic approach in the planning and delivery of services to support mental health, and that by incorporating the service user perspective, it will allow providers to take account of the multitude of practical, social, cultural, economic and legal difficulties that can influence the long-term mental health of this population. Further there is a need for services to shift from a biological cause-and-effect model of mental ill health to a social model which requires re-organisations in healthcare, welfare, housing, employment and immigration policy.

In a study on psychological wellbeing amongst young Somali women living in the UK, Whittaker *et al.*, (2005) highlighted three key themes; Resilience and protection (including two sub-themes of ‘a ‘get on with it’ approach’, and ‘support from family, religion & services’), identity & beliefs (including two sub-themes of ‘conflict & convergence’ and ‘navigation and acculturation’) and concealment, distancing and secrets (including two sub-themes of ‘concealing concepts and emotions’ and ‘secrets’). Spiritual issues were considered throughout the themes. The authors conclude that young Somali women ‘get on with it’ and cope with support from family, religion and services, but experience changing cultural and religious pressures to concealing distress, valuing both support and concealment and feeling fearful of making disclosures of distress.

Thus it appears from these studies that males and females have different strategies around coping (Renner & Salem, 2009), and a female-specific study has shown that for women, family and religion are a key aspect of the coping process (Whittaker *et al.*, 2005), consistent with the findings of Palmer & Ward (2007) who suggest a more social-focussed model of mental health service provision.

### **iii) Forced migrant cultural identity & adaptation**

Four studies focussed on cultural identity and adaptation to a new environment for forced migrants. Two of these studies (Pearce & Charman, 2011; Rugunanan & Smit, 2011), focus more on the hostility directed towards forced migrants, whilst two other studies (O’Sullivan-Lago *et al.*, 2008 & O’Sullivan-Lago & de Abreu, 2010; Conlon, 2011), focus more on adaptation.

Rugunanan & Smit (2011) note a number of key themes around everyday struggles and survival strategies for forced migrants; a sense of lack of security in host-country (South

Africa), difficulties obtaining legal status as refugees, employment difficulties (in relation to asylum status, and in relation to language difficulties), deplorable living conditions (lack of finance to support themselves, cramped spaces, no privacy), falling victim to crime (refugees more likely to be victims), the threat of xenophobia, and survival strategies. The authors conclude that forced migrants are constantly worried about daily survival and are pre-occupied with issues of housing, xenophobia, protection against crime and deportation.

In their psychological study on moral panic as applied to asylum seekers, Pearce & Charman (2011) highlighted a number of key themes. In their analysis of social representations, 6 core representations were identified; asylum seekers as ‘bad people’ (as ‘spongers’, ‘criminal’ or ‘ungrateful’ or ‘cowardly’) versus ‘good people’ (‘hard working’, ‘law abiding’, ‘hero’s’); ‘threatening’ (economically, physically or culturally) versus ‘threatened’ (by prior experience, asylum system, economics); and ‘legitimate’ (genuine) versus ‘illegitimate’ (not genuine). There was a further theme around the spread and transformation of moral panic discourse. More themes arose from the social identity analysis via UK public focus groups. Themes included; social categorisation and comparison (language and religion being two key ideas), and social belief structure (that group boundaries are impermeable and it is not possible for asylum seekers to become British). Social identity analysis was also via individual interviews, where social categorisation and comparison was also a sub-theme (around the impact of the ‘asylum seeker’ identity) and around coping with a stigmatised identity. Pearce & Charman (2011) conclude that social psychological processes are one of the contributory factors to host receptivity to moral panic and that strategies adopted by ‘folk devils’ to cope with stigmatised group membership were identified in the research.

In their study on areas of immigration and effects on individual cultural identity, O’Sullivan-Lago *et al.* (2008) and O’Sullivan-Lago & de Abreu (2010), two studies which were analysed together given the cross-over in data sets, highlighted key themes including; experiencing uncertainty, and finding a strategy (including three sub-themes of the ‘I as a human being strategy’, emphasising similarities and rejecting unwanted identities) as well as schooling as continuity strategy. The authors conclude that the ‘I as a human being strategy’ is used to maintain individual cultural continuity. This strategy is utilised by Irish nationals, immigrants and asylum seekers in different ways, and allows insight into the predicament of individuals living in a time of socio-cultural change. Schooling is also used as a cultural continuity

strategy for the ‘cultural correction’ of migrant children and a means for the assimilation of migrants into the Irish community.

Conlon (2011) views the results of her study through a Lefebvrian framework on everyday life, in order to illustrate the heterodox character of asylum seekers’ everyday material and social experiences. The contradictory twists and turns (or ‘fractured mosaic’) that asylum seekers face are highlighted. Five key themes emerge from the data. Firstly, that the media shape the knowledge and ideas that asylum seekers have about everyday life in Ireland. Secondly, that encounters with religious institutions and practices demonstrate a complex relationship between religion as a cultural artefact and commodity that intersects with power and transnational mobility. Thirdly, an absence of possessions, primarily that mobility is associated with a loss of possessions. Fourthly, the nature of accommodation is considered. Finally, culinary practices are reviewed. The paper concludes that Lefebvre’s apprehension of everyday life as a ‘fractured mosaic’ provides a valuable framework for considering migrant everyday lives. This helps ‘*ground meta-narratives of globalisation and mobility within the local contexts, material objects and social and spatial practices where the daily lives of migrants actually unfold*’ (p.724).

Thus, these studies seem to suggest that forced migrants are often met with hostility in their destination country, but use identity strategies (such as the ‘I as a human being’) to manage this. Further, the importance of viewing cultural identity and everyday life as a ‘fractured mosaic’ is emphasised.

#### **iv) Social welfare, housing & employment for forced migrants**

Two studies were considered to have an emphasis on social welfare, housing and employment issues. Hussein *et al.* (2011), in their study on the potential of forced migrants to work in social care settings in the UK highlight three overall themes; the attraction of care work, barriers and challenges of gaining employment (including sub-themes around the lack of UK work experience, language difficulties, qualification recognition and racism in the social care sector), and possible strategies to utilise refugees and asylum seekers in social care employment. The authors conclude that there is a general willingness of forced migrant participants to join the workforce. Further, individual and structural barriers to increased employability were identified, as well as strategies to attempt to overcome these barriers. The authors suggest that whilst the study is based on a small sample in England in a specific

sector of work, it may be possible to generalise and extrapolate design strategies to maximise forced migrant employability in other sectors and in other developed states.

Dwyer (2005) and Dwyer & Brown (2005) in studies on welfare and housing for forced migrants, highlight a number of key themes across their studies. Firstly, socio-legal status and the ‘hollowing out’ of forced migrants welfare rights including increased governance, inadequacy of housing and social security leading to increased experience of poverty. Secondly, the issue of accommodation, including regulation, scrutiny and boundary disputes and inappropriate housing services for forced migrants. Thirdly, the theme ‘picking up the pieces’ identifies a role for NGO’s (Non-Governmental Organisations), RCO’s (Refugee Community Organisations) and other forced migrants. Fourthly, self-help or no help – forced migrants (in impoverished situations) having to provide emergency accommodation and necessities for other forced migrants. In the second study, two key themes are highlighted; the inadequacy of financial provision (with three sub-themes around socio-legal status and social security, destitution, and meeting basic needs: a key role for RCO’s) and housing issues (reliance on forced migrants). The studies conclude that the UK has increased governance to deter the entry of unwanted forced migrants, and there has been an eradication of the welfare rights of forced migrants. The second study concludes that there is strong evidence to suggest that statutory provisions are failing to meet the basic financial and housing needs of many forced migrants.

These two studies generally indicate that forced migrants feel a need to work, though there are barriers to this, and also that forced migrants have to endure difficulties around welfare and housing.

#### **1.10.3.6 Quality Issues**

The quality framework presented earlier in the systematic review provided a framework by which to assess the extent of and critique the quality of the papers reviewed in a systematic fashion.

Overall, the standard of the papers reviewed was relatively high. Of the 13 papers, five studies scored within the ‘High’ quality category (Coffey *et al.*, 2010; Hussein *et al.*, 2011; O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Whittaker *et al.*, 2005; Bogner *et al.*, 2010), with one of these papers (Whittaker *et al.*, 2005) scoring the maximum

score for quality (having used a quality framework to address the key issues necessary in qualitative studies). Seven studies scored within the 'Medium' quality category (Palmer & Ward, 2007; Pearce & Charman, 2011; Rees, 2003; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Rugunanan & Smit, 2011; Zimmerman, 2010), and only one study scored in the 'Low' quality category (Renner & Salem, 2009).

In terms of the purposes and aims of the studies, all studies except one (Palmer & Ward, 2007) scored highly, demonstrating that generally studies had provided clear aims and rationales for the studies, were relevant, timely and interesting, and qualitative methodologies seemed appropriate for these aims. It was deemed that Palmer & Ward's (2007) study was slightly unclear in their aims and purposes, and it wasn't clear in their aims as to whether they were asking participants about satisfaction with mental health services or understanding of mental health issues.

In regard to the literature review, this domain was a relative strength across all reviewed studies, with all providing backgrounds to studies, highlighting gaps in the literature and thus justifying their studies.

All of the studies had relatively clear designs for their studies, though all apart from one paper (Whittaker *et al.*, 2005) lost quality ratings for failing to provide a theoretical position of the researcher; an important aspect of studies employing qualitative methodologies. A number of papers were also criticised for not discussing the possible limitations of their design (Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Rugunanan & Smit, 2011).

Description of methodology was also a relative strength across the studies, though two papers (Renner & Salem, 2009; Rugunanan & Smit, 2011) were criticised for not describing their methods in a clear and robust way.

There was some variation across the studies in the quality of the samples described and whether samples had been justified. Whilst four studies clearly described and justified samples (Hussein *et al.*, 2011; Whittaker *et al.*, 2005; Bogner *et al.*, 2010; Renner & Salem, 2009), it was noted that in the remainder of studies, lower scores were given for this domain as had unrepresentative samples (Coffey *et al.*, 2010; Rugunanan & Smit, 2011) or a lack of



clarity around description of the samples and / or study location (O'Sullivan-Lago *et al.*, 2010 and O'Sullivan-Lago & de Abreu, 2010; Palmer & Ward, 2007; Pearce & Charman, 2011; Rees, 2003; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005).

In terms of research governance and ethics, five studies had considered these issues in a robust and clear fashion, highlighting ethical issues and also obtaining ethical approval from a university or local research and ethics committee (Coffey *et al.*, 2010; Hussein *et al.*, 2011; O'Sullivan-Lago *et al.*, 2010 and O'Sullivan-Lago & de Abreu, 2010; Whittaker *et al.*, 2005; Bogner *et al.*, 2010). Five other studies had considered ethical issues, but lost quality ratings due to either not having obtained ethical approval (Palmer & Ward, 2007; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Zimmerman, 2010) or not considered potential distress to participants (Rees, 2003). Three studies had not discussed ethical issues in any way (Pearce & Charman, 2011; Renner & Salem, 2009; Rugunanan & Smit, 2011). The absence of governance and ethical procedures in some studies are potentially concerning given the existing levels of exploitation in this population.

In relation to data collection, seven studies demonstrated clear and robust data collection procedures (Coffey *et al.*, 2010; Hussein *et al.*, 2011; O'Sullivan-Lago *et al.*, 2010 and O'Sullivan-Lago & de Abreu, 2010; Palmer & Ward, 2007; Rees, 2003; Whittaker *et al.*, 2005; Bogner *et al.*, 2010). Five studies described the data collection processes to an extent, though were either limited in description or did not consider the ways in which data collection methods may have influenced the data (Pearce & Charman, 2011; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Rugunanan & Smit, 2011; Zimmerman, 2010). One study (Renner & Salem, 2009) had significant limitations in their descriptions, process and considerations around data collection.

Eight studies (Coffey *et al.*, 2010; Hussein *et al.*, 2011; O'Sullivan-Lago *et al.*, 2010 and O'Sullivan-Lago & de Abreu, 2010; Pearce & Charman, 2011; Rees, 2003; Whittaker *et al.*, 2005; Bogner *et al.*, 2010; Rugunanan & Smit, 2011) had clearly outlined the data analysis process, and had described the process of developing themes and codes. These studies had also explored content and diversity of content, used extracts from the data to support their findings and conveyed depth and complexity in their data. Five studies lost quality scores for limited description of the data analysis process (Palmer & Ward, 2007; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Zimmerman, 2010).

Credibility (trustworthiness) and reflexivity was a relative weakness across the studies. Whilst four studies (Coffey *et al.*, 2010; O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Whittaker *et al.*, 2005; Bogner *et al.*, 2010) scored highly by reporting triangulation, used quality frameworks for robustness, and considered issues of reliability, five studies (Hussein *et al.*, 2011; Palmer & Ward, 2007; Pearce & Charman, 2011; Rees, 2003; Conlon, 2011) lost scores for either not reporting on a triangulation process, or for demonstrating little reflexivity about the findings and not reporting on the impact of the research on the researcher. Four studies had significant limitations in this domain (Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Rugunanan & Smit, 2011; Zimmerman, 2010) where there was no reported triangulation process, or descriptions or evidence of reflexivity.

In terms of discussions and conclusions, seven studies scored highly, as studies set out what they purported to do, meaningfully interconnected the literature, demonstrated findings that were supported by the data, and critically evaluated their own study by reflecting on limitations (Coffey *et al.*, 2010; Hussein *et al.*, 2011; Palmer & Ward, 2007; Pearce & Charman, 2011; Whittaker *et al.*, 2005; Bogner *et al.*, 2010; Zimmerman, 2010). The remainder of the studies (O’Sullivan-Lago *et al.*, 2010 and O’Sullivan-Lago & de Abreu, 2010; Rees, 2003; Conlon, 2011; Dwyer, 2005 and Dwyer & Brown, 2005; Renner & Salem, 2009; Rugunanan & Smit, 2011) lost scores by generally not reflecting on limitations of their study, or not considering issues of generalisability.

#### **1.10.4 DISCUSSION**

Combined with Table 2 and the narrative review provided in the results section (Section 1.10.3), the reader should now have an overall picture of the studies that were reviewed. The purpose of the following section is to synthesise and summarise the research, and consider the implications of the findings for future research, as well as the conclusions that can be drawn from this review.

##### **1.10.4.1 Country where research was conducted**

It can be seen that the majority of reviewed studies were conducted in the UK, or a number of other Western countries (e.g. Austria, South Africa, Australia). No studies reviewed were conducted in developing countries, and it is therefore possible to argue that the studies

reviewed illustrate a ‘Westernised’ perspective on the findings which may be subject to cultural criticisms around perspectives on the data or around research methodologies. Further, it is difficult to know whether the findings can be generalised to other contexts, though they may provide some understanding of the experiences of forced migrants moving to Western countries.

#### **1.10.4.2 Study aims & purposes**

As was expected given the broad nature of the systematic review question, the study aims and underpinning theoretical bases were also broad. However, it was possible to highlight four key clusters which studies fell into; the journey of forced migrants, exploring psychological distress or wellbeing, forced migrant cultural identity and adaptation, and social welfare, housing and employment for forced migrants. Whilst the studies have been relatively comprehensive at detailing isolated aspects of the asylum seeker journey, no studies seemed to consider the process and journey as a whole. Further, no studies reviewed seemed to consider the concept of resilience, though some studies did explore some ideas around coping.

#### **1.10.4.3 Sample**

There were a number of issues necessary to highlight in relation to the sample of studies, including around overall sample characteristics, asylum status, gender, age and country of origin.

The majority of reviewed studies focussed solely on the perspective of the forced migrant, though studies focussing on integration in communities and in relation to welfare and housing, tended to focus on a mixed sample of forced migrants (including refugees, asylum seekers and other immigrant populations), people in host communities, and service providers / professionals. These studies may be useful for understanding the forced migrant experience, as consider host-community perspectives (e.g. around asylum seekers being a perceived threat), though one has to be cautious in interpreting this data in relation to a ‘lived experience’ of asylum seekers given the mixed nature of the samples. Despite this, studies with mixed samples did ensure that data was attributed to either forced migrants or other sources, and consequently allows for an understanding about where the data arose from. By doing this, studies still remain of high importance in considering forced migrant experiences.

Due to 10 of the 13 study samples including both asylum seekers and refugees, it is difficult to ascertain from these studies the specific experiences of asylum seekers only. Only three studies (Rees, 2003; Zimmerman, 2010; Pearce & Charman, 2011) can be reliably examined in relation to the ‘asylum seeker’ experience, and whilst other studies can provide understanding of the experiences of forced migrants as a broader group, the extent to which they are able to describe the asylum seeker experience is questionable. As noted by Conlon (2011), asylum status is extremely dynamic, and can change regularly and rapidly; consequently, it may be challenging to recruit groups of asylum seekers only.

In regard to gender, in mixed-gender samples, five studies had an even balance and four had an imbalance. Four studies provided rationales for a female-specific sample. Given this mix of studies, one has to be cautious in generalising as to whether the effects of the phenomena explored are experienced in similar ways by both genders, though the female-only samples may provide specific understanding of the ways in which females experience aspects of the asylum process. However, the female-only studies cannot necessarily be generalised to male experiences, and as noted by Renner & Salem, 2009, there do appear to be gender differences in symptomatology and coping.

Overall, the studies all reported on the age of participants, and it is possible to conclude that all participants were adults over the age of 17, thus of ‘working age’. However, given that some studies provided only limited details, one has to be sensitive about assuming exact ages of participants within this expansive age range.

The vast majority of samples contained a mix of forced migrant participants from a range of European, Middle-Eastern and African countries, and consequently it may be difficult to identify issues pertinent to specific cultural populations. Despite this, one study did focus on East Timorese asylum seekers, two focused on forced migrants specifically from Somalia, and one study specifically on participants from the Middle East. Consequently, these studies may provide more insight into the lived experiences of forced migrants from these cultural backgrounds.

#### **1.10.4.4 Methodology**

All of the studies utilised cross-sectional designs, employing qualitative methodologies using semi-structured interviews. In relation to the data analysis, the majority of studies used

thematic analysis. Only one study used IPA, and no studies used a grounded theory methodology, and is a potential methodological gap in this area (though Rugunanan & Smit, 2011, used analytic methods consistent with a grounded theory methodology, however did not present a ‘grounded theory’). Some of the studies used computer software packages, though the use of computer software in qualitative research has been criticised by some qualitative researchers, who suggest that their use removes the researcher from being close to the data, thus constraining the analytic process (Lee & Esterhuizen, 2000).

#### **1.10.4.5 Themes & Conclusions**

The key findings, in relation to the four broad areas of investigation by the studies, seem to be summarised by the following:

##### **i) The journey of forced migrants**

Asylum seekers do not move to places where they can get the best conditions (an idea used to stigmatise new arrivals); there are multiple reasons for asylum movement (Zimmerman, 2010). Detention in the UK for forced migrants creates long-term psychological & interpersonal difficulties (Coffey *et al.*, 2010). Home Office interviews are difficult for forced migrants to negotiate, and often do not feel safe to disclose issues (Bogner *et al.*, 2010). Finally, the impact of uncertainty around asylum decisions creates distress for asylum seekers (Rees, 2003).

##### **ii) Exploring psychological distress or wellbeing**

Males and females have different profiles in relation to symptomatology (with females reporting increased depression, shame and somatisation) and coping (with females focussing on the importance of contact with family and talking with others) (Renner & Salem, 2009). Mental health services in the UK need to account for a multitude of social and cultural difficulties and move away from a biological cause of distress with this population (Palmer & Ward, 2007). Female Somali forced migrants in the UK utilise a ‘get on with it’ approach to coping and utilise support from family, religion and services, though experience religious and cultural pressures and paradoxically value both support and concealment of distress (Whittaker *et al.*, 2005).

**iii) Forced migrant cultural identity & adaptation**

Forced migrants are regularly concerned about daily survival and issues of housing, xenophobia, protection against crime and deportation (Rugunanan & Smit, 2011). Asylum seekers are generally stigmatised in host countries (Pearce & Charman, 2011). Forced migrants attempt to use cultural identity strategies to integrate into host communities, such as the 'I as a human being strategy (O'Sullivan-Lago *et al.*, 2008 & O'Sullivan-Lago & de Abreu 2010). Everyday social and material lives of forced migrants can be considered to be a 'fractured mosaic' and a Lefebvrian framework can help understand the everyday for this population (Conlon, 2011).

**iv) Social welfare, housing & employment for forced migrants**

Forced migrants are willing to work in the UK but there are barriers to this (e.g. asylum seekers not having the right to work) (Hussein *et al.*, 2011). There are multiple welfare and accommodation difficulties for asylum seekers in the UK (Dwyer, 2005 & Dwyer & Brown 2005).

Thus, from these findings a number of issues can be surmised. Studies have broadly explored specific aspects of the forced migrant journey, though none have utilised grounded theory methodologies to consider the whole asylum seeker journey and its cumulative impact. There are only a handful of studies pertaining to asylum seekers, which generally seem to indicate issues around choices about asylum destination (a choice which is borne out of necessity of safety rather than a choice about best possible conditions), the distress that is created as a consequence of living with uncertainty about an asylum decision, and the sense that asylum seekers are met with hostility by some of the UK public (consistent with the public, media and political rhetoric outlined earlier in the introduction). The remainder of the studies used mixed populations of forced migrants and thus it is difficult to ascertain how the sense of uncertainty that is created by waiting for an asylum decision impacts on the samples of studies reviewed. However, these studies may give us some clues about the pressures and stressors that asylum seekers may be facing (e.g. around detention, Home Office interviews, the mental health system, everyday struggles, integration with host communities and negotiating the welfare system, being prevented from being allowed to work) and the psychological impact of these pressures, as well as some of the ways in which forced migrants cope with their experiences (e.g. around use of religion and family support) and demonstrate resilience (that there may be gender differences, there may be conflicting

pressures to disclose and conceal distress that participants may use cultural identification strategies).

#### 1.10.4.6 Quality Issues

It seems clear from the quality review that the research in this area is of a variable (though generally medium to high) quality, and therefore, we can be relatively confident about the findings. However, as noted by some of the higher-quality studies, in qualitative research generally, especially given the multitude of different factors that might affect this population, one has to be wary about the generalisability of the research findings. Despite this, the previous section has attempted to provide an overall picture of the asylum seeker experience arising from the reviewed studies.

The key strengths of most of the studies were around the level of rigour of their literature review, aims, and methodologies. A relative weakness across all of the studies was around credibility and reflexivity, as well as providing a researcher position and worldview. Further, studies generally lost quality ratings due to a lack of description around ethical procedures and considerations.

It is possible to assume that the findings of the five 'high' quality studies are relatively robust. These studies seem to indicate that forced migrants are likely to experience psychological and interpersonal difficulties if detained (Coffey *et al.*, 2010), are likely to be willing to join a workforce despite barriers to this (Hussein *et al.*, 2011), are likely to utilise certain cultural identification strategies (e.g. the 'I as a human being' strategy) to maintain a sense of cultural identity in new environments (O'Sullivan-Lago *et al.*, 2008; O'Sullivan-Lago & de Abreu, 2010), draw upon certain coping strategies such as family, religion and support services (Whittaker *et al.*, 2005), and are likely to experience difficulties with disclosure in Home Office interviews (Bogner *et al.*, 2010). Interestingly, none of these studies exclusively utilised samples of asylum seekers; all had mixed samples of forced migrants.

It is less certain how much can be derived from studies of 'medium' quality. These studies explored a range of different experiences of forced migrants, and all three of the studies that interviewed asylum seekers specifically are of 'medium' quality, including a study on the effects of uncertainty of asylum status (Ress, 2003), choice of destination for asylum seekers

(Zimmerman, 2010) and hostility towards asylum seekers from host communities (Pearce & Charman, 2011). In relation to mixed samples of forced migrants, four other studies (Palmer & Ward, 2007 ; Conlon, 2011 ; Dwyer, 2005 & Dwyer & Brown 2005 ; Rugunanan & Smit, 2011) were also rated as of a 'medium' quality. Therefore, whilst issues around mental health service provision for asylum seekers, experiences of cultural everyday lives, welfare issues and daily survival are usefully highlighted as from these studies, more robust research is needed to support these studies.

Only one study was rated as being 'low' quality (Renner & Salem, 2009), primarily due to a number of ethical, data collection and reflexivity issues. Whilst this study on gender differences in symptomatology and coping in forced migrants is interesting, more research is needed on this in order to further explore the findings of this study.

#### **1.10.4.7 Implications for Research**

The systematic review has highlighted that there are still limitations in the research base of qualitative studies focussing on the narratives and experiences of asylum seekers (as opposed to mixed samples of forced migrants). More qualitative research is needed on the ways in which asylum seekers make sense of their circumstances (e.g. around uncertainty regarding their asylum position). Thus, the majority of studies reviewed need to have their findings explored with this population.

The majority of studies have utilised thematic analysis approaches with their populations. Given that none of the studies reviewed has used a Constructivist Grounded Theory methodology, such an approach may yield new and novel findings with this population and may provide a sense of how various processes the asylum seekers are involved in interact, and the meanings that asylum seekers make of these processes.

All reviewed studies explored specific aspects of the forced migrant journey, and no studies have examined the experiences of the whole process, from experience in country of origin, through flight, through to involvement with the asylum system and stressors and coping in the UK.

Future studies need to be reflexive and credible using robust quality control methods in order to ensure that quality remains high. Many reviewed studies lost quality ratings as a result of



lack of reflexivity and not stating a position of the researcher, and consequently, future qualitative studies need to do this in order that the quality of qualitative research remains of a high standard.

Ethical procedures and considerations were another weakness across the studies, and researchers need to be more explicit around this in order to ensure high quality.

The studies reviewed are of a mixed, though generally high quality. Thus we can assume that the findings of many of the studies are relatively robust. Future qualitative studies need to maintain a high standard of quality in order to contribute to the research evidence around the experiences of forced migrants.

Whilst there have been studies examining ways in which forced migrants cope (providing some useful ideas around coping), none have focussed specifically on the concept of resilience, and most of these studies have had samples which are either comprised of both asylum seekers and refugees, or focussed on female forced migrants only. Thus more research is needed generally around resilience and coping in asylum seekers specifically.

#### **1.10.4.8 Conclusions**

The previous section presented a systematic review of the literature identified as being pertinent to the research area of this thesis, and has detailed the rationale, methods and a quality framework relevant to the review. Findings of the review have been presented in a table and in a narrative review, and the discussion has explored these findings and ascertained directions for future research. Overall, it seems that whilst there is a body of qualitative literature relevant to forced migrant populations that may be helpful in understanding asylum seeker experiences, very few studies have examined the experiences of asylum seekers specifically; this is a gap in the research, especially given the unique circumstances of asylum seekers as opposed to other forced migrants. Further, more research is needed on resilience and coping in this population. Whilst the literature reviewed has been of a high standard, future qualitative research needs to be robust in terms of reflexivity, stating positions of researchers and outlining ethical considerations in order to provide credible findings in relation to this population.

## **1.11 STUDY AIMS AND RATIONALE**

### **1.11.1 RATIONALE FOR STUDY**

Chapter 1 of this study has highlighted:

- 1) The UK's developing multiculturalism and demographics pertaining to forced migrants, and a definition of asylum seekers compared to refugees
- 2) An outline of the public, media and political discourses around asylum seekers indicating a general hostility towards this population
- 3) A brief description of the asylum system in the UK, including the effects of asylum legislation on welfare rights, as well as a brief summary of how asylum seekers seem to find this system difficult to negotiate
- 4) A 'trauma narrative' of forced migrants (including asylum seekers), attempting to convey the sense that PTSD is commonly diagnosed, though subject to a number of criticisms with this population. Alternative models with increased emphasis on attachment, the importance of community and resilience are also outlined
- 5) A 'resilience narrative' of forced migrants indicating that there is minimal research on resilience as applied to refugees and none found with a specific asylum-seeker focus
- 6) An integrated model of psychosocial wellness incorporating elements of the trauma & resilience narratives
- 7) The importance of considering narrative and biographical approaches in attempting to understand the asylum seeker experience
- 8) A systematic review indicating that whilst the literature on the general experiences of asylum seekers is of a generally high quality, providing some useful indicators about the experiences of forced migrants. However, there is a paucity in the literature on the experiences of asylum seekers specifically (as opposed to having mixed samples of forced migrants) over the course of the asylum journey, little consideration of issues around resilience and coping, no studies using constructivist grounded theory methodologies and quality issues in the qualitative research reviewed (including a general lack of reflexivity and lack of ethical considerations).

Therefore the research base indicates a paucity of high-quality studies which focus on how specifically asylum seekers understand and cope with their experiences across the asylum journey. This chapter has indicated that the research around forced migrants generally is predominantly focussed on quantitative approaches examining the psychopathological

outcomes of exposure to the traumatic events that forced migrants experience at different stages of the asylum journey, and that this focus has led to a lack of qualitative research examining the accounts of asylum seekers in their own words across the asylum journey (considering both trauma and resilience narratives). This study contributes to redressing this balance.

As there is a population of asylum seekers in Wales, who are likely to be accessing services (both statutory and third sector) for support around mental health issues arising from their experiences, there is a clinical rationale for this research. A constructivist grounded theory research methodology with asylum seekers, around exploring narratives, accounts and experiences around coping with the asylum process and journey, may yield novel findings in regard to the ways in which support can be provided for this population, as well as helping to understand resilience factors which could be promoted. Support for the research ideas was provided by the clinical supervisor (who works clinically in a traumatic stress clinic), as well as the services that supported recruitment; a primary care GP service and third sector organisation co-ordinating a BME (Black & Ethnic Minority) mental health project. Professionals felt that the research could highlight issues of support for this population who are potentially vulnerable to mental health problems and psychological distress, as well as informing services about the ways in which this population may cope and be resilient in relation to the stressful situations that they have endured, and indeed may be continuing to endure.

### **1.11.2 STUDY AIMS**

This project aimed to utilise a qualitative Constructivist Grounded Theory (Charmaz, 2006) methodology to interview asylum seekers in South Wales and explore their experiences across the asylum journey, with a particular emphasis on exploring coping and resilience. Such a methodology (to the knowledge of the researcher not used with asylum seekers in any previous studies) aimed to highlight novel, rich and detailed understandings of how asylum seekers make sense of their experiences and managed stressors at different stages of the asylum journey, as well as considering how these experiences interact and impact upon the individual. The aim of the study was to identify and highlight emergent themes in the data using this methodology. It aims to provide evidence in an area where little is understood at present and contribute to an evidence base around the experiences of this population

generally. Thus, it aimed to contribute to an understanding of a population who may require support.

## **CHAPTER 2:**

# **METHODOLOGY**

### **2.1 OVERVIEW**

This study explored how asylum seekers understand and cope with their experiences across the asylum journey. A qualitative constructivist grounded theory approach using semi-structured interviews was considered the most appropriate methodology in meeting study aims. Interviews were conducted with individual participants who were asylum seekers involved with a BME mental health project in a third sector organisation and / or an NHS primary care GP service; most (but not all) of these interviews were conducted with an interpreter present. This chapter considers the background and rationale for the use of this methodology, the ways in which the study ensured quality, design of the study, ethical and research governance procedures, participants' involved and data analysis procedures.

### **2.2 QUALITATIVE METHODOLOGY**

#### **2.2.1 EPISTEMIOLOGICAL UNDERPINNINGS**

Unlike quantitative approaches which examine causal relationships and attempt to verify earlier theories (Elliot *et al.*, 1999), qualitative approaches focus on gathering data and information about meaning; how people experience phenomena and make sense of the world (Willig, 2008). Qualitative methodologies encompass a diverse array of approaches (Parahoo, 2006), though share a central purpose of an enrichment of understanding and meaning.

Qualitative research generally does not regard the truth as objective, but as a subjective reality that is experienced differently by each individual and these methods attempt to explore individuals' experiences (Vishnevsky & Beanlands, 2004). The underlying philosophies of qualitative and quantitative methods are fundamentally different (Elliot *et al.*, 1999).

Quantitative methods subscribe to positivism; the idea that there is an objective 'truth' that can be measured and represented as regularities or even laws (Polkinghorne, 1983).

Qualitative approaches alternatively, arose from critical and postmodernist ideas and subscribe to relativism. The concept of absolute 'truth' is replaced by an emphasis on the particulars of human experience and social life by considering history, language, culture and context that 'relativise' the knowledge gained to the individuals and situations studied, and the researchers who are exploring the phenomena. Research findings for qualitative studies

are not always considered purely situational, and commonalities are sometimes drawn within and across situated studies, although these are often modest in scope and grounded in the specific nature of the participants and their circumstances.

### **2.2.2 RATIONALE FOR USE OF A QUALITATIVE APPROACH**

This research aimed to develop a deeper understanding of the ways in which asylum seekers coped with and made sense of their experiences across the asylum journey. It is difficult to use quantitative methodologies to understand participant experiences, especially when there is an interest in exploring a broad area rather than a specific research question (Willig, 2008). Qualitative approaches enable the exploration of personal experiences and meaning of experiences for participants, and are appropriate for studies where there is paucity in the research-base (Willig, 2008).

Ahearn (2000) advocates for qualitative research with forced migrants to better understand trauma and coping, and notes that such methods allow forced migrant voices to define and clarify emotional struggles and psychological reality. This notion is supported by O'Neill and Harindranath (2006), who suggest that *“Research methodologies that create spaces for the voices ... of asylum seekers through narrative methods can...raise awareness, challenge stereotypes and ... produce critical texts that may mobilize and create “real” change.”* (p.45)

## **2.3 CONSTRUCTIVIST GROUNDED THEORY**

### **2.3.1 OVERVIEW AND KEY PRINCIPLES**

Constructivism is a research paradigm that denies the existence of an objective reality *“asserting instead that realities are social constructions of the mind...although clearly many constructions will be shared”* (Guba & Lincoln, 1989, p.43). This is in contrast with the relative position where concepts such as rationality, truth and reality must be understood as relative conceptual frameworks (Bernstein, 1983). Thus, relativists assume that the world consists of multiple individual realities influenced by context (Mills *et al.*, 2006).

Constructivism highlights the subjective interrelationship between researcher and participant and the co-construction of meaning (Hayes and Oppenheim, 1997; Pidgeon & Henwood, 1997); researchers are part of the research endeavour rather than objective observers, and their values, beliefs and worldviews must be acknowledged by themselves and by readers in order that readers can evaluate how the authors have interpreted the data and be able to

consider alternative meanings in light of their, the readers, values and worldview (e.g. Appleton, 1997; Stratton, 1997). Thus, constructivist grounded theory actively repositions the researcher as the author of a reconstruction of experience and meaning (Mills *et al.*, 2006). Charmaz (2006) defines constructivist grounded theory as:

*“a [qualitative] method...that focusses on creating conceptual frameworks or theories through inductive analysis from data. Hence, analytic categories are directly ‘grounded’ in data... it involves the researcher in data analysis while collecting data – we use data analysis to inform and shape further data collection. Thus, distinction between data collection & analysis [in]traditional research is intentionally blurred in grounded theory studies” (p.188).*

Charmaz (2006) suggests this differs from objectivist grounded theory, a form of ‘positivist’ qualitative research where researchers assume the position of a neutral observer who remain separate from participants’ and analyse participant worlds from the position of an outside expert. Constructivist grounded theory, alternatively, *“assumes the relativism of multiple social realities, recognises the mutual creation of knowledge by the viewer and the viewed, and aims towards an interpretive understanding of subject’s meanings”* (Charmaz, 2006 p. 250). By doing this, instead of discovering patterns within the data, the analysis is conducted through an interactive process where researcher and participant co-construct a shared reality, and rather than looking for a main concern, seek to construct a picture that draws from, resembles and renders subjects’ lives. Researchers attempt to enter the phenomenon, gain multiple views of it, and locate it in its web of connections and constraints, whilst acknowledging that their interpretation of the studied phenomenon is itself a construction (Charmaz, 2006).

### **2.3.2 RATIONALE FOR USE OF CONSTRUCTIVIST GROUNDED THEORY**

Strauss and Corbin (1998) assert that a grounded theory methodology is often used to develop theories about phenomena about which little is known or understood. Given that little is known about the constructs of resilience and coping in the asylum seeking population, it was decided that this was an appropriate qualitative methodology to use for the research. Use of a constructivist grounded theory approach (Charmaz, 2000; 2006) was considered appropriate as this would enable any developing theory about the ways in which asylum seekers cope to be grounded in the participants narratives to the greatest extent possible, whilst acknowledging that the author is co-constructing these narratives. The researcher was also curious about the ways in which processes at different stages of the asylum journey interact

for participants’, and constructivist grounded theory allows for exploration of such processes (Charmaz, 2006). The theory that emerges from the data will offer the author’s interpretation of the world of coping as experienced by asylum seekers, in contrast to a complete theory. It is acknowledged that other qualitative approaches (such as Interpretative Phenomenological Analysis, IPA) could have also been used; this particular approach would have provided an understanding of individual participant lived-experience. However, the researcher was curious about the ways in which multiple perspectives from participants’ could be drawn together in an overall theoretical conceptualisation, and constructivist grounded theory allows for this (Charmaz, 2006). By drawing on multiple participant experiences, it is possible to obtain a richer understanding of the complexities of the asylum seeker experience across different aspects of their journeys; these multiple perspectives and experiences can be ‘knitted together’ into a theory using this methodology.

A further rationale for the use of Constructivist Grounded Theory is the match between the underpinning epistemological position of this methodology and the authors own epistemological position (including worldview and values). Willig (2008) suggests that a fit between the position of the researcher and the methodology which they use is important in enabling the researcher in the process of enquiry for the research. The researcher has provided a statement pertaining to beliefs and worldview (see Section 2.4.1.1), which attempts to illustrate that these beliefs are compatible with the epistemological position of Constructivist Grounded Theory; this provides a further rationale for the use of this methodology.

### **2.3.3 THE CONSTRUCTIVIST GROUNDED THEORY PROCESS**

Grounded theory can utilise almost any form of qualitative data (e.g. Pidgeon, 1996), but in this study, data was transcripts of audio recordings from semi-structured interviews. The process of constructivist grounded theory involves a number of practices including initial coding (e.g. line-by-line coding), focussed coding, memo-writing, categorisation, constant comparative analysis, negative case analysis and ‘triangulation’ (where emergent themes are checked with other relevant persons for the purposes of providing alternative perspectives on data). These processes are described in Section 2.9, though it is important to recognise that stages are not discrete but repeating processes occurring simultaneously, allowing the researcher to ground the theory in the data (Willig, 2008).



## 2.4 ENSURING QUALITY

Elliot *et al.* (1999) designed a set of seven guidelines (based on 40 quality standards) for reviewing qualitative research, with the aim of firstly promoting and legitimising qualitative research, secondly ensuring appropriate and valid reviews of qualitative manuscripts, thirdly encouraging better quality control in qualitative research through increased self- and other-monitoring, and finally encouraging further developments in approach and method. The following are the specific guidelines that were produced, and a brief description of how each of these was addressed in the current study:

*1. Owning one's perspective* – Qualitative researchers should state their theoretical orientations, values, interests and assumptions, in relation to the phenomena being studied and understood, enabling the reader to interpret researchers understanding of data, in order for discussion of possible alternatives. The current study achieved this by providing statements for the position, values and worldviews of the author (section 2.4.1.1) and the interpreter (section 2.4.1.2). Further, the author has provided reflections on the ways in which his position changed over the course of the research process and the ways in which this may have influenced the analysis (Appendix III).

*2. Situating the sample* – Qualitative researchers should describe the research participants, including life circumstances, to aid the reader in making judgements about the range of persons and situations to which the findings might be relevant. The current study achieved this by providing details of anonymous participant demographic information (see Table 3) and brief narrative descriptions of each of the participants whose data was used (see section 2.7.8).

*3. Grounding in examples* – researchers should provide examples of data to highlight the analytical procedures utilised in the study, and the resulting understanding, so the reader can understand and appraise the fit between data and the researchers understanding of data. Further, they allow consideration of alternative conceptualisations. In the Results section (Chapter 3), themes and categories developed from the data are described and illustrated by excerpts of data from the interviews. Additionally, extracts of coded transcripts have been included (Appendix IV).

4. *Providing credibility checks* – These allow researchers to check the credibility of their categories and themes, and include; checking the understandings with original participants or others in a similar position to the participants, using multiple analysts or by triangulation. In this study, the researcher discussed analysed transcripts and emerging concepts with the clinical supervisor, another psychology trainee using this methodology, with the interpreter, and a project worker at the third sector recruiting organisation. Notes from post-interview discussions with the project worker and interpreter can be seen in Appendix XV.

5. *Coherence* – Researchers should ensure that understanding of the data via analysis is represented to achieve coherence and integration, whilst preserving nuances. Researchers should conceptualise findings to form a narrative, framework or diagrammatic representation clearly based on the data. In this study, at each stage of the analytic process, findings were discussed in detail with the academic supervisor and others (another qualitative researcher, project worker and interpreter). Narrative and diagrammatic representations of the data are provided in the Results and Discussion Chapters. The development of the diagrammatic theory is shown in Appendix XVI.

6. *Accomplishing general vs. specific research tasks* – Qualitative researchers should state whether they are aiming for a *general* understanding of a phenomenon (where findings are based on an appropriate range of participants or situations, and limitations about extending the findings to other contexts or participants are specified) or an understanding of a *specific* circumstance (where the situation or participants have been studied and described systematically and comprehensively enough to provide the reader with a basis for attaining that understanding). Both approaches have limitations around extending findings beyond their context, which are necessary for the author to acknowledge. The current study is representative of a sample of asylum seekers from a cluster of countries in either the Middle East, Southern Asia or Central Africa and who are currently living in South Wales and are awaiting a decision about their asylum status from the Home Office / UK Border Agency. The findings are not considered generalisable to any other group. Details about the participants have been provided in this chapter, and the reader can decide on the extent to which findings are applicable to other settings. Limitations of the study have also been discussed in the Discussion section (Chapter 4).

7. *Resonating with readers* – Qualitative researchers should present data and theoretical material in a clear way which accurately reflects the subject matter for the reader, holds resonance for the reader, and clarifies or expands the readers understanding or appreciation of the subject matter. In this study, the researcher presented material to be representative of the participant’s experiences. Drafts of the chapters were reviewed by the academic supervisor and feedback provided to ensure that this aim was met and that resonance with readers was achieved. Ideas were also checked with the project worker and interpreter to ensure reader resonance.

#### **2.4.1 PERSONAL & PROFESSIONAL REFLEXIVITY**

In a constructivist grounded theory study, Bailey & Jackson (2003) suggest they brought their own experiences to the coding process, regularly finding themselves connecting with participant responses. This is broadly the meaning of reflexivity; a process where a researcher reflects on their own understanding and experiences, and how this has impacted on the research. Willig (2008) notes that qualitative researchers differ in the emphasis they place on reflexivity in research. In constructivist grounded theory reflexivity is central to the process, where the interaction between researcher and participants “*produces the data, and therefore the meanings that the researcher observes and defines*” (Charmaz, 1995, p.35) and positions the researcher as a co-producer where they “*add description of the situation, the interaction, the person’s affect and [their] perception of how the interview went*” (p.33).

Therefore a ‘position of self’ has been made explicit by the researcher and interpreter in this study. The researcher, interpreter and a project worker (present at some of the interviews) also reflected on the process post-interview (Appendix XV). Further, the reflective journal (Appendix III) highlights some reflections on the process in order to facilitate transparency throughout the process, consistent with recommendations for this approach (Charmaz, 2006).

##### **2.4.1.1 Position of Author**

The researcher positions himself as a male, 31 years old, white, Welsh, and in his third year of doctoral training in clinical psychology. His professional story has included academic study (BSc & MSc Psychology) and clinical and research work in mental health settings. He has beliefs around human rights and social justice and interests in travelling and experiencing cultural practices different from his own. Politically, he identifies himself as left-wing, with values around state provision of support where necessary or requested. These values are

likely to have arisen from being brought up in a family where these were considered important and virtuous and are likely to have impacted on his arrival on training in clinical psychology. Epistemologically, he identifies with the ‘social constructionist’ position, but maintains a realistic sense of understanding that these values and beliefs may not directly fit in the context of mental health services, and that at times pragmatic approaches may be required. He has considered the concept of ‘truth’ and whilst appreciating that there are no ultimate ‘truths’ and valuing systemic approaches, has reservations about rejecting the notion of truth altogether, with concerns about the impact that this would have on concepts such as democracy and justice. He has read around the concept of ‘truth’, including from a philosophical perspective (e.g. Williams’ (2002) genealogical essay ‘Truth and Truthfulness’).

His interest around experiences of asylum seekers may be located in experiences and relationships. He became interested in the psychological impact of trauma as a result of work in South Wales and South-East Asia with displaced populations, where he witnessed the importance of community and resilience. His family history has a narrative of immigration and his relationship with his partner (whose family emigrated to the UK) is also likely to have developed interests around cultural adaptation.

The way in which his personal position around asylum has changed throughout the research process is outlined in the reflective journal. (Appendix III).

#### **2.4.1.2 Position of Interpreter**

This is a statement provided by the interpreter (pseudo-name: Sussan) around her position, so readers have a sense of the ‘lens’ through which interpretation took place. Sussan interpreted for the majority of the research participants (except for English-speaking participants, n=2).

