

Our differences need not divide us:

Building bridges of connection

by

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This project is dedicated to all those for whom seeking refuge has not meant finding safety.
May your voices be heard and your strength acknowledged.

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Declaration

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Preface

This doctoral portfolio commences with a thesis detailing my research project which sought to learn about the psychological needs and sources of resilience of asylum seekers in Bristol. This is followed by a combined process report and case study, which describes a piece of clinical work that I conducted during my final year as a counselling psychology trainee. The portfolio ends with a paper detailing my research which is intended for publication.

While these three pieces adhere to distinct requirements, together they encapsulate my identity as a psychologist at this stage of my training. One theme which might express this could be “*differences need not be divisive*”. Learning to approach an individual with respect for and interest in what differentiates us has been critical to my research and clinical practice. Appreciating humbly that both co-researchers and clients had much to teach me was imperative to building relationships in which power was not exerted on one party by another, but which could instead foster collaborative explorations of possible solutions.

Research

The research intended to answer the following question, “*How do individuals experience seeking asylum in Bristol, and what are their views of psychological needs and resilience as part of this experience?*” Action research was employed to this end with thematic analysis, and the nine participants (here co-researchers) were involved in the research process that aimed to find practical solutions to problems affecting them. Key findings of this study included that post-migration factors can make it difficult for asylum seekers to meet basic needs, and that establishing social connections is critical to fostering resilience. The findings were disseminated to mental health professionals, local government and counselling psychologists in accordance with co-researchers’ recommendations.

The research was motivated by my feeling compelled to engage critically with the current UK asylum system after having witnessed some of the challenges faced by those seeking refuge in this country and the psychological struggles this sometimes entailed. Perceiving this system as flawed made it impossible for me to conduct research from a neutral stance and critical theory provided a philosophical anchor which felt congruent with this. My own gained awareness of the “oppressing system” to use Freire’s term, obliged me to act in the most constructive way known to me, and it became impossible for me to deny my social justice

motivation. Freire refers to this as an inability to remain passive in recognition of oppression. However, I acknowledge that it is from a place of privilege that I recognised this oppression and was afforded the opportunity to challenge it, knowing that this would not jeopardise my status within society.

While it is undoubtedly an unrealistically ambitious task for this research to overturn the asylum system presently disadvantaging those seeking refuge in the UK, it hopes to be a small spark of contribution to considerations of how a more humane and humanistic approach can at least be reflected in mental health support. In line with the dialectical tone of Freire's work and critical theory generally, this project strove to create a space in which co-researchers might commence such critical reflection, which they could then take freely wherever they wished. The primary beneficiaries of this project were to be the co-researchers, and this focus guided the research design entirely.

This also determined the researcher's role within the investigation. It was essential to acknowledge my own position within the "oppressing system" in order to avoid replicating it within the research process. It feels important to emphasise that as the researcher, very much like the humanistic therapist, I tried to embody curiosity rather than omniscience, seeking to learn from the expertise held by the co-researchers about their own experience. In this way a close connection between action research and humanistic forms of counselling psychology may be drawn, highlighting the relevance of the study to the field on another plane. The way in which counselling psychologists conduct research ultimately determines the information which they will gather about the populations with whom they expect to work, and in turn how these might perceive the profession. It was therefore important for me as a counselling psychology researcher to allow myself to be shaped to a degree by the research process and findings, and to respond to these with an awareness of their significance to the co-researchers, the researcher and the relationships established.

Recognising the differences of culture and experience (I, the white European researcher, had never experienced seeking asylum) was key to this. The research considers in part how psychological support might be sensitized from a greater understanding of cultural factors related to the experience of asylum seekers in the UK. Studies have shown how this can be beneficial to therapy access and outcomes (e.g. Hays, 2009), and it is not surprising that therapeutic work with clients can only be aided by gaining insight into their cultural background and context.

Clinical Work

Similarly the case study describes my clinical work with a client whose cultural background differed from my own. This case was one of the most challenging I have encountered and it has taught me much in terms of psychological practice. Furthermore I feel it to have been critical in determining my personal approach to working therapeutically. The benefits of the person-centred model when working with complex and persistent presentations were once more illustrated, and elaborated on with carefully selected interventions from third-wave CBT. The formulation and my working were significantly impacted by values of multicultural therapy, which place at the heart of therapy an overt consideration and appreciation of difference. By integrating principles of multicultural therapy into an assimilative integration approach, I sought to accommodate a profound consideration of how this difference affected both the client's and my own experience of therapy. I learnt that in this case, the key to building a relationship in the face of innumerable differences lay in my overt acknowledgement of all that I did not know and in inviting the client to *teach* me about what it was like to be her, from her background, in this context.

In this way, I was given an entirely new experience of working in a person-centred way. Both the research and the clinical work powerfully underscored how approaching another's experience from a point of humble not-knowing, with compassionate, explicit curiosity, makes room for their capacity for agency to be acknowledged, be it only in the short space of a research interview or clinical session.

Critically both the client and co-researchers expressed feeling misunderstood, treated disrespectfully (though in very different contexts) and perceiving themselves to be misrepresented by the dominant discourse describing their cultures in the UK. Experiences of discrimination were unanimous. Sadly the emotion most powerfully represented across the research and this clinical piece was a profound sense of disappointment and hopelessness, which stood in stark contrast to the feelings both the co-researchers and client had expressed on coming to the UK. This was supposed to be a place of physical and ontological safety, a place of hope and new beginnings. Instead experiences in the UK were described as a rupture in individuals' identity, where difficult, even life-threatening pasts became preferable but impossible alternatives to present struggles.

Witnessing such painful loss of hope often left me feeling helpless and unsure of what I could do. Herein was also the answer however: there was nothing, or very little, I would be

able to do to rebuild a sense of hope where post-migration factors had for both co-researchers and my client left them only with regret and disappointment. In this way I was once more steered towards the essential humanistic notions of person-centred theory, which encouraged me that my *present being* could be sufficient (Baldwin, 2013).

The case study ends with my reflections on the work, in which I acknowledge with some surprise that only at the most advanced stage of training I was able to grasp the seemingly simple concepts that I had learnt at the start of the programme. This was compounded when I was faced with research findings that showed co-researchers also emphasising these concepts. Being listened to by someone who is genuinely interested, treated with a respect of one's expertise and related to as a fellow human, rather than according to one's nationality or status, was perceived as sufficient to establish trust so that experiences could be shared for the first time. The apparent simplicity of these core values left me in slight disbelief upon commencing my training (was this really *it?*), and three years later, on completing my case study and concluding my research, I find myself realising that what I had learnt in my first term really did ring true.

In determining my identity as a psychologist and researcher this recognition has been pivotal. I remain somewhat bemused at the fact that in spite of all the complex theory and increasingly challenging practice to which the doctorate has exposed me, my stance is so firmly rooted in the approach with which we commenced our training. Although very different, the case study and the research have both been examples in which I have been forced to recognise that I cannot rebuild someone's lost hope. Instead, co-researchers and this client in particular have taught me that by creating a non-judgmental space in which experiences may be validated, suffering voiced and existing resilience acknowledged, a relationship may be nurtured. Thus a bridge is constructed between two people which might, in spite of vastly divisive factors, offer an opportunity for connection and inclusion

Publishable Paper

The article entitled *Experiences of Seeking Asylum in Bristol*, which concludes the portfolio, outlines the research project and its main findings with the ultimate intention of further disseminating the data in line with the goals of action research. The relevance of the findings to supporting asylum seekers in a mental health capacity, as well as to informing policy-makers is outlined. Methodological considerations are also offered with the intention of supporting future action research projects with this population. The publication for which this

paper has been prepared is the *International Journal of Migration, Social Care and Health*. It was selected particularly for the journal's multidisciplinary focus on how migration can impact physical and mental health.

The findings of this study are of course pertinent to the field of psychology but in light of the multiplicity of needs facing asylum seekers in the UK and the importance of addressing these holistically, the results may also be usefully disseminated to other disciplines such as social work, education or law for example. Further research may be stimulated and reflections on employing action research could be helpful to those wishing to use this approach. It is also hoped that by publishing findings in this particular paper, they may reach service-providers and policy-makers, thus informing decisions which could impact the treatment of asylum seekers in the UK. Informing policy was one of the primary aims of this project which was underscored by co-researchers, who suggested that asylum seekers' wellbeing could greatly be ameliorated if certain aspects of legislation were reconsidered. This is emphasised by some of the topic literature which indicates that certain physical needs must be met for psychological support to be effective (e.g. Miller & Rasmussen, 2017).