Sussan works as an independent interpreter, is female and in her 30’s. She speaks a number of languages widely spoken in the Middle East (including Farsi and Kurdish Sorani). She was born in a Middle Eastern country and came to the UK in the 1990’s with family, seeking asylum due to a problem with the government at home. The family used an agent and came to the UK via other European countries. Sussan felt the emigration process went smoothly and that the family were treated well. At that time policy around asylum seekers allowed them to choose where to go in the UK and also allowed them to work. Gaining status took 2 years,

and whilst Sussan did not receive a lot of support, she felt choice about location and being allowed to work were important for integration and re-settlement. Sussan's professional story involved time on a degree course, work as a nurse, and throughout, though full-time recently, working as a translator and interpreter. This work has involved collaboration with a number of agencies (including solicitors, healthcare settings and police). She has worked closely with staff at the recruiting organisations for this research and also as a befriender for a third-sector organisation. She has an interest in mental health in forced migrant populations. Sussan enjoys the variety of the role, but is sceptical about the 'genuineness' of some of the cases, feeling as though some 'exploit the system' for financial gain, deflecting from people in 'genuine' need for asylum due to safety issues. She acknowledges that people may fabricate out of desperation for support. She feels limitation on immigration is necessary due to economic difficulties in the UK, which may result in forced migrants arriving in the UK remaining economically disadvantaged.

Sussan feels her identity is half British and half Middle Eastern, and discussed the persecution that people from her country have experienced. She continues to recognise customs from her country, and identifies herself as being spiritual but not denominationally religious. She greatly valued the respect that the community in South Wales offered when they arrived. She enjoyed early life here and found people pleasant, curious and interested rather than hostile, noting that there few asylum seekers in her community at that time. She suggested that feelings towards forced migrants changed following the 9/11 attacks, and that people became more hostile. Sussan felt as though this negatively impacted on employment opportunities for immigrant populations.

## **2.5 DESIGN**

The study utilised a qualitative methodology guided by principles of Constructivist Grounded Theory (Charmaz, 2006). Semi-structured interviews were used to explore asylum-seeking participant narratives around their experiences of the processes around asylum, and coping and resilience. Eleven individual interviews were conducted with asylum seekers in South Wales who had accessed a BME mental health project in a third sector organisation and / or a primary care service working with forced migrants ('Recruiting organisations'). Participants were invited to interviews by the author or a representative at these services (either the GP / Nurse Specialist at the primary care service, or a project worker at the BME third sector

organisation). In order to be invited to be involved in the research, participants had to meet the inclusion criteria (see Section 2.7.2). The representatives at the recruiting organisations were aware of the inclusion and exclusion criteria, and had a copy of the English Information Sheet (Appendix IX) and Farsi Information Sheet (Appendix X). Potential participants were screened by these representatives and suitable participants were therefore given a copy of one of these sheets and had the information to consider before agreeing to involvement in the study. If interested and eligible, participants would then be invited to participate in the research.

At interview, participants were encouraged to discuss their experiences of resilience and coping. The interview schedule (Appendix V) was initially broad given that, as demonstrated in Chapter 1, there has been relatively little research in this area. Questions were based around three key themes (*'Coping at the moment'*; *'Coping with arriving in the UK'*; and *'End of interview questions'*), and were generated by the author, academic and clinical supervisor prior to the interviews, on the basis of the literature review and discussions with representatives from the recruiting organisations. Following the first four interviews, the interview schedule was revised (see Appendix V), and based around eight key themes (*'Introductory questions'*; *'Coping at the moment'*; *'Inner strength & Resilience'*; *'Hope'*; *'Religion'*; *'The importance of work'*; *'The dilemma of being in the UK'*; *'Practicalities about being in the UK'*). The way in which the interview schedule was adapted after four interviews fits with the Constructivist Grounded Theory methodology; questions continued to remain focussed on the relevant areas of the study, and were responsive to the data that had arisen in the initial four interviews, consistent with grounded theory approaches (Glaser & Strauss, 1967). Indeed, all of the concepts that were included in the adapted interview schedule were ideas raised by the first four participants, as these were the issues that they felt to be important to highlight regarding their experiences. Further, the adapted interview schedule allowed for changes to be made to constructs discussed in the context of interviews due to language differences; for example, it became apparent after the first four interviews, that for some participants, the notion of 'resilience' did not hold any resonance (due to this being a term that did not translate into Farsi). The concept of 'inner strength' was felt by some participants to better capture the ideas around 'resilience', and thus this term was introduced into the interview schedule for participants for whom the concept of 'resilience' did not resonate. These changes have been incorporated into the Adapted Interview Schedule (Appendix V).

The majority of the interviews (n=9) were conducted with an interpreter in Farsi. Two interviews were conducted in English due to participant fluency. Each interview was recorded using an MP3 recording device, and then transcribed. Transcriptions were then analysed utilising a constructivist grounded theory approach (Charmaz, 2000, 2006). All interviews were conducted in a quiet consultation room at the primary care recruiting organisation that all participants were familiar with (whilst some participants were recruited via the third sector organisation, all participants were registered with the primary care recruiting service for GP service provision). It was hoped that this would make the surroundings more familiar to the participants. Interviews were conducted at times mutually convenient for the researcher, the interpreter, the participant and the availability of a room at the primary care service.

## **2.6 CLINICAL GOVERNANCE**

### **2.6.1 RESEARCH & DEVELOPMENT (R&D) AND ETHICAL APPROVAL**

The researcher applied to his employing organisation (Cardiff and Vale University Health Board) for scientific approval via Cardiff & Vale Research Review Service (CaRRS) and approval was obtained on 27/9/12 (Appendix VI) with a recommendation for 'Pathway to Portfolio so the study could act as a base for future research with this population. NHS ethical approval via the Welsh Government National Institute for Social Care and Health Research (NISCHR) was given by the Dyfed Powys Research Ethics Committee on 14/11/12 (Appendix VII). Research and Development (R&D) approval was granted by Cardiff & Vale University Health Board on 22/11/2012 (Appendix VIII).

### **2.6.2 INTERPRETATION & TRANSLATION**

The researcher located an interpreter and translator who could be involved in the interpretation of interviews and the translation of key documents (Participant Information Sheet & Participant Consent form) into a language that would be understood by participants. As emphasised in the 'Sample' section (section 2.7.1), there was a process around deciding how to access and recruit participants for this study. It was considered that it would be most cost-effective (due to the cost of interpretation and translation services and the limited budget available for research) to attempt to recruit participants who all spoke the same language, in order that the interpreter could be booked for a set of interviews, and also that documents would only need translating into one language. There was consideration of which language

and population to focus on, and the recruiting organisations felt that asylum seekers who accessed their services and would be likely to engage due to established relationships, were asylum seekers from the Middle East who spoke Farsi. Both recruiting organisations had worked closely with Sussan (interpreter) and she agreed to be involved in all of the interpretation and translation needs for the research (Sussan speaks Farsi and a number of other Middle Eastern languages including Kurdish Sorani). The researcher conducted a cost-analysis of other translation services; working directly and solely with Sussan as the interpreter and translator was the most cost-effective option. The cost of the interpretation and translation services was covered via a research budget allocated to students from the Doctoral training programme. Following identification of the interpreter, some preparatory work was done between the researcher and interpreter to discuss the interview schedule, information sheets, consent forms and interview protocol. It was important to ensure, for example, that Sussan was aware of the necessity to keep to the direct interpretation of the interview questions and discussions in order to ensure accuracy; this was also agreed prior to conducting interviews. Throughout the research process the interpreter and researcher met regularly to reflect on the data and emerging themes (e.g. see post-interview discussion - Appendix XV).

### **2.6.3 INFORMED CONSENT**

British Psychological Society guidelines for obtaining informed consent (BPS, 2009, 2011) were used to inform the research consent procedure, which ensured participants were able to make an informed decision about whether to take part. Information was provided to the participants at a number of stages to ensure clarity around the research process.

Information sheets were developed (Appendix IX) in English and translated into Farsi (see Appendix X). Before taking part in the research, participants were provided with these information sheets from the recruiting organisations. These information sheets included information regarding: background, and aims & purposes of the study; why the participant has been invited to take part; details around the interview procedure; brief details about the data analysis and write-up; details about confidentiality and anonymity, and a statement emphasising that involvement would have no influence, either positive or negative, on their asylum application process or services they were receiving; consent information and a statement regarding their right to withdraw at any time; a brief discussion about the possible risks and benefits of participating.



The English version of the information sheet was checked for reading age and shown to have a Flesch Reading Ease of 61.4, and therefore understandable for people over the age of 12. One has to interpret this with caution, however, as these sheets were translated into Farsi.

On arrival at the interview location, participants were read the information sheet out loud in their language (Farsi or English) by the interpreter (or researcher if in English), to ensure that they understood the information sheet. Following this, participants had the opportunity to ask any questions about the research.

Participants were then asked to complete a consent form (Appendix XI), developed in English and translated into Farsi (Appendix XII). The consent form included confirmation that the participants had understood: the information sheet; that they had the opportunity to consider the information, ask any questions and have these answered satisfactorily; that participation was voluntary and they were free to withdraw from the interview at any time without their medical care, legal rights or asylum status being affected; that sections of their medical notes may be looked at by the researcher; that information discussed in the interview may be published in this write up and potentially in a journal article, in the form of anonymous quotations; that the interview would be audio-recorded and transcribed, that this information would be stored securely, and that following completion of the project recordings and transcriptions would be destroyed; that the interpreter would be present in the interview but also had to abide by confidentiality; that if they requested the GP could be contacted to let them know that they have taken part in the study but that no content of the interview would be shared; about consenting to take part in the study.

In addition to this, prior to the interview starting, the researcher asked participants for some demographic information around first language, country of origin, age, gender, length of time in the UK, immigration status and reason for seeking asylum (Demographics Checklist - Appendix XIII). The demographic information is presented in Table 3. In order to maintain confidentiality of participants, ages of participants have been presented as an 'Age Range' (with participants falling into one of three categories; aged 18-30, aged 31-40 or aged 41-65), the length of time that participants have been in the UK for have been presented as a range of time scales (with participants falling into one of three categories; 0-1 year, 1-5 years, 5+ years) and participant country of origin has also been clustered into three categories; the *Middle East* (containing countries including Iran, Iraq, Turkey, Syria and Saudi Arabia),

*Southern Asia* (containing countries including India, Pakistan, Afghanistan and Bangladesh) and *Central Africa* (containing countries including the Democratic Republic of Congo, Rwanda, the Central African Republic and Burundi). It was considered that by clustering some of the demographic information in this way would ensure confidentiality for the participants.

#### **2.6.4 CONFIDENTIALITY**

Procedures were implemented in order to ensure the confidentiality of all participants throughout the research process. The researcher was committed to the British Psychological Society Code of Human Research Ethics (BPS, 2011), the British Psychological Society Code of Ethics and Conduct (BPS, 2009) and the Data Protection Act (1998).

Given the sensitive nature of asylum applications, and also that many participants had been subject to persecution in their home country and were nervous about sharing information, confidentiality was emphasised to participants; by recruiting organisation staff and by the researcher before and after the interview. Further, the way in which identifiable information would be removed and pseudo-names would be used were emphasised, as well as the fact that participant would have no bearing on asylum applications. The researcher made every effort to preserve confidentiality, and participants were made aware in the information sheet about the limits of confidentiality (that concerns about anyone's wellbeing would be disclosed to an appropriate member of staff such as research supervisors or staff at recruiting organisations). Confidentiality was addressed in a number of ways including assurances about anonymity and use of pseudonyms. Further, it was emphasised that any other people present during the interview (i.e. interpreter and project worker from recruiting organisation) were also bound by confidentiality agreements.

There was some discussion prior to interviews between the researcher and the third sector recruiting organisation around having a project worker from the organisation present in some of the interviews. The project worker was supporting in identification of participants for the study. The researcher and academic supervisor were aware, from prior discussions with both of the recruiting organisations, that some participants may have issues around trust given their experiences of being abused by statutory authorities in their countries of origin. Given that involvement in the research may not have been something that some participants were used to, and that participants may have found agreeing to take part in the interviews and

arriving at the interviews an anxiety-provoking situation, it was decided, prior to conducting the first interview, that participants who had been recruited via the third sector organisation should be given the option to have the project worker present with them at the interviews, if they wanted. The project worker had strong and trusting relationships with the participants who were recruited via this organisation, and discussions with this organisation indicated that some participants may find the presence of the project worker a helpful way of being able to engage in the research interview in an open and trusting way. Idusohan (2007) in her work with a third sector organisation in London, has reflected on the ways in which participants from diverse backgrounds may be more inclined to engage with third sector organisations than statutory organisations given prior experiences, and encourages strong collaboration between third and public sectors in order to be able to access and provide services for communities who would otherwise be reluctant to engage. Thus, given these considerations, it was decided that the presence of the project worker in research interviews should be offered to participants. The project worker had also signed up to confidentiality agreements, and participants were made aware of this prior to the research interview. Participants were also aware that they were able to opt in or out of the presence of the project worker, and further, they were aware of the role of the project worker; for wellbeing and support of the participant and not for the purposes of contributing to the research interview. The project worker was also aware of their role, clarified in the discussions prior to conducting the interviews.

The length of each research interview ranged between 45 and 90 minutes. Each interview was recorded on an MP3 audio recording device and following the interview was uploaded onto a password-protected university laptop. Following this, the recording was deleted from the recording device. Each interview was then transcribed. Any details that related to the participants' identity through the interviews was removed in the process of transcription. Transcriptions were kept electronically on the password-protected laptop. Thus, only the researcher had access to these transcripts and recordings. Any transcripts that were printed were kept in a locked filing cabinet. Transcripts were analysed solely by the researcher, with only anonymised excerpts shared for the purposes of credibility checking and triangulation (see sections 2.4, 2.9.3 & Appendix IV for coded interview extract). All of these procedures are in line with data protection policies.

As noted, any information presented in the final write-up was made anonymous and demographic information was presented in ‘clusters’ of information to protect participant identities. These were therefore further confidentiality procedures that were implemented in order to ensure that the participants were kept anonymous.

### **2.6.5 ENSURING PARTICIPANT WELFARE & RISK MANAGEMENT STRATEGY**

Given the sensitive nature of the experiences that the participants may have been exposed to, a risk management strategy was adopted from the start. From early on in the research development process, the researcher and academic and clinical supervisors met with staff from the recruiting organisations to discuss possibly difficulties that could arise during the research process; by doing this, it was possible to pre-empt difficulties and put strategies in place in order to manage situations that arose. Discussions with recruiting organisations prior to research interviews indicated that participants may request support around asylum applications; thus, it was stressed early on in the research interviews that the researcher could not support with this.

Further, recruiting organisations emphasised early on in the development of the research protocol that participants may be reluctant to talk about traumatic events. Both the researcher (and clinical and academic supervisors) and the recruiting organisations wanted to ensure that engagement by participants in the research process would not cause any adverse distress. Thus, it was emphasised in the protocol that the focus of the research was on experiences of coping and resilience, and not on any events that participants may find traumatic. The researcher emphasised from the start of the research interview with participants that the focus was on coping and resilience, however, as will become clear in Chapters 3 & 4, many participants described traumatic narratives about their lives in their country of origin and in the UK (possibly indicating a ‘need’ to discuss these issues). Participants were informed at the start of the study that interviews could be stopped (for a break or altogether) if they found the discussion distressing or did not wish to continue. The researcher was able to offer brief emotional support, or was able to direct to other sources of support (e.g. recruiting organisations). A number of participants were already involved with recruiting organisations, but a number who had previously not been, did request to become involved with support offered by services. It was understood that the primary care GP service staff and the clinical and academic supervisors would be available, in the case of the researcher feeling uncertain

about the safety of any of the participants. A protocol was in place for this, but did not have to be utilised as none of the participants required any support of this nature.

Finally, it is important to note that welfare of the researcher, project worker and interpreter was also considered, given the possible risks of vicarious traumatisation. The project worker (when present in interviews), the interpreter and the researcher met regularly to de-brief and reflect on material that arose during interviews. Further, the researcher was receiving supervision from the academic supervisor regarding the interview material.

## **2.7 PARTICIPANTS**

### **2.7.1 SAMPLE**

The sample consisted of asylum seekers in South Wales who had accessed services at the primary care GP service and / or the third sector organisation BME mental health project. It was decided that for practical purposes, the study may decide to focus on asylum seekers with a particular language, in order to use the same interpreter and information sheets. It was identified by the third sector organisation and primary care service that the population that would be most accessible for the study were Farsi speaking people from the Middle East. Consequently, a Farsi-speaking interpreter (who worked closely with the two recruiting services) was employed for the purposes of interpretation and translation of documents (see Section 2.6.2). Thus, participants were Farsi-speaking asylum seekers, or asylum seekers from any country who were fluent in English.

Having a sample of between 10 and 12 participants has been estimated as being a sufficient sample size to conduct this type of qualitative research (Dey, 1999) and is a number considered suitable to complete a doctoral level research project (Turpin *et al.*, 1997). Further, 11 participants were considered to be a 'sufficient' number based on criteria recommended for Grounded Theory analysis (Charmaz, 2006), providing enough research material to conduct an analysis.

As previously noted, the sample comprised of 11 asylum seeking participants from countries in the Middle East, Southern Asia and Central Africa. In the Introduction section, demographics of asylum seekers in South Wales were explored; the sample for this study is representative of the asylum-seeking population in South Wales.

### **2.7.2 INCLUSION CRITERIA**

In order to participate in the study, individuals were required to meet the following criteria:

- Be a person currently seeking asylum status in the UK
- Be able to speak Farsi or English fluently
- Be a person who has accessed the recruiting services (primary care service and / or the third sector organisation BME mental health project)
- Be an adult (defined as being over the age of 18)
- Be a person with the capacity to understand the information provided and consent to take part in the study.

Individuals who met these criteria were considered to be eligible to take part in the study.

Table 3: Characteristics of Sample Interviewed

<b>Interview Number</b>	<b>Name</b>	<b>Age Range</b>	<b>Gender</b>	<b>Length of time in UK</b>	<b>First Language</b>	<b>Country of Origin</b>	<b>Asylum Status</b>	<b>Reason for Seeking Asylum</b>
<b>1</b>	Ahmad	41-65	Male	1-5 years	Farsi	Middle East	Seeking asylum	Political persecution
<b>2</b>	Farah	41-65	Female	1-5 years	Farsi	Middle East	Seeking asylum	Husband at risk of political persecution
<b>3</b>	Farid	18-30	Male	0-1 years	Farsi	Middle East	Seeking asylum	Religious persecution
<b>4</b>	Suri	18-30	Female	1-5 years	Farsi	Middle East	Seeking asylum	Husband at risk of political persecution
<b>5</b>	Niki	18-30	Female	0-1 year	Farsi	Middle East	Seeking asylum	Political persecution
<b>6</b>	Siddiq	31-40	Male	1-5 years	Urdu (English interview)	Southern Asia	Seeking asylum	Religious & family persecution
<b>7</b>	Majid <sup>1</sup>	41-65	Male	0-1 year	Farsi	Middle East	Seeking asylum (granted mid-interview)	Political persecution
<b>8</b>	Thomas	31-40	Male	0-1 year	French (English interview)	Central Africa	Seeking asylum	Political persecution
<b>9</b>	Ferhad	18-30	Male	0-1 year	Farsi	Middle East	Seeking asylum	Political persecution
<b>10</b>	Saeed	41-65	Male	5+ years	Farsi	Middle East	Seeking asylum	Religious persecution
<b>11</b>	Lila	18-30	Female	1-5 years	Farsi	Middle East	Seeking asylum	Family difficulties

<sup>1</sup>This participant had 2 interviews due to difficulties with time available. However, he was granted status in the time between interviews. Data from his interview is included in the analysis.

### 2.7.3 PARTICIPANT DEMOGRAPHICS

Eleven individuals took place in the study. Participants had an average age of 38 years and had been in the UK for an average of 18.5 months. Seven participants were male and 4 female. Nine participants were from the Middle East (A cluster of countries including Iran, Iraq, Turkey, Syria and Saudi Arabia), one was from Southern Asia (A cluster of countries including India, Pakistan, Afghanistan and Bangladesh) and one from Central Africa (a cluster of countries including the Democratic Republic of Congo, Rwanda, the Central African Republic and Burundi). All lived in South Wales and all were at different stages of the asylum process, but all had the common factor of not having a decision about their asylum status. Participants had a range of reasons for seeking asylum (including political, religious or family-based persecution). One participant (Majid) had two interviews due to time availability, but between interviews received news that he had been granted refugee status. It was decided that because he had been interviewed initially as an ‘asylum seeker’ that his data would be included in the analysis (In the results, quotations from ‘Majid 1’ indicates quotations made from prior to the decision, ‘Majid 2’ indicated data from his new position as a refugee – this was done for transparency in the data). Detailed demographic information data regarding participants is presented in Table 3. Below is a more detailed description of the 11 participants.

### 2.7.4 DESCRIPTIONS OF PARTICIPANTS

This section provides a brief description of the 11 participants in order that the reader has some context around participant narratives, and to assist the reader in understanding the nature of the findings.

#### *Participant 1: Ahmad*

Ahmad is a Farsi-speaking male from the Middle East in the 41-65 year age range. He has been in the UK and South Wales for over a year (but under 5 years). He lives in shared accommodation with other asylum seekers. He is from a large family and has a wife, children and grandchildren (all back in his country of origin). He was subject to political persecution due to previous employment, and had been arrested and tortured. His journey from his country of origin to the UK via another European country was organised through an agent and took over three weeks in a lorry. He has had involvement with mental health services in the UK, and is involved with both recruiting organisations. He accesses some community support groups, goes to religious meetings and attends English language classes.



*Participant 2: Farah*

Farah is Farsi-speaking female from the Middle East in the 41-65 year age range. She has been in the UK for over a year (but under 5 years). She lives in South Wales with her husband and young children, all of whom are awaiting asylum decisions. She has other children in her country of origin. In her country of origin, she and her husband worked in public services. Her husband was involved in a disagreement with the government and had subsequently been arrested, detained and tortured (leading to health problems). The family escaped to the UK via another Middle Eastern country using an agent, and travelled by plane, but had to leave family behind at home. In the UK they have had support from a third sector organisation working with survivors of torture who have provided medical support and supported their claim for refugee status. The family attend college to learn English and live together in a house provided by social services. Her husband accesses a range of health services for support with the injuries he developed as a result of the torture he was subject to.

*Participant 3: Farid*

Farid is a Farsi-speaking male from the Middle East in the 18-30 year age range, who at the time of the research interview had been in South Wales for under a year.. He is from a large family, though growing up described his father being absent. He is married with children, all of whom are in his country of origin. He had a number of different jobs in his country of origin. He was persecuted on religious grounds, and told that if he was caught, he would be killed. He left his country of origin alone with the services of an agent and took over 3 weeks to reach the UK by foot, car and train, and via another Middle Eastern country. He is currently living in accommodation provided for people seeking asylum.

*Participant 4: Suri*

Suri is a Farsi-speaking female from the Middle East in the 18-30 year age range. She has been in the UK for over a year (but less than 5 years). Suri was a student in her country of origin, and escaped the country with her husband, who had experienced political and religious persecution. She and her husband both live in accommodation for people seeking asylum. They have family back in their country of origin. Using an agent, they arrived in the UK illegally and came to the UK via another Middle Eastern country. She is religious and regularly attends church, but is reluctant to access any other support organisations.

*Participant 5: Niki*

Niki is a Farsi-speaking female in the 18-30 year age range from the Middle East, who has been in the UK for less than a year. She currently lives in South Wales in shared accommodation for asylum seekers. At the time of the research interview she had just been interviewed by the Home Office. She worked in an educational setting in her country of origin. Niki supported friends in a demonstration in her country of origin which led to arrest, detention and torture. She believes that on return to her country, she faces execution. With support from family and friends, Niki came to the UK alone by lorry, and became physically unwell because of the journey. She was sent to South Wales by the UKBA and knows no one in the area. She has accessed health services in the UK, but no other support agencies (though was due to start work with the third sector project involved in recruitment).

*Participant 6: Siddiq*

Siddiq is an English- and Urdu-speaking male from Southern Asia in the 31-40 year age. He has been in the UK for between 1 and 5 years. He came to the UK to study, but whilst in the UK became involved in a relationship which was seen as problematic by his family in his country of origin. As a consequence of his relationship he received threats. On completing his studies, he and his family applied for asylum, and were sent to South Wales. He has been assaulted also on two occasions in the UK, and received little support from police. He and his immediate family have accessed some health services but no support organisations.

*Participant 7: Majid*

Majid is a Farsi-speaking male in the 41-65 year age range from the Middle East. He has been in the UK for under a year. He was interviewed for this research on two occasions; due to time restrictions in the first interview, he agreed to return to finish the interview at a later date. However, by the follow-up he had received a positive asylum decision. This had a dramatic impact on the dynamic of the interview, as in the first interview Majid had seemed quite despondent about his asylum application, and in the second interview, he was extremely pleased about the result. Majid had to seek asylum due to political persecution related to employment, and suggested he was at risk if he returned to his country of origin. He had paid an agent to help him escape from his country of origin and travelled for 3 weeks by lorry to get to the UK. On arrival, he was detained. He was then sent to South Wales by the UKBA. He lives in a shared house for asylum seekers. All of his family are back in his country of origin.

*Participant 8: Thomas*

Thomas is an English- and French-speaking male in the 31-40 year age range from Central Africa. He and his family have been in the UK for less than a year. He lives in accommodation provided for asylum seekers with his wife and young children. All his family are awaiting an asylum decision. Thomas was financially well off in his own country but was forced to escape and come to the UK seek asylum due to political persecution and torture. Thomas has been to the UK before to study and did not have a problem getting a visa; he and his family applied for asylum on arrival. He feels at risk of further persecution if returned to his home country. He is religious and regularly attends church, and is receiving financial support whilst his application is being processed.

*Participant 9: Ferhad*

Ferhad is a Farsi-speaking male from the Middle East in the 18-30 year age range. He has been in the UK for under a year. Following political persecution in his country of origin as a student, he escaped using an agent to another European country, where he was also subject to persecution. He came to the UK and was detained for a number of months. On a number of occasions he was on the brink of being deported, though was able to be released with legal support. His time in UK detention is described as traumatic. He was sent to South Wales by the UKBA whilst awaiting a decision about asylum status, and lives in accommodation for asylum seekers. He is receiving some financial support. All of his family are back in his country of origin.

*Participant 10: Saeed*

Saeed is a Farsi-speaking male in the 41-65 year age range from the Middle East. He has been in the UK for over 5 years. He had to leave his country of origin due to religious persecution. He has been in the UK before and was deported to another European country where he was detained. He returned illegally to his country of origin to see family, but was arrested, detained and tortured. He escaped and came back to the UK illegally. He is now awaiting a decision regarding his asylum status, having been through the appeals process. Due to rejected status, his benefits and accommodation support have been stopped. He has some physical problems as a consequence of the torture he was subject to in his country of origin. He lives in South Wales and has some friends whom he spends time with. All of his family is back in his country of origin.

*Participant 11: Lila*

Lila is a female Farsi-speaker from the Middle East in the 18-30 year age range. She has been in the UK for over a year (though under 5 years). She had to leave her country of origin because of family problems, and is in the UK with her daughter. The UKBA have sent her to South Wales where she stays in a shared house with other asylum seekers. She is the survivor of an assault in South Wales also, and has been through court proceedings. She reports feeling isolated, but is religious and attends a place of worship. Lila has accessed some health services, and also receives financial and accommodation support.

**2.8 PROCEDURE****2.8.1 RECRUITMENT PROCEDURE**

Following R&D and Ethical approval, participants were identified and screened for appropriateness via the recruiting organisations. Potential participants were contacted by a member of staff at these organisations and provided with an information sheet (either in Farsi or in English depending on language). Potential participants were then given a ‘cooling off’ period to consider taking part in the research, but if they were interested in participating, an appointment to conduct the interview was arranged at a mutually convenient time. A number of participants asked to be involved declined the opportunity to take part, indicating that the process was not coercive (Palmer & Ward, 2007). Once participants had arrived at interview, they were read the information sheet and consent form in either English or Farsi. This ensured that participants were fully aware of the interview process and were aware of confidentiality issues. Participants had the opportunity to ask any questions, and if participants were still happy to be involved in the interview, then they were asked to sign the consent form.

**2.8.2 DEVELOPMENT OF INTERVIEW SCHEDULE**

The interview schedule was developed to elicit information about asylum-seeking participant’s experiences around coping. The initial semi-structured interview schedule (Appendix V) was developed via a framework suggested by Charmaz (2006) with input from the research supervisors. The initial interview schedule aimed to be broad in nature in order that participants could bring their own ideas and experiences to the interviews. As the interviews progressed, the interview schedule was adapted in order to bring concepts from previous interviews into the interviews. A revised schedule was used from interview 4 in response to similar concepts being raised by participants. The adapted schedule (Appendix V)

continued to allow the participants to bring their own experiences into the interview, but were also driven by consideration of themes that had arisen in earlier interviews, consistent with guidelines for constructivist grounded theory methodologies (Charmaz, 2006).

### **2.8.3 INTERVIEW PROCEDURE**

Once participants had consented to taking part, the lead researcher began the interview by supporting participants to complete the demographics checklist (Appendix XIII) and then began asking questions from the interview schedule. Questions were asked by the researcher and translated into Farsi by the interpreter, after which participants responded in their own language, which in turn was translated back to English for the researchers benefit by the interpreter. The interviews that took place in English did not have the interpreter present. Of the 11 total interviews, 9 took place with the interpreter and 2 without (as were in English). A project worker from the third sector recruiting organisation was present in 4 interviews. Following each interview, recordings were loaded onto a personal, password-protected computer for transcription and analysis. At the end of the interview, participants were given a chance to debrief from the interview, discuss any raised issues and ask questions. Once the participant had left the interview, there was an opportunity for the researcher, interpreter and when present, the project worker, to debrief and discuss the interview.

### **2.8.4 DATA RECORDING & MANAGEMENT**

All interviews were recorded using an MP3 audio recording device and were transferred onto a University Laptop. The laptop and the file where data was stored was password protected. Once the interview recording had been transferred onto the laptop, it was deleted from the recording device. All transcriptions were completed on this laptop, and also kept in a password-protected file. Names and personal details were not transcribed and pseudo-names were used for the purposes of anonymity and confidentiality.

## **2.9 DATA ANALYSIS**

### **2.9.1 TRANSCRIPTION**

Transcription of the interview was started within one week of the interview taking place. Interviews were transcribed verbatim, though non-word utterances were excluded. The process of transcribing is important in grounded theory methodologies, allowing the researcher to become fully immersed within the data. Whilst the researcher was transcribing,

any ideas about the data was recorded in brief comments. Once the transcription was complete, these comments informed the reflective journal and development of research position (Appendix III). This process of reflection is important in constructivist grounded theory (Charmaz, 2006) as it allows emerging themes in initial interviews to be explored in subsequent interviews. Initial key themes that arose for participants included the ideas around inner strength and beliefs / values, the need for hope for the future, the value of religion in coping, the need for employment, a dilemma about being in the UK but wanting to return home, and an overall theme around the importance of safety. The interview schedule was thus adapted to take account of these reflections. The reflective journal also allows the reader to make sense of how the researcher is co-constructing ideas with the participant (having provided an account of his own position - section 2.4.1.1).

Following completion of transcriptions, the processes of initial coding, focussed coding, categorisation, memo-writing, constant comparative analysis and negative case analysis was initiated and completed continuously throughout the analytic process. The reflective journal was regularly referred to in order that the researcher was able to keep checking on the process of co-construction.

## **2.9.2 ANALYSIS OF INTERVIEW DATA**

Data analysis involved listening to the recordings and reading through the transcripts on multiple occasions so an overall sense of the data was achieved. Following this, the analysis process involved the following concepts:

### **2.9.2.1 Initial coding**

Qualitative codes examine segments of data and deconstructs these segments and names them using a concise term. Further, it *'proposes an analytic handle to develop abstract ideas for interpreting each segment of data'* (Chamaz, 2006, 2011, p.45). Coding is the crucial link between collecting data and developing an emergent theory to explain the data. Using coding, the researcher defines what is happening in the data and begins to consider what the data means. Initial coding is the first step in the coding process and involves speed and spontaneity, staying close to the data, persevering actions, remaining open, constructing short codes and comparing data with data. There are a number of different ways in which to conduct initial coding (including word-by-word, line-by-line and incident-to-incident).

The process used in this analysis was line-by-line coding (Charmaz, 2006), and involves looking through the transcript line-by-line and using a short code to summarise each segment of data. The code was based on the participants own words (consistent with the process of staying as close to the data as possible). Initial codes that emerged were illustrated by excerpts from the data, as per guidelines (Elliot *et al.*, 1999). These are reflected in the Results section.

### **2.9.2.2 Focussed coding and categorisation**

Focussed codes are more direct, selective and conceptual than initial codes (Glaser, 1978). The process involves using the most significant and / or frequent earlier codes to sift through large amounts of data, and requires decision made by the researcher about which initial codes make the most analytic sense to categorise data incisively and completely (Charmaz, 2006). This is linked with the gradual process of categorisation; Charmaz (2006) defines categorisation as being the analytical step in grounded theory of selecting certain codes as having overriding significance, or abstracting common themes and patterns in several codes in an analytic concept. By doing this, the researcher raises the conceptual level of the analysis from description to an increasingly abstract and theoretical level. Further, the researcher attempts to define the properties of the category, the conditions under which it is operative, the conditions by which it changes and it's relation to other categories. Thus, the most significant categories are developed into the grounded theory.

By following this process, a set of lower level analytic sub-categories were developed and later consumed by higher level analytic categories, creating a tree-formation displaying the analytic categories (Willig, 2008) (see Results section). The process of developing the constructivist grounded theory for this research topic can be seen in Appendix XVI.

### **2.9.2.3 Constant comparative method**

As defined by Charmaz (2006), this is “*a method of analysis that generates successively more abstract concepts and theories through inductive processes of comparing data with data, category with category, and category with concept. Comparisons then constitute each stage of analytic development*” (p.187). This process was followed in the study to explore and understand data.

#### **2.9.2.4 Negative case analysis**

Once a process of identifying categories and links between categories had occurred, there was consideration of codes and data that did not fit with the patterns emerging. These codes were re-examined and explored in more depth, and enhanced the developing grounded theory. Further, it allowed for the full-extent of the data that was emerging to be represented.

#### **2.9.2.5 Memo writing**

This is a process where researchers stop coding and comparing, and analyse their codes and categories in any way which spontaneously occurs to them (Charmaz, 2006). The process enables researchers to analyse data early in the research process. An example of memo writing from the current study can be seen in Appendix XIV.

### **2.9.3 TRIANGULATION**

It was possible to present themes to a number of people who were involved in the research process to evaluate the extent to which the emergent theory resonated with the data (the interpreter and the project worker from the third sector recruiting organisation – see Appendix XV for reflections post-interview), as well as with the academic supervisor and another doctoral student using constructivist grounded theory approaches.

### **2.10 SUMMARY**

This section has described the methodology to the study, focussing on the rationale for using a qualitative constructivist grounded theory methodology, the ways in which the study ensured quality, the study design and clinical governance considerations. Further, it has provided a description of the sample, interview procedure and data collection and analytic methods. The Results section will present the constructivist grounded theory of the ways asylum seekers understand and cope with their experiences and will illustrate this model with quotations from interviews.



## CHAPTER 3: RESULTS

### 3.1 OVERVIEW

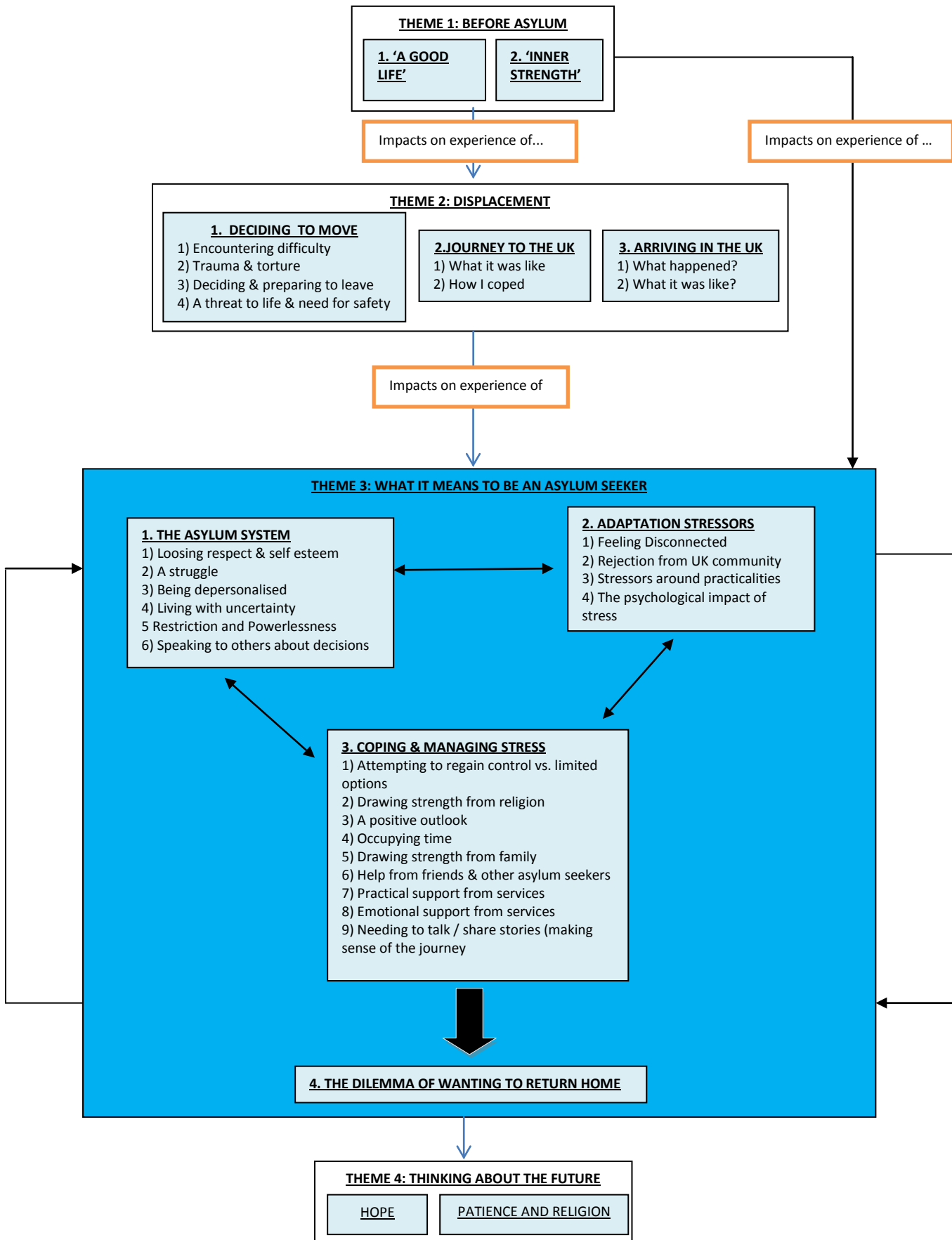
This chapter presents the constructivist grounded theory that emerged from the analysis of the interview data collected from 11 individual interviews. Four key **THEMES** were identified, along with 11 **CORE CATEGORIES**, 27 categories and 18 sub-categories. For ease of reading, **THEMES** are highlighted in capitals in bold lettering (large font), **CORE CATEGORIES** in capital lettering and underlined (regular font), categories in lower case and underlined (regular font) and sub-categories in italics, indented and underlined (regular font). A narrative summary and diagrammatic summary of the Constructivist Grounded Theory is presented in Section 3.2. Throughout the results all of these concepts are described with a narrative and quotes illustrating the ideas are presented.

### 3.2 SUMMARY - A CONSTRUCTIVIST GROUNDED THEORY OF HOW ASYLUM SEEKERS UNDERSTAND & COPE WITH THE ASYLUM JOURNEY

The theory that arose from the data was representative of a journey participants had been on, and the core aspects of the grounded theory were in the ways that participants made sense of their experiences on this journey, especially in relation to the impact of the asylum system, stressors around adapting to a new environment and circumstances, and the ways in which participants coped with, and managed these changes. Themes 1 and 2 set the context for participant narratives around their current lives as asylum seekers and how they coped with this. Participants described pre-asylum circumstances in their home country as being a ‘*good life*’ marked by financial, familial and employment security, and discussed aspects of their lives which had helped develop resilience (‘*inner strength*’), through security (family & culture) or due to struggling with adverse circumstances, as well as national identity and key cultural and individual values. Participants went on to describe a process of ‘*deciding to move*’; all had ‘*encountered difficulty*’ around key events (a ‘*falling out*’ with religious, political or familial systems) that resulted in many experiencing trauma and torture in their country of origin, which had pushed them from a secure life into insecurity, danger and a need for safety as an asylum seeker. Participants had then gone on generally long and challenging journeys to the UK and had arrived in the UK, distressed, with a sense of loss and confusion. The core element of the grounded theory is located in **THEME 3** (and thus

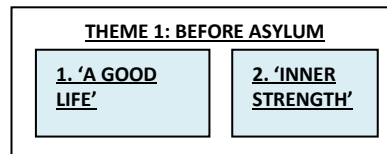
is highlighted in the diagrammatical representation), what it means to be an asylum seeker: In the UK, asylum-seeking participants were exposed to the asylum system, which participants found left them feeling uncertain, restricted and powerless. In addition to having to manage these difficulties, participants further has to cope with adaptation stressors, characterised by a core sense of disconnection from families back at home and rejection from host communities; these led to distress, a sense of isolation and a feeling of being unheard and not validated. Despite the dual challenges of coping with the asylum system and stress related to adapting to a new environment and novel circumstances, participants were able to describe the ways in which they had retained, and continued to develop, '*inner strength*', a conceptualisation of resilience. These three key constructs ('*the asylum system*', '*adaptation stressors*' and ' *coping*') seemed to create a dilemma for asylum seekers as to whether to return to their country of origin or not. Finally, participants described the ways in which they considered the future and conceptualised hope, patience and religion. A diagrammatic representation of this theory is presented in Figure 3.

Figure 3: A Constructivist Grounded Theory of how asylum seekers understand and cope with the asylum journey



### 3.3 PRESENTATION OF RESULTS

#### 3.3.1 THEME 1: BEFORE ASYLUM



This theme explored participant narratives of life before seeking asylum. It represented a 'looking back' or retrospective view of how participants, who were currently immersed within the asylum system in the UK, characterised their lives before experiencing displacement. This theme emerged as participants reflected on their pre-asylum seeking lives, and involved primarily an exploration of what their life was like in their country of origin (generally characterised as being a 'good life') as well as their experiences around the development of resilience (or 'inner strength'; a description which resonated more with participants than 'resilience').

#### CORE CATEGORY 1: 'A GOOD LIFE'

Prior to events which forced participants into having to make a decision to leave their country of origin, many described having a good life at home, often characterised by having secure employment, being financially secure and being surrounded by family and friends.

Participants described these situations as though they were reminiscing about a previous life where they were satisfied and content with what they had in their country of origin before having to escape and come to the UK, and manage the multiple difficulties and stressors that this new life presented. Whilst this was inevitably a retrospective view of their lives from a current situation marked by multiple pressures (explored in **Theme 3**), participants clearly felt a need to provide an account of their pre-migratory lives and this formed the basis for this core category.

*"In my country ...I owned a company. I had drivers. I was driven ... My house had a big compound, I had people working for me...[Me and my family had] A good life" (Thomas)*

*"Coming from a wealthy ...loving family around me, I didn't have anything which I wanted and I dreamed for...when I think about [home], I felt like I had a really good time, compared to now" (Ferhad)*

*"Most of the people who come here are not coming because of the financial things, or they are not educated or anything, they have all had their own education and had good finances back in [in home country]." (Suri)*

**CORE CATEGORY 2: 'INNER STRENGTH'**

Many participants described a process of developing 'inner strength' in their life pre-migration, which they felt had helped them to manage and cope with the difficulties that they later experienced as asylum seekers. The concept of 'inner strength' was explored with participants in the early (initial four) interviews. It became apparent that in Farsi, there is no direct translation of the word 'resilience'. However, in the context of exploratory discussions with participants, it became apparent that 'inner strength' was the phrase that best captured the notions and ideas around 'resilience'. The basis for the development of inner strength was broad, and spanned experiences earlier in life that could be considered positive and supportive, although in some cases, more challenging. Some participants talked about confrontation with difficult early life experiences as children, or later difficulties in their country of origin (such as war), which were considered by participants as having made them psychologically stronger and more equip to manage later difficulties;

*"My father was a drug user. I had lots of problems in childhood... being bullied by other children [I couldn't] call my father to come there...So I tried to defend myself from a very young age...these made me more strong." (Farid)*

*"I have had a difficult life. I was in the war [in Middle East]...and I was in prison for a couple of times because of political problems...we have a phrase; I was raw and now I have been cooked....In a way because of the difficulties....It's easier for me to deal with daily problems...they say I have the skin of a rhino." (Saeed)*

Other participants reflected on the ways in which positive family experiences in their country of origin (such as seeing strength in other members of their family), provided them with a model (or schema) of inner strength from which they had learnt how to survive.

*"My mother is a farmer and she is a very strong woman. She taught us to have hope all of the time. We were a very close family...My mother is the daughter of a big man in the village...Even when I was in prison, [she] came to court and she was shouting at the judge...nobody could say anything to her, because she is very strong....If she hadn't taught me that strength I couldn't survive." (Majid)*

Some participants reflected on the ways in which they may have developed some of their inner strength as a result of educational experiences in their country of origin, and how a good educational grounded could support in being able to make positive decisions in life.

*“It is only because of education....When you go to school your education starts from there. Your basic grounds. Luckily, I had very good teachers, who teach us how you can spend your life. How you can make your decisions.” (Siddiq)*

A number of participants further suggested that they were proud of being from the country where they were from, and had gained strength from their national identity. Some participants described wanting to be viewed independently of oppressive governments and regimes, and that being in a position of struggling against such a regime helped developed inner strength.

*“People, who are my race, we are a very strong race.... for thousands of years now... We...are just looking for rights, and ... not giving up... With all of those pressures coming at us, we still have the power to keep our language, to keep our cultures, clothing and customs.” (Ferhad)*

*“Make me separate from the [my country’s] government...We are not like them. [my people] are looking for peace. ... They are a very respectable people...People in [my country] only want freedom ...other people might think certain things about us because of the government [but] our first King started humanitarian law.” (Farid)*

Some participants alluded to core values; whilst aspects of these values (including cultural values and the importance of family and work) will be considered further throughout the results in terms of their meaning and impact on participants at different stages of the asylum journey, other values that participants highlighted including equality, a willingness to understand other cultures and the importance of work and education. These values also seemed to further represent a source of strength for participants.

*“I grew up in a small city, but wished that I could travel and see things...different and historical places...you have to mix with other people and understand their culture.” (Majid 2)*

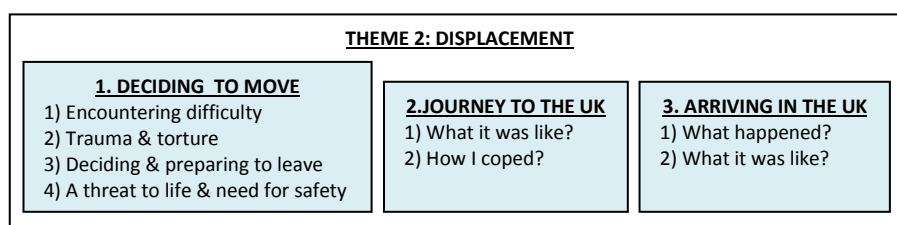
*“My solicitor said that when you get your decision, you are going to be employed. I cannot be employed. I will employ. I am not created to be employed. I don’t feel like somebody telling me do this. I say to my solicitor. And he was amazed....my experience back in my country makes me a leader.” (Thomas)*

### **SUMMARY OF THEME 1**

Participants suggested that prior to feeling persecuted and at risk, they had often had satisfying lives, being successful in employment, financially secure and connected to family, friends and culture. Whilst this was a retrospective view, which may be viewed in a more positive way given current circumstances and difficulties, it seemed important for participants to be able to reflect on what life was like before their situations had changed. Lives at home

were defined as being a ‘good life’ where family members were content. Further, participants suggested that various life experiences prior to having to leave their country of origin, had impacted on their resilience and identity, which helped them manage later difficulties. Interestingly, these circumstances could be conceptualised as secure and supportive (such as loving and strong families) and also potentially difficult and traumatic (such as involvement in war and challenging family circumstances). ‘Inner strength’ was a phrase used by participants to describe resilience. The notion of coping and ‘inner strength’ which participants utilised in the challenging process of displacement to the UK and involvement with the asylum-seeking system are considered throughout the results and the discussion as an overarching concept, and the next core theme will examine the process of displacement itself. It was apparent that prior life experiences had impacted on the ways in which participants made sense of the events that followed; that the notion of the ‘good life’ that they had experienced was about to change significantly and traumatically, and that the ways in which they had developed their identities, values and resilience factors was likely to act as a coping mechanism for participants in what they were to encounter over the course of the displacement and asylum process.

### 3.3.2 THEME 2: DISPLACEMENT



Following participant explorations of life experiences prior to having to seek asylum, participants talked about the displacement process. Three core categories emerged from the analysis of interview transcripts. Firstly, participants described a process of deciding to move, an early stage of the process which prompted the transition from having a ‘good life’ as explored in the first theme, to a position of having to escape the country. This core category explores categories around encountering difficulty (key events following a ‘falling out’ with family or religious or political institutions which led to life becoming unsafe), experiencing trauma and persecution as a result of these events, making a decision around and preparing to leave, and a sense of life being in danger and needing to leave because of safety. The second core category explored the next stage of the process; the journey to the UK. This core

category explored what happened on this journey and how participants coped. The third core category emerging from the data was around arriving in the UK; what happened and what this was like for participants. Like other themes, whilst this is explored chronologically, the interviews were used to make sense of the meanings of these experiences for participants. All of these displacement experiences had a significant impact on the participants and impacted on their experiences of life in the UK currently, which will be explored in the third theme and core aspect of the Constructivist Grounded Theory; what is life like for asylum seekers and how do they cope?

### **CORE CATEGORY 1: DECIDING TO MOVE**

#### **Category 1: Encountering difficulty**

It was decided that the concept of ‘encountering difficulty’ best captured the idea that all of the participants, to differing extents, had experienced events which had moved their position to one of having a ‘good life’ as described in the previous theme, to a position of being under threat. In all circumstances, these key events involved some form of ‘system’: family, religious authorities or political authorities in the participant’s country of origin. These events often led to torture, persecution and experiences of trauma (see Category 2), which in turn led to a sense of life becoming unsafe and the person feeling as though they needed to leave their country of origin for the purpose of safety (see Categories 3 & 4). It is worth noting that participants talked to differing extents about the circumstances under which they had to leave their country of origin; some were candid and open, and eloquently able to describe the relevant situations, whereas other participants were reluctant to discuss this, understandably given the difficult and challenging nature of the experiences, and the psychological impact that these events had on participants. What emerged from the data, was a sense of threat by various systems towards the person, for making a stance around a certain issue (for example, human rights, religion and so on).

*“It was because I was defending people who were like claiming their rights at work....I was accused of supporting that team of people.” (Thomas)*

*“I hid three people [who] had been attending a demonstration [against the government]...who had been recognised and needed to hide...when the government found out, they said that I was involved as well...and arrested me...I lost my job when I was released ...I didn’t want to put myself in any more risk. So I ...ran away.” (Niki)*

*“It was a religious issue. I do not accept [the religion of my country]....I can’t go back because of my religion“ (Saeed)*



*“They started giving me threats...if you come back we will kill you....because of [my marriage]...[when my son was born]...I was hoping that this would change our relationship [with my father]...but he was totally against it....He said that ... You have been dead from this day, and if you come back I will kill you myself.” (Siddiq)*

### Category 2: Trauma & torture

As a consequence of the difficulties that participants had encountered, as described in the previous category, a number of participants (or their families) were arrested and detained by authorities in their country of origin. Many of those arrested were subject to torture and abuse. Whilst there was not attempt to discuss these issues (as stipulated in the research protocol to prevent potential distress to participants), it became apparent that some participants wanted to share their narratives around trauma, potentially indicating that they had not had the opportunity to discuss these events and felt the need to discuss them (discussed further in the ‘needing to talk about trauma’ category in Theme 3), and perhaps feeling the well-documented need for someone to ‘bear witness’ to their trauma, having had nobody witness these traumatic events. The researcher felt it important to reflect on these themes in this section, due to the psychological relevance of being subject to these sorts of circumstances; such traumas can lead to a person’s confrontation with their own mortality and questioning of their ability to survive.

*“You haven’t seen those nails in front of your eyes....You haven’t felt the execution feeling when they hang you. I went through all of these things when I was in prison. Every day, they took me to the execution room. I could see the hanging things on the roof of the ceiling. You haven’t been in the room with only death staring at you....They hit me for half an hour a day” (Ahmad)*

*“[I was] 5 days in a detention centre. They mistreated me a lot...They blindfolded me [and] threw me down the stairs. Every half an hour, they tortured me. With cables, with bottles, with anything they had in their hand they were hitting me with...the most difficult thing was when they urinated on me, hurt me, and raped me as well. Those were the things that I will never forget in my life. I promised myself that I would tell my story...to make sure that everybody knows what happened and what they did to me. Because no one sees what happened to me at that time, it was only me. I could see that and feel that, and I promised myself that I would tell people what had happened and what they had done to me. “(Niki)*

*“I am still suffering very bad back aches. It was tortures in [my country]....they burned my back...Still the marks are there” (Saeed)*

### Category 3: Deciding & preparing to leave

Participants made a link between the difficult events they encountered (described in Category 1), the persecution they experienced resulting from this (described in Category 2), and a sense

that life had become unsafe and they needed to hide and escape the country in order to survive.

*“My friend...said that it was not safe for me to stay [at my house]....she said to me that that night, the government had been to my house and raided my house, they had questioned my parents and taken lots of stuff from my house...my family said that it would be better [for me to go] somewhere [safe].”(Niki)*

*“ [my] mum...paid for my journey... [thousands of] euro... [that] saved my life... if [she] didn't do that for me, I would be dead now”(Majid)*

#### Category 4: A threat to life & a need for safety

Participants described a need for safety, and generally had to escape their country of origin because their life was in danger. This was to be expected given the definition of asylum seekers outlined in the introduction. Some participants described safety as being the important factor in seeking asylum, and suggested this was distinct from situations where people may come to the UK for other reasons, such as better employment opportunities. Some participants explained that they had not wanted to leave (given the ‘good life’ that they had previously described) but had needed to purely in order that they and their families could remain safe and alive. This again resonates with concepts around confrontation with one’s own mortality and reflections on an ability to survive.

*“I didn’t come to this country because I wanted to be someone extra in your land. I came here just because my life was in danger... we have loads of problems in [my country] so people come and I am sure they have lots of problems and they come with real good reasons. Safety reasons. But some people are coming, from other countries, for financial reasons, to work”.(Farid)*

*“I prefer to go to a place, even though I will not be treated in the way that I like, but, it helps me to save my life and save the lives of my children and my wife...Because of safety.... You are scared that people can kill you [and] just lose your life for one day. For nothing. Having children and a wife. What are they going to become in life. So I want to give to them a chance. Anywhere else.” (Thomas)*

*“[Safety] is about a life. Anywhere you are, whoever you are. As long as you are safe as yourself...you are finishing your studies now...imagine if your state now here, without any conditions, would you be happy to move to other countries where they do not accept your studying? You wouldn’t go. Unless you don’t feel safe. That would be the only reason that you would say okay then, I will go, because you do not feel safe.” (Ferhad)*

*I can’t go back to my own country. I know that I am not safe there...But...it’s very difficult to leave your homeland....if your life is not safe, then definitely you will run away... it is very difficult to leave your home. It’s very difficult to leave your friends. It’s very difficult to leave your family. It’s very difficult to leave your culture. And if someone is doing that, someone*

*should think that maybe he is having a problem, that is why he is trying to seek asylum.”*  
(Siddiq)

## **CORE CATEGORY 2: THE JOURNEY TO THE UK**

### Category 1: What was it like?

Following life becoming unsafe and making a decision to leave their country of origin, participants spent time describing what had happened on their journey to the UK. The majority of the participants used expensive agents or smugglers to help them escape and travel to other countries and the UK (with two exceptions; Thomas had studied in the UK so was able to get a visa and apply for asylum on arrival and Siddiq was studying when difficulties had arisen in his home country and thus applied for asylum in the UK). Participants described travelling to the UK including by bus, plane and lorry, and journeys were described as long and tiring. In almost all cases participants had travelled via another country, where often participants had also experienced ‘difficulties’; this often took the form of further detention and abuse, leading to additional traumatising. It was important to highlight this in the results and provide a sense of the extents and difficulties that participants had gone to to escape their circumstances in their country of origin. There was a real sense in interviews of how long and traumatic the journey could be, and participants clearly needed to convey a sense of how stressful this had been for them. Further, participants did not know where they were going, having only requested and paid to be taken to a place of safety, resonating with a ‘sense of confusion’ on arrival, described in Core Category 3.

*“I was in [Middle Eastern country]...an agent...took me to another country, that country sent me back as it was closed to [country]. Then an agent passed me on to a lorry driver where I hid for 25 days. I was coming out only at night time to use the toilet. And they gave me a bottle if I needed the toilet when in the lorry.”*(Ahmad)

*“[for] 18 days I was on the way here, I changed a couple of lorries...I was so tired...Those last three days [of the journey] when I was being transported in a fridge... temperature was minus for three days...there were three of us in there, just trying to keep each other warm... it was just lettuce [in the fridge], so at least it was something that we could eat, to give us some energy...just to survive.”* (Majid)

*“The smuggler and agent...help[ed] me leave Iran. I [was] arrested in [European country]...the police [there] hit me without any reason... questioned me...[and] threw me out onto the street... I was sleeping rough...It was so cold and I didn’t have any money or any things, so it wasn’t a safe place for me to stay...I told my agent, the only thing I need is to be safe....he said okay I will send you somewhere to be safe.”* (Ferhad)

*“If you want to have an experience like me, you need to go somewhere without food for 2 or 3 days like in a forest or somewhere, without any water. Or somewhere where you don’t know who is around and what is happening.”* (Saeed)

Category 2: How I coped with the journey?

A number of participants spent time in the interviews describing how they had coped with the process of the journey. Religion, companionship, unknown ‘inner strength’ and a search for safety were some of the ways in which the participants who had made difficult journeys described gaining strength and managing this stage of the process. Whilst in the previous category all participants had described a process of a difficult and traumatic journey, all participants were able to reflect on the ways in which they were able to manage this process and where they drew their strength from; often, as seen in the quotations, this came from an ‘other’; God or another companion. However, for other participants, this strength came from an internal survival schema.

*“When I look back...at the journey her..., I can’t believe I did that hard work, I think it was God ...I was always the sort of person who relied on someone else...to help me, I couldn’t do anything on my own” (Lila)*

*“[I got strength] from God...: it was...three of us there [in lorry], and we were making jokes together.” (Majid)*

*“Thinking about safety, it’s like footballers. Even when they are very tired they still have to try and put the ball in the goal. So they try their best even though they are very tired. So it was the same for us...[we] want to survive. So that is the way, for me, I got by.” (Farid)*

**CORE CATEGORY 3: ARRIVING IN THE UK**Category 1: What happened?

Following difficulties participants experienced on their journey to the UK, the next key idea arising from interview data was the experience of arriving in the UK and what this felt like. Most participants applied for asylum on arrival (though as mentioned, Thomas and Siddiq were in the UK already when they applied). Participants seemed to have quite radically different experiences on arrival in the UK, with some finding that they were treated well and respectfully, but others experiencing further trauma as a consequence of difficult experiences with the UK immigration authorities and the police. Those who had experienced difficulties on arrival indicated that they felt that this further compounded the difficulties and trauma they had experienced in their country of origin, and were re-traumatising. The majority of participants described having their asylum applications and initial interviews processed at the UKBA Home Office Centre.

*“Something was very positive.... when I arrived, I was waiting for someone to...handcuff me and take me to...a detention centre...But it wasn’t like that...[they] just looked at the part*

*which said I need your help. So they took me to a nice room, they spoke very nicely to me, which was a very positive thing...When the people come over here, the behaviour [of UK person's] is very good.”(Farid)*

*“We arrived at that car park, in the middle of the motorway...the driver, just said, its finished and then we came out of the lorry, and we asked where we were and he said [UK city]...they said just go and run... two [police] came. They took us for an interview... [their] behaviour to us was very good...some people have told me that when they came, the police they came with helicopters and it was very scary. But for us, we were lucky as the people we met were good...for 3 or 4 days, I was in detention...after that they sent us to [city in South Wales]” (Majid)*

*“When I came here they took me to a detention centre...they said that I didn't have any rights in the UK, and that I had to be deported...policeman came into my room and...handcuffed me. It was really bad....tight...They behaved like I was a terrorist... they wrapped me with a belt. So I couldn't speak...I was trying to say that my handcuffs were too tight...they just ignored it...they even tied my legs to the chairs [on the plane]...I couldn't move....I was struggling to breathe, it was really horrible and one of the worse things that happened to me....I was crying, two of the members of security were swearing at me 'fuck you, fuck your family'.” (Ferhad)*

### Category 2: What was it like?

The previous category illustrates the variety of experiences participants had on arrival in the UK, some feeling like they had been treated positively and helpfully by UK authorities and others describing mistreatment and further trauma. Some of the narratives in the previous category provide a sense of how participants had made meaning and felt about these initial experiences, but when asked about how this felt in more detail, participants gave a range of responses, which are explored in the following sub-categories. Participants seemed to experience the initial stage on arrival in the UK as being distressing and depressing, confusing and characterised by a sense of loss.

#### Sub-Category I: Distressing & depressing

Some participants described feeling low in mood, emotional and distressed about arrival in the UK, thinking about death, and crying a lot, but trying to stay 'strong' in order to cope and manage a novel environment they had arrived in following a number of traumatic displacement experiences.

*“All the time I felt very low...I was telling myself, just stay strong, this is only temporary and soon it will be over. At that time I wished I was dying. When I was going to sleep I wished that I wouldn't wake up.”(Niki)*

*“I was heartbroken. I have never felt how I did at that time, I was crying at the time a lot and I felt low, very low.” (Ferhad)*

Sub-Category II: Confusing

A number of the participants described a sense of confusion on arrival, characterised by a sense of disconnection with their surroundings and a feeling of being lost. A number of participants, potentially as a result of their journey, and the circumstances under which they had left their country of origin, had found themselves in a new country not knowing where the agents and smugglers had taken them and found this a confusing experience.

*“When I first arrived I felt like a lot of other people do when they first arrive, I felt lost, I felt very confused...like I did not know where I am ... that was ... in the first couple of days and everyone is like that” (Lila)*

*“I didn’t even know which country I was in.”(Niki)*

*“When I came here it was confusing because I didn’t know where I was. I didn’t know where the smuggler had taken me....I felt like I was lost...we didn’t know where we had really come from, and didn’t know where we were going.” (Majid)*

Sub-Category III: A sense of Loss

A number of participants also described experiencing a sense of loss on arrival in the UK. This was characterised by suggestions that they had left everything, including their former ‘good lives’ behind and now had to re-build their lives from scratch in novel and difficult circumstances. Further, there was a sense of inevitability about this; as though there were no options now to return home, as ties had been severed. Despite some participants finding this a burdening experience, some participants did describe the experience as conversely liberating, and the fact that they were in a new country offered them the opportunity to forget about the problems that they had previously experienced and could start a new life.

*“When you come here you feel like you have lost everything. You have left everything behind you. You have broken all of the bridges behind you and you don’t have anywhere to go back. ..it makes you very worried” (Lila)*

*“[Back in my home country I had] a vision, a purpose...people working for [me]. And then. Losing everything...you are re-starting life.”(Thomas)*

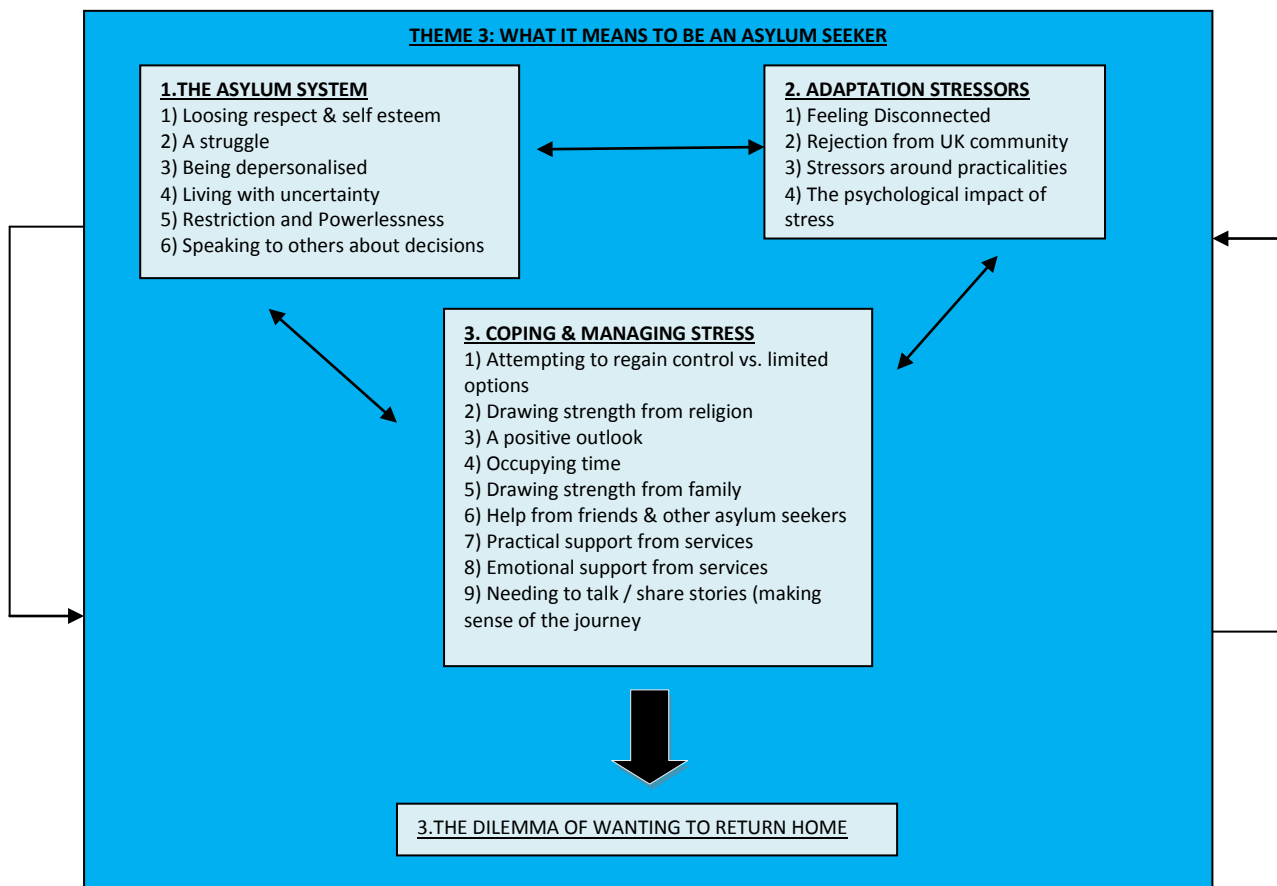
*“[I] can see being in the UK as a new start and...can forget that the things that happened in [country of origin]” (Suri)*

**SUMMARY OF THEME 2**

This theme focussed on exploring the meaning that participants had made of the process of displacement from their country of origin, and some of the ways in which they had coped.

Given that the first theme explored the idea that participants had previously had a good life at home, it seemed that participants found the process of displacement represented a significant upheaval and a need to rapidly adjust to new circumstances. The overall key concepts in this process were that events occurred in the participant's home countries which led to them being unsafe due to political or religious persecution leading to risk of significant physical or psychological harm. This prompted a decision to leave their home country. Within this process, participants had sometimes been subject to abuse and trauma. The process of the journey was often difficult and long, with participants drawing on religion, 'inner strength' and other people to cope with this journey. Participant narratives around arrival in the UK were explored, and characterised by a sense of confusion, distress and loss. The difficult nature of participant experiences at this stage in the process seemed to impact on the ways in which they experienced their current life in the UK and their involvement with the asylum system, concepts which will be explored in the third theme; moving through the asylum process, stressors adapting to a new life in the UK and the resources (both internal and external) which participants drew upon to cope with this. Further it examines the 'dilemma' that many participants described between wanting to be in the UK because of safety, whilst simultaneously having the desire to return to their home country.

### 3.3.3 THEME 3: WHAT IT MEANS TO BE AN ASYLUM SEEKER



This theme represents the core aspect of this Constructivist Grounded Theory; it explores what it means to be an asylum seeker in the UK; what challenges asylum seekers face and the meanings they make of these challenges, as well as the ways in which they manage and cope with these difficulties. Given that Theme's 1 and 2 focussed on life prior to and leading up to arrival in the UK, Theme 3 exploring the *current* experiences of asylum seekers in the UK is a natural subsequent theme. It is likely that the content of the participant journey thus far (i.e. background experiences, needing to leave, 'flight' to the UK and arrival in the UK) will have provided a sense of context, and participants indicated that these events impacted on how they were making sense of life currently. Earlier themes were important to present in order to provide the reader with the context of what being an asylum seeker involved in their journey to arrival in the UK. In Theme 3, four core categories emerged from the data analysis in relation to participants day-to-day experiences. Core category 1 explores the impact of the asylum system on participants, suggesting that the overall process created significant stress. Core category 2 explores adaptation stressors; primarily the difficulties around the circumstances of being in a new country and the impact of these stressors on internal



psychological states. Disconnection is an important notion when considering adaptation stress (from culture, community and family at home). Core category 3 considers the process and ways in which participants were able to cope with and manage the dual difficulties of the asylum system and where participants draw their 'inner strength' from. The issues in these core categories seem to interact and impact on core category 4; the dilemma of wanting to return home, where participants explored the idea of return to country of origin (due to the difficult circumstances of life in the UK because of the asylum system and adaptation stressors), but were simultaneously being aware that this carried high risk around their own, and their families safety.

These four core categories appeared to interact to create an overall picture of the participant's day-to-day experiences of life as an asylum seeker. Further, the considerations and dilemmas that participants described here seemed to impact on the fourth theme; participants' experiences of thinking about the future.

### **CORE CATEGORY 1: THE ASYLUM SYSTEM**

This core category focuses on the asylum system; one of the key elements of asylum seekers daily lives that can create multiple stressors and difficulties. It is this aspect of the Constructivist Grounded Theory that is unique to this population of migrants, as many other migrants do not have to contend with this system (e.g. refugees already have status, and economic migrants do not have to contend with the system). The system and process has been described in Chapter 1, and consequently the analysis focussed on what being involved in the process felt like and the meaning that participants made of the process, rather than describing what happened. Participants described going through the system in a number of ways; it made them feel as though they were losing respect, going through a struggle, being de-personalised, having to manage a continuous state of uncertainty around the decision and being made to feel restricted and powerless. Additionally, participants discussed some of the issues that arise when speaking to other asylum seekers about the asylum process and decision.

It is noteworthy that one participant (Thomas) spent much time in the interview talking about his experiences of the asylum system, and clearly wanted to speak about this to a greater extent than some of the other interview ideas, and consequently, it seemed in the analysis that

there was an over-representation of his views, though other participants also discussed and alluded to the ideas that Thomas highlighted.

#### Category 1: Loosing respect & self-esteem

Participants suggested that involvement in the asylum process made them feel as though they were losing respect and self-esteem, and was described by one participant as being ‘torturing’; given that a previous category had explored torture that participants experienced in their country of origin, to come to the UK and be involved in a system that also was described as being ‘torturing’ carried particular poignancy and resonance. Participants also talked about the label of being an ‘asylum seeker’, conceptualising this as a derogatory, insulting term which also denotes a sense of inequality to other people, entrapment and dependence on the system that was processing them.

*“When you come here, the first thing is they ask you to go to a screening process... at [the UKBA]. You go there. They identify you. And that first day, you will feel...like losing respect of yourself...When you arrive, you are like handing yourself to them...they take you, then they put you in a place and you have to wait....this experience, is more tormenting... very torturing.” (Thomas)*

*“I could not accept to come here as an asylum seeker. You know it’s very disrespectful for me... they put you in a kind of place and then you are dependent... You feel like an asylum seeker. It’s like you, you are an asylum seeker. It’s like an insult....you don’t have the same rights as everybody else. So you are living like that“(Thomas)*

#### Category 2: A struggle

A number of participants suggested that the process of going through the asylum system was generally conceptualised as being ‘a struggle’. A basic overview of the asylum process is presented in the Introduction chapter and it is clear that the process involves many complexities and is seemingly bureaucratic and difficult for people to understand, especially given potential language difficulties. Participants suggested that Home Office staff had difficulty understanding comprehension of the asylum system, and that there was an overwhelming amount of paperwork to complete throughout the process, thus the conceptualisation of ‘a struggle’. Despite this, one participant talked about the ways in which struggling with this system actually helped to develop some form of inner strength, as the struggle created other opportunities in thinking of ways in which the situation could be improved in order that he could live in better circumstances.

*“The things that can really disturb [us] is that there is a lot of paperwork when you come into this country, and [we] don’t know how to deal with that.” (Farid)*

*“The [HO interviewer] said he couldn’t believe that I was educated [and that] I didn’t know anything about asylum.” (Siddiq)*

*“Every time you go [to the home office], they show you how you can go back [home]....But I can’t. Because of safety. You see how safety is important for a human being. Even though I am struggling, I would like to go back. But I can’t go back. I prefer to struggle....But, in struggling, I am looking for ways to live well...you have in your mind, this struggle...this emotion of being mistreated” (Thomas)*

### Category 3: Being depersonalised

Some participants described the asylum system in ways which could be understood as being de-personalising. Participants described going to the UKBA / Home Office offices, and having to wait for long periods of time, only to be told to return for another appointment. Further, participants seemed to suggest that there was a need for Home Office staff to treat people like individuals and take into account their previous experiences (including whether the person had been subject to difficult circumstances in their country of origin), in order to make it a more hospitable and personalised service. Participants seemed to be suggesting that this initial contact with the Home Office immediately made them feel like the system did not really care about them; as one participant suggested, in an age of ‘customer service’ the ways in which staff treated asylum seekers at the UKBA seemed hostile and rude. In addition to this, one participant noted the risk that this approach has for the UK, suggesting that if people are mistreated when they arrive for help and support, it immediately creates a tension, which could create a sense of disillusionment and dissatisfaction for asylum seekers, and this may potentially contribute towards a general move towards religious and cultural extremism and terrorism.

*“you have to submit yourself and then wait....It’s a very depersonalized system...there should be change...they should put in place a...system that considers people...as human beings... What has happened to them in the past, why they took the decision to come here, and considering what they went through. How can we help them to deal with the situation helpfully” (Thomas)*

*“I turned up at 8 o clock and they gave me a number. And after 4 hours...they called me...[the interviewer] didn’t ask me what was my problem, like why I had come here. She didn’t ask me anything. Straightaway she said you can make an appointment and then you can come back. After 4 or 5 hours of waiting she said to me like that....with a small baby [with me].” (Siddiq)*

*“it is a potential threat for the UK... going through that experience [of the asylum process] continually, it is very dangerous...to avoid that process you understand, we need to have the kind of society where we are talking to people and it is personalized.” (Thomas)*

#### Category 4: Living with uncertainty

Many participants described a general feeling of uncertainty around the process, primarily about whether they would get a positive decision, which would allow them to remain in the UK under refugee status. The decision had significant implications for participants; a negative decision could mean a person being deported from the UK to their country of origin, which meant the possibility of torture and potentially death. Consequently, the asylum decision had a huge impact on asylum seekers wellbeing, and the sense of uncertainty contributed to participants feeling ‘stressed’.

*“You don’t feel safe, you don’t know how long you are able to stay for, you don’t know when your interview will be, you don’t know whether you will get granted or not. So the feeling of being unsafe gets worse...If you get a negative [asylum] result, what will happen? This makes you worry....you feel unsafe. After the [asylum]interview, you try to carry on with your life. ...try to get yourself more relaxed. But every day it gets worse, because all of the memories come back from back home ... When you don’t have a positive decision, you always feel in a ‘storm’.”(Lila)*

*“It helps you to be in safety here, but for the second time, you are going to be tortured.... you are waiting for a decision. When they are going to decide, you don’t know. So it’s like the unknown. And a man cannot live not knowing where he is going...But when you call [caseworker], she says you should wait.” (Thomas)*

*“It is like if you are in prison or something you know that after three days for example, you can get released, or that you can get hope. That is the difference....But...in [this] situation we did not know what would happen after three days, whether it would be for a month, or days” (Saeed)*

As mentioned the stress created by this general sense of uncertainty was exacerbated by the possibility that a failed decision would mean the possibility of being deported; deportation was clearly accompanied by other concerns about what it would mean to return home and face possible further persecution. A number of participants talked about this concern specifically.

*“I am still not secure....Because they haven’t accepted me staying here yet....I’m scared all the time that they will deport me back to [country of origin]. All the time, all the tortures, prisons, hanging, tying on the bed, lashings on the foot, that all comes back” (Ahmad)*

*“You have to sign every week....You are conditioned every week to go and sign at the UKBA. .they say that you can be detained at any time...[and] get sent back to your country at any time..... Uncertainty. It is fear. It is scary.” (Thomas)*

*“The [interviewer]said, now the position has changed in [my home country] [and the] government can protect [you]...I said look, there was a guy who was in the custody of the police ...some...Religious people...came and broke the door, and brought him out. And in the presence of police they put fire on him...and he [Home office interviewer] was telling me that look they can protect you over there....everyone knows what is the position of [my home country]. Thousands of people are being killed....And he [interviewer] knew about it.” (Siddiq)*

Further, it was interesting seeing Majid’s response around this (given refugee status between interviews), who noted that it alleviated concerns about safety, having a positive impact on how stressed he felt.

*“I was worried that they would come and arrest me [and] deport... it was very stressful....we saw that a couple of times, where people were sent back... If you get a negative result, then you start to get worried about deportation...[following my asylum decision and new refugee status my sense of safety ] has changed 100 per cent, because now at the night time, I don’t need to be worried at the night time[about deportation]. Now I can sleep” (Majid 2)*

#### Category 5: Restriction & Powerlessness

Many participants suggested they felt limited, restricted and powerless whilst applying for asylum status. This was primarily due to the fact that asylum seekers have little choice about where they can go in the UK, not being allowed to work and having to survive on minimal levels of support. Given participants descriptions of a ‘good life’ in their country of origin, these significant restrictions seemed particularly punitive to participants, and a dramatic change. Having to adapt to this new life of restrictions was described as being difficult and potentially damaging to their psychological well-being. The sub-categories presented explore participant ideas about this, but an overall sense of restriction is summarised neatly in the following quotation:

*“It’s keeping people caged up in a situation. Limited. Don’t do this! Don’t do that! If they catch you they will ... remove you. So that is scary. And you already have problems that you have been through back in your own country. Tortured. And then all of those things are in your mind... All the people who come here [as asylum seekers] are tortured like that [around asylum decision]. You can see people in their 50’s who have families and a great life, and then they come here and are tortured in this way.” (Thomas)*

Sub-Category I: Work restrictions

A number of participants talked about not being able to gain employment, and suggested that this had an impact on their overall experience of life currently in the UK. For the participants, work meant not only better financial security, but also provided a means of distraction, a mechanism to integrate with the community more effectively, and a sense of making a contribution. Thus restriction around work was considered detrimental to finances, integration, self-esteem and general psychological wellbeing. It is also worth mentioning that people alluded to a cultural expectation around work, and found unemployment difficult to adapt to. Further, some participants talked about needing to work in the black market in order to survive.

*“Work makes you busy during the day time so you don’t have time to think about what’s happened. And when you get back home, you’re tired so you sleep better....when you don’t work, you’re thinking all the time of what happened before again and I think you lose your day...if they can be useful...they don’t feel empty they feel like they are doing something here as well, this will give them pride... it makes you feel alive” (Farah)*

*“They [could] send me to work...my mind [would be] better and people can find themselves in this society much easier. “(Farid)*

*“[Work is important] because in the daytime, when you don’t have anything to do, you just sit in the house and think more, so it makes you feel more stressed. ...It’s really important I think... especially in [our] culture men are working... it will affect their behaviour if they do not work...being together all day and all night it makes you argue more.” (Suri)*

*“[we] do not have work permission. And this can make [us] feel ill...feel depressed... ....[if we could work] People would still feel positive and may think that there is still something there in the world for [them]... in our situation working would be good. In our culture we have a phrase that work is like the blood in your body.... as long as you are doing something....I feel that when I take money off the home office, I feel ashamed of myself....If they have a job, they wouldn’t be wasting the time of the doctors as well. Because they would feel better.” (Ferhad)*

*“I don’t have permission to work, or earn any money, so how do they think we will survive and stay alive? So we have to work on the black market without permission or we will not survive. But if you are hungry, you cannot do anything about that. ...work will keep you occupied. ...it is better than staying at home and doing nothing....[also] If you have more work you have more money....I can’t afford to buy new things....also, especially as it is not our country, we need as a security we need to have some money saved..” (Saeed)*

Sub-Category II: Location

Participants described finding restrictions around where they could go also limiting and difficult. The decision about where they would reside in the UK was decided for them, rather than involving the applicant in the decision. Again, this restriction was associated with losing

self-esteem, and participants suggested that a positive asylum decision would allow them to make their own choices about where to live.

*“They decided where I was going to go. I stayed in [UK city] for 2 weeks and then [city in South Wales]” (Niki)*

*“And the [after the initial interview] they give you accommodation. But you don’t decide your accommodation. They just tell you, you are going to [this place or that place]. Then you say yes. You cannot say no. And a human being is created to be independent. To be responsible. To take charge of his life. So you are not taking charge of your life anymore. So psychologically, you lose respect, you lose self-esteem.” (Thomas)*

*“ [An asylum decision means] security in the sense that at least I can go to other cities, at least I don’t need to stay with the people in this city.” (Lila)*

### Sub-Category III: Financial Restrictions

A number of participants also talked about the financial restrictions they experienced and what implications this had for them. It is worth considering this again in relation to the ‘good life’ discussed in the initial theme where participants had previously led relatively financially well-off lives; thus a shift to one of financial dependency and limitation created anxiety, difficulty and distress. Participants describing being highly restricted in the money they were provided with, and given that they are unable to work, felt fixed in this position. Participants talked about the fact that they did not have any money to be able to do any enjoyable activities, and often had to rely on use of vouchers rather than money (the Home Office often provides vouchers as an alternative to money), though participants described negative experiences of this, and the way in which they further stigmatised and isolated them from the host community. Further, one participant, who was appealing a failed decision, alluded to the fact that once you have failed, the majority of your support is stopped, clearly be a concern for other asylum seekers who have yet to hear the outcome of their decision.

*“They [make you] dependent....They give you little money...to live....You can’t afford things like going to the cinema...You are not responsible for yourself, you have to depend on somebody who is going to decide on you....you are being guided and led. Pushed....I am now ...not taking charge of [my] life... If you don’t [go to the Home Office] then you don’t get your money next week....this is very torturing... your personality is being destroyed. I cannot buy some things for my children...it’s Expensive... You are limited, stuck“.(Thomas)*

*“Money is not money. We get vouchers and we are not happy with that....We get bad behaviour off people when we go to buy something in the shop. The other day we went to the shop to buy some clothes [and ] the cashier...wouldn’t sell it to us. We felt bad and very humiliated. They said that with those vouchers you cannot have those sort of things.... We*

were very upset. The other day we went to [supermarket] to just buy some bedsheets and they said you can't get those ones, you have to get the cheaper ones with the voucher." (Suri)

"Another issue is ... financial problems. They give us some little money which is just enough so we do not die, so we can eat enough so we do not die, but really the money isn't enough... sometimes I save enough money over two days so that I can have a good meal." (Majid)

#### Category 6: Speaking to others about decisions

Participants seemed to take differing views about talking to other asylum seekers about their asylum decision. Some participants found it helpful hearing about other people who had received positive decisions, feeling that this gave them hope for their own positive decision. However, other participants described that hearing despondency about asylum decisions from others, made them feel despondent themselves, and as though the future was bleak in terms of receiving a positive decision. One participant suggested that talking to others could be misleading, as for some (for example people who had endured severe hardship before seeking asylum), the asylum process, despite all of the limitations, restrictions and uncertainties, might still seem like a better situation than the one they were in prior to coming to the UK; however, for people who had been in quite secure and stable financial positions prior to seeking asylum, involvement in this process may seem very difficult and completely different to the lifestyle that they may have been used to. Thus, contextualising the move in relation to a life story may be useful and appropriate.

"When we hear...that nobody is sent back to [country of origin], that helps me to feel a little bit better...people from the [third sector support service also] say this." (Suri)

"[Another] thing which hurt[s] me, are the other people [in my shared house who] talk about being refused, that I will be refused as well, they are all the time saying negative things, but I try not to speak with them that much" (Majid)

"you feel, disappointed, because I was thinking when I came here that they would maybe decide quickly for me...I heard about asylum seeking, people who have been here saying it is an experience, but you know, you don't have the same life for everybody. For some people it's good...in his country you have someone who didn't study, he didn't have qualifications, skills...when [he] comes here they are giving him some little money, you understand, he has a house, so for him, it's a better life. But not for everybody....So he will tell you that being an asylum seeker is good....But for me. No. It's very bad." (Thomas)

### **CORE CATEGORY 2: ADAPTATION STRESSORS**

The previous category has explored the challenging experience of negotiating the asylum system for participants. Key ideas seemed to be a general loss of self-esteem and respect,



finding the process a struggle and de-personalised, filled with uncertainty around whether they will get a positive decision (as well as thoughts about the implications around an unsuccessful decision, impacting on participant distress), as well as finding the process severely restricting around work and financial stability. This provides an indication of how stressful an experience being involved in the asylum system was for participants. The purpose of the following core category is to explore and consider the other stressors that asylum seeking participants had to endure on a day-to-day basis, on top of the challenges that the asylum system was presenting. These have been conceptualised as ‘adaptation’ stressors; when the data was examined and coded, it seemed as though all of the codes indicated a difficulty in adapting to a new life in the UK, and the possible internal psychological implications of this. Whilst these are stressors that other migrants might also have to contend with, asylum seekers have the dual difficulties of these adaptation stressors as well as contention with the challenges that involvement with the asylum system creates. Four categories regarding different types of adaptation stress were considered, which will now be explored.

#### Category 1: Feeling disconnected

Participants explored a number of issues around the concept of ‘feeling disconnected’. This concept was discussed in relation to a multiple aspects of the experience of adapting to life in the UK, including differences in culture, family and values, and language a sense of being disconnected from participants’ own migrant communities and a set of concerns and feelings of guilt about their families back in their country of origin (disconnection from families). As with all themes and categories explored, the researcher attempted to consider the ways in which these experiences impacted on participants, as well as the meanings and sense they made of these experiences.

A number of participants directly referred to cultural differences between their own country and the UK in the values and behaviours around the ways in which families and people in communities interact. Participants suggested that this caused them to feel different and disrespected in a community context, which seemed to create a sense of ‘cultural disconnection’.

*“It [cultural disconnection] is very difficult. In our country, our culture, we are very family orientated... We gather together a lot. Even people who get married, have children, they still stay with family. It is a cultural thing, staying together. But here, people are so far from each*

*other, so that is another thing that is hurting as well. It is different to my culture and different to my ideas, and the way that people behave in this way is different.” (Ferhad)*

*“In [our] culture, other people are very respectable. So [if] another person comes in, everyone has to stand up. To welcome.... that is something that everyone will do. So for example, sometimes, when I get on a bus [here] when I see an elderly person come on to the bus, I stand up and give my seat to them. And they look at me and say are you sure about that. And I say yes. And I think that they might think that I am stupid.... Like why have I done that. But this is in my culture and I like to do that. So even those little things can affect me. I do it for other people, but they do not respect it. I need to feel respected.” (Saeed)*

Related to the concept of ‘cultural disconnection’ was the idea that arose from the data around language difficulties when in the UK. Learning English in order to be able to adapt in the UK was highlighted as being very important, and the notion that people felt disconnected as a result of language difficulties (in terms of some of the practical difficulties that arose from not being able to speak English, for example) was also highlighted. It is worth mentioning that the two participants who spoke fluent English (Siddiq & Thomas) did not highlight language as being an issue, presumably because this had not impacted upon their experience. Other participants however did discuss this, and the resulting problems.

*“It makes you very worried, because I can’t even speak the language, you can’t communicate and can’t even deal with your basic problems in this country because of the language barrier.... you can’t communicate. For example, in the pharmacy, there is no interpreter there so you can’t communicate....It causes me a lot of problems. The other day my daughter was ill...I had to go to the pharmacy and buy some medication myself. I did not know how to say that...They said...I had to go to A&E. I don’t even know where that hospital is. So I didn’t know what to do.” (Lila)*

Some participants also suggested that they additionally felt disconnected from communities of people in the UK from their country of origin. Some participants described not wanting to socialise or mix with people from their own community. Part of this may have been because, as previously mentioned, speaking to other asylum seekers about the difficulties of the asylum system at times made participants feel negative and despondent about gaining status. However, the data in relation to this category was conceptualised as being something slightly different; that participants felt like they did not trust others from their own community, and being around others from their own community made them feel vulnerable, exploited and sometimes hopeless about their situations.

*“I had found a friend, she needed some money, so I gave her some money...she left me, she didn’t give it back to me. I tried to phone her and she didn’t answer, she had moved house. She was very rude to me and she left me.” (Lila)*

*“I don’t feel safe with them [groups of people from country of origin]... I speak to people. But I don’t feel totally safe around them.”(Ahmad)*

*“I met with [people from my] community one or two times and I didn’t like it....they were all talking about the problems they had and they talked about what was happening back [at home]. And also...about the fact that they had no support here. They were talking about all of the negative things really. So it made me feel more stressed.”(Suri)*

A linked concept is the idea that whilst people may find that they are connected to others in their community, they feel unable to talk to them, due to concerns about burdening friends with their problems:

*“I can [talk to other asylum seekers who are friends], but I don’t...they know about the problems a ...bit...I don’t because they were all my problems...They have all got their own problems. I have another friend [who] said I have loads of problems...He is so upset and anxious and he lost all of the hair from his eyebrows and his head....He is about the same time as me waiting to be granted and is very ill.”(Saeed)*

Over the course of the interviews, most of the participants expressed feeling detached and disconnected from family that they had left behind in their country of origin. Whilst some participants had members of their family with them, they expressed still feeling detached from extended family, whilst other participants had made the journey to the UK alone, and felt significantly detached from immediate family at home. People described this as being one of the most significant stressors, and the majority of participants talked at some length about this. Some participants directly linked disconnection from family with feelings of being unsafe and being lonely. Further, some participants had been forced to escape their country of origin alone, and had had to leave some family behind; this was a source of concern and guilt for these participants.