Conclusion

It is hoped that findings from the research will contribute to informing psychological practice supporting asylum seekers so that culturally appropriate and contextually sensitive approaches may be promoted. Furthermore, they are intended to shed light on the need for current asylum policies to be reconsidered, so that they truly reflect the human rights which the UK claims to hold dear. The research and example of clinical practice show how positioning an individual as expert on their experience when working academically and therapeutically can stimulate transformative learning. Thus the pieces of work encompassed within this portfolio highlight the importance of appreciating differences between people, and that this can enable potential divides to be bridged. In this way differences need not be divisive. They might instead lay the ground for profound connections that are built on respect, compassion and genuine humanity.

References:

Baldwin, M. (2013). *The Use of Self in Therapy*. London: Routledge.

Hays, P. A. (2009). Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice*, 40(4), 354.

Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiology and psychiatric sciences*, 26(2), 129-138.

Section A: Doctoral Thesis

A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

Abstract

The purpose of this research is to share research findings on the lived experiences of asylum seekers in Bristol (UK), with a particular focus on psychological needs and sources of resilience. Action research was employed with thematic analysis used to interpret data of semi-structured interviews. Research was conducted in three phases involving nine co-researchers. Four themes resulted from the analysis of data: *Sense of Injustice*, *Experiences of Loss*, *Living in Fear* and *Finding Strength in Connection*.

Aspects of the asylum system were perceived by co-researchers as unfair, contributing to existing losses and promoting fear. Strength was found through engaging with communities and religious practices. The findings highlight challenges which are faced by asylum seekers after migrating to the UK and indicate how these do not allow for psychological needs to be met, undermining resilience. They suggest that asylum seekers feel misrepresented and misunderstood within the public realm. It is argued that by creating opportunities for the experiences and knowledge of asylum seekers to be shared, the current asylum legislation is shown to be unjustifiable, and social justice questions are raised.

The approach of action research offers original insights into asylum seekers' lives in Bristol, providing valuable detail about how seeking asylum is experienced in this context. Methodological considerations are offered to inform possible future research.

Chapter 1: Introduction and Literature Review

1.1. Introduction

Forced migration is not a new phenomenon, but numbers of those displaced from their homes are higher than ever before in modern history (UNHCR Global Trends 2017). This sharp rise in the involuntary movement of people has been reflected in a foreseeable increase of asylum claims in “host” nations, such as many EU countries including the UK, in which millions of people have and continue to seek refuge from war, persecution or poverty.

It is self-evident that those who are forced to flee their homes are likely to have endured significant distress (Kalt et al., 2013) and in the west psychology research has up until recently focused predominantly on addressing trauma related mental health issues (Li, Liddell & Nickerson, 2016). In addition to the reasons for displacement and the journeys many refugees are forced to embark on, they must face further challenges related to post-migratory factors upon their arrival. It is therefore not surprising that mental health of refugees has been found to be lower than that of non-refugee counterparts, even many years after resettlement (Bogic et al., 2015).

This chapter aims to review the rapidly growing literature regarding the mental health of asylum seekers, especially in the UK. It will initially consider definitions of the terms asylum seeker and refugee, as well as psychological needs and resilience in relation to the topic. Academic findings on the mental health of asylum seekers and refugees, as well as cultural variations with regard to conceptualising mental wellbeing will then be outlined. Some of the post-migratory factors encountered by asylum seekers in the UK such as access to employment and economic circumstances, media portrayal, discrimination and their potential impact on mental wellbeing will also be considered. This is followed by a review of some of the theories proposing alternative ways of formulating distress, as well as literature exploring the coping strategies developed by refugees to manage their unique contextual challenges. A conclusion presents a rationale for the present study as well as possible contributions of the present project to the field of counselling psychology, before outlining the research question.

1.2. Literature Search

Since commencing this project in 2016, the topic literature has grown exponentially, which is reflective of the quickly rising numbers of refugees worldwide. This review does not permit for a complete reflection of the diversity and development in the field, but aims nonetheless to outline some of the core trends identified in the literature.

For this reason, the search was limited specifically to the mental health of asylum seekers. PsycNET, Google Scholar and Web of Science were the primary search engines used and search terms such as “mental health of asylum seekers” and “asylum seekers in the UK” were entered to commence the literature search.

Often there was an overlap in results with research on the mental health of refugees, which brought up hundreds of related articles. These were further narrowed down to consider adult asylum seekers or refugees and most recent articles were selected, predominantly from within the last ten years. Research from before this period was included only if it was cited frequently and perceived as an important contribution to the field within the literature considered. In order to gain contextual insight, studies conducted in the UK were chosen wherever possible.

Frequently however, there was an absence of UK studies and so international research was also drawn upon. In these instances care has been taken to consider the relevance of international studies to the UK and Bristol context in particular. It is important to highlight that even where research was conducted in comparable scenarios, contexts are specific and any comparisons that have been drawn for the purpose of this literature review are only tentative considerations of possible similarities. Such comparisons are made with the intention of informing and sensitising the present research, rather than to suggest that context- or culturally-specific factors can be overlooked. It is hoped that this allows for a reflection on the situation faced by asylum seekers and refugees in multiple settings, which in turn may inspire a fresh evaluation of the UK situation.

1.3. Definitions

This section is intended to offer definitions of some of the key terms, explaining how they are understood within the present study. The terms *asylum seeker*, *refugee*, *psychological need* and *resilience* were chosen because they are employed differently across studies and contexts.

1.3.1. Asylum Seekers and Refugees

The topic literature often groups asylum seekers and refugees under the term *refugee*, making little or no distinction between the different legal statuses of the people it describes. This may be because regulations across different countries vary and having one definition aids clarity when describing the situation rather than the legal status of a person, or because both asylum seekers and refugees have been forced to flee and are therefore grouped according to this common factor (e.g. Tribe et al., 2017). This echoes the colloquial use of *refugee* which as per the 1951 UN Convention describes people of many legal statuses who are seeking safety.

Internationally the 1951 UN Convention recognises a refugee as:

“A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.” (1951 UN Convention as cited in *Refugee Council Terms and Definitions*, 2018).

However, in the UK the legal status of *refugee* is obtained once a person has applied for asylum and this has been granted (*Refugee Council Terms and Definitions*, 2018). Those awaiting decisions on asylum claims are referred to as *asylum seekers*. While there are arguably several overlaps in the experiences of both asylum seekers and refugees, legally the statuses are distinct in that the acquisition of the official refugee status only denotes those whose asylum claim has been granted (36% of all applicants in 2015, Refugee

Council, 2016). It is thus important to observe that the UK Home Office distinguishes between those seeking asylum and those who have been given refugee status, which implies that legal and likely experiential distinctions exist also.

Once a person has applied for asylum to the UK, the Home Office aims to make a decision on their case within six months but often this takes significantly longer. For example, between 2002 and 2007 only 31% of 5,631 respondents to a Home Office survey had received a decision within six months, and 22% had waited longer than five years (Cebulla et al, 2010). More recently from March 2016 to March 2017, the Refugee Council (2017) found a 72% increase on claimants (8,879 people) waiting at least one year for an initial decision. Asylum seekers are usually not allowed to engage in employment and are entitled to some financial support and accommodation while their case is being considered. Although asylum seekers and their dependants are entitled to NHS care without charge (some restrictions exist for secondary care services), in practice this depends greatly on local resources and asylum seekers are frequently unable to access services (British Red Cross and Boaz Trust, 2013; Mind, 2009).

If an asylum claim has been refused, statutory support is withdrawn. As an indicator, in 2017 over 26,000 applications for asylum were made to the UK of which 68% were refused (Asylum Statistics Annual Trends, Refugee Council, 2018). Unless an appeal is launched or a new claim is made, individuals are not legally permitted to remain in the UK and face being deported.

Conversely, if an applicant is successful and granted refugee status, they can stay in the UK for at least 5 years after which Indefinite Leave to Remain can be applied for (Terms and Definitions Refugee Council, 2018) and they are usually permitted to seek employment during this time (details vary from case to case). At present the asylum procedure typically precedes being granted refugee status in the UK and few exceptions are made to this. Most notably perhaps is the UNHCR's Gateway to Protection Programme (Refugee Council, Refugee Resettlement, 2018), by which a very limited number of individuals are granted immediate asylum due to specific and urgent humanitarian needs.

This indicates that although individuals are grouped by these status labels of *asylum seeker* or *refugee* (or others), and often referred to as a *community* or *population*, the heterogeneity of experience should not be overlooked. As part of this review and project as a whole,

comparable factors between refugees and asylum seekers shall be considered, yet it is hoped that this does not disrespect the extreme variation existing between individual cases.