*“I really miss all my family....my children, grandchildren. [The] person I really miss, was the person who was with me all my life, was my wife. She is not here... [interviewer] when you go to the university you go slowly because you might not want to go, but you feel much better and walk quicker on the way back home as you are looking forward to seeing your family...you feel much better when you go back to see...family. But I haven’t got that feeling at the moment and I miss that....That is something that I cannot change. Inside, everyone feels safer when you are with your family.”(Ahmed)*

*“When we were in our country we had our family around us and our people around us. Living here we are very lonely.”(Farah)*

*“For my children I want to be the best father I can, I want to support my children...I know how painful it can be for my children without me there.” (Farid)*

*“They have a difficult life. The government are always going to them and asking them about me. So all my family have stress because of me. Especially my wife, she has been taken to the detention centre for questioning, and after that...she got ill.” (Ahmad)*

*“[I worry about] my family and what might happen to them. Sometimes I feel good, because I can see I escaped and fled from the problem that I had. But on the other hand I think about my family, and what will happen to my family and what will the future look like...I am very worried, because my wife is [the same religion]. So her life is in danger as well.” (Farid)*

*“I feel very depressed, because I left all of my family behind me...an hour ago when I spoke to [my mother] to say happy new year to her, she was crying because I was absent from the family....she feels my absence.” (Majid)*

### Category 2: Rejection from UK community

Related to the idea that participants felt ‘culturally disconnected’, because of differences around cultural values, language difficulties and separation from family, was the sense that participants had of feeling rejected by the UK community. Participants described feeling unsupported by members of the public when they were in situations where they could have benefited from kindness or help, and made them feel like a burden or different. Some participants had also been assaulted or robbed whilst in the UK, also contributing to the sense that the community were hostile towards them.

*“You feel the [way] British people speak to you, I know we can’t speak English, but they could help you a little bit, even with the basics. You see that you are helpless and no-one is helping so it affects you more.” (Lila)*

*“When we come here and see those sort of behaviours [from hostility within the British community] it’s very stressful. It’s not easy to accept.” (Suri)*

*“It is difficult [that the UK community] cannot accept me... I do the bus trip daily ...I tried it many...times, if there is a chair by me and it is empty, and if other people have an empty chair by them, no one will come and sit by me. So it shows they don’t accept me... The only time when someone will come and sit by me is when there are no other chairs available.... I tried lots of times and ways to mix with my community but no one was happy to accept me” (Saeed)*

*“They took everything from me. Robbed my money. Some people saw and phoned the police.” (Ahmad)*

Category 3: Stressors around practicalities

A number of participants described stressors around practical situations, including accommodation, medical & social support and not having someone to explain support services or the legal system. Whilst these arose from the data as being clustered together conceptually as ‘practical stressors’, they are also clearly linked to the asylum system, as going through the process meant that participants had to endure sub-standard accommodation and support as were in a position of being reliant on the system. However, they have been considered under ‘adaptation stressors’ due to the fact that they seemed linked to the notion that they had to adapt to a different way of life, indeed a very different way of life compared to the ‘good life’ they had had in their country of origin prior to seeking asylum. Participants reflected on the ways in which they felt these practical stressors impacted upon them, considered further in Category 4, the psychological impact of stress.

Sub-Category I: Accommodation

Some participants suggested that whilst seeking asylum they had to stay in noisy and sub-standard accommodation initially which did not take into account their individual circumstances and problems (i.e. not contextualising difficulties in consideration of life-story).

*“If someone like me is not welcome into this country he better have his own place, and be in a calm and quieter place. That is important. Because for people suffering like me, it is difficult and I can’t stand noisy and crowded places. Somewhere quiet is better. It can be useful to stay stronger and patient...I couldn’t sleep last night until 4 am, because [of noise by other residents]... I tried to put something in my ears so I wouldn’t hear, but it didn’t work.”(Ahmad)*

*“In my view, the first accommodation you get in the country is important. When we first arrived, we went to [Hotel] and it was very bad, very dirty, very messy place.... After that we moved to a house...The accommodation agency knew about my husband’s problem, knew he had difficulties with stairs. He has a really bad back problem, so he couldn’t walk up the stairs. But the house they have given us now is 3 floors, so we have to go up and down the stairs and this is a very bad problem.” (Farah)*

Sub-Category II: Medical, Social and legal care and support

A number of participants described running into problems in accessing appropriate and useful medical, social and legal services. Whilst participants generally appreciated the support they received, they suggested that poor decisions were made in relation to their health circumstances, concluding that they shouldn’t rely on other professionals in order to help support them.

*“The government here, we do appreciate it, because they operated on my husband...He is having treatment for his needs. But...they’ve given us a house with 3 stories...it’s not worth the money the NHS have spent. It’s about aftercare ... and they haven’t been thoughtful” (Farah)*

*“Even the solicitor won’t tell you what the best way is to deal with the home office for example. No one is honest...I found out that I shouldn’t be relying on other [professionals] to help me ”(Lila)*

*“Every day they [hospital staff] said, come back tomorrow for your operation, and they kept changing the times and the dates. And then I was really getting anxious” (Saeed)*

*“[After being attacked, the police] said unfortunately, we cannot find anyone at this time. They cannot find anyone, so we will close the case. On the same day!...I was very disappointed... they didn’t come to my house, they didn’t come to the place where I was attacked. They didn’t come. Of course they should come...I told them that I was scared, please come...he said, stop, don’t say anything. He was so rude.” (Siddiq)*

Related to this was the concept that participants did not routinely have someone to explain the various care, social and legal systems to them, or even suggest where key services or amenities are located, and how to access them.

*“Having someone who can give you an idea about what is right and what is wrong in this country...It is important for someone to explain the laws to us in this country. When we first arrive. Someone to tell us what to do in the home office. When other people have a problem with the council, no one knows anything about the law. We need some information about the laws in this country. In our country, it is the solicitor job to help people, but over here the solicitor doesn’t help me at all.”(Lila)*

*“[You need to have someone to] Show them where the GP is and where the shopping centre is” (Farah)*

#### Category 4: The psychological impact of stress

This category attempts to describe some of the internal psychological distress that participants were experiencing as a consequence of their circumstances. It was considered that these internal states were linked to circumstances, as no participants described encountering these difficulties prior to experiencing difficulties with authorities or family in their country of origin or the asylum journey.

##### Sub-Category I: Not feeling strong

A number of participants described not feeling very strong in being able to deal with and cope with their problems: whilst some of the experiences explored in the next core theme

around coping indicated that participants were coping given their current life situation and circumstances, it did seem to be the case that some participants did not feel particularly strong in themselves in managing these life events:

*“I am a very weak person. Because I couldn’t deal with the problems that I had, all of the things I did and I worked on myself, it was everything against me, so it was all God.” (Lila)*

*“I don’t feel like I am strong at all” (Ferhad)*

*Sub-Category II: Feeling threatened & scared*

A number of participants reported feeling threatened and scared, perhaps as a consequence to the trauma they had experienced on the asylum journey (both in their country of origin, and in the UK, where some participants reported being fearful of deportation at night, as explored in the asylum system core category).

*“Always scary and frightened it’s behind me. I always feel like someone’s following me.” (Ahmad)*

*“I am very scared, I am even scared of my own shadow. So I sleep only with medication.” (Niki)*

*Sub-Category III: Tiredness & concentration difficulties*

A number of participants described feeling tired, having concentration difficulties and feeling like they were losing a sense of time, all possible indicators of stress that participants were experiencing as a consequence of their circumstances.

*“Usually I was very active [at home]. I am [young], but I feel very old and very tired.” (Niki)*

*“Days are repeating, and just feel like other days.” (Lila)*

*“Because of my mental problem I don’t like to go anywhere crowded, or I can’t really study now, because I can’t concentrate in my studies.” (Suri)*

*Sub-Category IV: Feeling overwhelming / detached emotions*

Participants described feeling sensitive, frustration and emotional disconnection, and these seemed to be linked to experiences that participants had been exposed to in the process of their journey. One participant reported using self-harm to manage the strong emotions that he was experiencing.

*“I have changed a lot...I loved my granny, but when she died even I didn’t cry. I could help myself not to cry. But living here now, I get very stressed and sensitive. Everywhere where I see anything that makes me think about my difficulties I start to cry. I have become very sensitive and very emotional.” (Ferhad)*

*“Sometimes I write a note...write an emotion that I had that day...[I] suffer from showing my emotions and think I am lost between my emotions. I don’t know what to put where.”(Farid)*

*“About a month ago, I was in so much pain, I was lying down and I was very upset, so I hit the wall with my hand and broke the bone....it was all because I was anxious.” (Saeed)*

*“It’s difficult, lots of stress, we are homesick, everything”(Suri)*

*“I am frightened. I feel very scared inside myself, so sometimes I decide to burn myself to get rid of the feelings inside....so I can feel relief from all of this stress and anxiety.” (Ahmad)*

#### Sub-Category V: Sleep problems & nightmares

A number of participants described difficulties sleeping and experiencing nightmares, again internal psychological stress that they described experiencing since they had arrived in the UK, possibly indicating that this was due to stress they had experienced directly prior to leaving their country of origin, stress on the journey, or stressors they were experiencing in the UK.

*“[I feel] lots of pressure. At the night-time, I have a stressed feeling, clamp my teeth together and after that I can’t really sleep.”(Lila)*

*“During the night I might fall down off the bed. [I] have loads of bad dreams, lots of scary things I saw in my dreams. So it made me feel more anxious when I woke up and didn’t feel like I had anyone to go to or talk to.” (Ahmad)*

*“I’ve got sleeping tablets to take, otherwise I cannot sleep. Every night I get nightmares that they are coming to arrest me.”(Niki)*

*“There was a time when I was unable to sleep. Thinking what happened to me” (Siddiq)*

#### Sub-Category VI: Involvement with the psychiatric system

Some participants reported involvement with the psychiatric system in order to try and get some support for managing their distress, but the success of this was variable:

*“They (tablets) do help me relax, but sometimes I need to think and the medication sometimes stops me thinking. But they do make me feel relaxed. It’s taken a long time to get my medication right.”(Ahmad)*

*“I saw a [psychiatrist]...they only ask how I am feeling and whether my medication is enough. If not they give you more medication. They don’t really talk to you they don’t have*



*much time....I've got some support workers who come to see me, but they cannot help with these things.”(Suri)*

*Sub-Category VII: ‘Why me’ questions*

Some participants reported that they regularly asked themselves why they specifically had been forced to go through these circumstances. There was a general feeling as though they were being punished in some way (linked to religious beliefs in some circumstances), or if they were braver or stronger, they would have managed these circumstances more effectively.

*“If I was more brave and more strong, these things, bad things that have happened, wouldn't have happened.”(Lila)*

*“it might be that God wants me to accept all of these bad things in my life.”(Ahmad)*

*“All the time I think to myself, if I help someone in my own country you do not deserve to have a life like that. You deserve something better really. I haven't done anything wrong.”(Niki)*

*“All of the time [in detention] I was thinking about what had happened and why should these things be happening to me?” (Ferhad)*

*“Sometimes I think that god has written my life that like, that I would have to face these types of problems. But I was never ever expecting that would happen to me.” (Siddiq)*

*Sub-Category VIII: Isolation*

A number of the participants reported feeling isolated, and potentially this sense is linked to the feeling of disconnection; from their family, their culture, the rest of the migrant community living in the UK, or the UK community.

*“I Mostly stay in the house”(Ahmad)*

*“I'm anxious all of the time. I stay inside, I don't want to come outside and see anybody. I'm tired of seeing people.” (Lila)*

*“No, we don't have many friends here.”(Suri)*

*“All the time I stay in my room” (Niki)*

Sub-Category IX: Physical Health Problems

Some participants reported physical health difficulties for them and their families, and seemed to link these problems with psychological and social stress that they had been exposed to.

*“It was very scary. My daughters had lots of stress, so got bad skin on their face.”(Farah)*

*“physically I couldn’t even come out of the bed until I had had an operation....I had an infection in hospital....I couldn’t even walk...If you have got a straight head and are thinking clearly then your body will be more healthy. (Saeed)*

*“I am taking medication for high blood pressure. Every day I have to take tablets.”(Siddiq)*

Sub-Category X: Not being understood / validated

A number of participants suggested that a person would need to go through traumatic experiences to understand what they were talking about.

*“[on the journey] they gave me a bottle if I needed the toilet when in the lorry. You can’t understand me, because you haven’t been in that situation.”(Ahmad)*

*“You have never been in that situation, so you don’t understand... I think you need to know that it is very hard. Do you feel that....if I start describing all of this situation, I could cry“ (Thomas)*

*“You have got to be in some situation to understand...if you have never been thirsty, you can never feel what it is like to be thirsty. If you are really hungry, not like hungry like waiting for your dinner to be ready, but so hungry that for 2 or 3 days you haven’t eaten anything. So you have to be in my situation so you can feel it” (Saeed)*

**CORE CATEGORY 3: COPING & MANAGING STRESS**

In an initial interview, it became apparent that terminology around ‘coping’ and ‘resilience’ had little resonance in certain languages and cultures where participants were from. Consequently, on discussion with the interpreter, it was found that the term that most appropriately described these phenomena was ‘inner strength’. This was therefore used as a term to explore coping and resilience in the context of interviews. It is important to acknowledge that ‘coping’ in this sense meant that participants were drawing on certain resources (either internal or external) to support themselves through these difficult times, but this did not mean that difficult situations or feelings (again either internal or external to them) were not co-occurring:

*“I’m less anxious now...Because of what is happening in our country. When we came at first we were in too much stress, but now I’ve got less....In some ways [I am coping], yes...”(Farah)*

Related to this idea was recognition by some participants that having to go through difficult situations may actually help them in being able to confront adversity in the future, potentially linked to the concept of post-traumatic growth (a particular conceptualisation of resilience as described in Chapter 1):

*“I don’t know, it may just help me. When I think about the times that I spent now, in the future I might think that I’ve been through that once already so I can do it and be stronger...So in the future if something happens, I’ll remember these times, and I’ll think, I dealt with that at that time, so I can deal with this problem now.”(Suri)*

The ways in which participants attempted to manage stress will now be considered, and as can be seen, was conceptualised via nine categories.

#### Category 1: Attempting to regain control versus having limited options

Some participants described attempting to retain some control over their situation, by making certain choices about their lifestyle in the UK, whereas other participants recognised that options for doing this were limited and they had to make do with their situation as a consequence of this. The notion of needing to retain a degree of control may be linked to the notion of resilience and identity discussed in the first theme.

*“You go to [support centre for refugees and asylum seekers]... I can’t go [there]. I don’t feel like eating like that.... I am keeping my self esteem....it keeps me independent, it keeps me trusting in myself and behaving as myself, not compromising my culture and personal character.” (Thomas)*

*“It is difficult, but I don’t have any more options.”(Farah)*

#### Category 2: Drawing strength from religion

Many of the participants described being religious and in the context of the interviews explored how religion provided them with ‘inner strength’ and direction and the process of this. For participants, a religious beliefs seemed to provide a sense of security in the presence of an ‘other’ who was supporting and guiding them. Further, places of worship provided a sense of connection and an opportunity to relax and be mindful.

*“I believe in God...god that gave me strength... any good things that happen in my life, any positive things, it’s from God” (Lila)*

*“Every person needs...to be mindful. Go to the church. Go to the mosque. [Since being in the UK religion] really helped me and it made me feel very good inside” (Farid)*

*“God [gave me strength]...and guided my decisions... I trusted that when [I am] telling the truth, [God] will help me.... I was never worried about feeling danger...I was feeling safe, and that was from god.” (Majid 2)*

*“[going to church] Its very relaxing...it just makes me feel good and more relaxed and the people there are very nice and good to me.”(Suri)*

*“The only thing that has given me power is God.....I feel that what I have got here is only because of my mother’s prayers. And God....the reason that I am here now and I am alive, is because God has helped me. In the morning when I wake up and I am still alive and I can still see the beauty in nature, I feel good and I thank god.”(Niki)*

*“God will help me.... I can’t lose my hope....The preaching from the pastor [at church] is giving me hope.... They put you in a situation where you believe that something positive can happen....white people praying for you so that your situation will improve. So this increases your hope....This is where you can...draw your strength from.” (Thomas)*

### Category 3: A positive outlook

Some of the participants described ways in which they viewed their circumstances and remained positive despite the difficulties that they were facing with the asylum system and adaptation stressors; this included cognitive strategies and self-belief.

*“I earned lots of money in [my country]...I just worked hard. So I’m sure that here...I will be successful for other people and my family as well.”(Farid)*

*“Having positive thoughts, that is very important. You’ve got to look at the cup being half full.... If you believe in anything you will get it.”(Niki)*

*“Being positive, being optimistic...you are positive in life even though problems have occurred, you know that I will make it. I will come out, this is a good character for life. And this is very helpful here. Especially as an asylum seeker, you know I am positive. I am suffering, but positive” (Thomas)*

*“I always think I’m on holiday or something. I don’t feel like I’m here to live.”(Farah)*

### Category 4: Occupying time

A number of participants talked about the need to be able to distract themselves, in order to try and avoid thinking about the difficulties that they had experienced, either in relation to the traumatic experiences they had been through in their country of origin or in the UK, or in relation to the difficulties of their journey.

*“All of [family] go to college...after that we go home and try and relax...[we go] everyday, but my husband just goes 2 days a week...it is very helpful.”(Farah)*

*“I go [to a support group], I go to college 3 days a week. To learn to speak English. And a man comes to the house to help me with English....So life is a bit better now....when I first arrived. I didn’t have a good time and I feel better now. I can walk on my own to [support group] and come back. Before...I was lost everywhere...But now I’m more independent.”(Ahmad)*

*“Any places where I go that make me feel better, I can feel it affecting me....the other day I went to the castle, and...took photos. And after that...I felt much better. So anything that is like a change to my everyday routine can help me.” (Majid 2)*

*“Those two days that I go to college, it helps me a little bit, to try not to think about what happened or what is going on. It can help, it can make my mind feel easier...Those two days go so fast, I don’t think about the problems that I have got that much... I try to just make myself feel occupied...the main thing is about having something to do. You have to tire your body out, and then you can keep your mind.” (Ferhad)*

*“Inner strength...depends on what you believe...About the future. If...you allow these things to happen to you then you are going to be a victim...I’m managing not to be a victim...To strengthen, my inner person, my inner strength...So I am reading...going to the websites, looking for information on there...Going to the university to study....Self improvement” (Thomas)*

#### Category 5: Drawing strength from family

Virtually all of the participants described to various extents the support and strength that family had provided in being able to confront the difficulties that they were encountering. Some of this support was in close proximity (for participants who had family with them) and for others support came from their country of origin when speaking to relatives there. Further, there was a sense that, for participants who had been separated from family, that they needed to remain strong in order to be able to support and connect with them when the asylum process was over.

*“Everything was...Because of my daughter...when you ... have children, everything is about your child. And all your hope and everything is about your child.” (Lila)*

*“My husband’s niece, she is an asylum seeker too....she was very depressed...When we came, it affected her as well...she is getting better, because she has our support, and we have hers...she teaches me about [the UK] and shows me the different areas... I can relax with her.”(Farah)*

*“In [my home country] there is a culture of being close to your family. I have to be alive because of them...[they are] like concrete...if you have more water in it, it can get stronger... I was like concrete that had lots of water poured into it, so I was getting stronger.”(Farid)*

*“I had lots of support from my family on the telephone” (Majid 2)*

*“I have a good wife...she helps all of the family...The inner strength we are talking about she is very strong....it is not like that for everybody...not everyone has it” (Thomas)*

*“When you have children it helps...they give you strength... You accept everything just because of your family. Its always in my mind that I will see my family again, either over here, or if the situation gets better back home...My beliefs and my hopes are my family” (Saeed)*

*“I struggle, why? Because I don’t only live for myself. I have to think about my wife. I have to think about my son. I have to make the easy life for my wife and my son.... The man has to be brave.... like an umbrella for the wife. Our culture is like that...[my wife] left her family as well. How can I leave her? How can I leave my baby? These things are making me strong.” (Siddiq)*

#### Category 6: Help from friends & other asylum seekers

A number of participants described being supported by others in the asylum seeking community, though acknowledged that this could at times lead to difficulties for their relationships (as described in an earlier category).

*“I have a good friend here....He talks to me, he is good fun and makes our time together fun. He is a similar age to my grandchild. He tells me jokes”(Ahmad)*

*“I either stay with friends here, or I ask my family [at home] and they send me money.... I had some financial problems which I asked some friends which was shame for me to have to ask friends to help me as I was a very proud man...[My friend] is in the same situation as me, and he doesn’t get any benefits, he doesn’t get any support. So even me, with my £30 a week benefit, I feed him. And he sleeps at mine, because we all need to help each other.” (Saeed)*

#### Category 7: Practical support from services

A number of the participants described being grateful for the support that they had been given by services around welfare, housing and medical support.

*“They spend a lot of money for refugees when they come here. They give them a house, food.”(Farid)*

*“They have given me a safe place here. I do appreciate all the people who have been very nice. They have helped me. “(Niki)*

#### Category 8: Emotional support from services

A number of participants described an emotional connection with third sector or NHS staff who were described as supporting the person emotionally. This category highlights the importance of trust and, and staff in some services appeared to represent attachment figures for participants who were detached from their family in their country of origin.

*“[Project worker] is like a sister for me and very helpful....When she is with me I feel safe....She talks to me... is kind to me ... When I see her I feel calmer and more secure...if [you have] somebody to trust, it’s really important....I’m like a child now, who feels safe with the mum... [my project worker] is like that for me now. If I have any trouble or I’m scared, I go to her and she makes me feel better... She is like an angel.” (Ahmad)*

*“I have seen lots of good things here, including about the people. Sometimes I think I am at the end of the line. But when I see people like yourself, and see the people who gave me a house and sent me to a doctor, and even now you are listening to me and my problems, I feel stronger...the psychiatrist...taught me lots of things....one of the things he taught me was to write about my emotions everyday. So I do write it”(Farid)*

*“[Third sector organisation was very good] for my husband... he was very grateful. They gave him a lot of attention, because he had been beaten in a lot of places... when we came, we were very worried about our sons, and we were thinking about [them]... they were...giving us hope and saying...that you will see your sons again in a few years time...it was helpful to hear.”(Farah)*

#### Category 9: Needing to talk / share stories (Making sense of the journey)

A number of participants expressed a need to talk about their experiences with a mental health professional, and noted that there were gaps in the system around this. Trust was a key issues, possibly due to the fact that many participants had experiences of interrogation and detention in their country of origin. Interesting, a number of participants expressed feeling better for having ‘talked out’ their difficulties.

*“When we come [the] only person that you...see is the GP. But if you have a counsellor...that would be somebody who could be honest with us and we can talk about our problems and can help us. [Talking about emotions] can be very very helpful” (Lila)*

*“When I talk it hurts also, but it makes me feel relaxed ”(Ahmad)*

*“it’s helpful to talk about it [trauma]”(Farah)*

*“If they can send someone...involved in mental health, to talk to them when they first arrive...it can be very useful emotionally...just to talk about what they have gone through.”(Farid)*

*“There should be some...counselling... then maybe pain will be overcome a bit.” (Siddiq)*

*“After the session was over, I felt very good. I felt as though I had had a bit of a release....I felt much better and much lighter, because I had talked it out.” (Majid 2)*

However, not all participants wanted to, or were willing to talk with others about their experiences through concern that it would cause more distress:

*“for me, I don’t like to talk about my problems with anyone. Maybe that is one of the reasons as to why I have a lot of stress as well....I can’t talk to [my husband] about it...whenever we are sat together we decide that it is better not to talk about it. Because it makes us more stressed.”(Suri)*

*“Sometimes it [thinking about family] affects me I get angry or don’t feel like talking to anybody, so even if my friends are around me they know about that and they leave me alone for a couple of hours until I calm down.” (Saeed)*

#### **CORE CATEGORY 4: THE DILEMMA OF WANTING TO RETURN**

As noted, the previous three core categories seemed to interact; whilst participants described stressors pertaining to the asylum system and in terms of adaptation to a new environment (as well as reflecting on the impact of these stressors upon them), they were also able to describe ways in which they managed and coped with these circumstances. These three aspects of their daily lives seemed to interact and create a situation of a dilemma; wanting to return to their home country in order to see family, and to try and re-establish life (though with the threat of being tortured and possibly killed) versus staying in this country (with security, but with the constant sense of disconnection from family and culture). This was classified by some as being the difference between the ‘slow’ and ‘fast’ death, and appeared in many of the participants narratives about being caught in a situation where they were unsure about returning to their country origin or not.

*“I know in this country there [is] more freedom. But if now the government is changed in Iran I don’t want to stay here another...second. I want to go back to my own country. Because I love to. Even with all of those problems I would still love to be with my people, it’s my home.”(Farid)*

*“Whenever anyone talks about my mum I feel sad. I wish I could just go back [home] and kiss my mum...[but]I am sure that if I go back they would execute me”(Niki)*

*“I would like to be in my country... You were born in that country. You grew up in that country. Everything was in your country.... But. I am obliged to leave...Because I want to save...my life....sometimes I say is the decision that I made bad or what... I could have been killed. I decided to leave. But I left my country to have a place where I can be free. But I’m not...meeting that experience.” (Thomas)*

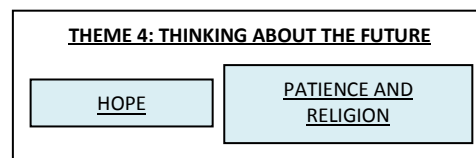
*“It [dilemma of wanting to return] is the same for me... I would like to be in my home country, because that is my home, the place where all my relatives are there...mixing with people over here is very different. And difficult. So of course I want to go back, but cant because I am not safe there” (Saeed)*



### **SUMMARY OF THEME 3**

This theme has attempted to explore the ways in which asylum seekers are currently managing and making sense of their lives at the moment. It was apparent from the data that there is an interaction between the stress and difficulties created by the asylum system, adaptation stressors and coping strategies that lead to the creation of a dilemma; between wanting to return to their country to reconnect with culture and family (and attempt to re-establish the ‘good life’ that they had described in the first theme) but equally acknowledging that by returning they were likely to be exposed to further persecution and even death. This became conceptualised as the ‘slow’ death (the day-to-day struggle with the asylum system and adaptation stressors such as connection with the community, language difficulties and separation from family) versus the ‘fast’ death (returning to their country of origin and being able to re-connect but facing the immediate threat of persecution and execution). It seemed as though the issues highlighted in themes 1 and 2 had impacted on the ways that the participants had made sense of the interaction of these three core issues. Further, it was apparent that this dilemma then impacted on the ways in which participants thought about the future, as will be explored in the final theme.

### **THEME 3.3.4: THINKING ABOUT THE FUTURE**



The interview data suggested that themes 1,2 and 3 all impacted on the ways in which asylum seeking participants thought about the future. These have been examined in relation to hope, patience and religion. Hope was linked to some to a desire to return home (linked with the ‘dilemma of wanting to return’ explored in the previous theme), but for others, hope was around reconnecting with family, whether in their country of origin, or in the UK. Other participants expressed hope around their asylum decision; given the stress and difficulties of the asylum process (explored in the third theme), many wanted to get status so they had a sense of certainty about whether they would be able to stay in order that they could get back to living their life (it sounded as though life was on ‘hold’ whilst waiting for status). Further, asylum status meant being able to go back to leading a more regular life (where they could work, for example). Thinking about the future was also linked to a need to be patient, and

there was a sense of waiting for changes so that life could improve. Finally, these concepts were also related to religion; that people drew strength from religious beliefs in order to remain patient and hopeful about the future in difficult circumstances.

### **CORE CATEGORY 1: HOPE**

Many of the participants talked about the need to remain hopeful about the future, perhaps an indicator of the importance of hope in coping currently with the stressors that were explored in Theme 3. Different participants had different hopes for the future. Some participants suggested that their hope was not around staying in the UK, but for circumstances to change back at home so they would be able to return to their culture and family. This fit with ideas around disconnection from family and culture back in their country of origin, explored in the third theme.

*“It’s very difficult for me to feel like one of the people here, because my roots are [at home]” (Farid)*

*“[being] granted doesn’t mean anything to me. What I want from my life when I can go back to see my parents...All of my life is there. [If home situation] get[s] better I want to be at home, so I will go back.” (Ferhad)*

*“I’ve got hope... I have hope to see my sons” (Farah)*

*“I just accept the situation... With hope, that one day things will be sorted.... [to] be granted status, so I can bring my family here...bringing my children...and...family, here if I get granted” (Saeed)*

Participants additionally talked about their hope for a positive asylum decision, and the ways in which a positive decision could have a significantly positive impact on them, including a sense of security and certainty about staying in the UK, a sense that they would feel more equal to others in terms of rights, and also a sense that they would have more choice about being able to work, where they could live and having the right to work.

*“At least if I get a positive result...I know that this is my home.... [it is] security in the sense that at least I can go to other cities, at least I don’t need to stay with the people in this city. I can go somewhere else...[and] refresh myself.” (Lila)*

*“[Asylum decision means] you have the same rights as everybody, you can decide what I should now do....Hope means for me that one day, they will decide [about asylum].... the day they will decide, I will be free... if they give you a decision, it means you know you are free....now I am not free” (Thomas)*

*“[Asylum status] It’s very important, because at least in that case my children can go to school...and my husband can find a job. We are getting older with every day that is passing and as we get older we find it more difficult to find a job.... And I would not have to manage my finances with the little amount of money that the government give me.” (Farah)*

*“Maybe when I just feel like I am living in this country like other normal people....it can be started from the asylum result, because at the moment we cannot work. My husband cannot work...now at this stage, I don’t know what I want, I don’t know where I am going tomorrow, I don’t have any plans for the future. But if I know where I am and feel more secure then I can make plans for my life. “(Suri)*

### **CORE CATEGORY 2: PATIENCE AND RELIGION**

Linked to the concept of hope for the future, was a sense of having to be patient and wait for a positive decision and for circumstances to change. This was clearly linked to the concept of religion, as many participants described the hope they gained from being religious, and the ways in which religion helped them to remain patient.

*“I have to wait and have patient until god helps me...patience is one of the main things for my religion.”(Lila)*

*“You get to the stage in your life, when sometimes you can’t see anything happening now, but you just give yourself a hope that it may get better.”(Farah)*

*“my beliefs, and when I see that I am still alive, I can still breath, I can still walk, I have hope for the future.... “Be patient, have a belief in God and have hope that everything will be ok.”(Niki)*

*“Every day, on a daily basis, I was talking to god asking whether it would be possible that I can get my decision and this was giving me hope.” (Majid 2)*

### **SUMMARY OF THEME 4**

This theme has examined two core categories; hope, and patience and religion. It seemed as though these were the ways in which participants coped in uncertain circumstances about their future. They hoped for circumstances to change in order that they could have a better and more connected life (with family and culture), either in their country of origin or in the UK (with family coming to the UK to stay with them). In order to manage the uncertainty about their future, participants described a need to be patient, and suggested that religion helped them in being able to do this.

## **3.4 SUMMARY OF RESULTS**

The aim of this study was to explore the ways in which asylum seekers understand their experiences and cope with their circumstances across they asylum journey. Whilst there is a literature base around mental health difficulties in forced migrants, there is a paucity of

research specifically relating to asylum seekers, and very few studies have used qualitative methodologies to explore asylum seekers experiences (and none, to the knowledge of the researcher, specifically examining concepts of coping and resilience). The current study aimed to address this, and given that this is a population who may require mental health service input, it was considered important to know more about experiences and coping with this population. A large amount of data emerged from the interviews, and a constructivist grounded theory of how asylum seekers understand and cope with the asylum journey emerged. This was a temporal model, with participants exploring each stage of the process. Four key themes emerged; 'Before Asylum' (exploring ideas around a 'good life' participants described before problems occurred, and the development of 'inner strength' or resilience), 'Displacement' (exploring the decision to leave, journey to the UK and arriving in the UK), 'What it means to be an asylum seeker' (exploring the asylum system, adaptation stressors, coping & managing stress and the dilemma of wanting to return) and 'thinking about the future' (considering hope, patience and religion). The following chapter will consider these findings in relation to the research base, and clinical implications will be considered.

## DISCUSSION

### 4.1 OVERVIEW

The following provides a summary of the results of the current study and a discussion of the key issues in relation to the existing literature base. Following this, the chapter will consider the implications these findings have for clinicians and services, as well as considering the strengths and limitations for the study. Recommendations around policy and future research will also be highlighted.

### 4.2 FINDINGS

The key aims of this study were to explore the ways in which asylum seekers experienced and coped with the asylum journey. To the knowledge of the author, this was the first study to investigate this with a population of asylum seekers specifically, and the only study to do so using a constructivist grounded theory methodology to explore in-depth meanings of experiences.

Previous studies have examined aspects of parts / aspects of the journey, but these have regularly had samples comprising of both refugees and asylum seekers ('forced migrants'). Given that asylum status creates a particular set of circumstances (involvement in a complicated system, where people are subject to limitations and restrictions and are left uncertain as to whether they will be able to remain in the UK or be deported back to their country of origin), this study was particularly focussed on the meanings that this population made of their experiences and the ways in which they coped. Chapter 1 outlined the 'trauma' narrative (comprising of quantitative research on PTSD reactions in forced migrants, which has dominated the research base), and the 'resilience' narrative (which has an emerging evidence base, though is limited in understanding the resilience experiences of forced migrants). Studies which were accessed in the systematic review that have explored specifically the asylum seeker experience (n=3), have tended to focus again on specific aspects of the asylum seeker experience, and not the overall process for asylum seekers, from life in country of origin to life currently in the UK. .

Four key themes seemed to emerge from the analysis of the interview data; 'Before Asylum', 'Displacement', 'What it means to be an asylum seeker' and 'Thinking about the Future'.

Given the way in which the interview schedule was structured, it was anticipated that a narrative and temporal framework would emerge from the analysis, and this seemed to fit with participant narratives around their experiences. When considering the findings it is important to consider the ways in which the four key themes interacted, with experiences within each theme impacting upon the ways in which the subsequent theme (or stage of the journey) was conceptualised by participants. For example, early experiences around developing 'inner strength' had an impact upon the ways in which participants made sense of, and experienced, the following stage (i.e. the process of displacement), which in turn impacted on the ways in which participants were managing life in the UK currently. All of these themes were further interacting on the ways in which participants were thinking about the future. Further, the core aspect of the grounded theory was focussed on what it is like to be an asylum seeker, and how do asylum seekers cope with the difficulties that their circumstances expose them to. Thus, Theme 3 was a core aspect of the grounded theory, with themes 1 and 2 providing background context as to why participants may be making sense of their experience in a particular way. Theme 3 emphasises that the stress of involvement with the asylum system, adaptation stressors and coping considerations, all interact creating a dilemma for asylum seeking participants; whether to return to their country of origin or remain in the UK. This is explored further later in the Discussion.

In the sections below, the main findings of the study will be presented and discussed in relation to the current available literature in this field. All of the findings will be outlined and results will be connected to the literature base presented in Chapter 1.

#### **4.2.1 THEME 1: BEFORE ASYLUM**

This theme related to the ways in which participants described a life before difficulties had forced them to leave their country of origin, and also the ways in which participants suggested that resilience (or 'Inner Strength') had been formed in their earlier lives. Two core categories emerged from the data: 1) A GOOD LIFE; 2) INNER STRENGTH

1) Within the core category '**A GOOD LIFE**', participants discussed lives prior to experiencing difficulty in their country of origin. Participants described lives that were characterised by financial security, employment and being surrounded by families and friends. It was striking how the ways in which participants described and characterised their lives prior to experiencing difficulty could be conceptualised as being safe, secure and

connected to family, friends and culture. This seemingly resonated with the concepts presented around attachment theory (e.g. Bowlby, 1984), where safety and interconnectedness with others are related concepts; a person needs a sense of connection with others in order to feel safe. This will continue to be explored in later core categories also, as ‘safety’ and ‘connection to others’ are key issues which were discussed by participants in the process of displacement, seeking asylum and in day-to-day living. Further, the models of trauma presented by Herman (1992) and de Zulueta (2007) have connection and attachment as a focus. Thus, the safe base and interconnection with others that participants described as being characteristic of life prior to seeking asylum seems important to highlight, especially given that the ‘good life’ that participants were describing was subject to significant upheaval and dramatic and potentially traumatic transition in the events that were to follow explored in Themes 2 and 3 (life becoming dangerous, ‘flight’ from country of origin and re-settlement in the UK).

2) **INNER STRENGTH:** In initial interviews, it was apparent that the concept of ‘resilience’ did not hold resonance with participants, as this concept did not translate into Farsi. Similarly, English-speaking participants, seemed to also question the meaning of resilience. Consequently, the researcher spent time with participants considering the meaning of this term. It emerged that a more suitable construct for this population was the concept of ‘Inner Strength’. It is clearly debateable as to the extent to which resilience and inner strength are equivalent and this must be taken into consideration; however, on exploration with participants, the concept seemed highly related, if not identical. Further, considering the methodology and co-construction of understanding, it seemed appropriate to adhere to the notion of ‘inner strength’ for participants as this seemed to hold the most resonance when talking to them about the conceptualisations of resilience.

Within this core category, participants described a number of pre-migration experiences that led to the development of ‘inner strength’ including around identity and values. In this category, it seemed as though participants were talking about issues that helped them to develop ‘inner strength’ either via life experiences. Participants described early life experiences that were characterised either by difficult and aversive life events (such as growing up in environments feeling disconnected from parents, having to go to war, or difficult employment-related experiences) or by life events that were supportive and nurturing (such as having a strong and supportive parental figures, drawing on strength from

religion from a young age). Regardless of whether participants described experiencing aversive or nurturing life events, they tended to attribute some of their 'inner strength' as a result of having these experiences. This issue can be linked again to concepts of attachment (Bowlby, 1984) who described the importance of a 'secure' base (as suggested by some participants who described growing up in nurturing and supportive environments), though this does not seem to explain why people who have been exposed to neglectful and difficult backgrounds may also draw strength from these experiences. A perhaps more explanatory model can come from the findings presented in the introduction section around the 'resilience' narrative. Bonanno's (2004) model has three key tenets; that resilience is about the ability of adults who are exposed to disruptive events to maintain relatively stable and healthy levels of psychological and physical functioning; that resilience is common; and that there are multiple and sometimes unexpected pathways to resilience. The data that emerged from the interview transcripts resonated with this model, as it seemed as though a number of participants were describing a process of developing 'inner strength' (possibly supporting the notion that resilience is common). Further, Bonanno's (2004) suggestion that there are multiple and sometimes unexpected pathways to resilience (including personality traits of hardiness and positive emotions and laughter) seems to resonate with the idea that some participants suggested that they had derived strength from nurturing backgrounds, whereas others believed it to have come from early adverse experiences. Participant experiences also seemed to resonate with other models of resilience; for example, the importance of systemic ideas (around family and culture) discussed by participants has links to the model of resilience presented by Cicchetti & Lynch (1993). Further, for participants who had previously encountered adversity in their country of origin, the model of Post-Traumatic Growth (Tedeschi & Calhoun, 1996, 2004), also holds resonance; that by battling with previous adversity, participants had developed resilience. Thus, the experiences presented by participants seem relevant to a number of models of resilience. However, there is an important caveat to enter; that whilst participants felt as though they had developed inner strength through their formative experiences, challenges later on in their country of origin, pride in national identity and core values around the importance of work, education and family, it cannot be assumed that these directly resulted in the development of resilience. In other words, causal links between these events and the direct outcome of resilience cannot be determined from this study. However, it is interesting to highlight the idea that what participants were reporting did seem to resonate with these models, and given the fact that no



previous studies have explored these models in relation to asylum seeking populations, these are potentially novel suggestions which warrant further investigation.

#### 4.2.2 THEME 2: DISPLACEMENT

The theme 'Displacement' explored the first few stages of the asylum seeker journey, between key events happening in their country of origin which made life unsafe for participants there to arriving in the UK. Three core categories emerged from the data: 'DECIDING TO MOVE', 'THE JOURNEY TO THE UK' and 'ARRIVING IN THE UK'.

1) **DECIDING TO MOVE**: This core category explored the first stage in the process for participants, in moving from being in a position of security and safety in their country of origin and leading a 'good life' as described in theme 1, to a position of being in danger, deciding to leave and preparing to leave. Four categories emerged from the data in relation to this core category; '**Encountering difficulty**', '**Trauma & torture**', '**Deciding & preparing to leave**', and '**A threat to life & a need for safety**'. In the first category, '**Encountering difficulty**', participants explained and explored their perception of safety in their country of origin. These events were seemingly connected with a system; religious, political or familial persecution or threat. Given that the Convention Relating to the Status of Refugees (1951) define asylum seekers as persons who are escaping their country as a consequence of being subjected to physical or psychological threat as a result of persecution, it is therefore perhaps unsurprising that all of the participants described situations where they had encountered difficulty and were thus forced to leave. These difficulties were also linked to the second category '**Trauma & torture**', where participants talked about some of the trauma that they had been exposed to as a result of the difficulties that they had encountered with various systems. In the reflective journal (Appendix III), the researcher reflects on how difficult it was to hear these stories, and the way in which it engendered a sense of helplessness and sadness in the researcher. These narratives were powerful and traumatic. It is important to re-state that the researcher had not set out to explore these narratives, but that there was an almost overwhelming sense that participants felt the need to talk about these traumas. This will be explored in 'coping and managing stress' in the third theme. The fact that participants described experiencing trauma and torture goes some way to add weight to the 'trauma narrative' of forced migrants explored and described in Chapter 1. Whilst relatively robust research already exists demonstrating some of the difficulties that asylum seekers face in their country of origin, this research lends weight to these findings, supporting the findings of

Neuner *et al.* (2004) for example, who suggested that forced migrants have often been exposed to a number of traumatic events, such as physical and psychological torture and sexual violence. However, it is worth noting that this one of only a few studies to have used qualitative methods to understand this in asylum seekers, and as such it has been able to understand in more depth the impact of this on the researcher and also has been able to attempt to understand the meanings of these events for participants; primarily that it shattered the previous lives of participants, resulted in a significant change from a previous ‘good life’ and created a situation where the participant was forced to consider safety and plan to leave their home country. This will be important when considering adaptation stressors. The third category ‘**Deciding & preparing to leave**’ led directly on from the difficulties and traumas that participants had encountered, where participants described the ways in which life had become unsafe and that they had to make arrangements to hide and prepare to leave the country. The fourth category, ‘**A threat to life & a need for safety**’ explored participant narratives around the necessity of having to move away from their country (against their wishes), in order to ensure that they (and sometimes family) were able to remain safe and alive. On reviewing the categories within this core category, there seemed to be some resonance with the findings of Zimmerman (2010), which indicated that the notion of ‘asylum shopping’ (where asylum seekers choose the country that offers the best possible conditions – an idea used to stigmatise new arrivals in host countries), was misleading. This study seemed to have added weight to this finding from a qualitative perspective. There was no sense in the interviews that participants wanted to leave their country of origin, as many had settled and comfortable lives there. However, circumstances had changed, and they were forced to escape. The crucial issue that all participants talked about was a need for safety. This was the one key ‘push’ factor from their country of origin, and the decision was made not to seek better financial or material circumstances, but simply a place that would be able to offer safety.

2) **THE JOURNEY TO THE UK:** This core category explored the actual process of the journey that participants made in attempting to seek safety in a different country. In the first category (‘**what was it like**’), participants described complicated, long and difficult journeys, often via other countries where other difficulties (such as arrest and detention) arose for some participants. As such, themes of trauma were again prevalent in this theme, and lends weight to the idea that PTSD is perhaps not the most suitable conceptualisation of trauma for forced migrants, as participants were not only exposed to trauma in their country of origin, but also

‘in flight’ (and as will be seen, also in the UK). PTSD as a diagnosis is applied to single traumatic events, though these findings add weight to the notion that some, including forced migrants, are likely to have been exposed to multiple traumas (Herman, 1992). In the second category (‘**How I coped**’), participants talked about drawing on religion, companionship, unknown inner strength and a search for safety in reflecting upon how they coped. This finding also supports, and indeed extends, findings from previous research. Schweitzer *et al.*, (2007) showed that social support and religious beliefs were both important for resilience development in forced migrants, a concept also supported by Kleinman (1990). The findings of this research around coping supports these findings, but has also highlighted them in a population of asylum seekers (whereas previous studies have considered mixed samples of forced migrants).

3) **ARRIVING IN THE UK** – this core category explored participant experiences of arrival in the UK. The first category ‘**what happened**’ seemed to highlight that participants had a variety of different experiences on arrival, with some feeling treated well by authorities, and some finding the arrival traumatic, characterised by detention and threat of deportation. It was encouraging that some participants had positive experiences of this (i.e. positive treatment by police and UKBA staff), but the findings around the trauma of detention and threat of deportation resonated with previous literature. Coffey *et al.*, (2010), showed that detention had long-term pervasive effects on psychological and interpersonal difficulties of forced migrants. Further, Gower *et al.*, (2007) showed that detention led to fear, isolation and mental health difficulties, a notion supported by Cutler & Ceneda (2004). Therefore the findings support and extend previous findings around the detrimental effects of detention for forced migrants, and demonstrated this in an asylum-seeker specific sample (the first study to do so). Further, it adds weight to the idea that asylum seekers are subject to multiple, as opposed to isolated trauma’s (Herman, 1992). In the second category, ‘**what was it like**’ arriving in the UK, participants reported distress, confusion and a sense of loss. No other qualitative studies (to the knowledge of the researcher) have highlighted these emotional responses in a sample of asylum seekers, and this therefore warrants further investigation.