While these terms carry the aforementioned officially understood meanings, they are also used colloquially within all levels of society where their intended use can vary greatly. Thus, acknowledging the multiplicity of meanings with which the term is imbued, in this study *asylum seeker* will be used to differentiate between those whose legal status has been determined and those who are waiting for this to occur. Unless indicated, the word *refugee* will be used reflective of the literature, where it is not always clear whether the legal status is meant, or whether all people seeking refuge are referred to.

Bernardes (2011) and others describe the asylum seeker status as unique within UK society but as mentioned, research often does not distinguish between asylum seekers and refugees. Although several studies suggest that asylum seekers experience greater distress than refugees (e.g. Porter & Haslam, 2005; Bernardes et al., 2011), currently few projects consider differences in the experiences of asylum seekers and refugees. Of those that have been conducted several show improved wellbeing (e.g. Hocking, Kennedy & Sundram, 2015) once the refugee status had been granted (which allows an individual to remain in the UK for example). However this improvement in wellbeing is not likely to be immediate as Strang et al. (2018) identify. They point to significant and continuing difficulties faced by asylum seekers in the transition to 'becoming' refugees and having their rights as such acknowledged (Strang et al., 2018).

The variance in distress experienced in relation to immigration status has been suggested to be moderated by different post-migratory stressors (Hocking et al, 2015), which are in turn thought to be greatly influenced by national and local policies. For this reason it is important that as practitioners we endeavour to gain an understanding of the situation faced by asylum seekers in the particular context of the UK.

1.3.2. Psychological Needs

Several theories of psychological need are considered in relation to refugee wellbeing in the topic literature. Broadly defined, psychological needs comprise factors which contribute to individual mental wellbeing. Here some of these will be summarised to form a framework through which to evaluate research on mental health and factors which may affect it.

Maslow's (1943) hierarchy conceptualizes human needs in a pyramid made up of six levels. According to this theory, each level represents a need which must be met before the next can be addressed. Human needs are divided into: 1. physiological, 2. safety, 3. love and belonging, 4. esteem, 5. self-actualization and 6. self-transcendence. While some authors defend the applicability of the model across cultures (e.g. Tay and Diener, 2011) others have questioned its western individualistic and capitalist focus (e.g. Bouzenita and Boulanouar, 2016). Lonn and Dantzer (2017) argue however that, when the needs levels are perceived as dynamic and potentially overlapping, the model may be useful to therapists working with refugees as it encourages holistic assessment of needs and care planning.

Deci and Ryan's (2000) basic psychological need theory (BPNT) may also be a helpful framework for understanding psychological needs in relation to the mental health of refugees. It focuses on social and psychological factors which may impact the functioning of an individual across various contexts; these are conceptualized as autonomy, competence and relatedness. The authors argue that these needs are important for healthy psychological and social functioning across all cultures and that the more effectively needs are met, the better an individual is believed to thrive in a given context (Deci and Ryan, 2002).

Ryan, Dooley and Benson (2008) combine three models of psychological need to create a framework which encompasses both psychological as well as environmental and contextual factors into a conceptualisation of refugee wellbeing. They adapt Lazarus and Folkman's (1984) stress model, Berry's (2005) acculturation model and Hobfoll's (2001) conservation of resources model to frame psychological needs as related to how migration can affect resources: personal, material and social. Without expanding on this framework here, it critically accommodates for changes during pre-migration, migration and post-migration phases, and how each of these may impact on resources and wellbeing. It may be particularly useful for highlighting how an individual's mental wellbeing can be affected by a limiting of resources. Importantly the authors underscore the significance of listening to refugees' experiences of their wellbeing in order to better understand the impact of resources lost and how they might be gained (Ryan, Dolley and Benson, 2008).

More recently Miller and Rasmussen (2017) apply a social ecological model to understanding the psychological needs of refugees, which in the tradition of Bronfenbrenner (1977) focuses on different personal and contextual, micro and macro levels, believed to impact on wellbeing and development. This model was employed here in order to account for post-migration factors specifically when assessing mental health, and to understand the

impact of material and social challenges faced by refugees after migration.

1.3.3. Resilience

Masten (2001) describes resilience as a basic human process of adaptation to circumstances encountered. Implied is that when psychological needs are met, a well-functioning individual will be able to manage in adversity. Resilience is not dichotomous but rather exists on a scale, with levels varying at different points in a person's life and due to multiple factors (Masten & Obradović, 2008).

Increasingly resilience is being used to understand the adaptive strength of refugees (Goodman et al., 2013) and Pickren (2014) summarises definitions emerging from this particular literature broadly as a psychological adaptation to difficult or threatening life situations. He emphasises however that resilience theories often fail to accommodate for specific individual, social, contextual and cultural factors and that rather than resilience being innate, it can be learnt and promoted. In light of this and in relation to the resilience of refugees specifically, he draws on Ungar's (2008) work on resilience across cultures.

Ungar (2008) defines resilience thus:

In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways. (p.225)

Critically Ungar (2008) proposes that resilience is not only defined by culture and context, but that the connection between resilience and culture and context is dynamic: the resilience of an individual may impact on their culture and context, and vice-versa. In this way, resilience is considered part of a non-linear process of adaptation, and as Ungar's (2008) definition implies, it is multi-dimensional. While this definition indicates great complexity around assessing resilience, it helpfully reflects the many aspects impacting on refugees, all of which must be taken into account when trying to understand experiences of mental health in this context.

Research by Abramson et al. (2014) concurs with the notion that individuals and communities interact in this way, and propose a Resilience Activation Framework (RAF)

through which it is hoped that resilience may be strengthened particularly in post-disaster settings. They refer especially to the individual's ability to access social resources as critical to maintaining mental health. Building on Hobfoll's (2001) theory, they hypothesize that extensive loss of resources which an individual is unable to prevent can lead to psychological problems, while also increasing a person's vulnerability to further losses. They underscore the importance of information on contexts and communities to increase social support (defined for example as strong social connections and bonding with others in similar situations) for individuals in post-disaster settings. While this model does not target refugees specifically, refugees likely face situations classed as disaster and post-disaster settings which makes it relevant when considering the wellbeing of this population. The particular focus Abramson et al.'s (2014) research on psychological wellbeing further renders it helpful to considering the role of resilience to mental health.

Many authors have highlighted that refugees are typically extremely resilient, but that because they have encountered traumatic events the assumption exists that they will be invariably traumatised (Papadopoulos (2001)). This coincides with a tendency to employ a western deficit model in order to understand refugee wellbeing, which serves to highlight all the resources which refugees do not have, and so portrays them as unqualified to self-determine (Pupavac, 2002). An incomplete and dismissive representation of refugees' experience is thereby promoted, which fails to acknowledge an individual's competence (Ryan, Dooley & Benson, 2008). Importantly there appears to be a paradigm shift however, as the focus of multiple disciplines has moved from highlighting an individual's difficulties towards identifying their capacity and strength (Southwick et al., 2014).

Hutchinson and Dorsett (2012) indicate that a strengths-based view of resilience may be more suitable when supporting refugees in practice. They build on Papadopoulos' (2007) concept that an individual is deprived of power within a given relationship when their weaknesses become its focus. Instead, they suggest that an individual may be empowered if resilience is promoted and they are given opportunities to actively take control over their lives, thus countering oppression. According to these authors, such a strengths-based focus corresponds to refugees' own narratives (Hutchinson & Dorsett, 2012). They explain how refugees describe themselves as resilient in part because of the hardship they have faced. Therefore resilience can be truly expressed only when the possibility is embraced that hardship does not necessarily result exclusively in traumatising, or in traumatising at all. This furthermore indicates that resilience and trauma are not mutually exclusive, as some of

the literature suggests (Southwick et al., 2014; Yehuda & Flory, 2007). Indeed, it may be critical for practitioners to consider the hardship an individual is experiencing or has experienced when attempting to assess their resilience.

Of course resilience may also be understood differently across cultures (Yang, 2003) and, as Ungar (2012) asserts, culturally-specific strengths may not be identified by exclusively western measures. Thus, congruent with Hutchinson and Dorsett's (2012) model, an accurate appreciation of resilience is only possible if an individual is permitted to validate their strength within the context of their experience (both past and present), as well as in relation to their cultural background.

1.4. Mental Health among Asylum Seekers and Refugees

The research on the wellbeing of asylum seekers and refugees predominantly conforms to a western medical model, in which distress is often conceptualised in psychopathological terms. The appropriateness of framing wellbeing medically is questionable for many reasons, but especially because it risks labelling a *normal* distress response as a psychopathological issue, thus problematising an individual rather than their context (Sleijpen, Boeije, Kleber & Mooren, 2016). This does not correspond to the philosophical stance of the present study, which emphasises the importance of formulating mental health holistically and in a culturally-sensitive manner. As such western diagnostic criteria are viewed as relevant within a particular social and political context, rather than as universally helpful or appropriate and therefore psychopathological diagnostic terms have been included only where they reflect the syntax of the studies reviewed.

Although western concepts of wellbeing dominate the studies reviewed here, it should be noted that they are presented as one of many potential ways of conceptualising the issues discussed. Many authors in medical, psychological and sociological disciplines (e.g. Summerfield, 2001; Im, Ferguson & Hunter, 2017; Ungar, 2012) urge for an acknowledgment that western frameworks cannot claim to accurately describe wellbeing across all cultures, and that these should be interpreted with great sensitivity, if not adapted to better suit a particular setting.

Several cross-sectional studies have been conducted evaluating the mental health of

vulnerable migrant groups such as refugees and asylum seekers and their results indicate that their psychological wellbeing is generally poorer than that of host populations (Fazel, Wheeler & Danesh, 2005; Heeren et al., 2012; Levecque & Van Rossem, 2015). Not surprisingly when compared to host nations, it is more probable that refugees have been forced to endure serious traumatic circumstances (Kalt et al., 2013). Consequently much of the literature has focused on the psychological sequelae of experiencing such trauma, and many treatment suggestions relate to addressing the high rates of post-traumatic stress disorder (PTSD) as reviewed by Thompson, Vidgen and Roberts (2018) for example. As over half of the world's refugees at present are children (UNHCR Global Trends 2017), it is not surprising that much of the literature related to the mental health of refugees considers children and adolescents (e.g. Fazel et al., 2012). However, care should be taken to distinguish clearly between the results of child and adult studies, not least because nationally and internationally significant differences exist in the legislation for child and adult refugees.

Depression, PTSD and anxiety are the clinical issues most widely considered in the literature on adults, much of which suggests that levels of these 'disorders' are greater in forced migrant populations than in host counterparts. Research by Fazel, Wheeler and Danesh (2005) is one of the most frequently cited with regard to the mental health of refugees and many of the current studies continue to base their projects on its findings. They evaluated the prevalence of mental health disorders of 6,743 refugees living in western countries and their results indicate that refugees may be up to ten times more likely to experience PTSD and other serious mental health difficulties. High rates of comorbidity were found between PTSD and major depression. The strength of this study is its large sample size, while a limitation is that it only considered refugees in high-income western countries, even though most of the world's refugees are situated in developing countries (85% according to UNHCR Global Trends 2017). Indeed, this limitation applies to much of the research conducted in this field.

Cohen (2008) conducted a study into self-harm and suicide among detained asylum seekers in the UK, and compared results to regular prison populations as well as the average UK suicide rate. Between 2002 and 2004 the annual UK average was 9 suicides per 100,000, compared to 122 suicides among prisoners and 222 suicides of asylum seekers. At the time of this study, within the three categories predominantly young men committed suicide. This study identified important gaps in data about individuals as well as their mental health and

suicide-risk. Furthermore, it highlighted that outside of detention settings, information on causes of death and the exact legal status of a deceased can be difficult to obtain and thus data should be interpreted with caution. Nonetheless as Kalt et al. (2013) emphasise in a review of research into violence related health issues of asylum seekers, evidence indicating higher suicide risks among asylum seeking and refugee populations, even if exact figures are difficult to obtain. Viajayakumar (2016) raises the question why the evidenced link between high PTSD rates and suicide has not been more thoroughly explored in relation to refugees, emphasising the lack of discussion of any suicide prevention strategies for refugees within the literature. With regard to the Australian detention system¹, Procter et al. (2013) found suicide to be the leading cause of death and such stark conclusions call for urgent research into this area.

Another study comparing the mental health of over 35,000 participants in 20 European countries also found depression rates to be higher than average among refugees, and importantly attributed this to experienced inequality and discrimination upon arrival to the host country rather than to the pre-migration stressors (Levecque and Van Rossem, 2015). However, depression levels were self-reported using a standardized western assessment, the validity of which is controversial since mental health has been shown to be conceptualized differently by different populations and thus scores may not always be entirely reliable or comparable (Murray, Davidson & Schweitzer, 2010).

Such observations indicate the complexity around interpreting and implementing findings in this topic area. The following section aims to give an example of cultural variations with regard to conceptualizing mental health.

1.5. Cultural Variance and Mental Health

In the same way that much of the research is limited to western contexts, current psychological understanding risks overlooking cultural variance within mental health presentations. In order to gain more comprehensive insight into the experiences of refugees,

¹ Much of the recent research on asylum seekers has been carried out in Australia, where the detention system is considered to be comparable to that of the UK. The inclusion of an Australian study at this point, as elsewhere, is intended to shed further light on the potential impact of detention on asylum seekers' mental health which has not yet been studied in the UK, while acknowledging that the experience of detention may also context-specific (Silverman & Massa, 2012).

it is essential to acknowledge the possibility that distress may be viewed and expressed differently to existing western models (Palmer & Ward, 2007). This must be taken into consideration when therapeutic interventions and support are considered so as not to incorrectly diagnose or further alienate a marginalized group of society by providing services that may fail to respond sensitively and appropriately (Summerfield, 2001). While some articles call for culturally-appropriate methods of helping, it is not an area widely discussed in the topic literature though authors such as D'Ardenne (2013) emphasise its importance to contemporary training, research and practice. It is furthermore relevant to consider cultural views on mental health per se, which might allow insight into appropriate ways of helping or why help is sometimes not sought.

Bhui et al. (2006) conducted a study into the mental health of Somali refugees in the UK. Refugees from Somalia make up one of the largest migrant groups worldwide and in the UK (UNHCR Global Trends 2017), which makes the findings of such research particularly worthy of note. One hundred and forty-three Somali adults were assessed for psychological disorders using a version of the MINI-neuropsychiatric Interview which amongst others tested for depression, psychosis, suicidal ideation, anxiety and panic disorders, substance abuse and PTSD. Efforts were made to adapt the study culturally and translate it accurately into "Common Somali" which is thought to be widely understood throughout the Somali population.

The results showed that the sample tested higher for all disorders assessed when compared to the host population average, with mental health shown to be especially affected when individuals consumed *khat* (a recreational drug), were unemployed or had claimed asylum upon entry to the UK. While this is a rare study attempting to acknowledge the need to adapt the evaluation and treatment methods to accommodate for cultural variance in expressions of distress, it fails to translate the meaning of depression for example to the Somali context. For this reason it is unclear whether participants and researchers involved in this truly shared the conceptualisation of mental health. This risks misdiagnosis and many authors highlight the possible over or under-diagnosis of mental health problems in refugee populations due to misunderstandings or misinterpretations (e.g. Miller & Rasmussen, 2017).

A qualitative study conducted in Kenya, highlights the importance of incorporating culturally relevant concepts into therapeutic interventions in order to make them accessible to a given

population. Im, Ferguson and Hunter (2017) investigated *cultural idioms of distress* among Somali refugees, with which the authors describe acceptable ways of communicating distress within a given culture and culturally specific expressions of suffering. They consider in particular the discrepancy between the evidenced mental health needs of many Somali refugees in Kenya and their accessing of mental health support when it is available. This pattern is identified by many authors (e.g. Crumlish & O'Rourke, 2010). Preferences for seeking traditional methods of help over western medical models are incorporated in this study, which moves attention specifically away from western concepts of PTSD, focusing instead on the cultural concept of distress as proposed by the DSM-5.

Importantly this project initially involved Somali community members to inform researchers on specific cultural idioms of distress. Somali terms used to denote particular kinds of distress were identified and linked to their western equivalents (e.g. the term *murug* is comparable to depression, describing a state of extended sadness). Furthermore traditional treatment approaches were identified, which included faith practices such as reciting the Qur'an and praying. Although limited to a specific Somali context in Kenya, this study is exceptional within the research as it is built on assessing community needs and ways of coping from the perspective of the community, thus striving to diversify treatment approaches in a culturally-responsive manner.

Upon reviewing the topic literature it was interesting to note that with regard to cultural idioms and concepts of mental health, research at present has predominantly considered the Somali community (this may be because it is one of the most long-standing and prevalent immigrant populations in the UK). While these studies focus on specific cultural practices or idioms of mental health and are thus specifically relevant to the target population, they might give insight into the possibility of variation in concepts of mental health as well as suggest ways in which such research might be conducted with groups from other cultures.

Indeed Tribe, Sendt and Tracy (2017) emphasise that it may not be necessary to conduct such in-depth studies into each refugee community in order to be able to offer effective support. They instead recommend developing an appreciation for the complexity of refugee experiences and distress (which the aforementioned studies exemplify), as well as assessing for context-specific needs which refugees in a given setting might share.