#### 4.2.3 THEME 3: WHAT IT MEANS TO BE AN ASYLUM SEEKER

This theme focussed on the ways in which participants experienced life currently in the UK, and recognised an interaction between issues created as a result of the asylum system, adaptation stressors and coping and managing stress, developing a picture of everyday life for

asylum seekers. These seemed to interact and create a continuous dilemma; whether or not to return home, at the risk of further persecution.

1) **THE ASYLUM SYSTEM.** Participants reported a number of issues in this core category. Some participants reported that going through the system made them lose respect and self-esteem, experience the process as a struggle, and find the process of the asylum interview de-personalising. These findings resonated with previous literature; Bogner *et al.*, (2010) highlighted that forced migrants generally have negative views on the asylum interview. Gower *et al.*, (2007) have also suggested that the asylum system is de-personalising and does not take into account prior trauma or language difficulties, a notion also supported by the findings of this study.

Many participants suggested that one of the most difficult things about going through the asylum process was having to wait in uncertainty as to whether they would be granted status. Many noted the significant implications that a failed status would have (potentially deportation and returning to a country which was threatening for them and their families). This finding supports the findings of Rees (2003) who suggested that there is a need for faster processing of asylum claims due to the fear and trauma that this can create. Rees' (2003) study was also conducted with asylum seekers, so this research adds weight to this finding.

Participants also expressed feeling limited and restricted around work, location and finances. This supports the finding of Hussein *et al.*, (2011) who suggest that many forced migrants are willing to work, but legislation does not allow it. Further, the findings support Gower *et al.*'s (2007) suggestion that the asylum system creates welfare difficulties and limits asylum seekers around finances, and that preventing people from working can be detrimental for asylum seeker psychological health and wellbeing.

The asylum process as a whole was therefore described as challenging and difficult to negotiate, a process filled with uncertainty and limitations. The findings support the ideas presented by Afuape (2011) and Burnett & Peel (2001), who suggest that PTSD is an inappropriate diagnosis for asylum seekers, as it consigns the traumatic event to the past, without acknowledging that, for participants in this study, asylum seekers are being currently re-traumatised by having to go through the asylum system which creates poverty, questions credibility and moves people around in a hostile social context.

2) **ADAPTATION STRESSORS** – The study highlighted a number of findings around participants experiencing stress relating to adaptation to the new environment, on top of the difficulties that participants were facing progressing through the asylum system. This supports the findings of a number of papers cited in the introduction, which generally indicate that forced migrants face multiple stressors in their new countries, all of which are likely to have a detrimental impact on mental health (e.g. Ellis *et al.*, 2007; Bhugra & Becker, 2005; Taloyan *et al.*, 2011; Palmer and Ward, 2006).

Participants described feeling disconnected from their communities and families (often back in country of origin), and feeling rejected by UK communities. This finding is especially relevant given the trauma model's presented by Herman (1992) and de Zulueta (2007) who both suggest that involvement of, and connection with, the community is essential for people to begin to come to terms with traumatic events they may have endured. However, on coming to the UK, asylum seekers face considerable hostility from the UK community (Pearce and Charman, 2011). This therefore has implications for how asylum seekers who have survived trauma can adapt and make sense of their difficulties in a hostile community context.

Participants also explored a number of daily stressors around language, accommodation, lack of medical and legal support, isolation and not being understood. Palmer and Ward (2007) suggest that such stressors can be a contributory factor for mental health difficulties, and urge mental health services to take into consideration the vast array of adaptation difficulties that asylum seekers face. This is not a causal link that can be established from this research, but certainly it seems as though many participants experienced multiple social stressors, and many experienced internal psychological distress. Further, findings from Dwyer (2005) and Dwyer and Brown (2005) suggest that there are continuously increasing levels of governance and restriction on asylum seeker welfare, and this is a finding that is supported by participants from this study.

Internal psychological distress was also described by participants who suggested they felt weak, threatened, scared, tired, unable to concentrate, overwhelmed, detached from emotions, and experienced nightmares and sleep difficulties. These findings seem to present qualitatively, some of the psychological difficulties participants are experiencing. Whilst no definitive causal links can be drawn (as participants were from a range of backgrounds,

genders, ages etc.), it is possible to say that these participants did not have these difficulties prior to seeking asylum. Thus it is likely that a combination of the stressors created by the trauma in country of origin, in flight to the UK, in managing the asylum system, and the set of other everyday stressors, is likely to have contributed to this distress.

3) **COPING & MANAGING STRESS.** Participants discussed a number of ways in which they coped with, and managed, stress. These involved a positive outlook, connection to family and services, and needing to occupy time. Connection was a key aspect of coping, and this is perhaps important to recognise in light of the importance of connectivity and social support placed on the trauma models of Herman (1992) and de Zulueta (2007). Indeed, Herman (1992) cites studies showing improved outcome in trauma survivors who have had social support compared to those who have not (Green *et al.*, 1985). The concerning alternative however, is that hostile and negative responses (likely given the ongoing hostility that asylum seekers face in the UK) predicts a more aggravated traumatic response. However, the participants in this study who were involved in some BME third sector organisations and had support, clearly indicated that this had helped them, and this may lend some support to the Herman (1992) model. ‘**Needing to talk**’ was another category in this core category; as mentioned, many participants expressed a need to talk about the traumatic events that they had endured, and it is possible that this is also linked to the importance of connectivity.

The idea of a positive outlook may also be suggestive of personality characteristics that may indicate resilience; Bonanno (2004) for example, has suggested that a positive outlook on life had been shown connected to the idea of resilience. Again, this is not a causal link, but an interesting observation that would be interesting to follow up in future research.

4) **THE DILEMMA OF WANTING TO RETURN** - It was apparent from the data that there is an interaction between the stress and difficulties created by the asylum system, adaptation stressors and coping strategies that lead to the creation of a dilemma for participants; wanting to return to their home country in order to see family, and to try and re-establish life (though with the threat of being tortured and possibly killed) versus staying in this country (with security, but with the constant sense of disconnection from family and culture). This was classified by some as being the difference between the ‘slow’ and ‘fast’ death, and appeared in many of the participants’ narratives about being caught in a situation where they were unsure about returning to their country origin or not. This is a dilemma

which does not appear to have been articulated in the literature, and seems to represent a novel area of exploration for the research, given the particular set of circumstances for asylum seekers.

#### **4.2.4 THEME 4: THINKING ABOUT THE FUTURE**

The final theme was around consideration of the future. Given the experiences of asylum seekers in the past and their current circumstances, the research was curious as to how participants thought about the future. Participants talked about the future in relation to hope and in relation to patience and religion.

1) **HOPE.** Participants hoped for circumstances to change in order that they could have a better and more connected life (with family and culture), either in their country of origin or in the UK (with family coming to the UK to stay with them). This again highlights the importance of connectivity (Herman, 1992) with others, though the concept of hope in relation to asylum seekers is scarce in the literature, possibly due to the dominance of quantitative methodologies examined psychopathological reactions to trauma with this population.

2) **PATIENCE & RELIGION.** Linked to the concept of hope were the concepts of patience and religion. In order to manage the uncertainty about their future, participants described a need to be patient, and suggested that religion helped them in being able to do this. Religion as a coping strategy has already been discussed, but a need to be patient is again a finding that has not been discussed in the literature with this population.

### **4.3 CLINICAL & SERVICE IMPLICATIONS**

There are a number of important service implications for clinical psychologists, other mental health practitioners, as well as policy makers and other professionals working with asylum seeking populations.

Clinical psychologists and other mental health clinicians working with asylum seekers may find it useful to consider some of the issues raised in this study in relation to the clinical cycle. In terms of assessment, the study has suggested that there is a temporal process to the asylum journey, and a narrative-based assessment, taking into consideration many of the

factors across the asylum journey, may be useful in ascertaining psychological distress and resilience factors, and will likely be useful in contributing to a formulation which considers many aspects of the asylum journey. Also important in relation to assessment, is the necessity to consider not only the *historical* traumas, but also on trauma's and stressors that are *currently* occurring. The study has supported the findings of theorists who suggest that the concept of PTSD is perhaps unhelpful due to its focus on single, isolated traumas and its tendency to locate the difficulty purely in the individual (see PTSD critique in Introduction). What is suggested as an alternative is an acknowledgement of the ongoing traumas and difficulties that asylum seekers are exposed to, including a difficult and stressful asylum system process, managing uncertainty about the future and fear of being deported along with a multitude of other social factors around welfare, housing and hostility from host communities. Consequently, a more holistic model of trauma and stress is suggested. Further, the other issue stressed in the Introduction, and a finding supported by the research base is the importance of connectivity with culture, religion, family and services. Herman (1992) suggests that consideration of the wider community is essential for resolution of trauma. Thus, clinicians could signpost clients to relevant services and liaise with (and provide workshops to) services around these issues. In terms of formulation, the models presented by Herman (1992) and de Zulueta (2007) seem applicable for this population, with their increased emphasis on connectivity and social support. Interventions could be tailored at a number of levels; advocacy (for a group whose voices are largely unheard), service user involvement (to increase socialisation), and support around housing and welfare may be useful for the asylum seeker to feel connected and supported. In terms of direct psychological intervention, Herman (1992) provides a useful 4-stage model of trauma support. Given that participants in the current study, expressed not only a need to talk about trauma, but also expressed feeling more positive when they had had the chance to do so, possibly indicates that this is an unmet need with this population, and should be considered. Additionally, there are opportunities within this work, to do joint-work with third sector organisations. This can be particularly useful in developing trust with asylum seekers, who are understandably suspicious of statutory services (given experiences in their country of origin). Joint work could allow collaboration where a psychologist could provide expertise around psychological support, and a representative from the third sector organisation, given already positive relationships with these clients, could allow access to communities. In terms of evaluation, one would have to be cautious at using standard outcome measures with this population due to language and cultural difficulties. However, a more qualitative-based approach, capturing service user stories could potentially



be useful, as approaches using narrative foci would be consistent with the findings of this study.

Additionally, the clinician cannot neglect the notion that participants manage and cope in extraordinarily adverse circumstances, and should aim to consider and encourage resilience factors. In this study, people seemed to derive most support from family, religion, activity and support agencies. These should be promoted in order to maintain wellbeing for asylum seekers, whether that takes the form of direct involvement for the family, working with systems around asylum seekers (and taking into account the individuals personal support and coping strategies), or signposting to services that can promote access to religious groups or activities that can be used to promote engagement.

Training and consultation around these ideas is also another possible role for clinicians working with this population, as the models and concepts seem highly applicable for third sector and statutory services who work with these populations, and sharing these concepts may promote good practice. Further supervision is another aspect of the work where psychologists may play a role; the researcher was struck about just how difficult it was to bear witness to the traumas that participants had to endure, and the feelings of helplessness were noticeable (these issues have been reflected upon in the reflective journal). Other professionals working with these populations may have similar counter-transference experiences and consequently, supervision around this may be important, and a potential role for psychologists in this field.

There are also multiple implications for policy makers and civil servants. This study has confirmed the findings of other studies that asylum seekers experience the asylum system (including detention, threat of removal, restrictions on work and finances) highly difficult and stressful to negotiate. Use of detention has been linked to pervasive psychological distress (Coffey *et al.*, 2010) and thus should be reviewed. Further, the severe restrictions placed on asylum seekers around work and finances have been described as feeling punitive in the literature, and in the data of the current study, and has been linked to further stress. It would be advisable for the health and wellbeing of this group if restrictions around work could be reviewed. Additionally, uncertainty created around a lack of decision creates considerable stress and tension for asylum seekers and there should be a faster processing of claims, along a more personalised service (recommendations of Bogner *et al.*, 2010 and Rees, 2003).

#### 4.4 STRENGTHS & LIMITATIONS OF THE STUDY

Overall, this study explored the experiences of asylum seekers across the asylum-seeking journey, with a particular emphasis on the meanings that participants made of their experiences, and the ways in which they coped. The systematic review demonstrated that there is a lack of high-quality qualitative research in exploring the experiences of specifically asylum-seeking populations. Previous studies with this population have focussed on use of quantitative methodologies to explore reactions to traumatic events, and the very small number of qualitative studies identified in the published literature have focussed on specific aspects of the asylum journey. Thus, an identified gap in relation to high-quality qualitative studies of experiences of asylum seekers across the asylum seeking journey was considered and addressed in this study (utilising a quality framework).

The findings of the study are not considered to be representative of asylum seeking populations as a whole, rather of what participants taking part suggested. In this study, participants were recruited from a third sector BME mental health project and a primary care NHS primary care service. Both of these organisations worked with asylum seeking populations in South Wales. Participants were asylum seekers who had been in the UK for a range of time (ranging from weeks to years) and were seeking asylum for a range of reasons (including political and religious persecution). Despite a focus in the research on asylum seekers from the Middle East (n=9) there were also participants from Central Africa (n=1) and Southern Asia (n=1). It could be considered that this contributed to the diversity of the sample, as well as being representative of the asylum seeking population in South Wales. However, this could alternatively be viewed as rendering the sample as less-homogenous, given the fact that the vast majority of participants were from the Middle East and only small numbers from other regions. However, the one thing that all participants had in common was that they were all asylum seekers (i.e. not other forced migrants). Females were also under-represented in the sample (n=4 compared to n=7 males). Future studies could be adapted to meet these possible limitations by focussing on asylum seekers from particular geographical regions, and including greater consideration of the gender mix in their samples.

A possible strength of the study was that the same researcher conducted all of the interviews, and the same interpreter was used for each interview, increasing potential reliability. However, another potential limitation was the fact that two studies were conducted in

English, and thus it is questionable as to whether concepts were discussed in the same ways in these interviews compared to the interviews where an interpreter was used. In relation to phraseology, as discussed, the concept of 'inner strength' was aligned with resilience; whilst the researcher ensured that this was explored with participants, more research could help clarify certain constructs in different languages.

The research aimed to integrate the narratives and perspectives of asylum seekers into a theoretical model that could understand how asylum seekers understand, make sense of and cope with the process. The use of a qualitative methodology, utilising a constructivist grounded theory approach was appropriate in meeting the aims of the study and can therefore be considered a strength of the study design.

Ideally, in order to support reliability of the process, triangulation with a focus group would have been beneficial, but was not possible, due to time limitations. This could have benefitted the research as would have allowed participants to evaluate the extent to which the emergent theory resonated with their experiences.

#### **4.5 RECOMMENDATIONS FOR FUTURE RESEARCH**

Some recommendations for future research include:

- Whilst the current study goes some way to exploring the development of resilience in asylum seekers, more research is needed to attempt to understand the psychological mechanisms that underpin this, and to try and further ascertain whether models of resilience (as suggested by Bonanno, 2004) and of Post-Traumatic Growth (Tedeschi & Calhoun, 1996) are relevant as applied to different and diverse cultural populations.
- More research is generally needed, including using quantitative methodologies, with asylum seeking populations, as given the uniqueness of their circumstances and the paucity of research with this population.
- Further exploration around applicability of various trauma-focussed models with this population.
- A further area of investigation is the potentially contributory nature of national pride and certain values around the development of resilient qualities – this is also a potential area for investigation.

- Do asylum seekers who come to the UK with families cope differently to asylum seekers who come to the UK without families?
- What is the impact of hearing traumatic stories on clinicians and interpreters; what is known about vicarious traumatisation / traumatic countertransference.

## 4.6 CONCLUSIONS

The research literature available for asylum seekers using qualitative methodologies is minimal and has focussed on highly specific aspects of the asylum journey. Consequently little is known about how they make sense of and cope with their experiences across the whole of the asylum journey. Whilst much is known about ‘forced migrants’ using quantitative methods, this has generally focussed on psychopathological outcomes to traumatic events in their country of origin. This study has attempted to address this gap in the literature by using a constructivist grounded theory approach to explore the experiences of asylum seekers across the asylum journey and understand how they cope with their experiences. The theory that emerged from the data was temporal in nature, and considered experiences pre-migration, during migration and post-migration (in terms of re-settlement in the UK). It has highlighted the ways in which this population of asylum seekers have come to the UK to seek safety, but are continuously in a dilemma as to whether to return as feel disconnected from family and culture. Following trauma in their country of origin, and difficult journey’s, this population arrived in the UK and found their new environment confusing and hostile, and have had to negotiate a difficult and restrictive asylum system that left them in a state of uncertainty. In addition to this, they experience various stressors relating to adaptation to a new environment. Despite experiencing some internal psychological distress, participants in this study were able to draw on certain resources to cope with these difficulties and the systemic difficulties of a new environment and difficult asylum system. Their hopes for the future are about reconnection with family and having a sense of certainty about where they will be. The study has highlighted a number of clinical implications of this, for policy makers and clinicians, who need to be aware of the multiple difficulties that asylum seekers face, but also need to consider their resilience factors.

## REFERENCES

- Afuape, T. (2011). *Power, Resistance and Liberation in Therapy with Survivors of Trauma: To Have Our Hearts Broken*. Routledge: Taylor & Francis Group.
- Ager, A. Ager, W. & Long, L. (1991). *A Case-Study of Refugee Women in Malawi: A Report for the United Nations High Commissioner for Refugees*. Zomba: Centre for Social Research.
- Ahearn, F.L. (2000). Psychosocial Wellness: Methodological Approaches to the Study of Refugees. In F.L. Ahearn (Ed.) *Psychosocial Wellness of Refugees: Issues in Qualitative and Quantitative Research*. Studies in Forced Migration, Volume 7, 3-23, Berghahn Books: New York-Oxford.
- Al Krenawi, A. (2005). Mental Health Practice in Arab Countries. *Current Opinion in Psychiatry*, 18, 560-564.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. text revision). Washington, DC: Author.
- Appleton, J. (1997). Constructivism: A Naturalistic Methodology for Nursing Inquiry. *Advances in Nursing Science*, 20(2), 13-22.
- Asylum Aid (2013). *The Asylum Process Made Simple*. Accessed 23/5/13  
[http://www.asylumaid.org.uk/pages/the\\_asylum\\_process\\_made\\_simple.html](http://www.asylumaid.org.uk/pages/the_asylum_process_made_simple.html)
- Bailey D.M. & Jackson, J.M. (2003). Qualitative Data Analysis: Challenges and Dilemmas Related to Theory and Method. *American Journal of Occupational Therapy*, 57, 57-65.
- Bartone, P. T. (1999). Hardiness Protects Against War-Related Stress in Army Reserve Forces. *Consulting Psychology Journal*, 51, 72-82.
- Bernstein, R. (1983). *Beyond Objectivism and Relativism: Science, Hermeneutics, and Praxis*. Philadelphia: University of Pennsylvania Press.
- Bhugra, D. & Becker, M.A. (2005). Migration, Cultural Bereavements and Cultural Identity. *World Psychiatry*, 4(1), 18-24.
- Bhugra, D. & Cochrane, R (2001). *Psychiatry in Multicultural Britain*. London: Gaskell
- Bjornberg, U. (2010). *Resilience and Social Capital in Asylum Seeking Families in Sweden*. International Sociological Association.
- Bjornberg, U. (2011). *Social Relationships and Trust in Asylum Seeking Families in Sweden*. Sociological Research Online, 16 (1).
- Bloom, S. (1997). *Creating Sanctuary: Toward the Evolution of Sane Societies*. London: Routledge.
- Bogner, D., Brewin, C. & Herlihy, J. (2010). Refugees' Experiences of Home Office Interviews: A Qualitative Study on the Disclosure of Sensitive Personal Information. *Journal of Ethnic and Migration Studies*, 36(3), 519-535.
- Bonanno, G.A. (2004). Loss, Trauma, and Human Resilience: Have we Underestimated the Human Capacity to Thrive After Extremely Aversive Events. *American Psychologist*, 59(1), 20-28.

- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective Patterns of Resilience and Maladjustment During Widowhood. *Psychology and Aging, 19*, 260-271.
- Bonanno, G.A., Wortman, C.B., Lehman, D.R., Tweed, R.G., Haring, M., Sonnega, J., *et al.* (2002). Resilience to Loss and Chronic Grief: A Prospective Study From Pre-Loss to 18 Months Post-Loss. *Journal of Personality and Social Psychology, 83*, 1150-1164.
- Bonanno, G.A., Noll, J.G., Putnam, F.W., O'Neill, M. & Trickett, P. (2003). Predicting the Willingness to Disclose Childhood Sexual Abuse from Measures of Repressive Coping and Dissociative Experiences. *Child Maltreatment, 8*, 1-17.
- Bowlby, J. (1984). *Attachment and Loss (2<sup>nd</sup> Ed.)*. Hamondsworth: Penguin Books.
- Bracken, P.J. (2001). Post-Modernity and Post-Traumatic Stress Disorder. *Social Science and Medicine, 52*, 733-743.
- Bracken, P.J., Giller, J.E. & Summerfield, D. (1995). Psychological Responses to War and Atrocity: The Limitations of Current Concepts. *Social Science and Medicine, 40*, 1073-1082.
- Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic Events and Posttraumatic Stress Disorder in an Urban Population of Young Adults. *Archives of General Psychiatry, 48*, 216-222.
- Bronfenbrenner, U. (1977). Toward an Experimental Ecology of Human Development. *American Psychologist, 32*, 513-531.
- British Psychological Society (2009). *Code of Ethics and Conduct*. Leicester: British Psychological Society.
- British Psychological Society (2011). *Code of Human Research Ethics*. Leicester: British Psychological Society.
- Brown, G. (1982). Issues in the Resettlement of Indochinese Refugees. *Social Casework, 63*(3), 155-159.
- Burnett, A. & Peel, M. (2001). Asylum Seekers and Refugees in Britain: The Health Needs of Survivors of Torture and Organised Violence. *British Medical Journal, 332*, 606-609.
- Cameron, L., Maslen, R, Zazie, T. (2013). The Dialogic Construction of Self and Other in Response to Terrorism. *Peace & Conflict: Journal of Peace Psychology, 19*(1), 3-22.
- Carey-Wood, J., Duke, K., Karn, V. & Marshall, T. (1995). *The Settlement of Refugees in Britain*. London: HMSO. (Home Office Research Study 141).
- Charmaz, K. (1995). Grounded theory. In J. Smith, R. Harre, & L.Langenhove (Eds.), *Rethinking Methods in Psychology*, pp.27-65. London: Sage.
- Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research*, pp.509-535. Thousand Oaks, CA: Sage.
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: Sage Publications.
- Chenail, R.J. (2011). Learning to Appraise the Quality of Qualitative Research Articles: A Contextualised Learning Object for Constructing Knowledge. *The Qualitative Report, 16*(1), 236-248.

- Cicchetti, D., & Lynch, M. (1993). Toward an Ecological/Transactional Model of Community Violence and Child Maltreatment: Consequences for Children's Development. *Psychiatry: Interpersonal and Biological Processes*, 56, 96-118.
- Coffey, G.J., Kaplan, I., Sampson, R.C. & Tucci, M.M. (2010). The Meaning and Mental Health Consequences of Long-Term Immigration Detention for People Seeking Asylum. *Social Science & Medicine*, 70, 2070-2079.
- Conlon, D. (2008). *The Nation as Embodied Practice: Women, Migration and the Social Production of Nationhood in Ireland*. Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol. 68 (11-B), pp.7707. Dissertation Abstract: 2008-99100-407.
- Conlon, D. (2011). A Fractured Mosaic: Encounters with the Everyday Amongst Refugee and Asylum Seeker Women. *Population, Space and Place*, 17, 714-726.
- Conservative Party Website (Accessed 23/5/13):  
[http://www.conservatives.com/Policy/Where\\_we\\_stand/Immigration.aspx](http://www.conservatives.com/Policy/Where_we_stand/Immigration.aspx)
- Cutler, S. & Ceneda, S. (2004). 'They Took Me Away': Women's Experiences of Immigration Detention in the UK. *Asylum Aid*.
- Danieli, Y. (1988). Treating Survivors and Children of Survivors of the Nazi Holocaust. In F.M. Ochberg (Ed.), *Post-traumatic Therapy and Victims of Violence*, pp.278-294. New York: Brunner/Mazel.
- Data Protection Act 1998* (1998). London: Stationary Office.
- de Jong, J.T., Komproe, I.H., Van Ommeren, M, El Masri, M., Araya, M., Khaled, N. *et al.* (2001). Lifetime Events and Posttraumatic Stress Disorder in 4 Post-conflict Settings. *Journal of the American Medical Association*, 286, 555-562.
- Dey, I. (1999). *Grounding Grounded Theory: Guidelines for Qualitative Inquiry*. San Diego: Academic Press.
- De Zulueta, C.F. (2007). Mass Violence and Mental Health: Attachment and Trauma. *International Review of Psychiatry*, 19(3), 221-233.
- Drachman, D. (1992). A Stage-Of-Migration Framework for Social Service to Immigrant Populations. *Social Work*, 37(1), 68-72.
- Duingtraan, Q. (1996). Psychological Correlates of Depression in Vietnamese Adolescents. *Child and Adolescent Social Work*, 13(1), 41-50.
- Dwyer, P. (2005). Governance, Forced Migration and Welfare. *Social Policy and Administration*, 39(6), 622-639.
- Dwyer, P. & Brown, D. (2005). Meeting Basic Needs? Forced Migrants and Welfare. *Social Policy and Society*, 4, 369-380.
- Eisenbruch, M. (1992). Toward a Culturally-Sensitive DSM: Cultural Bereavement in Cambodian Refugees and the Traditional Healer as Taxonomist. *Journal of Nervous and Mental Disease*, 180, 8-10.

- Elliot, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving Guidelines for Publication of Qualitative Research Studies in Psychology and Related Fields. *British Journal of Clinical Psychology*, 38, 215-219.
- Ellis H., Kia-Keating, M., Yusuf, S., Lincoln, A. & Nur, A. (2007). Ethical Research in Refugee Communities and the use of Community Participatory Methods. *Transcultural Psychiatry*, 44, 459-481.
- Fair, L.S. (2007). *Impact of Spatial Dispersal on Refugees in Denmark*. Dissertation. ProQuest Information and Learning. Ann Arbor MI.
- Fazel, M., Wheeler, J. & Danesh, J. (2005). Prevalence of Serious Mental Disorder in 7000 Refugees Resettled in Western Countries: A Systematic Review. *Lancet*, 365, 1309-1314.
- Flannery, R.B. (1990). "Social Support and Psychological Trauma: A Methodological Review". *Journal of Traumatic Stress*, 3, 593-611.
- Garnezy, N. (1971). Vulnerability Research and the Issue of Primary Prevention. *American Journal of Orthopsychiatry*, 41, 101-116.
- Gerritsen, A.M., Bramsen, I., Deville, W., van Willigen, L.H.M., Hovens, J.E. & van der Ploeg, H.M. (2006). Physical and Mental Health of Afgan, Iranian and Somali Asylum Seekers and Refugees Living in the Netherlands. *Social Psychiatry and Psychiatric Epidemiology*, 41 (1), 18-26.
- Gibbs, M. (1989). Factors in the Victim That Mediate Between Disaster and Psychopathology. *Journal of Traumatic Stress*, 2, 489-514.
- Glaser, B.G. (1978). *Theoretical Sensitivity*. Mill Valley, CA: Sociology Press.
- Glaser, B.G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.
- Gower, M., Liisanantti, A, Dawkins, J. (2007). *Asylum Rights Watch: Summary of Responses June-September 2007*. Asylum Aid.
- Green, B.L., Wilson, J.P. & Lindy, J.D. (1985). "Conceptualising Post-traumatic Stress Disorder: A Psychosocial Framework". In C.R. Figley (Ed.) *Trauma and Its Wake: The Study and Treatment of Post-Traumatic Stress Disorder (Vol.1)*. Taylor & Francis Group.
- Guba, E.G. & Lincoln, Y.S. (1989). *Fourth Generation Evaluation*. Thousand Oaks, CA: Sage.
- Guba, E. & Lincoln, Y. (2005). Paradigmatic Controversies, Contradictions and Emerging Confluences. In N. Denzin & Y. Lincoln (Eds.). *Handbook of Qualitative Research* (3<sup>rd</sup> ed.), pp191-216. Sage, London.
- Hansen, R. (2000). *Citizenship and Immigration in Post-War Britain. The Institutional Origins of a Multicultural Nation*. Oxford: Oxford University Press.
- Haroon (2008). *The Health Needs of Asylum Seekers*. Faculty of Public Health (FPH).
- Hayes, R., & Oppenheim, R. (1997). Constructivism: Reality is What You Make It. In T. Sexton & B. Griffin (Eds.), *Constructivist Thinking in Counselling Practice, Research and Training*, pp. 19-41. New York: Teachers College Press.



- Heath, T., Jeffries, R. & Purcell, J. (2005). *Asylum Statistics: United Kingdom 2004*. 13/05, 23 August 2005. London: Home Office.
- Herman, J.L. (1992). *Trauma and Recovery: The Aftermath of Violence – from Domestic Abuse to Political Terror*. Basic Books – A Division of HarperCollins Publishers.
- Hjern, A., Angel, B. & Hoejer, B. (1991). Persecution and Behavior: A Report of Refugee Children from Chile. *Child Abuse and Neglect*, 15(3), 239-248.
- Holen, A. (1990). *A Long-Term Outcome Study of Survivors From a Disaster: The Alexander L. Kielland Disaster in Perspective*. Oslo, Norway: University of Oslo Press.
- Home Office (2007). Home Office Statistical Bulletin: Asylum Statistics United Kingdom 2007. [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)
- Hussein, S., Mathorpe, J. & Stevens, M. (2011). Exploring the Potential of Refugees and Asylum Seekers for Social Care Work in England: A Qualitative Study. *Health and Social Care in the Community*, 19(5), 468-475.
- ICAR (2004). *Media Image, Community Impact. Assessing the Impact of Media and Political Images of Refugees and Asylum Seekers on Community Relations in London*. London: ICAR.
- Idusohan, H. (2007). *Psychology Working in Partnership with the Black and Minority Ethnic Voluntary Sector: A Journey into the Unknown*. Clinical Psychology Forum, 175, 20-23.
- Kalathil, J., Collier, B., Bhakta, R., Daniel, O., Joseph, D. & Trivedi, P. (2011). *Recovery and Resilience: African, African-Caribbean and South Asian Women's Narratives of Recovering from Mental Distress*. Mental Health Foundation.
- King, L. A., King, D. W., Fairbank, J. A., Keane, T. M., & Adams, G. A. (1998). Resilience-Recovery Factors in Post-Traumatic Stress Disorder Among Female and Male Veterans: Hardiness, Postwar Social Support, and Additional Stressful Events. *Journal of Personality and Social Psychology*, 74, 420-434.
- Kleinman, S.B. (1990). Terror At Sea: Vietnamese Victims of Piracy. *American Journal of Psychoanalysis*, 50(4), 351-362.
- Kobasa, S.C., Maddi, S.R. & Kahn, S. (1982). Hardiness and Health: A Prospective Study. *Journal of Personality and Social Psychology*, 42, 168-177.
- Laufer et al., (1983). Symptom Patterns. In J.Card (Ed.). *Lives After Vietnam: The Personal Impact of Military Service*. Lexington, MA: D.C. Heath.
- Law, M., Stewart, D., Letts, L., Pollock, N., Bosch, J. & Westmorland, M. (1998). *Guidelines for Critical Review of Qualitative Studies*. Retrieved 20/01/2012 from: <http://fhs.mcmaster.ca/rehab/ebp/pdf/qualguidelines.pdf>
- Lee, R.M. & Esterhuizen, L. (2000). Computer Software and Qualitative Analysis: Trends, Issues and Resources. *International Journal of Social Research Methodology*, 3(3), 231-243.
- Leader: Immigration (2005, 24 January). *The Guardian Online*.
- Lewis, M. (2005). *Asylum: Understanding Public Attitudes*. London: ippr.

- Levi, P. (1961). *Survival in Auschwitz: The Nazi Assault on Humanity*, trans. Stuart Woolf, New York: Collier, 1961.
- Luther, S.S. & Zigler, E. (1991). Vulnerability and Competence: A Review of Research on Resilience in Childhood. *American Journal of Orthopsychiatry*, 61, 6-22.
- Masser, D.S. (1992). Psychosocial Functioning of Central American Refugee Children. *Child Welfare*, 71(5), 439-456.
- Mays, N. & Pope, C. (1995). Qualitative Research: Rigour and Qualitative Research. *British Medical Journal*, 311, 109-112.
- Migration Watch UK (2004). *The Number of Failed Asylum Seekers Remaining in the UK*. Briefing Paper 9.14.
- Migration Watch UK (2006). *The Distinction Between Asylum Seekers and Refugees*. Briefing Paper 8.11.
- Millington, G.R. (2007). Racism, Community, Place: Inside the Ethnoscapes of Southend-on-Sea (England). Dissertation. ProQuest, Ann Arbor MI. AAIC826943.
- Mills, J., Bonner, A., Francis, K. (2006). The Development of Constructivist Grounded Theory. *International Journal of Qualitative Methods*, Open Access <http://creativecommons.org/licenses/by/2.0> , 25-35
- Mueke, M. (1992). New Paradigms for Refugee Health Problems. *Social Science and Medicine*, 35(4), 515-523.
- Neuner, F., Schauer, M., Klaschik, C., Karunakara, U. & Elbert, T. (2004). A Comparison of Narrative Exposure Therapy, Supportive Counselling and Psychoeducation for Treating Posttraumatic Stress Disorder in an African Refugee Settlement. *Journal of Consulting and Clinical Psychology*, 72 (4), 579-587.
- NICE Guidelines on Post-traumatic Stress Disorder. (2005). *The Management of PRSD in Adults and Children in Primary and Secondary Care*. Clinical Guidelines. <http://www.nice.org.uk>.
- Nicholl, C. & Thompson, A. (2004). The Psychological Treatment of Post Traumatic Stress Disorder (PTSD) in Adult Refugees: A Review of the Current State of Psychological Therapies. *Journal of Mental Health*, 13(4), 351-362.
- Nissa, F. (2005). *Public Attitudes to Asylum: Navigation Guide*. London: ICAR
- O'Neill, M. & Harindranath, R. (2006). Theorising Narratives of Exile and Belonging: The Importance of Biography and Ethno-mimesis in "Understanding" Asylum. *Qualitative Sociology Review*, 2(1), 39-53.
- Onyut, L.P., Neuner, F., Ertl, V., Schauer, E., Odenwald, M. & Elbert, T. (2009). Trauma, Poverty and Mental Health Among Somali and Rwandese Refugees Living in an African Refugee Settlement – an Epidemiological Study. *Conflict and Health*, 3(6).
- Orley, J. (1994). Psychological Disorders Among Refugees: Some Clinical and Epidemiological Considerations. In Marsella, A, Bornemann, T, Ekblad, S. & Orley, J. (Eds.) *Amidst Peril and Pain*. Washington: American Psychological Association, 193-206.

- O'Sullivan-Lago, R. & de Abreu, G. (2010). The Dialogical Self in a Cultural Contact Zone: Exploring the Perceived 'Cultural Correction' Function of Schooling. *Journal of Community & Applied Social Psychology*, 20, 275-287.
- O'Sullivan-Lago, R., de Abreu, G. & Burgess, M. (2008). 'I am a Human Being like You': An Identification Strategy to Maintain Continuity in a Cultural Contact Zone. *Human Development*, 51, 349-367.
- Palmer, D. & Ward, K. (2006). 'Unheard Voices': Listening to Refugees and Asylum Seekers in the Planning and Delivery of Mental Health Service Provision in London: A Research Audit on Mental Health Needs and Mental Health Provision for Refugees and Asylum Seekers Undertaken for the Commission for Public Patient Involvement on Health (CPPHI). Shaping Health: Better Decisions, Better Health.
- Palmer, D. & Ward, K. (2007). 'Lost': Listening to the Voices and Mental Health Needs of Forced Migrants in London. *Medicine, Conflict and Survival*, 23(3), 198-212.
- Papadopoulos, R.K. (Ed.) (2002). *Therapeutic Care for Refugees: No Place Like Home*. London, UK: Karnac Books.
- Papadopoulos, R.K. & Hilderbrand, J. (1998). Is Home Where the Heart is? Narratives of Oppositional Discourses in Refugee Families. In R.K. Papadopoulos & J. Byng-Hall (Eds.). *Multiple Voices: Narratives in Systemic Family Psychotherapy*. London, UK: Duckworth.
- Parahoo, K. (2006). *Nursing Research: Principles, Process and Issues*. Second Edition. Palgrave Macmillan, Houndmills, Basingstoke.
- Pearce, J.M. & Charman, E. (2011). A Social Psychological Approach to Understanding Moral Panic. *Crime, Media, Culture*, 7(3), 293-311.
- Perez-Ramirez, L.A. (2003). *Immigration and Trauma: A Study with Latino Gay Men Asylum Seekers*. Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol. 64(3-B), pp. 1553. Dissertation Abstract: 2003-95018-182.
- Pidgeon, N. (1996) Grounded Theory: Theoretical Background. In J. T. E. Richardson (ed.), *Handbook of Qualitative Research Methods*. Leicester: BPS.
- Pidgeon, N., & Henwood, K. (1997). Using Grounded Theory in Psychological Research. In N. Hayes (Ed.), *Doing Qualitative Analysis in Psychology*, pp. 245-273. Hove, UK: Psychology Press.
- Polkinghorne, D.E. (1983). *Methodology for the Human Sciences: Systems of Inquiry*. Albany: State University of New York Press.
- Priebe, S., Matanov, A., Schor, R., Strasmayr, C., Barros, H. et al. (2012). Good Practice in Mental Health Care for Socially Marginalised Groups in Europe: a Qualitative Study of Expert Views in 14 Countries. *Public Health*, 12, 248.
- Quarantelli, E.L. (1985). An Assessment of Conflicting Views on Mental Health: The Consequences of Traumatic Events. In C. Figley (Ed.), *Trauma and its Wake*, pp. 182-220. New York: Brunner/Mazel.
- Rambaut, R.G. (1991). 'The Agony of Exile: a Study of the Migration and Adaptation of the Indochinese Refugee Adults and Children'. In F.L. Ahern Jr & J.L. Athey (Eds.) *Refugee Children: Theory, Research & Services*, pp53-91, Baltimore: John Hopkins University Press.

- Rees, S. (2003). Refuge or Retrauma? The Impact of Asylum Seeker Status on the Wellbeing of East Timorese Women Asylum Seekers Residing in the Australian Community. *Australasian Psychiatry*, 11, 96-101.
- Renner, W. & Salem, I. (2009). Post-Traumatic Stress in Asylum Seekers and Refugees From Chechnya, Afghanistan, and West Africa: Gender Differences in Symptomatology and Coping. *International Journal of Social Psychiatry*, 55(2), 99-108.
- Richardson, G. E., Neiger, B., Jensen, S., & Kumpfer, K. (1990). The Resiliency Model. *Health Education*, 21, 33-39.
- Robinson, V., (2006) *Mapping the Field: Refugee Housing in Wales*, Amazon.
- Robinson, V. & Segrott, J. (2002). 'Understanding the Decision-Making of Asylum Seekers'. Home Office Research Study 243.
- Roth, A. & Fonagy, P. (1996). *What Works for Whom?* New York: the Guilford Press.
- Rugunanan, P. & Smit, R. (2011). Seeking Refugee in South Africa: Challenges Facing a Group of Congolese and Burundian Refugees. *Development Southern Africa*, 28(5), 705-718.
- Rutter, M. (1979). Protective Factors in Children's Response to Stress and Disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary Prevention of Psychopathology: Vol. 3. Social Competence in Children* (pp. 49-74). Hanover, NH: University Press of New England.
- Saakvitne, K. W., Tennen, H., & Affleck, G. (1998). Exploring Thriving in the Context of Clinical Trauma Theory: Constructivist Self Development Theory. *Journal of Social Issues*, 54, 279-292.
- Saltsman, A.P. (2010). *Contested Rights: Subjugation and Struggle Among Burmese Forced Migrants in Exile*. Dissertation. ProQuest, Ann Arbor MI. AAI1470328.
- Sandu, S., Bjerre, N.V., Dauvrin, M., Dias, S., Gaddini, A., *et al.* (2013). Experiences with Treating Immigrants: A Qualitative Study in Mental Health Services Across 16 European Countries. *Social Psychiatry & Psychiatric Epidemiology*, 48(1), 105-116.
- Schweitzer, R., Greenslade, J.H. & Kagee, A. (2007). Coping and Resilience in Refugees From the Sudan: A Narrative Account. *Australian and New Zealand Journal of Psychiatry*, 41 (3), 282-288.
- Scurfield, R. (1995). Post Trauma Stress Assessment and Treatment: Overview and Formulations. In C. Figley (Ed.), *Trauma and its Wake* (pp.219-256). New York: Brunner/Mazel.
- Sinha, S., Uppal, S. & Pryce, A. (2006). *Sex, Threat, and the Refugee Body: Postcolonial Intersections of "Race" and Sexuality*. International Sociological Association.
- Smit, R. & Rugunanan, P. (2010). *Being a Refugee in South Africa: Experiences of Forced Migration, Family Life and Well-Being*. International Sociological Association.
- Spencer, L., Ritchie, J., Lewis, J. & Dillon, L. (2003). *Quality in Qualitative Evaluation: A Framework for Assessing Research Evidence*. London: Cabinet Office.
- Steel, Z., Silove, D., Phan, T., Bauman, A. (2002). Long-Term Effect of Psychological Trauma on the Mental Health of Vietnamese Refugees Resettled in Australia: A Population-Based Study. *The Lancet*, 360, 1056-1062.

- Stewart, E. (2005). Exploring the Vulnerability of Asylum Seekers in the UK. *Population, Space and Place*, 11, 499-512.
- Stratton, P. (1997). Attributional Coding of Interview Data: Meeting the Needs of Long-Haul Passengers. In N. Hayes (Ed.), *Doing Qualitative Analysis in Psychology*, pp. 115-141. Hove, UK: Psychology Press.
- Strauss, A. & Corbin, J. (1998). Grounded Theory Methodology and Overview. In N.K. Denzin & Y.S. Lincoln (Eds.), *Strategies of Qualitative Enquiry*, pp.158-183. Thousand Oaks, CA: Sage.
- Summerfield, D. (1999). A Critique of Seven Assumptions Behind Psychological Trauma Programmes in War-Affected Areas. *Social Science and Medicine*, 48, 1449-1462
- Summerfield, D. (2001). The Invention of Post-Traumatic Stress Disorder and the Social Usefulness of a Psychiatric Category. *British Medical Journal*, 322, 95-98
- Sutker, P. B., Davis, J. M., Uddo, M., & Ditta, S. R. (1995). War Zone Stress, Personal Resources, and PTSD in Persian Gulf War Returnees. *Journal of Abnormal Psychology*, 104, 444-452.
- Syal, R. (2013, 21 April). Diane Abbot Warns Labour on Immigration. *The Guardian Online*.
- Taft, C. T., Stern, A. S., King, L. A., & King, D. A. (1999). Modelling Physical Health and Functional Health Status: The Role of Combat Exposure, Posttraumatic Stress Disorder, and Personal Resource Attributes. *Journal of Traumatic Stress*, 12, 3-23.
- Taloyan, M., Ahmed, A., Johansson, L.M. & Saleh-Stattin, N. (2011). Kurdish Men's Experiences of Migration-Related Mental Health Issues. *Primary Health Care Research and Development*, 12, 335-347.
- Tedeschi, R., & Calhoun, L. (1996). The Posttraumatic Growth Inventory: Measuring the Positive Legacy of Trauma. *Journal of Traumatic Stress*, 9, 455-471.
- Tedeschi, R., & Calhoun, L. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*, 15, 1-18.
- Terr, L.C. (1991). Childhood Traumas: An Outline and Overview. *American Journal of Psychiatry*, 148, 10-20.
- The Office of National Statistics (ONS), 2013. *UK Census Website* (Accessed 23/5/13): <http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/index.html>
- The Office of the United Nations High Commissioner for Refugees (2009). *Figures at a Glance*. [www.unhcr.org](http://www.unhcr.org).
- Thielemann, E. (2003). *Does Policy Matter? On Governments' Attempts to Control Unwanted Migration*. Working paper 112, The Centre for Comparative Immigration Studies, University of California, San Diego.
- Thulesius, H. & Hakansson, A. (1999). Screening for Posttraumatic Stress Disorder Symptoms Among Bosnian Refugees. *Journal of Traumatic Stress*, 12(1), 167-174.
- Timberlake, E. & Cook, K.O. (1984). Social Work and the Vietnamese Refugee. *Social Work*, 29(2), 108-113.