1.6. Post-migration Factors

A meta-analysis published by Porter and Haslam (2005) which assessed data from studies conducted over 50 years, associated refugee mental health concerns with context-specific needs which they refer to as post-migration factors. They call for a recognition of the “enduring contextual post-migration stress that refugees face” (Porter & Haslam, 2005) and thus shift the focus of more recent research from considering predominantly pre-migration trauma towards the factors affecting refugee mental health after arrival to a host country. They write:

“The psychological after-effects of displacement by war cannot be understood simply as the product of an acute and discrete stressor, but depend crucially on the economic, social and cultural conditions from which refugees are displaced and in which refugees are placed”. (p. 611)

which indicates a need to view the refugee experience holistically. It is implied that a consideration of post-migration factors is essential to comprehending and addressing mental health concerns related to pre-migration experiences (Porter & Haslam, 2005).

In this vein Li, Liddell and Nickerson (2016) and others have noted that many evidence-based trauma interventions show mediated effects when applied to refugees or asylum seekers due to the unique contextual challenges. Indeed Lambert and Alhassoon (2015) suggest that these contextual challenges are not addressed by trauma-focused interventions. Similarly, a study by Belz et al, (2017) investigated trauma among a refugee sample in Germany but critically assessed the impact of post-migration factors on this. Levels of PTSD were found to remain exceptionally high amongst the refugee and asylum-seeking populations and out of a sample of 85 refugees from different countries the majority were found to be experiencing significant symptoms of PTSD such as dissociation and hyperarousal, as well as depression. While these results are not inherently new, the authors place emphasis on contextual difficulties (related to accommodation and status insecurity in this case) believed to reduce the sample’s ability to cope with traumatic experiences (Belz et al, 2017).

Even though some research, such as a project conducted with asylum seekers in Israel,

suggests that the mental health needs of this population remain under-diagnosed and under-treated (Kiat, Youngmann & Lurie, 2017), other studies have further critiqued the previous focus on trauma-related psychological phenomena for viewing only one aspect of refugees' experience (e.g. Morgan, Melliush & Welham, 2017). Indeed, as Belz et al. (2017) illustrate several authors question whether the high diagnoses of trauma related issues within this population might be related to symptoms of distress connected to the post-migration situation, rather than exclusively to trauma experienced (Hutchinson & Dorsett, 2012). Carswell, Blackburn and Barker (2011) for example found that PTSD levels correlated positively with the environmental post-migration challenges. Similarly, Hassan et al. (2016) conducted a study considering the psychosocial wellbeing of Syrian refugees and explicitly warn against frequent diagnosis of PTSD without considerations of post-migration stressors.

Post-migration factors are thus increasingly being considered in relation to gaining a more profound understanding into refugees' mental health experiences. Evidence is growing to suggest that these factors may mediate psychological interventions (Miller & Rasmussen, 2017), compound existing mental health needs, lead to a deterioration of wellbeing (e.g. Schweitzer, Brough, Vromans & Asic-Kobe, 2011) and reduce an individual's capacity for integration (e.g. Paat & Green, 2017). The BPS Guidance for Psychologists working with Refugees and Asylum Seekers in the UK (BPS, 2018) explicitly emphasises these points. The Guidance document (BPS, 2018) observes that NICE guidelines for working with PTSD include three phases: stabilisation and safety, intervention and then integration. Critical to note is that in the case of asylum seekers, while an intervention can be carried out, the stabilisation and safety as well as integration phases are undermined by aspects of the asylum procedure. This illustrates how even the most evidenced interventions may be limited in their effectiveness by the post-migration environment.

It is therefore essential that practitioners working in support of asylum seekers and refugees build on existing knowledge around how a host country's asylum policy may affect its subjects.

1.7. Post-migration Factors and Mental Health:

Morgan, Melliush and Welham (2017) refer to Smail's (Cromby et al., 2012) *social-materialist theory of distress* with regard to their research into the relationship between post-migration

stressors and mental health. Their findings support the evidence that variance in distress may be moderated by the post-migratory environment, and they suggest that post-migration factors may be interpreted by asylum seekers as an ongoing series of threats. The Guidance document (BPS, 2018) informs practitioners that refugees may reach the UK with the hope that this will mark an end to their suffering, but that it can be extremely distressing when this is found not to be the case, and instead difficulties such as those perpetuated by the asylum process as well as contextual factors (e.g. economic insecurity) continue.

In line with the social-materialist theory, distress is viewed as the effect of disempowerment on an individual (according to this framework power refers to economic and social opportunity). This places the “cause” of distress as external to those experiencing it, which Smail (Cromby et al., 2012) argues is the opposite of contemporary mental health approaches through which an individual may be made to feel that they are inadequately coping with a situation with which they *ought* to deal better. In this way Smail (Cromby et al., 2012) stresses that psychotherapeutic approaches implicitly link overcoming distress with having *sufficient* willpower, and affirms that in many cases such a view is not only unhelpful, it is unjust. This may be especially relevant when considering the case of refugees and asylum seekers who are not only disempowered but often rendered entirely powerless by external forces as the next section will indicate.

1.8. Factors affecting Post-migration Experiences

Mawani (2014) examines the social determinants of resilience and mental health among the refugee population in Canada, and presents a multi-level framework to conceptualize the complexity of a forced migrant’s context, challenges as well as supporting factors. While honouring the diversity of experience, the inequalities in social determinants for wellbeing are highlighted: *socioeconomic, social support, systemic racism and discrimination* which help to categorize some of the themes occurring in the topic literature.

In the foreword to *Refugees and Resilience* (Simich et al., 2014), similarly to Porter and Haslam (2005), Kirmayer emphasises that the quality of the reception experienced by asylum seekers and refugees is a significant determinant of health, wellbeing and integration. Kirmayer sees this as a positive conclusion, arguing that it can be changed by public policy but also acknowledges that in light of present social insecurity the host countries do not always take the responsibility for providing the reception they might. A

closer look at some of the literature on the UK asylum policy in light of Mawani's (2014) social determinants mentioned above raises questions as to what extent the UK recognises this responsibility. International studies have been considered in relation to specific issues (e.g. social capital) to expand on the existing UK research in these areas.

1.8.1. Socioeconomic factors

Once an asylum application has been made in the UK, asylum seekers are entitled to a weekly government support sum of £36.95 which is intended to cover food, transport and medication costs (Randall, 2015). Accommodation is normally provided while the claim is being processed, though asylum seekers may be frequently moved and this lack of stability in housing is believed to negatively affect mental health (Cheung & Phillimore, 2014). In the UK much of the data available are gathered by NGOs or local authorities and these are often drawn upon to inform policy and practice. A 2013 Refugee Action report stressed that the government support does not meet the essential needs of asylum seekers, arguing that the weekly allowance is not sufficient even to cover food expenses for example (Refugee Action, 2013). Although only 25 participants were interviewed to inform this report, it serves to illustrate the work of third-sector organisations and its conclusions are reflected broadly within both third-sector and academic publications (e.g. Mind, 2009, Pettit, 2013).

Poverty amongst asylum seekers and refugees in the UK has been found to be acute (e.g. Phillimore and Thronhill, 2011) and enduring (e.g. Crawley et al., 2011), with examples of hunger prevalent in many cases (Pettit, 2013). Allsopp, Sigona and Phillimore (2014) comprehensively present an overview of existing research conducted (both third-sector and academic) on poverty among asylum seekers and refugees, and they highlight several noteworthy trends in the literature. One of these is the possibility that poverty is an intended outcome of asylum policy, aimed to deter future applications and encourage asylum seekers not to remain in the UK and thus reduce the numbers of those claiming asylum. They consider poverty among asylum seekers and refugees in relation to government decisions (e.g. not to increase financial support for asylum seekers in accordance with living costs in spite of a judicial review finding this as insufficient to cover basic needs) and conclude that greater awareness of the effects of existing policies on individuals is required on the part of policymakers. Although the authors do not consider mental health in great detail, this review helpfully pieces together cross-disciplinary evidence on poverty faced by asylum seekers

and refugees, enabling an insight into the challenges faced by asylum seekers throughout the UK.

In turn, a large body of research details the negative impact of poverty on mental health (e.g. Chantler, 2012) and Pettit (2013) suggests that destitution is particularly problematic for torture survivors. This is especially the case for refused asylum seekers who are often only able to survive with the support of charitable organizations (Randall, 2015) or find themselves forced to work illegally (Crawley, Hemmings & Price, 2011).

1.8.2. Social support

Chantler (2012) reiterates the importance of considering social factors when mental health issues are formulated and emphasises a link between marginalisation through dispersal, implicit isolation and mental distress, while highlighting the need for social support to the building of resilience. Putnam's notion of "social capital" (Putnam, 2007), which describes intercommunity trust and a sense of safety among other factors, is used by Cheung and Philimore (2014) to frame the integration of asylum seekers and refugees in the UK. They found social capital to be essential to factors which promote integration, such as finding employment. Obtaining employment is likely to support wellbeing, an implicit connection between social capital and mental health which was tested by Lecerof et al. (2015) in a study of the mental health of over 600 Iraqi migrants (men and women) at that time recently settled to Sweden. Social capital was employed based on the argument that each individual exists within a social context and that access to social resources within this context may impact mental health.

They initially tested for associations between mental health and social variables such as financial circumstances, experiences of discrimination and housing issues amongst others, and then evaluated whether these were moderated by social participation and trust in others. The results showed that mental health was lower compared to the host population and that it correlated positively with financial and accommodation problems as well as experiences of discrimination. Importantly social participation was found to have a protective effect for mental health with regard to discrimination, and trust in others with regard especially to housing problems. Significant steps were taken to ensure the cultural-appropriateness of the survey used (e.g. forward and back translation, focus groups with Arabic speakers to

evaluate the testing material) and yet it is arguable that aspects of social capital, such as trust for example, are in themselves rooted within culture and conceptualised differently across cultures. Quantitative studies, especially employing self-reporting measures may therefore not account for the potential variance of these.

Longitudinal studies into the mental health of refugees and social capital are necessary in order to give greater clarity on current findings, especially because it remains unclear whether a lack of social capital is the cause or the effect of mental health problems. Nonetheless these projects underscore the need to consider social factors when trying to gain an understanding of mental health of asylum seekers and refugees.

In a UK study of mental health issues among Somali refugees, Warfa et al. (2006) found that refugees in employment are at a lower risk than those not employed. This is both a question of social capital and integration - through employment social support can be gained, social networks may be established and the individual may be empowered through his status within the community. The opportunity for such employment however, which some researchers argue to be a key protective factor for mental health risks (e.g. Hocking et al. 2011), is not granted to those seeking asylum in the UK. The asylum seekers' predicament is that they may have formal professional training from their country of origin but lack the permission to make full use of this which in turn decreases the possibility of establishing social capital and its associated protective factors, thus rendering them subject to risks including those to their psychological well-being.

Current asylum legislation might even be interpreted as designed to destabilise by making the establishing of social capital difficult. Research by Mulvey and Stewart (2014) on the reduced permanence of the refugee status (introduced by the Immigration, Asylum and Nationality Act in 2006) may also be relevant to asylum seekers as it emphasises the negative effects of the uncertainty around legal status. They argue that by maintaining this uncertainty, migrants are prevented from integrating as protective factors such as trust are undermined. They additionally indicate that, perhaps ironically, the asylum system contradicts the government's call for integration.

1.8.3. Systemic Racism - Seeking asylum in the UK, a unique status of uncertainty

This is one of the reasons for which the UK asylum legislation has been widely criticised as undermining the human rights of asylum seekers (Joint Committee on Human Rights, 2007). A growing line of argument sees the legislation agenda as intended to not only deter new asylum applicants but also to force asylum seekers whose applications have been denied back to their country of origin (Allsopp, Sigona & Phillimore, 2014).

The logistical obstacles to seeking asylum involve Home Office interviews, up to weekly signing at local police stations, frequent changes in accommodation as well as limited access to services such as healthcare and education. Furthermore, asylum seekers may be detained for an indefinite duration "if they are considered suitable for detention" while their asylum claim is being processed (Visa & Immigration Information, 2016). Detention is used especially to contain individuals whose claims have been refused prior to deportation, or where uncertainty around identity or other details informing the claim exist.

Apart from Cohen's study (2008) which found higher levels of suicide and self-harm among detained asylum seekers compared with counterparts in UK prisons, little research has been conducted into the detention of and its effects on asylum seekers in the UK. Data from a comparable situation in Australia suggest that detention is highly damaging to the mental health of those seeking refuge (Campbell & Steel, 2015). This study focuses on the human rights of asylum seekers in detention and, in addition to observations and document analysis, includes accounts from ten participants who had experienced detention, all of whom saw it as a serious risk to well-being. Although highly conclusive in tone, such small-scale qualitative studies serve primarily to shed light on gaps in UK research. A review by Filges, Montgomery and Kastrupp (2016) concluded that the impact of detention on mental health after release may be longstanding and recurrent.

Critically experiences of even perceived discrimination (such as through such systemic practices of exclusion or media portrayals) have been linked to mental health problems. Research by Ikram et al. (2014) suggested that it is associated with depression and an individual's reduced capacity for integrating when compared to the host nation. A cross-sectional study involving over 7000 participants from highly represented immigrant groups in the Netherlands (as well as a Dutch norm group) showed experiences of perceived

discrimination and levels of depression to be positively correlated. It was based on self-reports but it is unclear to what extent cultural variance in conceptualisations of mental health was taken into consideration in the results, which found perceived discrimination to contribute to depression by 25%. While discrimination has been explored predominantly in the literature of social psychology and contact theories in particular, studies such as these are indicative of its relevance for the mental health of refugees and asylum seekers.

1.8.4. Integration and the importance of place

Berry's model of acculturation (Berry, 2005) is widely used to conceptualize processes of integration. It emphasises that the most adaptive manner in which to integrate is via a dual process by which an individual adopts aspects of the host culture, while retaining aspects of their heritage culture. A component of integration is also thought to be the adaptability of the place in which the individual migrant is settled (Platts-Fowler & Robinson, 2015). This suggests that integration is not only dependent on the migrant's adaptability, intention and resources, but crucially also on this third dimension: the manner in which the place and its residents accommodate integration.

In a study of refugees from the same nationality arriving at the same time but to different places, Platts-Fowler and Robinson (2015) uniquely propose that differences in context may play a far greater role in integration than has previously been accounted for. They argue that our understanding of the integration process is still limited and, concurring with Phillips and Robinson (2015), suggest that research has thus far avoided addressing the complexities inherent in the interaction between a migrant and their environment (Platts-Fowler & Robinson, 2015). While some studies have considered aspects linked to integration in isolation, these authors stress the need to view it as a dynamic and multifaceted process. The policy of dispersal introduced in 2005 with the intention of moving asylum seekers and refugees away from London to other major cities in the UK (including Bristol) has made the need to consider context all the more acute. This is further emphasised by the absence of a national integration programme, meaning regions may address the needs of refugees and asylum seekers very differently (Phillimore, 2012).

Indeed, Phillips and Robinson (2015) highlight that migration and integration may be

experienced differently in different places. They see several factors to be associated with this variation, such as the migration history of a given location, resources including housing and schools as well as access to employment and appropriate support. According to Valentine (2009) local policies also shape a migrant group's experience of adapting to a new locality.

Several comparative studies show that where greater ethnic diversity exists and residents have a more profound understanding of the systems (both social and bureaucratic) acculturation stress is lower, which is in turn linked to reduced levels of mental health problems (Phillimore, 2011). Experiences of marginalization in socially exclusive neighbourhoods where people described feeling unsafe reiterate this (Spicer, 2008). Bhugra (2004) also found more frequent experiences of discrimination as well as isolation to be heightened when refugees are placed in areas of low ethnic diversity and that these, in some minority groups, correlated with increased levels of serious mental health difficulties.

When evaluating post-migration stressors, particularities of context should therefore not be overlooked as aspects of the asylum system will vary in their design and impact.

1.8.5. Discrimination - Public Discourse and the Media

Research by Stewart (2005) found that one of the main concerns described by participants was to become *normal* by ridding themselves of the label of *asylum seeker*. The participants of this study were refugee doctors, who described wishing to hide their asylum seeker identity and feeling ashamed about it. Stewart (2005) links this to the discursive implications of the legal status of asylum seekers, which Bloch (2014) in turn asserts to be very low on the social hierarchy.

Stewart's (2005) research highlights how the very term *asylum seeker* may be interpreted as racialised and exclusionary by asylum seekers, in part through connotations developed and/or compounded by media and public discourse. Findings from this study are based on 25 in-depth interviews conducted with doctors qualified overseas who had come to the UK as refugees and had been or were asylum seekers at the time of interviews. Worthy of note is that as doctors in their home countries, participants will likely have occupied high social and economic status resulting in a significant status change on becoming asylum seekers in

the UK. This is important as it is not representative of all asylum seekers' experience and may have affected participants' perceptions of the UK and possibly mental health (a sudden decrease of status has elsewhere been associated with reduced mental health (Kirmayer et al., 2011)). It is possible that asylum seekers with greater social and economic resources may feel especially vulnerable when they are stripped of these upon claiming asylum, which could be related to Stewart's (2005) findings: that some individuals reported trying to hide that they were asylum seekers, such as by creating alternative identities, because being identified as an asylum seeker was associated with shame. Experiences of discrimination are found to cause fear and isolation amongst asylum seekers and these formed part of the multiple vulnerabilities this study saw as one aspect of the asylum seeker experience. In response to this, individuals were found to construct identities that could protect them from being discriminated against and made to feel vulnerable.