- Tracy, S.J. (2010). Qualitative Quality: Eight “Big-Tent” Criteria for Excellent Qualitative Research. *Qualitative Inquiry*, 16 (10), 837-850.
- Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A. & Walsh, S. (1997). Standards for Research Projects and Theses Involving Qualitative Methods: Suggested Guidelines for Trainees and Courses. *Clinical Psychology Forum*, 108, 3-7.
- UKBA dispersal statistics 2008. Home Office.
- United Nations High Commissioner for Refugees (1951). *Convention Relating to the Status of Refugees* (including text of 1967 protocol). Accessed on 23/5/13: <http://www.unhcr.org/PROTECT/protection/3b66c2aa10.pdf>
- Vahideddin, N. (2012). *The Trajectories of Professional Integration of Iranian Immigrants Working as Taxi Drivers in Montreal*. Proquest: Ann Arbor, MI.
- Van der Kolk, B.A. (1996). The Body Keeps the Score: Approaches to the Psychobiology of Post Traumatic Stress Disorder. In B.A. Van der Kolk, A.C. McFarlane & L. Weisaeth (Eds.) *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body and Society*, pp.214-241. New York: Guildford Press.
- Van de Veer, G. (1998). *Counselling and Therapy with Refugees and Victims of Trauma* (2<sup>nd</sup> Ed). Chichester. John Wiley & Sons.
- Vishnevsky, T. & Beanlands, H. (2004). Qualitative Research. *Nephrol Nurs J.*, 31(2), 234-238.
- Wald, J., Taylor, S., Asmundson, G.J.G., Lang, K.L. & Stapleton, J. (2006). *Literature Review of Concepts: Psychological Resiliency Final Report*. Defence R&D Canada – Toronto; Contract Report.
- Walter, B. (2001). *Outsiders Insider: Whiteness, Place and Irish Women*. Routledge: London.
- Warfa, N., Curtis, S., Watters, C., Carswell, K., Ingleby, D. & Bhui. K. (2012). Migration Experiences, Employment Status and Psychological Distress Among Somali Immigrants: A Mixed-Method International Study. *Public Health*, 12, 749.
- Watters, C. (2001) Emerging Paradigms in the Mental Health Care of Refugees, *Social Science and Medicine*, 52, 1709-1718.
- Weinberger, D.A., Schwartz, G.E., & Davidson, R.J. (1979). Low-Anxious and Repressive Coping Styles: Psychometric Patterns of Behavioural and Physiological Responses to Stress. *Journal of Abnormal Psychology*, 88, 369-380.
- Welsh Refugee Council: *Asylum in Wales* (Accessed on 23/5/13): <http://welshrefugeecouncil.org.uk/asylum-in-wales-and-wrc/#fnref-182-3>
- White, E.J. (2002). The New Irish Storytelling: Media, Representations and Racialized Identities. In R. Lentin & R. McVeigh (Eds.) *Racism and Anti-Racism in Ireland*, pp. 102-115. Beyond the Pale Publications: Belfast.
- Whittaker, S., Hardy, G, Lewis, K. & Buchan, L. (2005). An Exploration of Psychological Well-Being with Young Somali Refugee and Asylum-seeker Women. *Clinical Child Psychology and Psychiatry*, 10, 177-196
- Williams, B.A.O. (2002). *Truth and Truthfulness: An Essay in Genealogy*. Princeton University Press.

Willig, C. (2008). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method* (2nd ed.). Berkshire: Open University Press.

Yehuda, R., & Wong, C. M. (2001). Etiology and Biology of Post-Traumatic Stress Disorder: Implications for Treatment. *Psychiatric Clinics of North America: Annual of Drug Therapy*, 8, 109-134.

Zakin, G., Solomon, Z., Neria, Y., (2003). Hardiness, Attachment Style, and Long Term Psychological Distress Among Israeli POWs and Combat Veterans. *Personality and Individual Differences*, 34, 819-829.

Zima, S. (1987). Forty-Two Ethiopian Boys: Observations of Their First Year in Israel. *Social Work*, 32(4), 359-360.

Zimmerman, S. (2009). Why Seek Asylum? The Roles of Integration and Financial Support. *International Migration*, 48(1), 199-231.

Zur, J. (1996). From PTSD to Voices in Context from an "Experience-Far" to an "Experience-Near" Understanding of Responses to War and Atrocity Across Cultures. *International Journal of Social Psychiatry*, 42(4), 305-317.

## **Appendix I - Summary of Systematic Review Process**

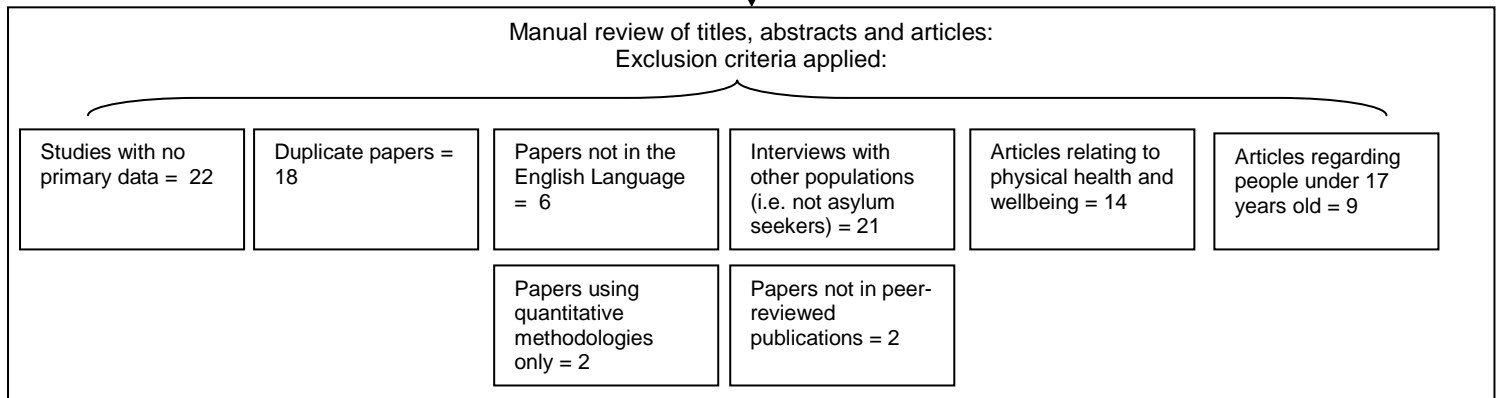


## SUMMARY OF SYSTEMATIC LITERATURE REVIEW PROCESS

Databases Searched: PsycARTICLES (OVID)  
PsycINFO (OVID)  
Medline (OVID)  
Proquest Sociological Abstracts

Search Terms Used:  
"Asylum Seeker\$"  
AND  
Qualitative OR "Grounded Theory" OR "Interpretative Phenomenological Analysis"  
OR "IPA" OR "Thematic Analysis"

Number of articles: 117  
(Search conducted on 28<sup>th</sup> November 2012)



Articles retained = 14  
Conference presentations = 4  
Dissertations = 5

8 Authors contacted regarding conference presentations and dissertations.  
5 Responses, 8 further articles identified. Manual review of titles, abstracts & articles. Studies not relevant to the systematic review question excluded & inclusion and exclusion limits applied  
**1 additional article identified from conference presentations & dissertations**

Electronic search of 'Grey' Literature using search terms: Google, Google Scholar  
Repeats excluded, exclusion criteria applied  
**0 additional articles identified**

**Number of articles remaining = 15**  
**Retained for systematic review**  
(Search repeated on 27/5/13 – 5 new articles identified – all excluded via exclusion criteria)

## **Appendix II - Quality Review Table for Systematic Review**

## Appendix II– Quality Framework

KEY: 0 = Poor Quality (i.e. omitted or significant limitations) ; 1 = Acceptable Quality (i.e. addressed but some limitations and lack of clarity) ; 2 = Good quality (clearly addressed and explained)

Author	Purposes and Aims	Literature Review	Design	Methods	Sample	Governance and ethics	Data Collection	Data analysis	Credibility (trustworthiness) and reflexivity	Discussion & Conclusions	Total Quality Score
<b>HIGH QUALITY STUDIES</b>											
1. Whittaker, Hardy, Lewis & Buchan (2005)	<b>SCORE: 2</b> -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b> -Brief but effective literature review – outlines scale of problem & rationale for study	<b>SCORE: 2</b> -Design clearly stated & appropriate for study - rationale for use discussed  -Limitations of design reflected upon  - researcher position described	<b>SCORE: 2</b> -Methods clearly described & appropriate for study design	<b>SCORE: 2</b> -Sample focuses purely on Somali women, in line with study aims  -Sample design & selection justified  -Study analyses 1 participant separately & provides rationale	<b>SCORE: 2</b> -Ethical issues attended to effectively and clearly  -Ethical approval obtained  -Consent & confidentiality addressed	<b>SCORE: 2</b> -Clear description of site & data-collector  -Collection strategies robust & clear  -Rich data has been achieved	<b>SCORE: 2</b> -Analysis of themes well described  -Themes supported by rich & carefully considered data	<b>SCORE: 2</b> -Triangulation described  -Researcher taken into account own position when considering findings & kept a reflective log throughout  -Evidence of impact of work on researcher	<b>SCORE: 2</b> -Clear awareness of limitations  -Study achieves findings supported by evidence  -Generalizability addressed & critiqued  -Evaluated via focus group	<b>20/20</b>  A=2 B=2 C=2 D=2 E=2 F=2 G=2 H=2 I=2 J=2
2. Bogner, Brewin & Herlihy (2010)	<b>SCORE: 2</b> -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b> -Relevant & interesting literature review  -Clear rational for study	<b>SCORE: 1</b> -Design clearly stated & appropriate for study  -Rationale for approach outlined  -Design limitations reflected upon  -No researcher position described	<b>SCORE: 2</b> -Method well described & appropriate & robust	<b>SCORE: 2</b> -Sample well described & justified  -Participants relevant to research question	<b>SCORE: 2</b> -Ethical approval obtained  -Consent and confidentiality addressed  -Consideration of potential harm to participants & ways this was overcome	<b>SCORE: 2</b> -Clear description of data collection process, researcher, sites etc.  -Collection strategies clear & robust  -Depth, detail & richness achieved	<b>SCORE: 2</b> -Analytic process well described & clear  -Process of developing codes & themes well described	<b>SCORE: 2</b> -Triangulation described & researcher has acknowledged potential biases  -Quality framework used for reliability & credibility	<b>SCORE: 2</b> -Study achieves aims  -Meaningfully interconnects literature  -Findings clearly supported by evidence.  -Knowledge base extended by research  -Limitations clearly acknowledged	<b>19/20</b>  A=2 B=2 C=1 D=2 E=2 F=2 G=2 H=2 I=2 J=2
3. Coffey, Kaplan, Sampson, Tucci (2010)	<b>SCORE: 2</b> -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b> -Relevant literature & policy  -Gaps in research identified  -Clear justification for current study)	<b>SCORE: 1</b> -Theoretical design not stated  -Process of coding & deriving themes described  -Limitations of design considered  -No researcher position described	<b>SCORE: 2</b> -Methods clearly described & appropriate for study	<b>SCORE: 1</b> -Sample not representative in terms of gender  -Good description of demographic data  -Reasons for non-participation addressed	<b>SCORE: 2</b> -Ethical approval obtained  -Consent process described  -Consideration of distress to participants	<b>SCORE: 2</b> -Data collection methods described clearly  -Awareness of impact of data collection methods on findings	<b>SCORE: 2</b> -Analytic process clearly described & seems robust	<b>SCORE: 2</b> -Triangulation reported  -Appears a lengthy & robust analytic process	<b>SCORE: 2</b> -Study achieves aims  -Literature connected meaningfully  -Clear conclusions supported by evidence  -Limitations & future directions considered	<b>18/20</b>  A=2 B=2 C=1 D=2 E=1 F=2 G=2 H=2 I=2 J=2
4. Hussein, Manthorpe & Stevens (2011)	<b>SCORE: 2</b> -Clear aims & rationale	<b>SCORE: 2</b> -Relevant literature & policy	<b>SCORE: 1</b> -Design is appropriate & well	<b>SCORE: 2</b> -Methods clearly described &	<b>SCORE: 2</b> -Sample is clearly described	<b>SCORE: 2</b> -Ethical approval obtained	<b>SCORE: 2</b> -Data collection methods described	<b>SCORE: 2</b> -Analytic process clearly described	<b>SCORE: 1</b> -Triangulation has been reported	<b>SCORE: 2</b> -Study achieves aims	<b>18/20</b>  A=2

	-Relevant & timely study  -Qualitative methods appropriate	-Gaps in research identified  -Clear justification for current study)	described  -No researcher position described	appropriate for study	-Participant selection is justified	-Consent & confidentiality procedure clear  -Governance aspects clearly described	clearly  -Awareness of impact of data collection methods on findings  -Consideration of possible biases	& seems robust  -Diversity and content of data explored  -Themes supported by quotations from data	-Limited sense of researchers taking their own biases into account  -Other biases in data have been described	-Literature connected meaningfully  -Clear conclusions supported by evidence  -Limitations & future directions considered	B=2 C=1 D=2 E=2 F=2 G=2 H=2 I=1 J=2
5. O' Sullivan-Lago, de Abreu & Burgess (2008)  AND O'Sullivan-Lago & de Abreu (2010)	<b>SCORE: 2</b>  -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b>  -Relevant literature & policy  -Gaps in research identified  -Clear justification for current study	<b>SCORE: 1</b>  -Thematic analysis clearly described & appropriate  -No researcher position described	<b>SCORE: 2</b>  -Methods clearly described & appropriate for study	<b>SCORE: 1</b>  -Sample is clearly described in Study 1 but not Study 2  -Participant selection is justified	<b>SCORE: 2</b>  -Ethical approval obtained  -Consent & confidentiality explored  -Researcher clearly considered potential harm to participants	<b>SCORE: 2</b>  -Clear explanation of data collection methods including sites, researcher, and procedures  -Data collection methods appropriate & robust  -Demonstrated that rich data was collected	<b>SCORE: 2</b>  -Analysis clear & well-described  -Process of coding & developing themes is clear  -Detail and depth of data is conveyed well	<b>SCORE: 2</b>  -Process of triangulation well described & author has attempted to address bias by using multiple-reviewers to ensure reliability	<b>SCORE: 1</b>  -Limitations of study are described, but only briefly  -Study achieves aims  -Findings are supported by evidence  -Issues around generalisability acknowledged	<b>17/20</b>  A=2 B=2 C=1 D=2 E=1 F=2 G=2 H=2 I=2 J=1

### MEDIUM QUALITY STUDIES

6.Rees (2003)	<b>SCORE: 2</b>  -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b>  -Brief literature review, enough background & relevance  -Identifies gaps in research relating to asylum seekers & uncertainty about residency	<b>SCORE: 1</b>  -Design is explicit & clear  -No researcher position described	<b>SCORE: 2</b>  -Method clearly described & appropriate for study design	<b>SCORE: 1</b>  -Sample is described, but limited (e.g. around age)  -Study locations not addressed	<b>SCORE: 1</b>  -Ethical approval obtained  -Consent addressed  -Limited information possible participant harm	<b>SCORE: 2</b>  -Process of coding & developing themes from data well described  -Evidence provided via quotations	<b>SCORE: 2</b>  -Effectively describes process of data sharing & triangulation in development of the themes	<b>SCORE: 1</b>  -Triangulation is described  -No evidence of researcher biases taken into account	<b>SCORE: 1</b>  -No awareness of study limitations  -Study interconnects literature  -Implications discussed  -Generalisability not considered	<b>15/20</b>  A=2 B=2 C=1 D=2 E=1 F=1 G=2 H=2 I=1 J=1
7. Palmer & Ward (2007)	<b>SCORE: 1</b>  -Study aims are somewhat unclear  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b>  -Brief but relevant literature review  -Gaps in research identified (need to prioritise service user perspective)  -Clear justification for current study	<b>SCORE: 1</b>  -Framework analysis & constant comparison well described & appropriate  -No researcher position described	<b>SCORE: 2</b>  -Development of topic guide & method clearly described. Appropriate for study	<b>SCORE: 2</b>  -Good description of sample  -Note that maximum variation in sample was achieved	<b>SCORE: 1</b>  -Inter-interviewer reliability discussed  -Consideration of ethical & power issues  -No mention of ethical approval	<b>SCORE: 2</b>  -Clear description of site, interviewers & development of topic guide  -All appropriate for design  -Awareness of ways data collection methods may have influenced findings (e.g. power issues, interpretation)	<b>SCORE: 1</b>  -Process of data analysis limited in description	<b>SCORE: 1</b>  -Authors considered participant perspective & issues of power  -Limited reflexivity about the findings (no triangulation or other ways data could be viewed)	<b>SCORE: 1</b>  -Due to aims being unclear, difficult to ascertain extent to which they were achieved  -Limited around awareness of study limitations (sample size only)  -Data clearly linked to previous research	<b>14/20</b>  A=1 B=2 C=1 D=2 E=2 F=1 G=2 H=1 I=1 J=1
8. Pearce and Charman (2011)	<b>SCORE: 2</b>  -Clear aims & rationale	<b>SCORE: 2</b>  -Detailed literature review (especially	<b>SCORE: 1</b>  -Design is explicit & clear	<b>SCORE: 2</b>  -Method clearly described &	<b>SCORE: 1</b>  -Limited description of	<b>SCORE: 0</b>  -No mention of ethical approval	<b>SCORE: 1</b>  -Data collection described, but	<b>SCORE: 2</b>  -Analysis of data is described clearly -	<b>SCORE: 1</b>  -No sense of triangulation or	<b>SCORE: 2</b>  -Clearly achieves aims	<b>14/20</b>  A=2

	<ul style="list-style-type: none"> <li>-Relevant &amp; timely study</li> <li>-Qualitative methods appropriate</li> </ul>	of social psychological models relevant to current study)	-No researcher position described	appropriate for study design	sample (uncertain if asylum seekers or refugees, no country of origin, first languages, use of interpreter)  -Limited sense of study locations	-No discussion around potential harm to participants	<ul style="list-style-type: none"> <li>limited</li> <li>-No description of site or researcher</li> <li>-No consideration about ways in which collection methods may have influenced data</li> </ul>	robust process & description	<ul style="list-style-type: none"> <li>involvement of other researchers</li> <li>-No sense of researcher bias consideration</li> <li>-Other ways of viewing data reported via different theoretical perspectives</li> <li>-No evidence of the impact of research on researcher</li> </ul>	<ul style="list-style-type: none"> <li>-Meaningfully interconnects literature</li> <li>-Findings supported by evidence</li> <li>-Future implications considered</li> <li>-Limitations acknowledged</li> </ul>	<ul style="list-style-type: none"> <li>B=2</li> <li>C=1</li> <li>D=2</li> <li>E=1</li> <li>F=0</li> <li>G=1</li> <li>H=2</li> <li>I=1</li> <li>J=2</li> </ul>
9. Zimmerman (2010)	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Clear aims &amp; rationale</li> <li>-Relevant &amp; timely study</li> <li>-Qualitative methods appropriate</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Detailed literature review, identifies that voices of asylum seekers often lost in discourse, thus an identification of a gap in the literature</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Design is outlined &amp; seems appropriate</li> <li>-No discussion around defence of design</li> <li>-Limitations of design mentioned briefly</li> <li>-No reflection of the position of researcher</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Study reflects quite significantly on methods used and issues around accessing this population</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Sample selection is clear and relevant to the research question</li> <li>-Limited around details of sample (e.g. length of time in the UK)</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Some consideration of ethical issues, but no ethical or governance approval</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Process of data collection clear</li> <li>-Limited description of researcher</li> <li>-Good description of site &amp; participant access</li> <li>-Some consideration of ways in which data collection methods influenced data</li> <li>-Process of saturation and richness has limited description</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Analytic process limited in description</li> <li>-No description of process of transforming data into themes and codes</li> <li>-No rules of analysis reported</li> <li>-No other ways of viewing data reported</li> <li>-Detail and depth is conveyed to an extent</li> </ul>	<p><b>SCORE: 0</b></p> <ul style="list-style-type: none"> <li>-No process of triangulation reported</li> <li>-No alternative ways of viewing data reported</li> <li>-No description of impact of research on researcher</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Study achieves aims</li> <li>-Clear conclusions</li> <li>-Connecting of literature meaningfully</li> <li>-Limitations considered</li> <li>-Extent of generalisability considered</li> </ul>	<p><b>13/20</b></p> <ul style="list-style-type: none"> <li>A=2</li> <li>B=2</li> <li>C=1</li> <li>D=2</li> <li>E=1</li> <li>F=1</li> <li>G=1</li> <li>H=1</li> <li>I=0</li> <li>J=2</li> </ul>
10. Conlon (2011)	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Clear aims &amp; rationale</li> <li>-Relevant &amp; timely study</li> <li>-Qualitative methods appropriate</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Relevant &amp; interesting literature review, especially regarding cultural landscape &amp; theoretical frame researcher is utilising</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Design clearly stated &amp; appropriate for study</li> <li>-Rationale for approach outlined</li> <li>-Limitations of design have reflected upon</li> <li>-No researcher position described</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Method is well described &amp; appropriate</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Sample is described but lack of detail around the numbers of asylum seekers versus other immigrant populations</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Researcher has mentioned privacy for participants, no mention of ethical process of managing potential participant distress</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Good description of data collection processes</li> <li>-Some limitations in procedure</li> <li>-Little description of ways methods may have influenced data</li> <li>-Data is deep &amp; robust, but no sense that saturation achieved</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Analytic methods mentioned, but not described in significant detail</li> <li>-No detail around process of developing codes &amp; themes</li> <li>-A robust theoretical framework is described</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Triangulation not reported</li> <li>-No evidence that researcher has taken account of own biases in process</li> <li>-Other ways of viewing data are reported.</li> <li>-Little evidence of impact of research on researcher</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Study achieves aims &amp; connects literature</li> <li>-Findings supported by evidence</li> <li>-Future directions suggested</li> <li>-Little around generalisability</li> <li>-no limitations discussed</li> </ul>	<p><b>13/20</b></p> <ul style="list-style-type: none"> <li>A=2</li> <li>B=2</li> <li>C=1</li> <li>D=2</li> <li>E=1</li> <li>F=1</li> <li>G=1</li> <li>H=1</li> <li>I=1</li> <li>J=1</li> </ul>
11. Dwyer (2005)  AND Dwyer & Brown (2005)	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Clear aims &amp; rationale</li> <li>-Relevant &amp; timely study</li> <li>-Qualitative</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Relevant &amp; interesting literature review</li> <li>-Clear rational for study</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Design appropriate for research but only briefly discussed</li> <li>-Little discussion of design</li> </ul>	<p><b>SCORE: 2</b></p> <ul style="list-style-type: none"> <li>-Method is well described &amp; appropriate</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Sample selection well justified, relevant &amp; described well</li> <li>-Limited discussion about site locations</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Consent and confidentiality considered</li> <li>-No mention of ethical approval or research</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Good recruitment description</li> <li>-Limited information on interview location &amp; interview schedule</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Data well described</li> <li>-Limitations around descriptions of analytic process</li> </ul>	<p><b>SCORE: 0</b></p> <ul style="list-style-type: none"> <li>-Triangulation not reported</li> <li>-Researcher not considered own biases in research process.</li> </ul>	<p><b>SCORE: 1</b></p> <ul style="list-style-type: none"> <li>-Study achieves aims &amp; connects literature.</li> <li>-Little consideration of own limitations</li> </ul>	<p><b>12/20</b></p> <ul style="list-style-type: none"> <li>A=2</li> <li>B=2</li> <li>C=1</li> <li>D=2</li> <li>E=1</li> <li>F=1</li> </ul>

	methods appropriate		limitations -No researcher position described		-Non-participation not mentioned	governance	-No consideration of data collection influencing data  -Uncertainty about the depth & detail of data collection	(theme & code development)  -Diversity of perspective & content not explored	-No alternative ways of viewing data reported  -No evidence of impact of research on researcher	-Results not viewed through a critical lens.  -No process of evaluation described	G=1 H=1 I=0 J=1
12. Rugunanan & Smit (2011)	<b>SCORE: 2</b>  -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b>  -Relevant, detailed & interesting literature review  -Clear rational for study – gaps in literature explored.	<b>SCORE: 1</b>  -No clarity around form of qualitative methodology (though process of coding & memo-writing described)  -No researcher position described  -Limitations of design not reflected upon	<b>SCORE: 1</b>  -Methods described, but due to unspecified elements of design, difficult to establish appropriateness	<b>SCORE: 1</b>  -Clearly defined sample, but men were under-represented	<b>SCORE: 0</b>  -No mention of research governance and ethics  -No consideration of potential harm to participants	<b>SCORE: 1</b>  -Clear description of data collection methods  -No consideration of data collection influencing data  -Uncertain as to whether saturation was reached	<b>SCORE: 2</b>  -Analysis seems robust & clear (coding & memo-writing)  -Themes supported by rich data	<b>SCORE: 0</b>  -No triangulation  -No researcher bias consideration.  -No other ways of viewing data  -No consideration of impact of research on researcher	<b>SCORE: 1</b>  -Study achieves set aims  -Meaningfully interconnects literature  -Findings supported by data.  -Lack of awareness of limitations	<b>11/20</b>  A=2 B=2 C=1 D=1 E=1 F=0 G=1 H=2 I=0 J=1

### LOW QUALITY STUDIES

13. Renner & Salem (2009)	<b>SCORE: 2</b>  -Clear aims & rationale  -Relevant & timely study  -Qualitative methods appropriate	<b>SCORE: 2</b>  -Relevant & interesting literature review  -Clear rational for study	<b>SCORE: 1</b>  -Design is mixed-methodology, but some confusion as to the data that arises via qualitative & quantitative methods – qualitative data being analysed quantitatively  -No researcher position described	<b>SCORE: 1</b>  -Method is described but limited	<b>SCORE: 2</b>  -Very clear & detailed picture of sample	<b>SCORE: 0</b>  -No consideration of potential harm to participants  -No consent or confidentiality procedures outlined  -No mention of ethical approval or research governance  -No further information given to participants	<b>SCORE: 0</b>  -No description of data collection site, researcher, procedure.  -No awareness of ways data collection may influence data.  -No demonstration that depth, detail & richness achieve  -Uncertainty whether saturation reached	<b>SCORE: 1</b>  -Coding completed & described but limited – no quotations to support data  -Quantitative analysis of qualitative themes	<b>SCORE: 0</b>  -No reported triangulation  -Researcher not considered own bias in process  -No other way of viewing data described	<b>SCORE: 1</b>  -Severe limitations described indicate lack of robustness of conclusions  -However, findings go some way to support original aims	<b>10/20</b>  A=2 B=2 C=1 D=1 E=2 F=0 G=0 H=1 I=0 J=1
---------------------------	--	---	---	---	---	---	---	--	--	--	--

**Appendix III - Extract from Reflective Journal & researcher position of change**

### Extract from reflective journal

Date	Description of Event and reflections
April 2012	<p><b>Initial Meeting with academic (Andrew) and clinical (Neil) supervisors</b> – Having talked to Andrew about my interests around trauma, attachment and displaced populations (my interests around these areas are speculated on in the ‘Researcher position’ section in the methodology) and considered a few possible ideas to explore in this area, Andrew arranged a meeting with Neil in order to consider more ideas around the project, given that Neil has expertise in this area and works at a Trauma Clinic. The meeting was very useful and inspiring, and we were able to talk through some ideas around unexplored areas of research with populations of asylum seekers and refugees, including ideas around resilience. Neil was able to forward a number of papers around the concepts surrounding resilience and some of the literature pertaining to asylum seekers and refugees. From relatively early, it became apparent that there were gaps in the evidence base around:</p> <ol style="list-style-type: none"> <li>1) Specifically asylum seeking populations (as opposed to refugee populations)</li> <li>2) Resilience as opposed to forced migrants</li> <li>3) Studies using qualitative methodologies to explore these ideas</li> </ol> <p>Further, Neil was also able to provide support around putting me in contact with a GP primary care service who work with asylum seekers and refugees. Additionally, Andrew knew people in a BME mental health project working with forced migrant populations. Thus, we had the basis for an idea, and went about arranging further meetings with professionals from these services in order to see whether they could support the project.</p>
May 2012	<p><b>Meeting a GP from a primary care service that works with asylum seekers and refugees</b> – Andrew and I met with staff from a primary care GP service that works with forced migrants in South Wales, and were able to suggest some ideas for the project. Given that Neil works with this service regularly, he was able to put us in contact with staff here. The staff seemed keen on the research idea, and also discussed a number of practicalities which may present challenges to the research. This included issues around:</p> <ul style="list-style-type: none"> <li>• Language barrier – Andrew and I had talked about the issue of translation and I completed a costing exercise looking at all available options (translation by telephone, face-to-face). The primary care staff felt as though face-to-face interpretation would be preferable, given that the quality of the telephone translation services is variable.</li> <li>• Asylum seekers being traumatised by their experiences – the primary care service staff were keen to ensure that we would not be talking to participants about traumatic experiences, as they only have access to limited resources around providing mental health support for this population. Also they did not want me to ‘lift the lid off’ any distress in the research, and therefore create anxieties for participants who would have access to limited support.</li> <li>• Asylum seekers wanting support for asylum claim</li> </ul> <p>This was very useful, as by considering what these challenges might be early on in the process, we could consider them and try and plan for these possibilities. However, staff here were generally supportive of the project ideas. We arranged to get back in touch once a proposal for the research had been designed.</p>
May 2012	<p>Meeting staff at a third sector organisation – this is a third sector organisation working with asylum seekers and refugees. Service listened to project ideas and agreed to support with recruitment. Further, a member of staff at this organisation was able to suggest an interpreter who she works with frequently.</p>
August 2012	<p>At an Action for Children organised conference, regarding issues around attachment and developmental trauma, I meet one of the presenters, who is a systemic family therapist who</p>



	has worked with asylum seekers in a systemic way. Helped develop ideas around resilience, power issues, importance of context (family, community, wider society, policy base).
August 2012	Meeting with friend who introduces me to her partner, who is from the DRC (Democratic Republic of Congo). I had an opportunity to discuss project ideas with him; seemed very supportive around project.
August 2012	<p>Reflection around 'saturation' and sufficiency in relation to the contacts I have developed as a researcher – I have got to the point where speaking to further people has led to people already mentioned being discussed. In other words, have I reached the point where the majority of people or services working with refugees and asylum seekers in this area of south wales have been contacted?</p> <p>Further, I am beginning to realise links between the recruiting organisations and staff are aware of each other's organisation and work and are supportive of each other.</p> <p>Concerns around data collection – perspectives of statutory vs third sectors (i.e. whether more likely to speak to us via third sector rather than statutory – Trust issues have been highlighted in research with these populations). Also, what 'hats' are each service wearing when considering involvement in the project?</p> <p>At this stage I have completed a research proposal and submit this to a scientific review panel at Cardiff and Vale UHB.</p> <p>My feelings of uncertainty around project – will I get through ethics, get it done etc.</p> <ul style="list-style-type: none"> <li>- Frustrations and loops around R&amp;D involvement (primary care lead, R&amp;D lead, etc)</li> </ul>
Sep 2012	I again meet with various individuals – the primary care GP service, staff at third sector BME mental health service and an interpreter that this service have put me in touch with. In these meetings I am now able to share the proposal that I have designed for the study, and this is received well by professionals. Organisations agree to support project and with recruitment.
Nov 2012	Ethical approval given. Sense of relief and satisfaction that the projects 'worth' has been acknowledged
Dec 2012	Reflections around census – multicultural society in Britain today, and the hostile reaction this seems to generate from UK public.
Dec 2012	<p>Reflections on my position as a researcher (white male amongst all females in recruiting organisations - where do participants fit in terms of ethnicity and gender</p> <p>I find myself wondering whether the primary care GP service is a marginalised service working with these populations?</p>

## **Development of the author's position and impact on the analysis**

### **Start of research process (November 2012)**

At this stage, I am feeling quite overwhelmed with what is required for the thesis at this stage. I realise that my principle anxiety at the moment is around data collection, and primarily whether I will be able to recruit participants for the research process. I have attempted the systematic review, and begin to realise that there is very little research available on asylum seekers and find myself wondering why this is, reflecting on the idea that this is a potentially difficult-to-reach population who are potentially difficult to conduct research with given the multiple issues that have to be considered (including ensuring sensitivity around potential trauma's that the participants may have been exposed to in their country of origin and in relation to the potential difficulties around interpretation and translation). Thus, I feel as though the lack of research and the ideas around potential difficulties in conducting research with this population may be impacting on my feeling of whether I can achieve this. However, I am re-assured through a number of meetings with staff at the third sector organisation (a BME mental health project) and primary care GP service who are supporting the research, and who are providing me with the inspiration to conduct research with this group. By meeting with these members of staff I am realising that, whilst there are certainly barriers to the research and that the research journey may be challenging, this is an under-researched, under-represented and often powerless group of individuals who are likely to be experiencing stress, yet also exhibiting resilience. Further, professionals who I have met with suggest this is a relevant, important and interesting project. I am therefore inspired by these staff to be prepared to hear the narratives that participants might bring to the process. My anxieties are further alleviated by re-assurances from staff that recruitment is likely to be un-problematic, and given that these staff have trusting relationships with asylum seeking service users, I feel comfortable with this. However, I am keen to get started with the interview process, given that there is only 6 months of the process to go and I am yet to start interviewing. I am further re-assured that ethical and research and development approval has been provided for the project, and that additionally, on being presented for NHS scientific review, it was suggested that the project could be a 'pathway to portfolio' study. This has additionally re-assured me that the project ideas and protocol are relatively robust and I am hoping that the data collection will fall into place in order to support this. In addition, some of the practicalities around interpretation have been arranged and this has also provided me with re-assurance.

### **Middle of Data Collection (February 2013)**

At this stage, I feel a sense of satisfaction that participant recruitment seems to be going well and that participants have been willing to share experiences. I have been touched that people have been so open and available to participating in the research, and the ways in which the recruiting organisation staff have been so supportive. A few difficult issues have arisen.

- Some of the participants who have attended interview have been refugee's as opposed to asylum seekers. As these participants arrived at the interview location willing to share their experiences and be interviewed, I conducted the interview with them. However, I am aware that perhaps their interview transcripts may have to be considered separately, depending on the number of participants that we have recruited by the end of the study.
- A key issue that has arisen has been the 'need' of participants to talk about trauma (despite it being stipulated in research protocol that trauma would not be addressed, participants have been bringing this to research interviews). This led to considerable feelings of helplessness around being unable to support participants from a research (rather than a clinical position). In hearing traumatic stories I find myself reflecting on how difficult these stories are to hear, but also the need for participants to share these stories – how is this impacting on the focus of the study?
- Some feelings of uncertainty about the quality of the data – needing to reflect with clinical supervisor about the ways in which interviews are conducted (i.e. in order to try and get richer and more meaningful data)
- Some concerns that whilst participants have engaged, some have been refugees and some have found comprehension of questions difficult.

- Came across an interesting quote by Herman (2001):  
*“it is very tempting to take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear and speak no evil. The victim on the other hand, asks the bystander to share the burden of pain. The victim demands action, engagement and remembering”.* (Herman, 2001, pp.7-8) Ref: Herman, J.L. (2001). Trauma and Recovery: From domestic abuse to political terror (3<sup>rd</sup> Ed.) London, UK: Pandora

- Sample / population – I am not sure whether this is a homogenous group. We have some asylum seekers and some refugees (though refugees are able to reflect on the experience of an asylum seeker)
- Interviews generated a real sense of helplessness – is this transference of their feelings of helplessness about asylum claim
- Often found myself wondering whether in fact, people are actually coping with the process – I questioned the interview schedule
- Difficulty in staying grounded to the interview schedule – people often started talking of their own volition about the trauma’s they have experienced in country of origin – is this about an expectation that they are to talk about these sorts of issues (i.e. in immigration interviews, for example?).
- Difficulty on knowing whether someone has AS or refugee status when they first arrive – with some participants this has only recently changed
- Need to talk about content of interviews – a cleansing process for me – question how it must be for interpreters (need to speak to interpreter about this) and people ‘hearing’ traumatic stories
- Continuous questioning about the level of mental health provision for this extremely vulnerable group predisposed to developing mental health problems.
- Continuous reflection on the importance of the work of recruiting organisations. Seem to ‘hold’ people – is there an attachment perspective around this? One of the participants said that they represented a sister or daughter?

### **End of Research Process (April / May 2013)**

- My anxieties have shifted from being of concern around the data collection to concern about the time pressures of writing up the doctorate
- There seems to be a tension between wanting to code the data as richly and accurately as possible, whilst at the same time acknowledging an approaching deadline and the need to get the analysis completed
- Reflections on the data collection process – hoping that data is rich and meaningful and that the analysis will demonstrate this.
- Beginning to meet with another trainee to consider the nature of coding, data analysis in qualitative research – thinking about the ways in which we see our data, compared to when others view it (e.g. not being able to see the wood through the trees)
- Also finding myself being increasingly influenced by literature that I have come across during the systematic review process and through writing the introduction. Traditional CGT suggests that this should take place after the completion of analysis but I am not in a position to do this due to time constraints. Consequently, I am finding myself immersed in a number of key themes that have arisen from the systematic review (ideas around detention, mental health, isolation etc.). Further, I am being influenced by the writings of Afuape – who has written about power and relationships, and I am finding that I am easily swayed in thinking about my data via a ‘relationship’ and power-focussed lens – i.e. being influenced by systemic and social constructivist ideas.
- Also struggling with the nature of developing codes and having joint meetings with clinical supervisor and another trainee about what code development looks like and the notion and nature of propositions – how this develops into a grounded theory? Looking at other examples of grounded theories and trying to make sense of how the authors got there. Talking to others and reflecting on this process is very helpful
- Cant get away from the inevitable time pressures

## **Appendix IV - Extract of Coded Interview Transcriptions**

**Extracts of coded interview transcripts**

**EXTRACT 1 - Interview 14 - Thomas**

Focused Coding	Initial Coding – line-by-line coding	Text
Threat of detention & deportation	<p>Needing to sign every week to Home Office Threat of detention being pervasive UKBA saying you can be detained &amp; deported at any time Being removed</p>	<p>.... A: See, for example, you have to sign every week. You are conditioned. You are conditioned every week to go and sign. Sign here at the UKBA. And then they say that you can be detained at any time. You understand. So you are going to sign, and then in your mind you know that you can be detained any time and get sent back to your country at any time. They can remove you.</p> <p>T: And what does that feel like?</p>
Uncertainty about security in UK	<p>Feeling uncertain about the future being scary and fearful. Not knowing what will happen</p> <p>Difficulty trusting staff who are putting in this position Being scared whenever having contact with UKBA Having limitations around destiny (being decided for, not deciding)</p>	<p>A: Uncertainty. It is fear. It is scary. You do not know what will happen. So even if you show me laughter, that you are kind with me, you show me kindness. No. I don't believe in that. I don't believe in that. I feel that you are just managing your emotion to show me that don't fear, don't get scared. But you put me in this condition. You already conditioned me to fear. So every time I go there, I am scared. I'm scared. Its like, you understand, that you don't decide for yourself, they decide on you. And then you go there and sign. So this condition, what is the word</p> <p>T: Yes, condition. You've got to come and do this, you have to come sign here, and if you don't come and sign here, we can arrest you</p>
Being checked up on by UKBA	<p>Having to check in every week to get needs met (money) Being fingerprinted</p> <p>Being controlled Having the threat of deportation Feeling as though this is torturing and tormenting Mental torment being worse than physical torment</p>	<p>A: You don't get your money, you understand. You don't get your money. Because every week you get money. Some money for you to eat. So every time you go there, like do fingerprint for you, then you get money next week. If you don't come then you don't get your money next week. And then they send you a letter for you to explain and then if it's no good then they can take you, and remove you. So this is very torturing. You understand. It's a torment. And mental torment is worse than physical torment. You understand.</p> <p>T: So it does sound like you have gone from physical torment in the [home country]</p>
'Slow death'?		<p>A: Yes and then here you have mental torment. So your personality is being destroyed. You understand. And then this is for me. What about my wife? What about my children? Because I cannot afford some things. I cannot buy some things for my children. So sometimes it is torturing as well. When we go to the shop, my children want to have something from the shop. I say no, it's expensive. It's expensive. Today you say it's expensive. Tomorrow you say it's expensive. So now, when you go to the shop with your children, sometimes when he wants something, he says, ahh, dad says it is expensive. So it's now expensive. Life is expensive. So you don't touch, you are not allowed to afford some stuff in your life.</p>
Trauma doesn't end on leaving country of origin – it persists in UK	<p>Experiencing physical torment in [home country] and mental torment in the UK Not being able to afford things Having to say no to children Everything being expensive – having to live on small amounts of money Shame at having to say no to children? Life being expensive</p> <p>Being forced and limited</p>	<p>T: So again, it sounds like you are being forced and limited.</p> <p>A: You are limited. You are stuck. You understand.</p> <p>T: And especially for yourself and for your family who have had</p> <p>A: A good life in [home country]</p>



**EXTRACT 2 - Interview 3 - Ahmad**

Focused Coding	Initial Coding – line-by-line coding	Interview text
<p>Having an identity</p> <p>Thinking about dying</p> <p>Feeling 'lost'</p> <p>Missing family / [home]</p> <p>Being viewed negatively but others</p> <p>Feeling persecuted</p> <p>Trauma &amp; detention in [home country]</p> <p>Feeling scared and frightened</p> <p>Having to accept difficulties</p> <p>Journeying long distances</p> <p>Not feeling understood</p>	<p>Identifying self by country of origin, professional status and family. Having medical problems back in [home] Having treatment for illnesses in UK &amp; feeling better</p> <p>Getting older and thinking about pain &amp; dying Being scared about being followed</p> <p>Being 'lost' and confused Missing family Coming from a big family</p> <p>Missing wife Feeling isolated</p> <p>Feeling stigmatized because of mental illness (Being viewed as scary?)</p> <p>Being visited.</p> <p>Having no-one near.</p> <p>Seeing family suffer and be persecuted Feeling guilty and responsible for family suffering Detention creating stress &amp; illness.</p> <p>Feeling frightened &amp; scared. Self-harming to cope with stress Attempting suicide to end suffering. Being saved by god. Needing to accept life's difficulties</p> <p>Involving an agent. Journeying long distances. Hiding for long periods of time Living in the dark of night Not feeling trauma can be understood</p> <p>Feeling traumatised by prison in [home country]</p> <p>Feeling on the brink of death.</p>	<p>I: Could you tell me a bit about yourself?</p> <p>P: I'm from [Middle eastern country]. I'm a [public service worker]. I've been retired for 3 or 4 years. I've got X boys and X daughters. We are X brothers and sisters. My parents are passed away. I used to have heart problems back home in XXX. Since I got here I feel better, because I see the specialists. Normally when you get older, you get more illness, so all the pain come into you [when older]. I'm like a dead body, with worms eating my skin. Always scary and frightened it's behind me. I always feel like someone's following me. Because I'm not sure where I am. I really miss all my family. We are XXX, a big family. I miss my children, nephews, nieces, grandchildren. I miss everybody. The more important person I really miss, was the person who was with me all my life, was my wife. She is not here. That's it.</p> <p>I: Have you got any family here?</p> <p>P: My brother is living here. He has X children. He has got family here. But his wife .... does not allow me to see my brother. She said to my brother, I'm scared of Ahmad, because he doesn't feel well he may hurt my children [mental illness], but he comes here to visit me sometimes. He lives in [town].</p> <p>I: so no family in [South Wales city]?</p> <p>P: No</p> <p>I: So are the rest of your family and children back in XXX.</p> <p>P: Yes.</p> <p>I: and are you in contact with your family back in XXX?</p> <p>P: Yes. They have a difficult life. The government are always going to them and asking them about me. So all my family have stress because of me. Especially my wife, she has been taken to the detention centre [in XXX] for questioning, and after that for 15 days was in hospital, she got ill.</p> <p>I: It sounds very stressful.</p> <p>P: Yes. Lots, I am frightened. I feel very scared inside myself, so sometimes I decide to burn myself to get rid of the feelings inside. Once I put my hand on the cooker. I burnt physically. I wanted to kill myself, so I can feel relief from all of this stress and anxiety. I tried a couple of times, but don't know why it didn't happen. But still, it might be that God wants me to accept all of these bad things in my life.</p> <p>I: How did you come to be in the UK?</p> <p>P: I was in [Country] and spoke to an agent. So he took me to another country, that country sent me back as it was closed to [country]. Then again, an agent passed me on to a lorry driver where I hid for 25 days. I was coming out only at night time to use the toilet. And they gave me a bottle if I needed the toilet when in the lorry. You can't understand me, because you haven't been in that situation. You haven't felt the sword in your back. You haven't seen those nails in front of your eyes. They can make you blind. You haven't felt the execution feeling when they hang you. I went through all of these things when I was in prison. Every day, 3-4 times they took me to the execution room. I could see the hanging things on the roof of the ceiling. You haven't been in the room with only death staring at you.</p>

**Appendix V - Interview Schedules (Version 3.0) – initial and adapted**



## **INITIAL INTERVIEW SCHEDULE (used for initial 4 interviews)**

### **Coping at the moment**

Tell me a bit about yourself, your week, what you do day to day?

How are you coping at the moment (day-to-day)?

What helps you cope (*prompt: during times of stress*)? How has this helped? How did you discover this? (*prompt: organizations, individuals, services, people from country of origin*) What have you learnt about your coping (*prompt: given stressful experiences*)?

### **Coping with arriving in the UK**

Can you tell me how you came to be in South Wales?

How did you feel when you first arrived? How would you describe how you were as a person when you arrived?

What did you hope to be different when you came to South Wales?

What has changed since moving to South Wales? (*Have there been any positive or negative changes in your life since arriving? Changes in view / actions*) What problems have you encountered since being in South Wales? (*prompt: asylum claim difficulties*)

How did you cope (*prompt: with stress*) when you first arrived in South Wales? When you look back on your arrival in South Wales, are there any events that stand out that were negative or positive in coping (*prompt: with stressful experiences*)? Have your experiences in South Wales affected how you would cope with stressful experiences in the future?

Have your views and / or actions changed since you have moved to South Wales?

### **End of Interview**

Given your experiences, what advice would you give to someone who is an asylum seeker or refugee just arrived in South Wales?

Is there anything that you might not have thought about before that occurred to you during this interview?

Is there anything you would like me to ask that I haven't?

Is there anything else you think I should know to understand the ways in which refugees and asylum seekers cope with stress better? What do you think I should ask other people about how they have coped?

Is there anything you would like to ask me?

### **Amended Interview Schedule (following first 4 interviews)**

*(Prompts in italics)*

Can you tell me a bit about yourself (your journey, how you came to be in the UK, why you are in the UK). How did all of this feel? Given that I have no experience of this, can you tell me what it was like to experience all of this?