Thus media and public discourse must also be considered when reviewing the situation faced by asylum seekers in the UK. Associations with Islam and terrorism (Rudiger, 2007) have for example been linked to an increase in public hostility towards refugees and asylum seekers (Goodman, Burke, Liebling, & Zasada, 2014; Mulvey, 2010). As Stewart (2005) discusses, the term "asylum seeker" itself carries strongly negative connotations and Goodman et al. (2014) emphasise that the inherent prejudice which the term encapsulates, coupled with the injustices faced by asylum seekers, is associated with mental health problems. These authors highlight however that research focusing on the experience of both practical and discursive injustices is limited.

Asylum seekers face what Leudar et al. (2008) call "hostility themes" present in much of the public discourse on the topic, with terms such as "bogus asylum seeker" implying that asylum seekers are taking advantage of the UK, living comfortably on benefits, possibly even coming to the UK solely for this purpose. Such phrases fuel common misunderstandings about the rights of this population, implying that they do not *deserve* the support of host governments (Goodman & Speer, 2007). Additionally asylum seekers are portrayed as a disadvantage to the economy and a threat to resources such as jobs (Goodman & Burke, 2011). Goodman and Speer (2007) argue that this leads to asylum seekers being perceived as economic migrants rather than individuals escaping persecution, which some see as incorporated into the discourse of asylum seekers about their situation, including having to overtly present their home country as dangerous in order to justify their seeking refuge (Kirkwood, 2012).

Goodman et al. (2014) highlight how the notion of safety is focused on within discourse as a reason for asylum seekers to have fled their home country and seek refuge in the UK and so potentially resist deportation. This study was conducted on a small population of asylum seekers in the West Midlands and, especially with a consideration of the importance of context, can therefore not be assumed to be relevant throughout the nation which makes it essential to consider how asylum seekers manage the discourse in response to their situation in other parts of the country. The migration situation is changing more rapidly than can be reflected in present research and it is probable that both host nation discourse and that of the asylum seekers themselves is adapting to the tensions within this topic of debate. An example of this is Clare et al.'s (2014) research showing how African asylum seeking women reject pity in their discourse, which was conversely shown to reduce the support they received.

Expressing criticism of the asylum system is a highly contentious area for asylum seekers because it could be viewed as being ungrateful or be feared to impact negatively on the asylum outcome (Clare et al., 2014). Research by Schock, Rosner and Knaevelsrud (2015) investigated the perception of the justice of the asylum system by those claiming asylum, and how this in turn affects mental health. They found a positive correlations between perceived justice and mental health. Using translated but standard questionnaires 47 asylum seekers with various trauma diagnoses were tested for psychological distress several weeks prior and post asylum claim interviews and the findings showed increased hyperarousal and post-traumatic intrusions believed to be linked to being forced to recount stressful or traumatic events. When perceived injustice was reported by participants, the interviews were found to have a greater impact on their wellbeing. Although a control group was used, other factors may have contributed to the distress of participants in addition to the interviews which will require further and context-specific research. Nonetheless, when considered alongside similar research outcomes with other populations and Ikram's (2014) findings on perceived discrimination, this study inspires reflection on the design and implementation of the UK asylum system. Should elements of it, such as the interviews, be interpreted by asylum seekers as unjust, it may have a further impact on mental wellbeing in addition to the other individual factors thought to be related to mental distress.

1.9. Vulnerability and Resilience

In light of these details it is not surprising that the post-migration factors are being increasingly found to affect the mental health of refugees and asylum seekers negatively. It is possible to argue that the UK policies and Home Office restrictions play a major role in creating this situation (Carswell, Blackburn & Barker, 2011). Chantler (2012) talks of a system that “enforces poverty” and Stewart (2005) views the status of asylum seekers in the UK as one of “multiple” and “enforced vulnerabilities”, describing recent policies as exacerbating the limitation of rights afforded to asylum seekers. Incorporated into the framework proposed by Stewart (2005) is the notion of “wounding” by Philo (2005), who writes “vulnerability is *created*, we might even say produced, maybe perpetrated”. This emphasis feels essential as similar to Smail’s (Cromby et al., 2012) social-materialist psychology, it shifts causality from the asylum seeker to their environment. According to this perspective, it is the context of post-migration which undermines mental wellbeing, the word “perpetrator” questioning intention behind rendering people vulnerable.

Shifting the discourse of vulnerability in this way creates a very important space to consider instead the resilience of asylums seekers.

The BPS Guidance document (BPS, 2018) stresses that most asylum seekers and refugees are extremely resilient in spite of the difficulties they have and might continue to face. Papadopoulos (2007) indicates how one might formulate therapeutic work with refugees from a point of resilience, rather than distress, referring to a person’s *psychological immune system* which incorporates the capacity of resourcefulness and resilience. He emphasises that “being a refugee is not a psychopathological state” and warns against holding this assumption in clinical work. Instead he indicates that by evaluating to what extent this *immune system* has been affected by social and environmental factors, support needs may be more accurately identified (Papadopoulos, 2007). Of particular relevance to counselling psychology here is the question of how one might strengthen the *psychological immune system* without disavowing the social-materialist realities faced by refugees and asylum seekers.

In order to illuminate this matter further, it feels essential to learn from asylum seekers and their experiences about what is considered to aid resilience. This correlates to the Mind Commissioning Guide (Fassil& Burnett, 2015) which illustrates a scarcity of information on

how to meet the needs of refugees and stresses that community members should participate in the gathering of data.

1.10. Seeking Asylum: Post-Migration Factors in Context

1.10.1. Experiences

In conclusion to a recent quantitative assessment of the effects of post migration stressors, Morgan, Melliush and Welham (2017) urge for studies portraying asylum seekers' views as, according to these authors, cultural sensitivity within mental health services in the UK remains inadequate. This section is intended to offer insight into the experiences of asylum seekers and refugees on the factors identified. A number of studies have been conducted to gain understanding of how asylum seekers and refugees relate post-migration stressors to their mental health, which is by some viewed as essential to developing an effective support service.

Liebling et al, (2014) investigated the experiences of nine adult asylum seekers in Coventry using semi-structured interviews which were analysed thematically. Unusually for research in this field more women were recruited than men, which is critical to accounting for women asylum seekers' experiences within academia, policy and practice. Both reasons for migration as well as post-migration factors were considered, and the data underscored that participants had come to the UK seeking safety and had fled significant threat and traumatic experiences in their home countries. Being allowed to stay in the UK was associated with hope for the future and a sense of safety to counter anxiety related to asylum procedures. Mental health was not the focus of this project, but key indications are made about how participants related to their experience and as part of their conclusions the authors emphasise the importance of developing peer-support groups within asylum seeker and refugee communities.

An investigation specifically into the mental health needs of forced migrants in London by Palmer and Ward (2007) indicated that several social issues were felt by participants to be detrimental to their mental health. Semi-structured interviews conducted with 21 adult forced migrants from different cultural backgrounds highlighted that lack of adequate housing, the immigration process, experiences of stigma and discrimination as well as unemployment were seen as the most impactful causes of mental ill-health. The majority of participants

identified experiencing sleep problems and many were concerned by uncharacteristic anger or tearfulness (amongst other presentations). The authors drew links to similar social injustices as those faced by many black and minority ethnic (BME) groups in the UK, while emphasising the diversity within the experiences that participants recounted (Palmer & Ward, 2007).

In addition to highlighting the aforementioned factors, this paper outlines individual views on accessing support, with a clear distinction being drawn between having access to available support, and feeling able to access support. They emphasised that social factors such as cultural stigma regarding mental health, limited English language knowledge and fears of confidentiality can render accessing services impossible. Furthermore several examples are given of community projects which have been found by service users to be more helpful than standard UK mental health support, in their providing a space for exchange on cultural views on mental health and integrating these into services provided.

Asylum seekers' perspectives on their mental health were studied by Bernardes et al., (2011) in a mixed-methods project conducted in the UK. This project combines a quantitative, psychological assessment (results of which corresponded with previous research on the mental health of asylum seekers and refugees), with qualitative interviews that were analysed using a free association narrative technique. 29 adult (26 men, 3 women) asylum seekers, from 13 countries who had been waiting on their asylum decision between one and nine years, received mental health assessments, of which eight were then interviewed. All participants interviewed said that the "in-between" state of being an asylum seeker was particularly challenging, feeling that the wish to continue one's life was forever stalled by waiting on their asylum status. By allowing asylum seekers to voice their views on their mental health, this project singularly gives opportunity to elaborate some of the quantitative data it gathered, but which has in the past come under critique for being reductionist in failing to take cultural variance into account (e.g. Porter, 2007).