How do you feel you are coping at the moment?

- *Why do you feel you are coping in this way*
- *Can you describe how you cope – what does it look like day-to-day? How is it affecting you on a daily basis?*
- *What is it like to cope when asylum claim has not been processed?*

Continue to enquire about **inner strength** / **resilience and relation to beliefs and values**

- *Is this the same as being brave / courageous?*
- *Where do you get your inner strength?*
- *How did your inner strength develop? Is it something that happened in childhood? Beliefs that you hold? Where did these beliefs come from?*
- *How does your inner strength help you on a daily basis?*

Some participants have talked about **hope**

- *What does hope mean for you? What does it look like?*
- *Where do you get your hope from?*
- *How do you think about hope on a daily basis? How does it affect what you do and how you cope?*
- *Is there a link / relationship between hope and patience?*

Some participants have talked about **religion**

- *What does this mean for you?*
- *How does this impact on you on a daily basis?*

Some participants have talked about the **importance of work**, and the frustration of not being able to work due to asylum restrictions

- *Do you think that work is important?*
- *Why do you think work is important? What is this about?*
- *What does needing to work say about you, your identity, your beliefs?*

Some participants have talked about a key **dilemma about being in the UK**; that they often want to return home, but cannot due to issues of safety

- *Does this hold resonance for you?*
- *Can you say more about this?*
- *What does this mean for you? Hope does this impact upon your beliefs, values, hopes and day-to-day living?*

Some participants have talked about **practicalities of being in the UK** (money, accommodation etc.)

- *Does this resonate for you?*
- *Why are these important?*
- *What are your experiences of accessing these things? What do your experiences mean for you? What do they tell you?*
- *How do they affect you on a day-to-day basis?*

**Comment [o1]:** Note that the concept of 'Inner Strength' better captured the idea of resilience for some participants. In Farsi, there is no word for 'resilience' and after discussions with the first four participants, it became apparent that this was perhaps a more useful term to capture the ideas around resilience. In the context of the first four interviews, the researcher spent time investigating whether or not the construct of 'inner strength' was the same as the 'construct of 'resilience'; whilst clearly constructs may differ between participants, the researcher and interpreter felt that they were clearly closely linked ideas, and hence, the term 'inner strength' was incorporated to the interview schedule (alongside resilience) to discuss with further participants.

**Appendix VI - Cardiff and Vale University Health Board Scientific Review Approval  
(CaRRS)**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

**Ysbyty Athrofaol Cymru**  
**University Hospital of Wales**

Heath Park,  
Cardiff, CF14 4XW  
Phone 029 2074 7747  
Fax 029 2074 3838  
Minicom 029 2074 3632

Parc Y Mynydd Bychan,  
Caerdydd, CF14 4XW  
Ffôn 029 2074 7747  
Ffacs 029 2074 3838  
Minicom 029 2074 3632

Eich cyf/Your ref  
Ein cyf/Our ref  
Welsh Health Telephone Network 1872  
Direct line/Llinell uniongyrchol

Tel: 029 20746986  
Fax: 029 20745311  
CAV\_Research.Development@wales.nhs.uk

From: Professor JI Bisson  
R&D Director  
R&D Office, 2<sup>nd</sup> floor TB2  
University Hospital of Wales  
Cardiff  
CF14 4XW

27 September 2012

Mr Thomas Hoare  
South Wales Doctoral Programme in  
Clinical Psychology  
11th Floor, School of Psychology  
Tower Building, 70 Park Place  
Cardiff  
CF10 3AT

Dear Mr Hoare

**Cardiff and Vale UHB Ref: 12/MEH/5482 : Stress, Coping And Resilience In Asylum Seekers And Refugees**

Thank you for your recent correspondence addressing the reviewers' comments on the above project. Your response and revised documents were reviewed by the Chair of the Cardiff and Vale Research Review Service (CaRRS).

The Panel is now satisfied with the scientific quality of your proposal, and I can confirm that the following documents have received favourable scientific review:

Document	Version	Date
Protocol	2.0	31/07/12

You may now apply for review by a NHS Research Ethics Committee and NHS R&D governance review. Please follow the application instructions below:

For NHS REC review:

- Contact the Cardiff & Vale UHB R&D Office to obtain the sponsor's representative signatures needed prior to your submission to the NHS Research Ethics Committee (on your NHS REC form).



For NHS R&D governance review:

- Contact the Cardiff & Vale UHB R&D office to obtain the sponsor's representative signature needed on the IRAS NHS R&D form prior to your submission to the National Institute for Social Care and Health Research – Permissions Coordinating Unit (NISCHR PCU).
- The following signatures/authorisations must be obtained in Q23 the SSI form prior to submission to NISCHR PCU: Prof Nick Craddock, Directorate RD Lead for Mental Health.

Once the above signatures/authorisations are in place you should submit the IRAS NHS R&D form and Site Specific Information (SSI) form and all supporting study documentation to NISCHR PCU who will coordinate completion of governance checks prior to R&D permission being granted.

Final R&D permission to begin your study in Cardiff & Vale UHB will be issued following completion of the governance review by Cardiff and Vale UHB and NISCHR PCU.

**YOU SHOULD NOT BEGIN YOUR PROJECT BEFORE RECEIVING WRITTEN CONFIRMATION OF NHS R&D PERMISSION TO BEGIN.**

Please ensure that you notify NISCHR PCU if any changes to your protocol or study documents are required by the Research Ethics Committee in order to obtain a favourable ethical opinion.

If you require any further information or assistance, please do not hesitate to contact the staff in the R&D Office.

Yours sincerely,



**Professor Jonathan I Bisson**  
**Chair of the Cardiff and Vale Research Review Service (CaRRS)**

CC Prof Nick Craddock, R&D Lead

Link: 'Gaining NHS research permission from Cardiff and Vale UHB – Guidance for researchers' <http://www.cardiffandvaleuhb.wales.nhs.uk/opensoc/180875>

**Appendix VII - NISCHR Ethical Approval – 2 documents**



Gwasanaeth  
Moeseq  
Ymchwil | **RES** | Research  
Ethics  
Service

**Dyfed Powys Research Ethics Committee**

Postal address: PO Box 108  
Building 1  
St David's Park  
Camarthen SA31 3WY  
(for sat nav SA31 3HB)

Telephone : 01267 225045  
Fax : 01267 225226  
E-mail : sue.byng@wales.nhs.uk  
Website : www.nres.nhs.uk

Mr Thomas Hoare  
Trainee Clinical Psychologist  
Cardiff and Vale University Health Board  
South Wales Doctoral Programme in Clinical Psychology  
11th Floor, School of Psychology,  
Tower Building, 70 Park Place  
Cardiff  
CF10 3AT

14 November 2012

Dear Mr Hoare

**Full title of study:** Stress, Coping and Resilience in Asylum Seekers  
**REC reference number:** 12/WA/0327

Thank you for your email of 7 November 2012. I can confirm the REC has received the documents listed below as evidence of compliance with the approval conditions detailed in our letter dated 25 October 2012. Please note these documents are for information only and have not been reviewed by the committee.

**Documents received**

The documents received were as follows:

Document	Version	Date
Participant Consent Form	3	01 November 2012
Participant Information Sheet	3	01 November 2012

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

**12/WA/0327**

**Please quote this number on all correspondence**

Yours sincerely

**Mrs Sue Byng**  
Committee Co-ordinator

Copy to: Professor Jonathon Bisson, Cardiff and Vale UHB R&D Office

# NISCHR

Gwasanaeth  
Moeseq  
Ymchwil

# RES

Research  
Ethics  
Service

## Dyfed Powys Research Ethics Committee

Postal address: PO Box 108  
Building 1  
St David's Park  
Camarthen SA31 3WY  
(for sat nav SA31 3HB)

Telephone : 01267 225045  
Fax : 01267 225226  
E-mail : [sue.byng@wales.nhs.uk](mailto:sue.byng@wales.nhs.uk)  
Website : [www.nres.nhs.uk](http://www.nres.nhs.uk)

Mr Thomas Hoare  
Trainee Clinical Psychologist  
Cardiff and Vale University Health Board  
South Wales Doctoral Programme in Clinical Psychology  
11th Floor, School of Psychology,  
Tower Building, 70 Park Place  
Cardiff  
CF10 3AT

26 October 2012

Dear Mr Hoare

**Study title:** Stress, Coping and Resilience In Asylum Seekers  
**REC reference:** 12/WA/0327

The Research Ethics Committee reviewed the above application at the meeting held on 25 October 2012. Thank you for participating by telephone to discuss the study.

### Ethical opinion

The Committee discussed the issue of translation during interviews and how much information could be lost in that translation. Further, the Committee were concerned that translation by telephone could be unwieldy and difficult for the asylum seeker, however, it was considered this was dependent on the translator and the experience and training they had. The Committee queried whether the WITS translators had experience of translating research previously. Mr Hoare believed WITS had experience of supporting research projects.

The Committee were keen to stress that the research design be as friendly as possible to address this vulnerable group of people.

The Committee noted participants would be able to stop the interview at any time should they become distressed and that the researcher had sufficient experience to manage distress and direct participants to the appropriate sources of support.

The Committee noted that participant's well being would be assessed before the interview and the researcher would ensure informed consent had been sought before commencing the interview.

The Committee noted the researcher would go through the Information Sheet and Consent Form again with participants at the time of interview using the translator.

The Committee noted that confidentiality would only be broken if required to protect the safety of the participant or others at risk. The researcher would seek advice from his supervisor.

The Committee noted that participants would be approached by their GP but were concerned that the researchers had not made provision to inform the GP of the study.

Cynhelir Cydweithrediad Gwyddor Iechyd Academaidd y Sefydliad Cenedlaethol ar gyfer Ymchwil Gofal Cymdeithasol ac Iechyd gan Fwrdd Addysgu Iechyd Powys

The National Institute for Social Care and Health Research Academic Health Science  
Collaboration is hosted by Powys Teaching Health Board



The Committee discussed whether the approach to these participants could be considered coercive on the basis that asylum seekers would probably be anxious to please officials. It was considered that the Information Sheet should make it obvious that the work was research and had no connection to their application to seek asylum.

Mr Hoare explained that participants would be accessed through CHAPs, a local primary care health service, and Diverse Cymru, a third sector organisation available to assist asylum seekers, who would have carried out preparatory work and would be emphasising to potential participants in the initial recruitment process that taking part in the study would have no bearing on their asylum claim. Mr Hoare confirmed that not all potential asylum seekers would have contact with either of these services and therefore GPs who were not a part of CHAPs should be informed of their participation in the study.

The members of the Committee present gave a favourable ethical opinion of the above research on the basis described in the application form, protocol and supporting documentation, subject to the conditions specified below.

### **Ethical review of research sites**

#### **NHS Sites**

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

### **Conditions of the favourable opinion**

The favourable opinion is subject to the following conditions being met prior to the start of the study.

The following amendments should be made to the PIS:-

- The introductory paragraph should make it clearer that the work was being carried out as a research project and there was no connection to the participant's asylum claim.
- Section 'What are the risks or benefits of taking part?' – two typographical errors – third sentence 'Whist' should be 'Whilst' and sixth sentence 'you' should be 'your'.
- Section 'What will happen?' – fourth sentence 'the Thomas' should be 'Mr Thomas'.
- Section 'What will happen?' – the Committee suggested inserting 'or the safety of others' after 'your safety'.

The following amendments should be made to the Consent Form:-

- The participant should be asked for their permission to inform their GP of their participation in the study.
- The participant should be asked for their permission to audiotape the interview and for the use of a translator.
- The participant should be asked for their permission to use direct quotations.
- Point 5 – this statement should be revised to follow the national standard wording "I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from [the research team], from regulatory authorities or from the Health Board, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
- Point 5 – "Information may be shared beyond the team, although I understand that all information will be confidential" should be omitted.

**Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.**

Management permission ("R&D approval") should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements.

Guidance on applying for NHS permission for research is available in the Integrated Research Application System or at <http://www.rdforum.nhs.uk>.

Sponsors are not required to notify the Committee of approvals from host organisations

**It is responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).**

**You should notify the REC in writing once all conditions have been met (except for site approvals from host organisations) and provide copies of any revised documentation with updated version numbers. Confirmation should also be provided to host organisations together with relevant documentation**

### **Approved documents**

The documents reviewed and approved at the meeting were:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Interview Schedules/Topic Guides	2.0	25 September 2012
Investigator CV		
Demographics Checklist	2.0	25 September 2012
Participant Consent Form	2.0	25 September 2012
Participant Information Sheet	2.0	25 September 2012
Protocol	2.0	25 September 2012
REC application	3.4	10 October 2012
Referees or other scientific critique report		27 September 2012

### **Membership of the Committee**

The members of the Ethics Committee who were present at the meeting are listed on the attached sheet.

### **Statement of compliance**

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

### **After ethical review**

#### Reporting requirements

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

Feedback

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

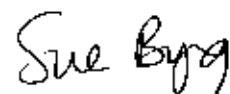
Further information is available at National Research Ethics Service website > After Review

**12/WA/0327**

**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project

Yours sincerely



PP  
**Mr Owen Hughes**  
Chair

Enclosures: List of names and professions of members who were present at the meeting and those who submitted written comments  
"After ethical review – guidance for researchers"

Copy to: Professor Jonathon Bisson, Cardiff and Vale UHB R&D Office

**Dyfed Powys Research Ethics Committee**

**Attendance at Committee meeting on 25 October 2012**

**Committee Members:**

<i>Name</i>	<i>Profession</i>	<i>Present</i>	<i>Notes</i>
Mr Brian Ashe	Lay member	Yes	
Dr John Buchan	Medical Examiner	Yes	
Mr Gareth Davies	Principal Public Health Intelligence Analyst	Yes	
Dr Anthony Evans	General Practitioner	Yes	
Mr Hywel Griffiths	Lay member	No	
Dr Roger Hayter	Consultant Geriatrician	No	
Mr Owen Hughes	Consultant Psychologist	Yes	
Mrs Sarah Jones	Clinical Trials Nurse	Yes	
Mr Derek Lassetter	Lay member	Yes	
Mrs Marie Lewis	Practice Development Midwife	No	
Mr Gareth Lewis	Pharmacist	Yes	
Dr Graham O'Connor	Consultant Psychiatrist	Yes	
Mr Chris Olchawski	Lay member	Yes	
Dr Gopinath Selvaraj	Associate Specialist in Anaesthetics	No	
Dr Geoff Shellswell	Lay member	Yes	
Dr Brano Telgarsky	Specialty Registrar in Anaesthetics	Yes	
Mrs Lynne Walsh	Lecturer	No	

**Also in attendance:**

<i>Name</i>	<i>Position (or reason for attending)</i>
Mrs Sue Byng	REC Administrator

**Appendix VIII - Cardiff and Vale University Health Board Research and Development  
Approval**



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

**Ysbyty Athrofaol Cymru**  
**University Hospital of Wales**

Heath Park,  
Cardiff, CF14 4XW  
Phone 029 2074 7747  
Fax 029 2074 3838  
Minicom 029 2074 3632

Parc Y Mynydd Bychan,  
Caerdydd, CF14 4XW  
Ffôn 029 2074 7747  
Ffacs 029 2074 3838  
Minicom 029 2074 3632

Eich cyf/Your ref  
Ein cyf/Our ref  
Welsh Health Telephone Network 1872  
Direct line/Llinell uniongyrchol

Tel: 029 20746986  
Fax: 029 20745311  
CAV\_Research.Development@wales.nhs.uk

From: Professor JI Bisson  
R&D Director  
R&D Office, 2<sup>nd</sup> Floor TB2  
University Hospital of Wales  
Cardiff  
CF14 4XW

22 November 2012

Mr Thomas Hoare  
South Wales Doctoral Programme in  
Clinical Psychology  
11th Floor, School of Psychology  
Tower Building, 70 Park Place  
Cardiff  
CF10 3AT

Dear Mr Hoare

**Cardiff and Vale UHB Ref : 12/MEH/5482 : Stress, Coping And Resilience In  
Asylum Seekers And Refugees**

**NISCHR PCU Ref: 113264**

The above project was forwarded to Cardiff and Vale University Health Board R&D Office by the NISCHR Permissions Coordinating Unit. A Governance Review has now been completed on the project.

Documents approved for use in this study are:

Document	Version	Date
Favourable Ethical Opinion Letter from Dyfed Powys Research Ethics Committee		26/10/12
NHS R&D Form	3.4	Received 12/10/12
SSI Form	3.4	Received 12/10/12
Protocol	2.0	25/09/12
Participant Information Sheet	3.0	01/11/12
Initial Interview Schedule	2.0	25/09/12
Demographics checklist	2.0	25/09/12
Participant Consent Form	3.0	01/11/12

I am pleased to inform you that the UHB has no objection to your proposal. Please accept this letter as confirmation of sponsorship by Cardiff and Vale University Local Health Board under the Research Governance Framework for Health and Social Care, and permission for the project to begin within this UHB.

May I take this opportunity to wish you success with the project and remind you that as Principal Investigator you are required to:

- Inform the R&D Office if this project has not opened within 12 months of the date of this letter. Failure to do so may invalidate R&D approval.
- Inform NISCHR PCU and the UHB R&D Office if any external or additional funding is awarded for this project in the future
- Contact the R&D Office for Sponsor representative's signature prior to submission of any substantial amendments to NISCHR PCU
- Ensure that all study amendments are favourably reviewed by the R&D Office prior to implementation
- Ensure NISCHR PCU is notified of the study's closure
- Ensure that the study is conducted in accordance with all relevant policies, procedures and legislation
- Provide information on the project to the UHB R&D Office as requested from time to time, to include participant recruitment figures

Yours sincerely,



**Professor Jonathan I Bisson**  
R&D Director

**CC R&D Lead Prof Nick Craddock**  
Prof Helen Houston: R&D Lead - Primary Care  
Dr Andrew Vigden, Academic Supervisor  
Dr Neil Roberts, Academic Supervisor

**Appendix IX - Participant Information Sheet (Version 3.0) – English Version**





NHS  
WALES  
GIG  
CYMRU

School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol



Cardiff University  
Tower Building  
Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.cardiff.ac.uk/psych](http://www.cardiff.ac.uk/psych)  
Prifysgol Caerdydd  
Adeilad y Tŵr  
Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig

## Participant Information Sheet

### **Title of Project: Stress, Coping and Resilience in Asylum Seekers**

We would like to invite you to take part in this study. It is a research study by a psychology student at Cardiff University, who is interested in the experiences of asylum seekers. The study is a research study and will have no bearing or influence on any asylum claim you may be involved in – it is just to find out more about how asylum seekers cope with their experiences.

Before you decide whether to take part, we would like you to understand why the study is being done and what it would involve for you. The project lead, **Thomas Hoare**, will go through the information sheet with you and answer any questions you have. We suggest that this should take about 5-10 minutes. Ask Thomas if there is anything that is not clear, or if you have any questions.

#### The purpose of this study

This study is looking into the ways in which asylum seekers in Wales cope with stress. The study is part of a psychology project, but is likely to be useful to help us understand how asylum seekers cope with their experiences.

#### Why have I been invited to take part?

You have been invited to take part because you are an asylum seeker who has accessed health or charity services in Wales. We would like to find out more about the ways you cope with stressful experiences. We are aiming to speak to around 10 other people about their experiences too. It is important to remember that this study will have no bearing whatsoever on your asylum status.

#### What will happen?

If you agree to take part in the project, you will be asked to sit in a quiet room at [location], to be interviewed by the project lead (**Thomas Hoare**), and have a discussion



NHS  
WALES  
GIG  
CYMRU

School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
*De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol*



Cardiff University  
Tower Building  
Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.cardiff.ac.uk/psych](http://www.cardiff.ac.uk/psych)  
Prifysgol Caerdydd  
Adeilad y Tŷr  
Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig

about the ways in which you cope with your experiences. The discussion will be audio-recorded. Following this Thomas will make transcripts of the discussions. Transcriptions and recordings will be kept on a computer which is password protected. You are welcome to have a copy of the interview. Recordings and transcriptions will be deleted and destroyed when the project is finished. If you prefer to have the interview conducted in a language other than English then we can arrange to have a translator service on the telephone when you come to the interview so we can conduct the interview in your preferred language.

The interview will be confidential, and any information that we use in the completed study will be anonymous, so you will not be able to be identified. The translator and interviewer will also be bound by a confidentiality agreement, so will not be able to talk about you or your case. Information will not be shared with any other people (unless anonymous in the report) and will not have any influence on asylum applications, in a positive or negative way. The only times when the project lead will break confidentiality is if they are worried about your safety, or the safety of others, where information may be shared in order to maintain yours or others safety.

### What will happen next?

The project lead will look for common themes and differences between what you have reported, and what others have said. This will form the basis of a report of the project.

### What about confidentiality?

It is important to note that all information will be anonymous, and it will not be possible to identify what you have said when reading the report. This means that names of participants and services will be changed to protect both your identity. The project is designed to try and understand more about what it means to cope with difficult experiences from the perspective of people who have sought asylum.

### Do I have to take part?

It is entirely up to you to decide to take part in the study. Please ask the project lead if you have any questions after reading this information sheet. You will be asked to sign a



NHS  
WALES  
GIG  
CYMRU

School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
*De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol*



Cardiff University  
Tower Building  
Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.cardiff.ac.uk/psych](http://www.cardiff.ac.uk/psych)  
Prifysgol Caerdydd  
Adelad y Tŷr  
Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig

consent form, and then, if you agree to take part, the discussion can start. You are welcome to take a break at any point during the interview, if you decide to take part.

### What are the risks or benefits of taking part?

It is important to be aware that during the discussions we may talk about some things that have been stressful for you, but we do not have to discuss anything you do not feel comfortable talking about. Whilst taking part in the project may not benefit you directly, the project will hopefully develop understanding of coping and resilience in asylum seekers and help services to support other asylum seekers better in the future. It is important to remember that the project will have no influence on your application for asylum, either positive or negative.

If you would be willing to take part in this research, please complete the response slip below and return in the envelope provided. The project lead will then make contact with you in regard to making an appointment.

Many thanks.

**Thomas Hoare (Trainee Clinical Psychologist) – project lead.**

**Email:** [tom\\_hoare\\_1@hotmail.com](mailto:tom_hoare_1@hotmail.com)

**Address:** South Wales Doctoral Programme in Clinical Psychology, 11<sup>th</sup> Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT.

**Telephone:** 02920 874007 (school of psychology – ask to be put through to the clinical psychology programme and leave a message if necessary)



NHS  
WALES  
GIG  
CYMRU

School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
*De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol*



Cardiff University  
Tower Building  
Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.cardiff.ac.uk/psych](http://www.cardiff.ac.uk/psych)  
*Prifysgol Caerdydd  
Adellad y Tŵr  
Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig*

**Stress, Coping and Resilience in Asylum Seekers Project**

Name.....

Address.....

Telephone.....

**I would** / **would not** (please delete as necessary) like to take part in the study.

Please return in the envelope provided.

Many thanks.

Thomas Hoare (Project Lead)

**Appendix X – Participant Information Sheet – Farsi Version**



برگه لازم اطلاعاتی برای شرکت کنندگان ترجمه شده به زبان فارسی  
موضوع پروژه تحقیقاتی: استرس و چگونگی برخورد پناهندگان مهاجر با آن

ما دوست داریم از شما دعوت کنیم که در این تحقیقات شرکت کنید. این تحقیقات از طرف دانشجویان روانپزشکی دانشگاه کلردیف صورت گرفته و قابل توجه کسانی است که در مورد مشکلات روحی پناهندگان تحقیق میکنند.

این فقط یک پروژه تحقیقاتی است و هیچگونه اثر و دخالتی در تقاضای پناهندگی شما نخواهد داشت و فقط به دلیل تجربه

پیدا کردن در مورد چگونگی برخورد پناهندگان با مشکلات روزمره خواهد بود.

قبل از اینکه تصمیم بگیرید که آیا در این پروژه شرکت خواهید کرد یا نه، ما دوست داریم دلیل انجام این پروژه را برای شما واضح و میرا کنیم. مدیر پروژه «توماس هور» تمام اطلاعات لازم را به شما خواهد داد و پاسخگوی هرگونه سؤال شما خواهد بود.

ما حدس میزنیم حدود ۱۰ تا ۱۵ دقیقه طول خواهد کشید. هر سؤالی که برایتان روشن نبود را میتوانید از توماس بپرسید که برایتان توضیح دهد.

#### دلیل اصلی این تحقیقات

این تحقیقات در مورد پناهندگان و چگونگی برخورد آنها با مشکلات روزمره در ولز میباشد. این شاخه ای از تحقیقات پزشکی و روانپزشکی خواهد بود ولی همچنان کمک خواهد کرد به فهمیدن و درک روحی از پناهندگان و مشکلاتی که با آن برخورد میکنند و چگونگی عکس العمل و تجربه ها.

توماس هور

اطلاعات شرکت کنندگان ۱۱۱۱۱۲

## چرا از من خواسته شده که در این تحقیقات شرکت کنم؟

از شما خواسته شده که در این پروژه تحقیقاتی شرکت کنید زیرا شما تقاضای پناهنگی کرده اید و همچنان به بیمه عمومی و از دسترس داری ما خیلی مشتاق هستیم که بدانیم شما چگونه با مشکلات روزمره برخورد میکنید و چگونه این دوران پر استرس را میگذرانید. هدف ما این است که حداقل با ۱۰ نفر دیگر صحبت کنیم و از تجربه های همه اطلاعاتی جمع آوری کنیم باید تاکید کنم که این تحقیقات هیچ اثری در تقاضای پناهنگی شما نخواهد داشت

## چه اتفاقی خواهد افتاد؟

اگر شما رضایت دهید که در این پروژه شرکت نمایید از شما خواسته میشود که در یک اتاق آرام بنشینید و توسط توماس هور «سرپرست پروژه» مصاحبه شوید و فرصت خواهید داشت در مورد تجربه های شخصیتان به عنوان یک پناهنده و چگونگی برخورد با آنها صحبت کنید. این صحبتها ضبط خواهد شد و در همین زمان توماس نکته برداری هایی خواهد کرد. این نوار ضبط شده و نکته برداریها بصورت محرمانه و با رمز مخصوص در کامپیوتر نگهداری خواهد شد. شما در صورت تقاضا میتوانید کپی این مصاحبه را داشته باشید این نوار ضبط شده و نکته برداریها بعد از اتمام پروژه از دسترس خارج و از بین خواهند رفت مترجم فارسی زبان در این مصاحبه حضور خواهد داشت

توماس هور

اطلاعات شرکت کنندگان ۱۱۱۱۱۲



## لطفا مطالب زیر را خوانده و در صورت موافقت جلوی آنرا امضا کنید

۱. من تأکید میکنم که به من گفته شده اطلاعات این صفحه فقط برای تحقیقات آموزشی میباشد.
۲. به من فرصت کامل داده شده که در مورد این اطلاعات فکر کنم و اگر سوالی دارم میتوانم بپرسم.
۳. به من گفته شده که اطلاعات این پروژه هیچگونه اثری نه مثبت و نه منفی روی تقاضای پناهندگی من نخواهد داشت.
۴. من به انتخاب آزاد و اختیار خودم در این پروژه شرکت کرده ام و میتوانم هر لحظه که تصمیم گرفتم از جلسه خارج شوم بدون اینکه هیچ اثری در پرونده پزشکی و پناهندگی و قانونی من داشته باشد.
۵. به من گفته شده که تمامی اطلاعاتی که به وسیله این تحقیق جمع اوری میشود در صورت لزوم میتواند مورد استفاده گروه‌های پزشکی و تحقیقاتی قرار بگیرد و من رضایت میدهم که به این اطلاعات دسترسی یابند.
۶. به من گفته شده که اطلاعاتی که خواهم داد به عنوان یک پروژه تحقیقاتی منتشر شده و مشخصات شخصی من در آن نمیشود و من اجازه میدهم که این نقل قول بی نام برای اطلاع رسانی منتشر شود.
۷. من رضایت میدهم که این مصاحبه ضبط و نوشته شود و بعد از تکمیل شدن پروژه از بین خواهد رفت.
۸. من در زمان این تحقیقات مترجم حضوری داشتم که توسط مسئول پروژه «توماس هور» تأیید شده بود و اطلاعات به زبان فارسی به من داده شد و من باور دارم که مترجم محرمانه بودن صحبت‌های من را در نظر داشته و با کس دیگری در مورد این پروژه صحبت نخواهد کرد.
۹. در صورت لزوم میتوانید با دکتر عمومی من تماس گرفته و به او اطلاع دهید که من در این پروژه تحقیقاتی حضور داشته ام ولی هیچگونه اطلاعاتی در مورد مصاحبه من به او داده نخواهد شد.

این مصاحبه بصورت محرمانه خواهد بود و هرگونه اطلاعاتی که مورد استفاده قرار میگیرد بدون نام و نشانی شخص مربوطه مورد تحقیق قرار خواهد گرفت

کسی که از شما مصاحبه میکند و همچنان مترجم شما قرارداد نگهداری اسرار محرمانه بودن این مورد را مورد توجه مخصوص قرار خواهد گذاشت. این اطلاعاتی که شما به ما خواهید داد به هیچ وجه به مکان دیگری انتقال نخواهد یافت مگر اینکه بدون شناسایی و هیچگونه نام و مشخصات شخصی مورد استفاده واقع شود و به هیچگونه ای نه به صورت مثبت و نه منفی اثری در تقاضای پناهندگی شما نخواهد داشت تنها در زمانی امکان دارد که قرارداد اسرار محرمانه از بین برود که رهبر پروژه احساس کند برای امنیت شما و اطرافیان شما خطری وجود داشته باشد و فقط در این زمان است که اگر لازم باشد اطلاعاتی که شما دادید را با مسئولین در ارتباط خواهیم گذاشت

بعد از این چه اتفاقی خواهد افتاد؟

رهبر پروژه صحبت‌های شما و دیگران را به دقت بررسی خواهد کرد و به این وسیله میتواند گزارش دقیقتری را در مورد پروژه تحقیقاتی خود ارائه دهد

توماس هور

اطلاعات شرکت کنندگان ۱۱۱۱۱۲

بسیار مهم است که توجه داشته باشید این پروژه هیچگونه تاثیری در مسئله پناهندگی و مهاجرت شما نخواهد داشت نه بصورت مثبت و نه منفی

اگر موافقت کنید که در این پروژه تحقیقاتی شرکت کنید لطفاً برگه پشت این صفحه را پر کرده و امضا کرده و برگردانید همراه با پاکت آماده شده، مسئول پروژه با شما در تماس خواهد بود

با تشکر فراوان

توماس هور - دانشجوی سال آخر روانپزشکی - رهبر پروژه

ایمیل: tom hoare1@hotmail.com

آدرس: south wales doctoral programme in clinical psychology, 11th floor school of psychology, tower building 70 park place cardiff cf10 3at

تلفن: ۰۲۹۲۰۷۸۴۰۰۷

دانشگاه روانپزشکی در صورت لزوم میتواند پیغام بگذارد

توماس هور

اطلاعات شرکت کنندگان ۱۱۱۱۱۲

**Appendix XI - Participant Consent Form (Version 3.0) – English Version**



NHS  
WALES  
GIG  
CYMRU

School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
*De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol*



Cardiff University  
Tower Building  
Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.cardiff.ac.uk/psych](http://www.cardiff.ac.uk/psych)  
Prifysgol Caerdydd  
Adelad y Tŵr  
Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig

### Participant Consent Form

**Title of Project:** Stress, coping and resilience in asylum seekers and refugees

**Participant Identification Number:**

#### **Research Team:**

**Project Lead:**

Thomas Hoare

**Role:** Trainee Clinical Psychologist

**Email:** [tom\\_hoare\\_1@hotmail.com](mailto:tom_hoare_1@hotmail.com)

**Telephone:** 02920 874007

**Address:** South Wales Doctoral Programme in Clinical Psychology, 11<sup>th</sup> Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT.

**Clinical Supervisor:**

Dr Neil Roberts

**Role:** Consultant Clinical Psychologist & Honorary Senior Research Fellow

**Email:** [neil.roberts@wales.nhs.uk](mailto:neil.roberts@wales.nhs.uk)

**Telephone:** 02920 743940

**Address:** Traumatic Stress Service, Monmouth House, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW

**Research Supervisor:**

Dr Andrew Vigden

**Role:** Consultant Clinical Psychologist and Principal Lead, South Wales Doctoral Programme in Clinical Psychology

**Email:** [Andrew.vigden@wales.nhs.uk](mailto:Andrew.vigden@wales.nhs.uk)

**Telephone:** 02920 874582

**Address:** South Wales Doctoral Programme in Clinical Psychology, 11<sup>th</sup> Floor, School of Psychology, Tower Building, 70 Park Place, Cardiff, CF10 3AT.



**NHS**  
WALES  
**GIG**  
CYMRU

School of Psychology  
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology  
*De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol*



Cardiff University  
Tower Building  
Park Place  
Cardiff CF10 3AT  
Wales UK  
[www.cardiff.ac.uk/psych](http://www.cardiff.ac.uk/psych)  
Prifysgol Caerdydd  
Adeilad y Tŷr  
Plas y Parc  
Caerdydd CF10 3AT  
Cymru Y Deyrnas Unedig

Please put your initials in the following boxes only if you agree with the following statements:

1. I confirm that I have understood the information sheet for the above study.	
2. I have had the opportunity to consider the information, ask any questions and have had these answered satisfactorily.	
3. I understand that taking part in the project will have no impact, either positive or negative on my asylum application process.	
4. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my medical care, legal rights or asylum status being affected.	
5. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the research team, from regulatory authorities or from the Health Board, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
6. I understand that information I give will be published as part of the project (in the form of quotations), but I will not be able to be identified by this information (they will be made anonymous). I give consent for anonymous quotations of mine to be published in the study write-up.	
7. I consent to the interview being recorded and transcribed, but I understand that once the project is complete, this information will be destroyed.	
8. I understand that translators will be used at the interview in order to translate information from your language into English for the benefit of the project lead (Thomas Hoare). I understand that the translators also have to abide by confidentiality so will not be able to discuss the answers that you give to anyone.	
9. If I request, I give my consent for you to contact my GP to let them know that I have taken part in the project, but that no information discussed in the study will be shared.	
10. I agree to take part in the above study	

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date \_\_\_\_\_

**Appendix XII - Participant Consent Form – Farsi Version**

اطلاعات رضایت نامه شرکت کنندگان ترجمه شده

موضوع بحث : استرس و چگونگی برخورد و عکس العمل مهاجرین و پناهندگان در موارد روزمره

شماره شناسایی شرکت کننده

گروه محققان

رئیس پروژه : توماس هور

شغل : دوره آموزشی روانپزشکی

ایمیل: tomhoare1@hotmail.com

شماره تلفن : ۰۷۰۸۷۴۰۲۹۲

آدرس : south wales doctoral programme in cardiff psychology, 11th floor school of psychology, tower building, 70 park place, cardiff cf10 3at

پزشک سرپرست : دکتر نل روبرت

شغل : مشاور روانپزشکی و مدیر افتخاری تحقیقات روانپزشکان

ایمیل: neilrobert@wales.nhs.uk

شماره تلفن : ۰۷۴۳۹۴۰۲۹۲

آدرس : traumatic stress service, monmouth house, university hospital of wales, heath park, cardiff cf14 4xw

مدیر تحقیقات : دکتر اندرو وِجن

شغل : مشاور روانپزشکی و مدیر سرپرستان جنوب ولز دکترای روانپزشکان در کلینیک

ایمیل: andrew.vigden@wales.nhs.uk

آدرس : south wales doctoral programme in clinical psychology, 11th floor school of psychology tower building, 70 park place cardiff cf10 3at

توماس هور

رضایت نامه ۱۱۱۱۱۲



## پروژه تحقیقاتی چگونگی برخورد مهاجرین با استرس

نام و مشخصات

آدرس

شماره تلفن

من موافق هستم اینستم «لطفاً زیر آنرا خط بکشید» در این پروژه شرکت نمایم

با تشکر

«توماس هور» رهبر پروژه

توماس هور

برگه اطلاع رسانی به شرکت کنندگان ۱۱۱۱۱۲

من راضی هستم در این پروژه تحقیقاتی حضور پیدا کنم

تاریخ

امضا شرکت کننده

تاریخ

امضا مدیر تحقیقات

**Appendix XIII - Demographics Checklist (Version 2.0)**

## **Demographics Checklist**

Participant ID	
Date of research interview	
First language / language of interview	
Country of origin	
Age	
Gender	
Length of time in the UK	
Immigration status (refugee / asylum seeking?)	
Reason for seeking asylum	

## **Appendix XIV - Examples of Memo Writing**

## Example of Memo-Writing

### EXTRACT 1

**Interview Date:** 23/1/13

**Interview Number:** 3 (Ahmad)

#### **Themes / ideas generated from interview**

- Insight into what was happening to participant family back at home – I got the sense that he blamed himself for this.
- Self harm and suicidal ideation such was the distress caused by his experiences. It feels important to note that this was also discussed outside of the interview context where I ensure that [project worker] felt that he was safe – [project worker] felt this and also informed me that she was case working with him on a regular basis (this alleviated my concerns about risk).
- Considerable and traumatic journey to the UK – also a sense of too-ing and fro-ing between countries until he came to the UK where he was allowed to stay periodically.
- Paradoxical notion - participant is suggesting here is that often talking about his experiences is very stressful (i.e. to professionals etc) but that being able to do this in a secure place (with trusted individuals around him) allows him to feel like he is experiencing a therapeutic and relaxing situation – what does the disclosure literature around trauma say about this (again see Herman, 1992).
- [project worker] encourages a sense of safety and security
- [project worker] as a trusted and secure attachment figure
- [project worker] may represent the only opportunity for participant to feel secure in the UK
- The threat of deportation is considerable and ongoing. There is a real terror of being returned to have to endure similar torture experiences.
- This paragraph documents some of the torture that participant had to endure. (It may be worth reading the literature from the Medical Foundation re: Bearing witness in the context of a safe environment (also JL Herman) as it seemed as though participant was only able to talk about this from the context of security in the interview having [project worker and interpreter] around him, whose presence encourages a sense of security.
- Hope for the future to see and live with family again is an important coping mechanism.
- Plus religion is also a coping factor.
- A real sense of missing family and this making day-to-day life very difficult (with the image of walking back home to see family).
- Important to realize that when people are under an asylum review, they often have to stay where they are put and regularly attend police stations to inform the authorities of their whereabouts. This friend of participant had been granted status so wanted to leave to go to London, but was not going to go as did not want to leave participant behind – as the friend had status, he could go to London, but participant was still restricted as status had not been granted. This may represent another ongoing problem for asylum seekers around freedom to go where friends and other members of their community reside.
- Participant doesn't feel safe around others in his community.
- Participant describes a daily routine and activities on a day-to-day basis – but he notes that on arrival wasn't able to do any of this, and really struggled. It is important for others to be supported.
- Patience is raised as a suggestion to help coping.
- Accommodation type is important to help coping.
- Accommodation difficulties in living in a shared house – but no choice or option about this.
- Is there little wonder that participant feels unsafe here given being assaulted
- Is this an expression of PTSD?
- Dreams about displacement

- Medication can help feel relaxed but can also stop from thinking clearly.
- Talking about difficult issues in a safe and supportive and secure environment seems like it would be the most effective way to talk about such issues.

## TOPICS FOR MEMOS

Experiencing the asylum process in the UK

- Negative Opinions
- The asylum interview
- The asylum decision – linked to hope, safety

Long Journey

- Narratives about long and difficult journeys

Developing inner strength / resilience from;

- Childhood
- Religion
- Family

A sense of needing to survive / get by

A changing sense of safety

- Sense of safety

Support Networks

- Legal
- Family

Separation / dis-connectedness

Slow versus fast death

Patience

Hope for future – connected with family

**Appendix XV – Post Interview reflections with project worker & interpreter**



## **Post-Interview reflections with a BME mental health project worker & interpreter**

The lead researcher met separately with the interpreter who was present at the interviews, and with a BME project worker from the third sector BME mental health project who was also present at some of the interviews. The purpose of these meetings was to reflect on the interviews, the interview process and the findings, in order to support triangulation of results and data.

### **Post interview Reflections on Research from discussion with Interpreter**

In regard to the research interviews, the interpreter felt as though these had “gone very well”, and suggested that the issue that was really highlighted for her, was that there was a genuine need for research participants to be able to speak about their previous and current trauma experiences and difficulties. She felt as though many participants feel unable and unsafe to speak to people in their own community, as they do not feel as though information that they disclose will be treated sensitively and confidentially. This has been a suggestion that other people working at the primary care GP service where interviews took place, have also echoed. Seeing the need in participants to be able to share their narratives and stories was the issue that stood out most for the interpreter about research interviews. Another important issue highlighted by many of the research participants that also caught the interpreter’s attention, was around a need to work in order to distract and occupy oneself from thinking about trauma and distressing thoughts, and also provide financial support and promote integration with the community in South Wales. However, as already noted, asylum seekers are unable to work until they have been granted ‘refugee’ or ‘leave to remain’ status. The interpreter felt strongly that work promoted integration for her into the community, and feels as though this is a policy that would be beneficial to change by immigration authorities in order to allow asylum seeking populations to gain employment.

We further reflected upon the need of professionals to be able to talk and ‘de-brief’ amongst themselves to prevent vicarious traumatisation (referred to ‘traumatic countertransference’ in the psychoanalytic literature). The interpreter also noted that she has a close relationship with her cousin (who has worked as a counsellor and psychologist in the past) and her mum as a source of support who she can speak to openly. We also reflected upon the ways in which aspects of this project had echoed stories that the interpreter had heard working as an interpreter in Mental Health projects and services with asylum seeking and refugee populations, included narratives of traumatisation, but also narratives of recovery and hope.

### **Post-interview reflections with Reflections on Research from discussion with third sector project worker**

The project worker and I reflected on how the participants found it helpful to go through the interview process and be able to talk about their difficulties in their country of origin, their difficulties in the UK and ideas of coping and resilience. Despite not being asked about traumas, the project worker noted that she had felt that people had needed to talk about these issues and to have their story heard, as they may not have had the chance to express their stories before. Additionally, the project worker had been case-working with a number of participants, who had fed back that they had found the process of being interviewed and telling their story helpful.

We reflected together about the importance of trust in working with this population, and how that, traditionally, this has been considered to be a hard-to-reach population, potentially because of trust issues. We reflected on the ways in which the project worker’s involvement

in this research had allowed people to be trusting of the interview from an early stage, and how engagement with participants would have potentially been very difficult if Samira had not been involved. This echoes some of the work described by Idusohan (2007) in her article on engagement with BME communities via third sector organizations. This article discusses the impact of trust on BME community access to mental health services in South London, and the ways in which work with the third sector can help overcome this barrier. The project worker and I also reflected on some of the reasons as to why people may find it difficult to trust services and professionals in the UK and thought about this in the context of their narratives around persecution by authorities in their country of origin and having difficult relationships with services, professionals and the public on arrival in the UK.

The project worker and I talked at some length about the need for professionals to understand different cultural contexts of asylum seekers and refugees, and the ways in which cultural differences had been considered in the context of the research interviews. Again, there was a sense that having the project worker (who understands Islam, and having living in the Middle East) and the interpreter (the interpreter who is from Iran) present, allowed for more detailed exploration in interviews of cultural experiences that participants brought to interviews.

The project worker and I also reflected on the personal and emotional impact of taking part in the interviews. The project worker noted that one participant had impacted on her significantly, a young lady (around the same age as the project worker's daughter) who had needed to escape from the middle east having been tortured for involvement in helping people who were demonstrating against the government. When this participant talked about missing her family back at home, this resonated strongly with the project worker, as this had caused her to think about her own daughter and the mother-daughter bond. She described feeling very sad about the narrative that this participant had talked about in the interview. I talked to the project worker about a similar experience I had had with another participant who had mentioned to me that I was around the same age as his son prior to the interview. He was around the same age as my father. His descriptions of torture in the middle east also had a significant impact on me and I found myself thinking about family being in situations that participants found themselves in, and the feelings of helplessness that this evoked for us. In the reflective log, I reflect personally about this feeling of helplessness that seemed to be generated by conducting research with this population, where a researcher may feel unable to offer further support to someone with a traumatic narrative.

The project worker and I also talked about the ways in which we personally can cope and manage with the process of bearing witness to these stories, and reflected on the need for support, supervision and reflexivity around these issues, to be able to 'share the burden' of hearing these stories.

**Reference:**

Idusohan, H. (2007). *Psychology working in partnership with the Black and minority ethnic voluntary sector: A journey into the unknown*. Clinical Psychology Forum, 175, 20-23.

**Appendix XVI - Development of Constructivist Grounded Theory – Versions 1 to 11 (12 is final version presented in the ‘Results’ section)**

System

Order

Resilience

Organization of business to network

From in Country of origin

Decision to leave

Journey to the UK

Being detained from other countries

Arriving in the UK

Sense of confusion UKBA Experiences etc

Managing on a daily basis

Decision of applying to partners

Needs to work

Waiting for asylum decision

Coling - Parents - Retention

Current ~~status~~ physical health

Time

Cultural differences



Sense of safety / threat



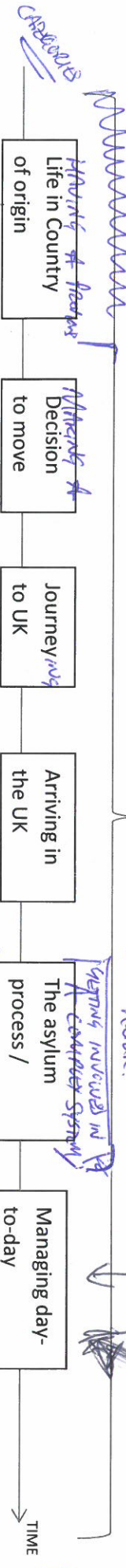
discussed in  
 THE WAY → in a  
 MEMORICULT WAY

HOPE INFLUENCES MANY STAGES!  
 FOR FUTURE  
 Costumes  
 + program

THINK ABOUT  
 CONVERTEDNESS +  
 DISCONNECTEDNESS  
 AT LOSS IDENTITIES

CURSE  
 FAMILY  
 REBORN

Grounded Theory - coping and resilience are considered in each stage of the process



IDENTITY?

Coping → Mental Resilience  
 Safety → Mental Resilience  
 - Desire to go away  
 - but changes in nature

Present

Past

HOPE?  
 The journey  
 has needed  
 to survive  
 to come  
 here

Future  
 "Things will  
 get better"  
 - SEEING QUALITY  
 IMPROVING DETAIL  
 - FEELING SAFE

Job Market  
 Family  
 Friends

A better life  
 Needing to talk  
 about life there  
 Developing  
 resilience

Life becoming  
 unsafe  
 Needing to  
 make a  
 decision

Being rejected  
 from other  
 countries  
 Long & difficult  
 journeys

Sense of  
 confusion  
 Detention

DISCONNECTED  
 BROKEN LANGUAGE  
 RELIGIOUS  
 COST

Living with  
 uncertainty  
 Being  
 believed  
 Lack of  
 choice  
 A restricted  
 life (work,  
 money, base,  
 location)  
 Seeing  
 others with  
 decisions

CONVICTS  
 LEARNING  
 PROCESS

Trauma &  
 difficulty  
 Family &  
 coping

The dilemma of  
 wanting to  
 return (show us  
 past decade)

Managing  
 cultural  
 differences  
 Life becoming  
 unsafe

NEEDING TO INTER  
 FROM THIS

MANAGING  
 ACROSS  
 +  
 PARTICULAR

Feeling very  
 connected to  
 community

Distraction  
 through college,  
 work  
 CONNECTIONS TO  
 Support services  
 (AC, CARES, YOUTH)

CONNECTIONS  
 TO FAMILY  
 TO FAMILY  
 CULTURE  
 WITH  
 OTHER  
 SYSTEMS  
 SERVICES

FOCUS  
 CODES  
 → MEMOS

Previous  
 difficulties  
 Childhood

IDENTITY

Strength:  
 Beliefs  
 - Freedom  
 - Human rights  
 - Values  
 - Ethics

POINTS, BEATS,  
 ZEPHYRUS

NOT WANTING  
 TO LEAVE  
 CONTEXT OF  
 LEAVING

NOT SURE  
 WHENEVER THIS  
 IS A  
 TRAIL/COURT

UKRA  
 POLICE

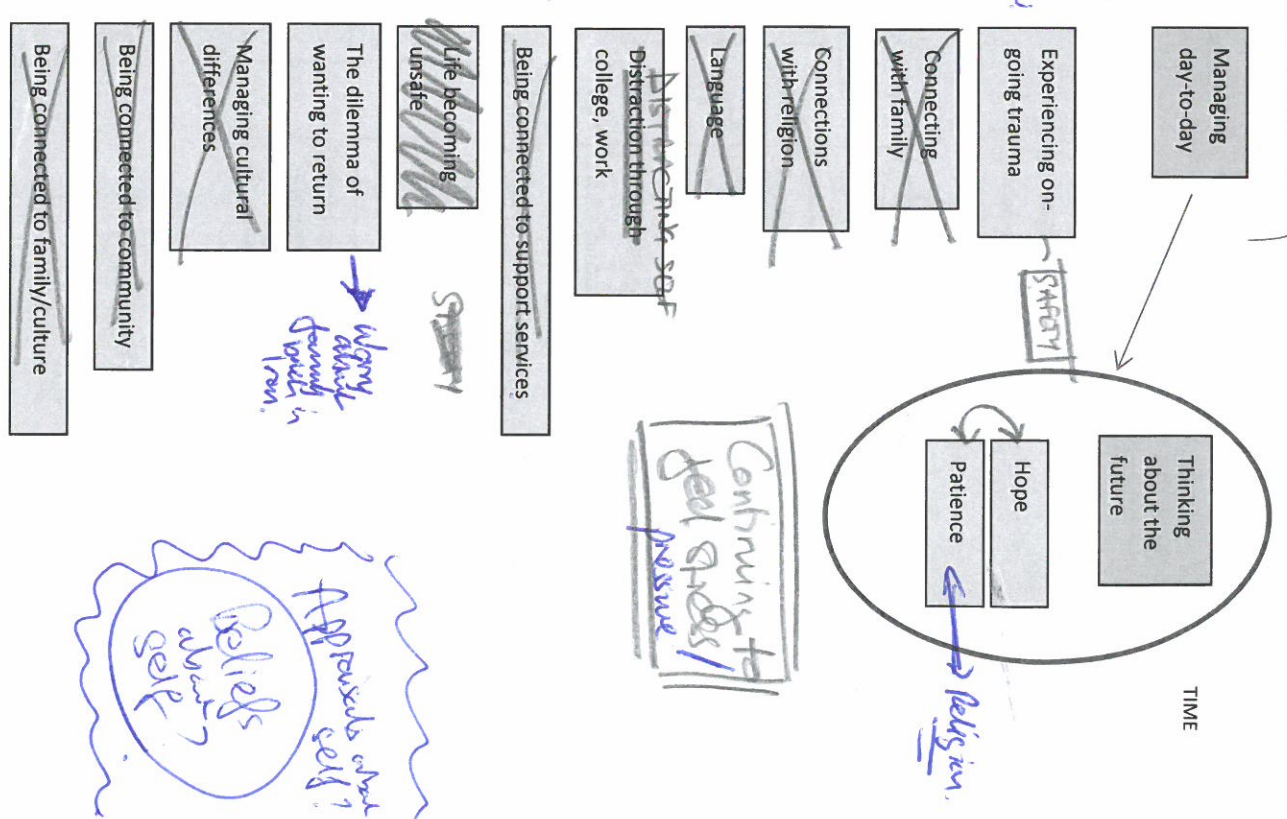
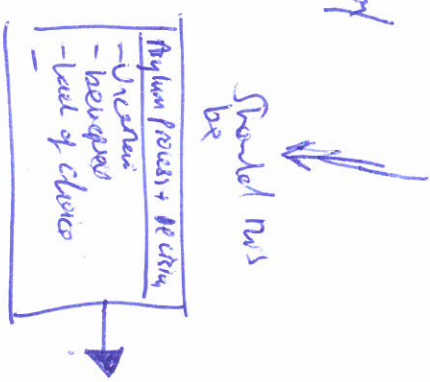
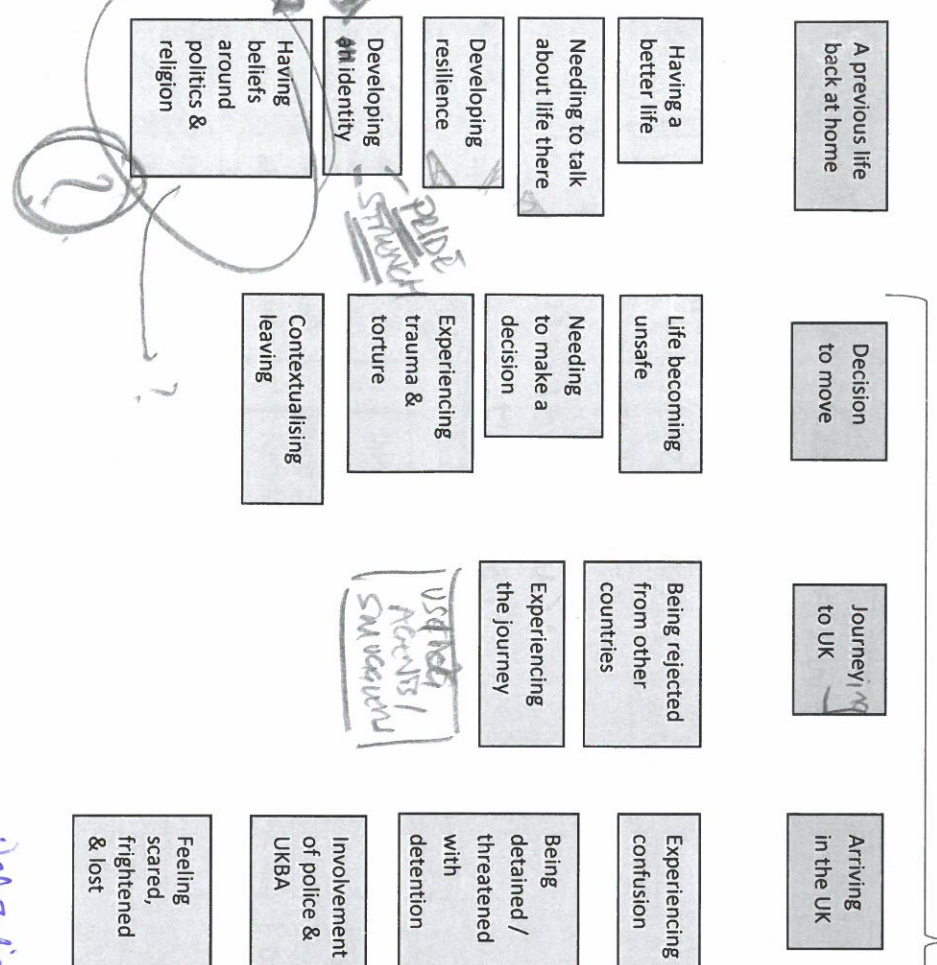
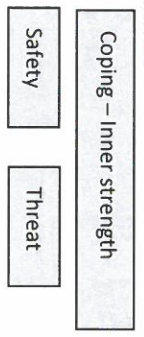
BEN'S  
 SCHOOL /  
 FACILITIES

OR  
 (IMPACTS  
 OF)

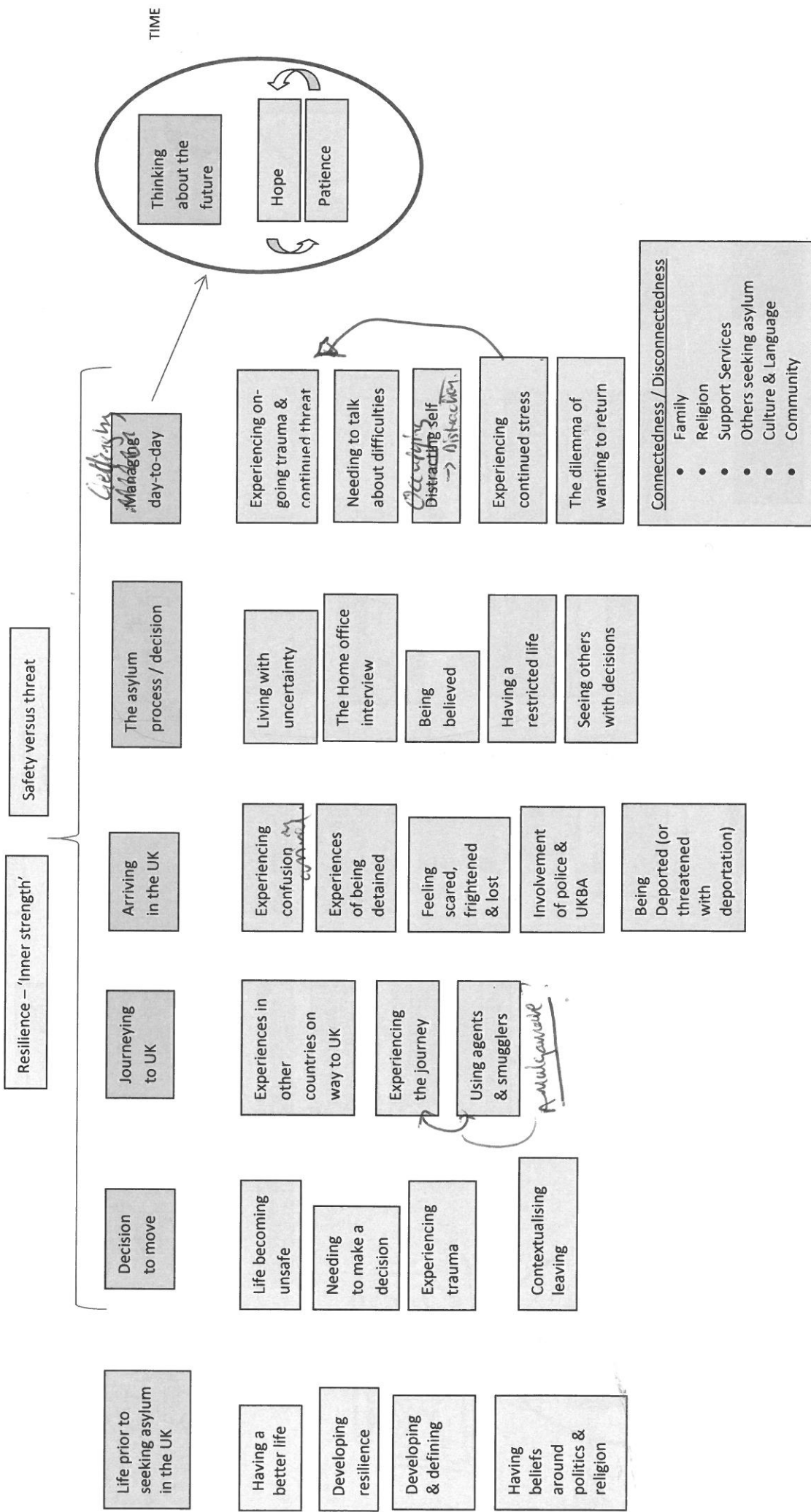
MANAGING  
 ACROSS  
 +  
 PARTICULAR



Theory – coping and resilience are considered in each stage of the process



Grounded Theory - Resilience are considered in each stage of the process (Maybe this is about the experiences of asylum seekers across the asylum journey?)

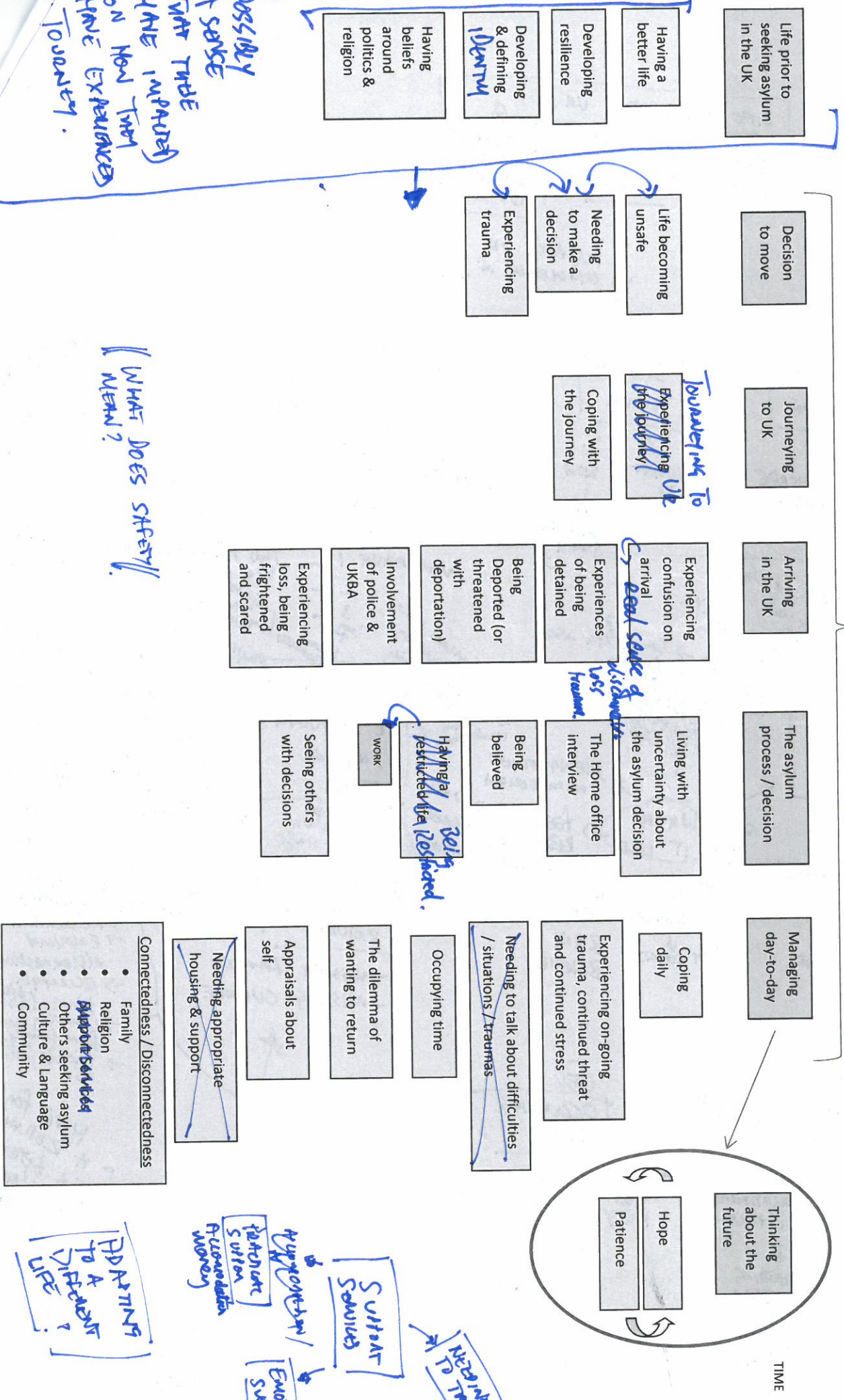




Grounded Theory – Resilience are considered in each stage of the process (Maybe this is about the experiences of asylum seekers across the asylum journey?)

Resilience – 'inner strength'

Safety versus threat



WHAT DOES SAFETY MEAN?

Thinking about MENTAL HEALTH  
CONNECTION BETWEEN THEMES

ADAPTING TO A DIFFERENT LIFE?

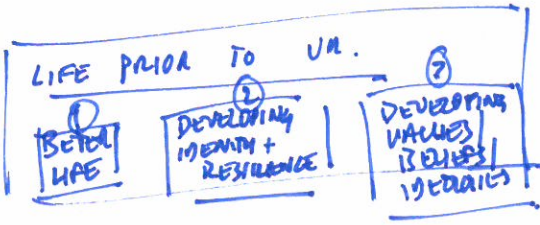
Support Services  
Appropriation / Participation Support  
Need to talk to them  
Emotional Support

Connectedness / Disconnectness

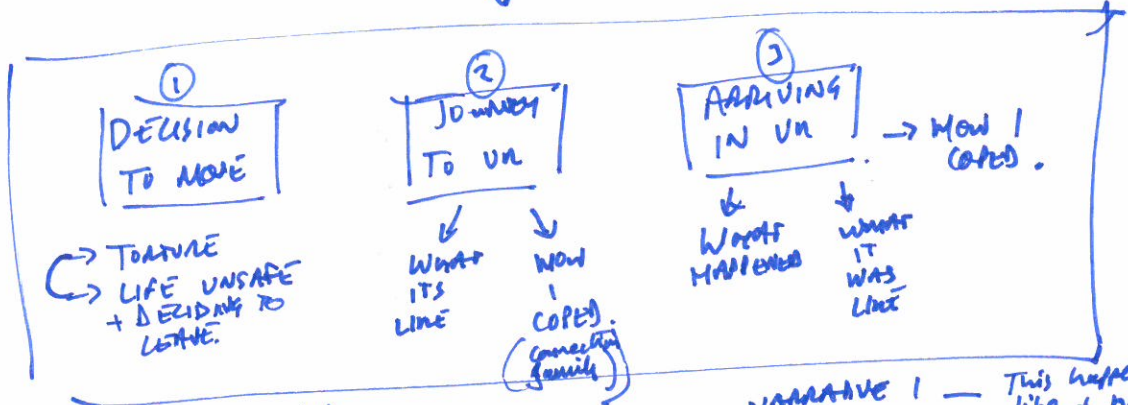
- Family
- Religion
- Support Services
- Others seeking asylum
- Culture & Language
- Community



**EARLY LIFE**



↓ IMPACTS ON EXPERIENCE OF ...

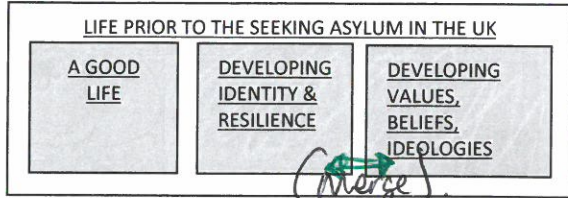


PROCESS OF BEING DISPLACED PROCESS

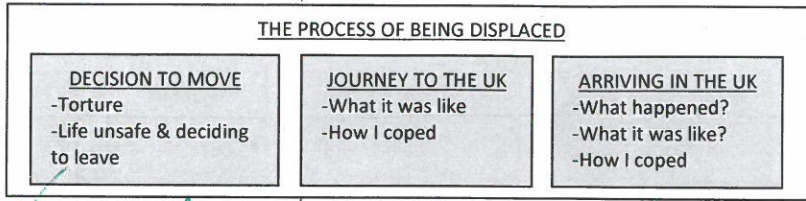




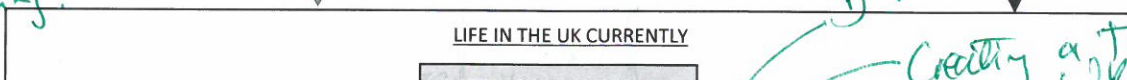
**New CGT**



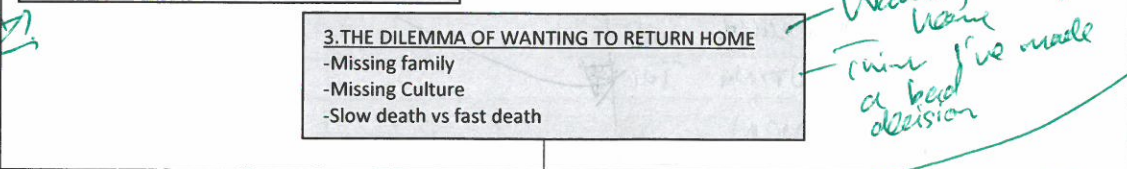
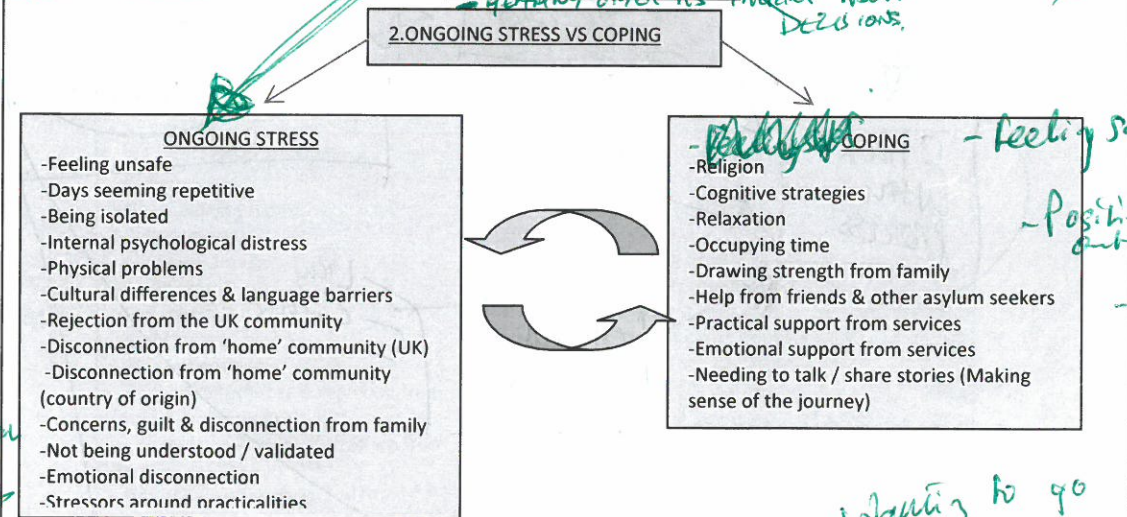
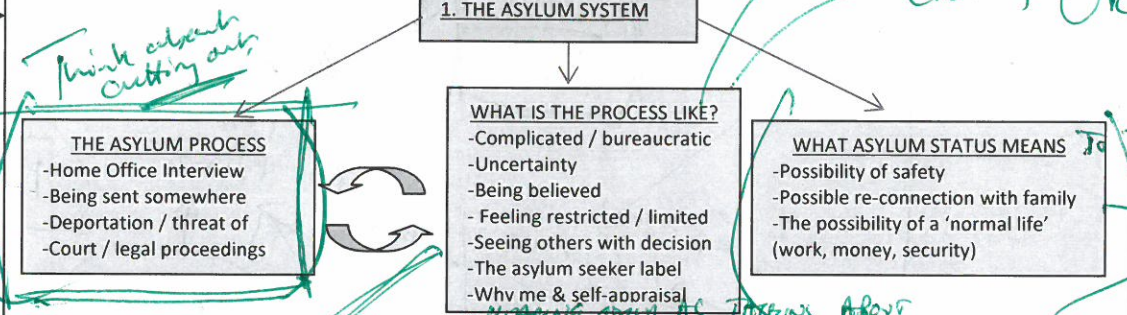
→ something happens



A need for safety?  
The reason for moving?



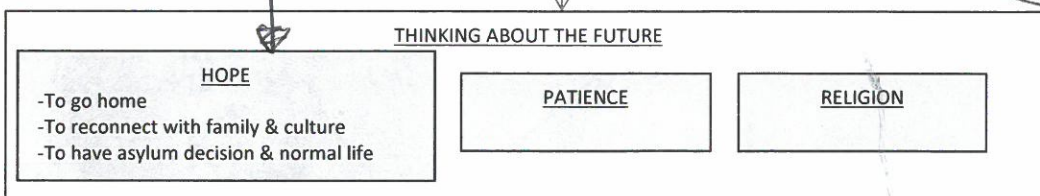
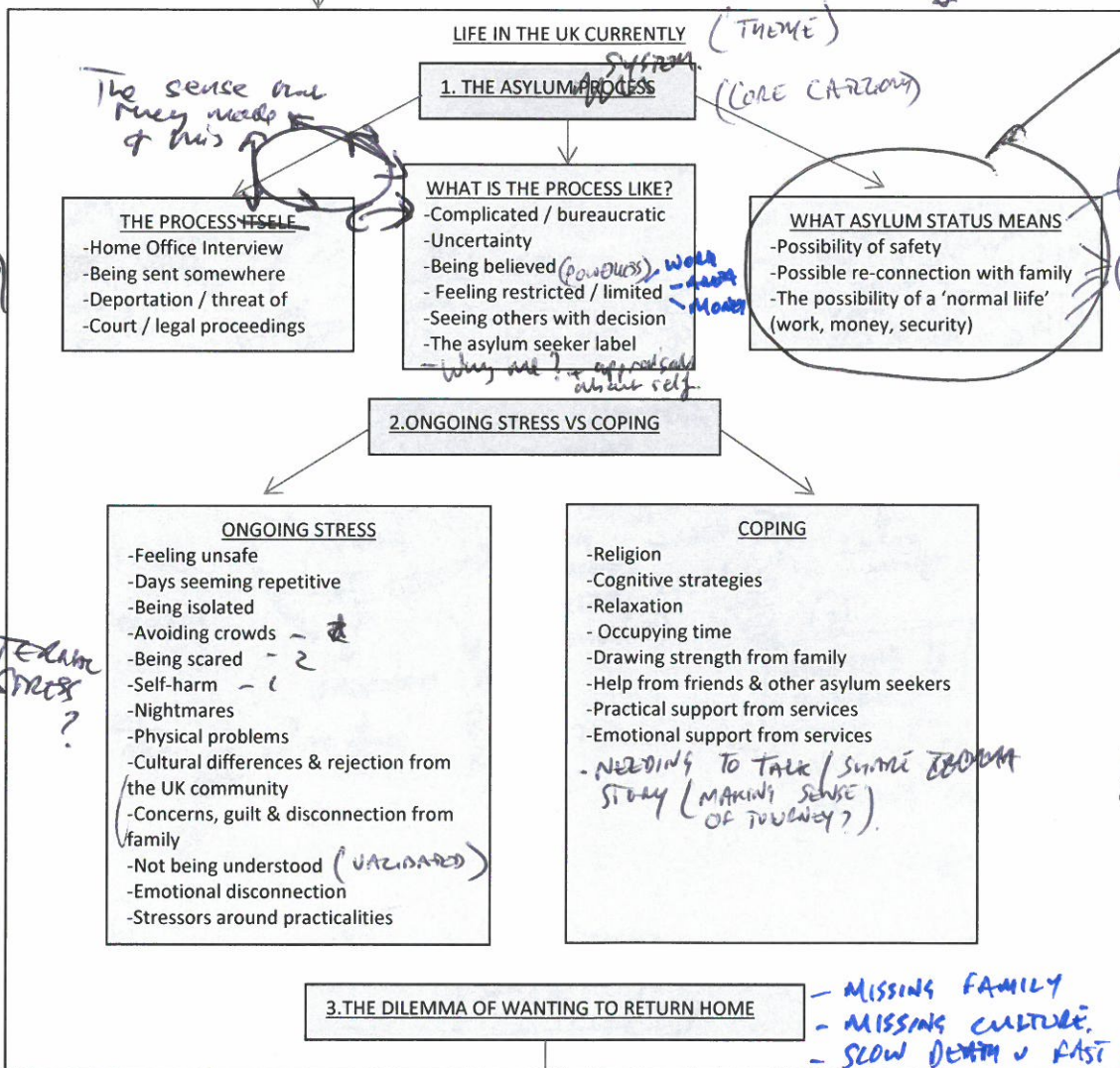
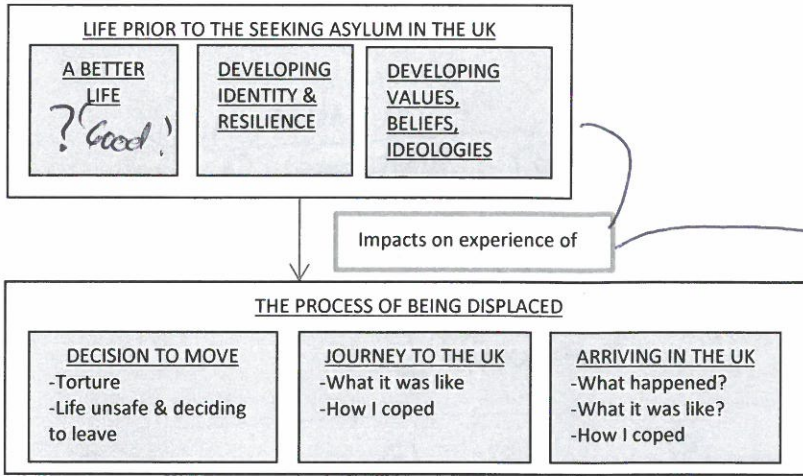
Depersonalised.  
Creating a threat for me



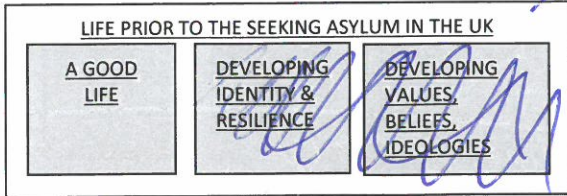


A CGT OF THE ASYLUM SEEKER JOURNEY.

**New CGT**



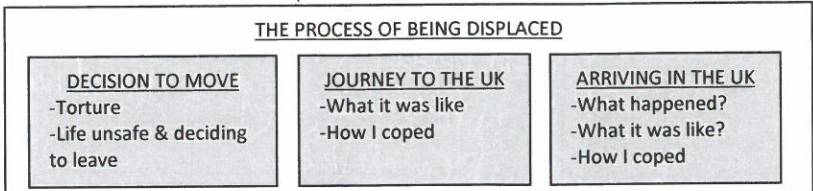
**New CGT**



*DEVELOPING RESILIENCE, SENSE OF NAT. IDENTITY + VALUES*

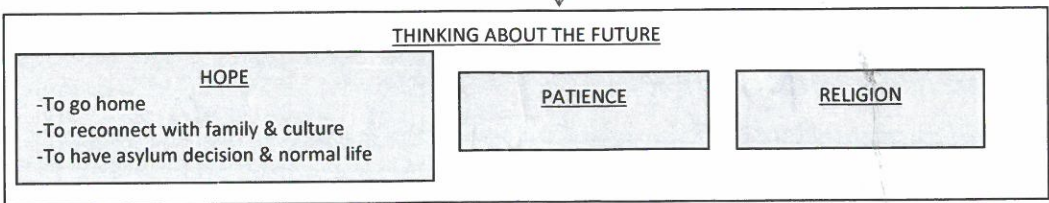
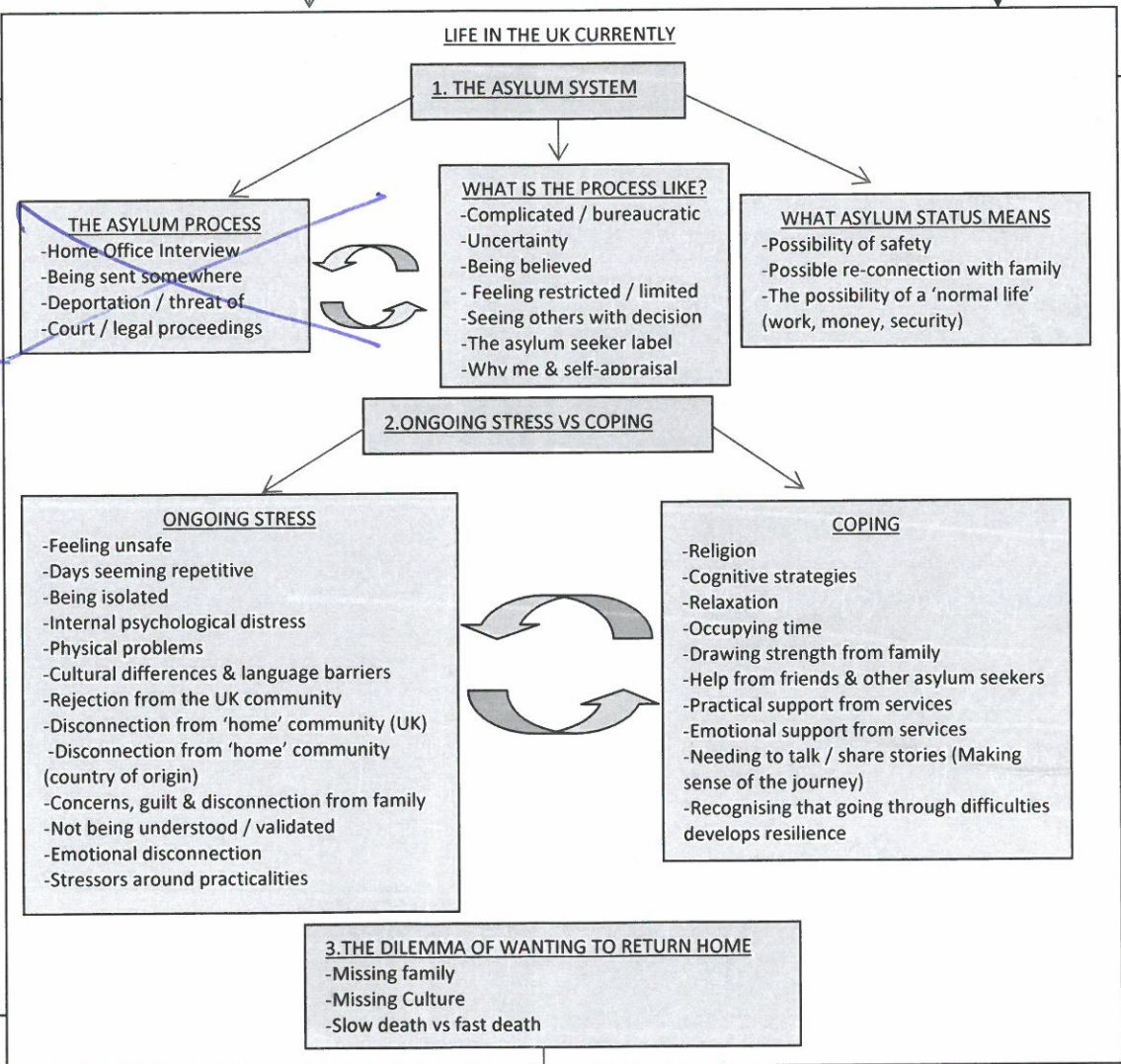
- 1) Resilience
- 2) Nat identity
- 3) Values

Impacts on experience of



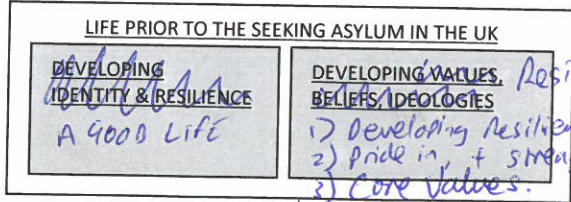
Impacts on experience of

Impacts on experience of





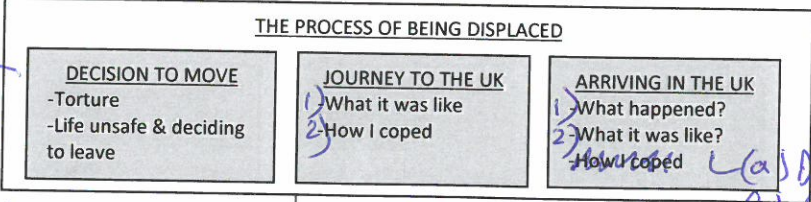
**New CGT**



*Resilience, Sense of Nat. Identity + Values*

Impacts on experience of

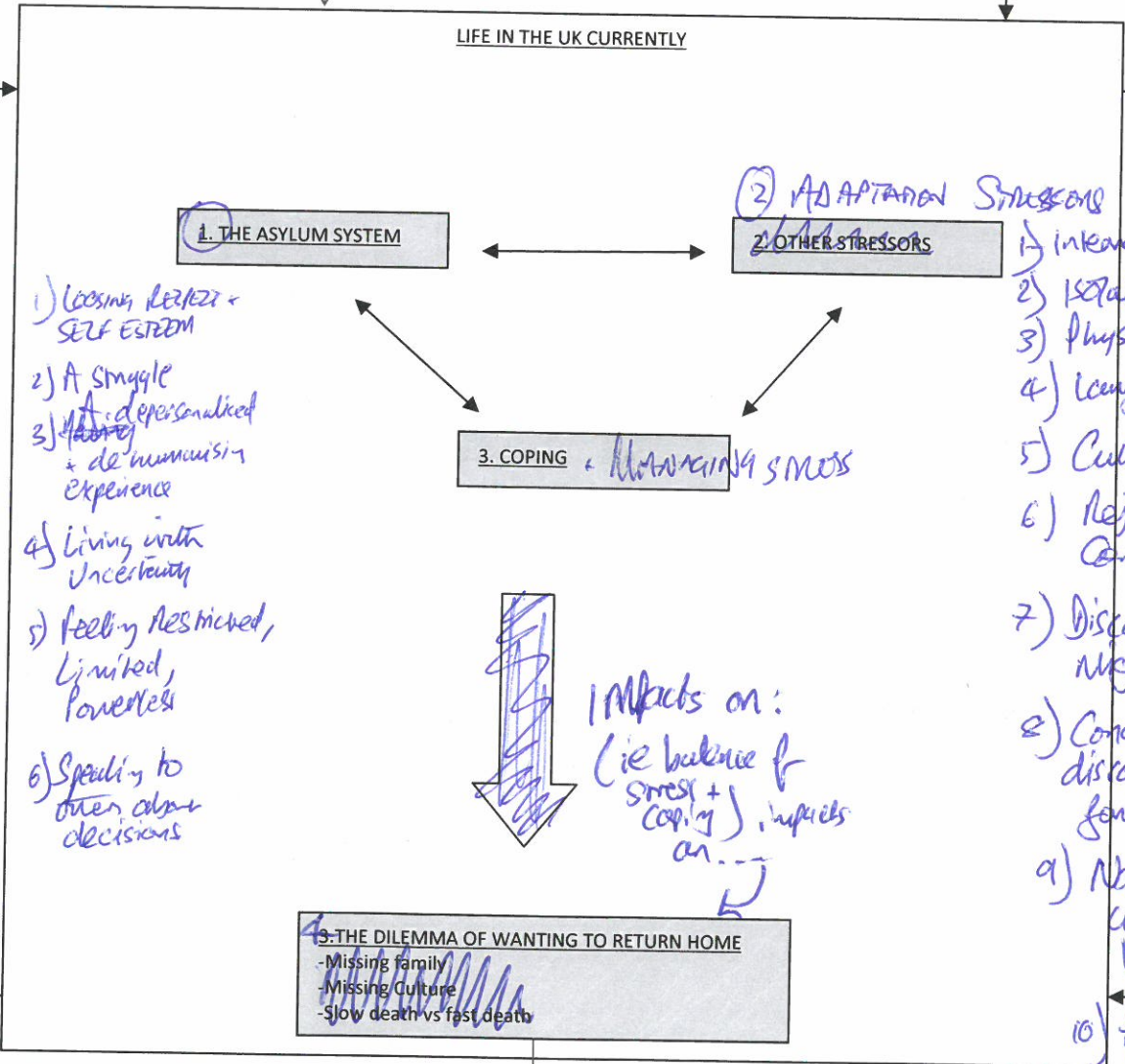
Impacts on experience of



*1) Encountering difficulty  
2) Experiencing trauma of torture  
3) Deciding to + preparing to leave  
4) Life being in danger + a need for safety.*

*(a) Distressing/Depressing  
(b) Confusing  
(c) Sense of loss.*

Impacts on experience of

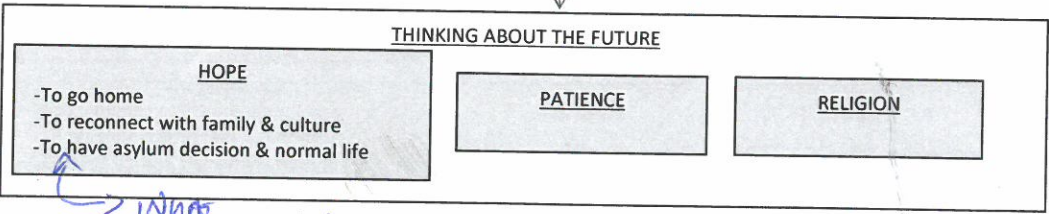


*1) Lossing respect + SELF ESTEEM  
2) A Struggle  
3) Not depersonalised + dehumanising experience  
4) Living with Uncertainty  
5) feeling Restricted, Limited, Powerless  
6) Struggling to make other decisions*

*(2) ADAPTATION STRATEGIES*

*1) Internal + distress  
2) Isolation  
3) Physical health problems  
4) Language difficulties  
5) Cultural Disconnection  
6) Rejection from UK Community  
7) Disconnection from Migration Community  
8) Concerns, guilt + disconnection from family back home  
9) Not being understood / Validated  
10) Practical Stressors.*

*Impacts on:  
(ie balance for stress + coping), impacts on...*



*What ASYLUM STATUS MEANS.*

*Inner Strength*

**THEME 1: LIFE PRIOR TO THE SEEKING ASYLUM IN THE UK**

**1. A GOOD LIFE**

**2. DEVELOPING RESILIENCE, NATIONAL IDENTITY & VALUES**

- 1) Development of resilience
- 2) Pride in, and strength from, national identity
- 3) *Feeling valued*

Impacts on experience of

Impacts on experience of

**THEME 2: THE PROCESS OF BEING DISPLACED**

**1. DECIDING TO MOVE**

- 1) Encountering difficulty
- 2) Experiencing trauma & torture in country of origin
- 3) Deciding & preparing to leave
- 4) Life in danger & need for safety

**2. JOURNEY TO THE UK**

*What it was like  
How I coped with the journey?*

**3. ARRIVING IN THE UK**

*What happened?  
What it was like?*

Impacts on experience of

**THEME 3: LIFE IN THE UK CURRENTLY**

**1. THE ASYLUM SYSTEM**

- 1) Loosing respect & self esteem
- 2) A struggle
- 3) Having a depersonalised and de-humanising experience
- 4) Living with uncertainty
- 5) Feeling restricted, limited & powerless
- 6) Speaking to others about decisions

**2. ADAPTATION STRESSORS**

- 1) Cultural disconnection
- 2) Language Difficulties
- 3) Rejection from the UK community
- 4) Disconnection from own migrant community
- 5) Stressors around practicalities
- 6) Concerns, guilt & disconnection from family at home
- 7) Internal psychological distress
- 8) Isolation
- 9) Physical problems
- 10) Not being understood / validated

**3. COPING & MANAGING STRESS**

- 1) Attempting to regain control vs limited options
- 2) Drawing strength from religion
- 3) A positive outlook
- 4) Occupying time
- 5) Drawing strength from family
- 6) Help from friends & other asylum seekers
- 7) Practical support from services
- 8) Emotional support from services
- 9) Needing to talk / share stories (making sense of the journey)

**3. THE DILEMMA OF WANTING TO RETURN HOME**

**THEME 4: THINKING ABOUT THE FUTURE**

**HOPE**

- To go home
- To reconnect with family & culture
- To have asylum decision & normal life

**PATIENCE**

**RELIGION**