Quinn (2014) conducted what appears to be the only piece of action research with refugees in the UK. Investigating the experiences of stigma and discrimination within a sample of over 100 asylum seekers and refugees in Scotland, the study focused on the beliefs of individuals regarding what they personally felt to cause mental health problems. Social isolation compounded by experiences of racism, as well as being made to feel of low status were

viewed by participants as contributing to mental health difficulties. While some participants said they would seek support from friends or family, others reported stigma around mental health as making it hard for them to share their concerns with community members. Conclusions from this study underscore the need for participant involvement in informing services and designing support which the target population would feel to be accessible.

This methodology is not frequently used, even though results from studies carried out internationally indicate its applicability when working qualitatively with refugee populations. Baird et al. (2015) for example employed a community-based collaborative action framework to address health concerns of South Sudanese refugee women resettled in the US, and the results of multiple education seminars and focus groups indicate that this method contributed positively to encouraging community action as well as learning about the health needs of this population from. Researchers identify practical barriers such as access to participants over prolonged timeframes to using this method, which may be one of the reasons it is not widely implemented.

1.10.2. Ways of Coping

Many authors highlight the need for much more generous and inclusive policies (e.g. Porter & Haslam, 2005, Liebling et al., 2014) in order to mediate the effects of post-migration stressors on the mental health of asylum seekers and refugees. However, in light of the current economic and political climate, such a vast shift, at least in the UK context, is extremely unlikely. Therefore it will be ever more necessary to develop ways of supporting individuals to build resilience within a system which challenges this continuously.

Taking into account Mawani's (2014) themes, it would appear that particularly establishing social support structures is critical. For example, Goodkind et al., (2014) ran a 3-year pilot study of a community-based advocacy and learning project to test possibilities for supporting African refugees in the US. The researchers implemented 'learning circles' as well as advocacy opportunities through which refugees were able to access and exchange information with locals, thereby also gaining social support, as well as developing ways to identify needs and pathways to resources. Psychological distress was reduced significantly

and especially attributed to the heightened social contact and English language proficiency promoted by the project. The findings of this study are very promising, though funds and infrastructure to implement replications might not be widely accessible.

Labys, Dreyer and Burns (2017) carried out an investigation into preferred ways of coping for refugees in Durban using semi-structured interviews assessing problems, their impact, coping strategies, perceived causes of problems and how participants functioned on a daily basis. Thematic analysis of these interviews found that participants preferred to cope by talking to friends and other refugees rather than to professionals. Peer refugees, aware of the struggles faced, were viewed to be able to provide comfort and hope, as well as occasional practical assistance. Using social media to connect with family members elsewhere was also reported as a source of psychological strength. Most of the 18 interviewees viewed religion as essential to their coping, both for moral or spiritual reasons (such as gaining hope) or for social and community benefits. The authors of this study interpreted religious practices as “crucial to survival” for refugees (Labys, Dreyer & Burns, 2017). Furthermore, learning to speak the local language was viewed by some participants as significant to improving the local community’s attitude towards refugees. Learning the language as well as doing physical activity were also noted to be successful distraction techniques to avoid intrusive and distressing thoughts, as well as to help individuals to relax. The authors highlight a limitation which may be relevant to much of the research carried out in this field: their study relied on self-reports which, without observation of participants, do not allow for a validation that their coping strategies have been understood by researchers as participants intended. Thus, cultural-sensitivity needs to apply both to communicating research intentions to participants and carrying out investigations, as well as to interpreting data cautiously.

1.11. Conclusion and Rationale for the Present Study

Mental health difficulties experienced by refugees and asylum seekers are believed to be related to both pre-migration factors (such as armed conflict), migration, as well as post-migration stressors (e.g. Carswell, Blackburn & Barker, 2011; Miller & Rasmussen, 2017). In turn, these have been found to present significant and cumulative challenges in the socioeconomic and social support realms, with asylum seekers often being forced into

poverty and isolation; as well as facing systemic racism and discrimination in public and policy domains, all of which relate to restricted integration opportunities which are believed to be critical to protect mental wellbeing. Post-migration factors and their impact on mental health have been found to vary significantly in different places (e.g. Bhugra, 2004) and in line with Berry's (2005) acculturation theory, the extent to which both refugee and host environment adapt to each other is perceived as predictive of mental health. It is argued that until basic psychological needs are met, the mental health of refugees may not be effectively supported. Research into the psychological needs of asylum seekers and refugees is predominantly quantitative and at present offers little insight into preferred ways of receiving support. Tribe et al. (2017) explicitly state that qualitative methodologies ought to be employed in order to determine which elements of psychological support might be culturally appropriate. They also emphasise the importance of context-specific research in developing ways of addressing psychological needs that are relevant in a given setting (Tribe et al., 2017).

Theories of social-materialism and enforced vulnerability (among others) question the extent to which the UK asylum system is intended to a) deter asylum applications, and b) to challenge the integration and wellbeing of asylum seekers. Results of some of the studies looking qualitatively at asylum seekers' experiences indicate that the uncertainty inherent to seeking asylum in the UK is especially impactful on mental health, and relating with others in the same situations was found to be a source of resilience.

The cultural variance of psychological distress and ways of coping remain understudied however, even though this is widely cited as critical to collecting and interpreting data. The BPS Guidance document (BPS, 2018) is the latest of many to urge for particular attention to be paid to cultural factors within therapy, and to seek information from the client group rather than making generalised assumptions that what may be appropriate for one cultural group will also be preferred by another (e.g. NHS 5 Year Forward Plan, 2014; Mind, 2009).

Thus, in recognition of the continuing mental health concerns within refugee and asylum-seeking populations as well as a more recent emphasis on the impact of post-migratory circumstances, it seems necessary to gain a deeper understanding of especially asylum seekers' perceptions in light of the restrictive policies they face in the UK. The literature consulted unanimously calls for quantitative and qualitative research on a topic that is at the

heart of current public and political debate.

1.11.1. Relevance to Counselling Psychology:

Understanding which factors increase an individual's psychological vulnerability and conversely which aid resilience in light of these is essential to providing effective therapeutic support to asylum seekers and refugees. The BPS Guidance document (BPS, 2018) urges psychologists to develop cultural sensitivity when working with this population, and Tribe et al. (2017) indicate that this commences with an appreciation of the differences in conceptualisations of distress, as well as insight into the social and contextual aspects surrounding this.

In light of the growing numbers of refugees worldwide, this project aims to contribute to the development of cultural sensitivity in psychological practice. By learning from asylum seekers about contextual factors impacting on their mental wellbeing as well as what is believed to assist coping, insights may be gained as to how psychological therapy can be adapted to be of greatest support. NICE Guidelines (NICE, 2016) as well as psychological needs theories emphasise the importance of stability and safety to working with trauma specifically, and it is therefore critical for counselling psychologists to better understand how they might support asylum seekers and refugees therapeutically where stability and safety are challenged consistently by their environment. This project proposes that one way of gaining such understanding is by learning from asylum seekers about their experiences and what they find to be most supportive. This is furthermore significant to counselling psychology within the current economic climate (which the literature has found to be limiting rather than promoting of mental health) because a more profound insight into what is believed to be helpful might allow existing resources to be used to the greatest effect without alienating the group they intend to support.

1.11.2. Rationale:

The individual voices of asylum seekers are rarely heard within academic research (Im, Ferguson & Hunter, 2017) and one might argue that the power of personal accounts may

render the data humane and tangible. This in turn is crucial if contemporary decision makers are to acknowledge the hardship and distress to which the asylum legislation is at present contributing (Porter, 2007). As Fassil and Burnett (2015) assert, involving community members in research may be key to accessing information that is critical to bridging the existing divide between asylum seekers with psychological need and mental health professionals.

Studies such as those conducted by Quinn (2014), Bernardes et al., (2011) and Palmer and Ward (2007) are examples of UK research that is explicitly non-medical and qualitative, and which attempts to further the understanding around asylum seekers' experiences and their perceptions on psychological needs, taking into account social and contextual factors impacting upon these. Building on these studies is essential to contextualise the growing quantitative data, which often stem from western medical or psychological models and fail to account for cultural variance.

The present study aims to gain further insight into asylum seekers' experience in the specific context of Bristol (please see the Methodology Chapter for a contextual overview). It intends to learn about psychological needs and resilience from participants' own conceptualisations of these, which will in turn inform suggestions for change from a culturally-responsive position. It aims to do this using action research, through which it is hoped the study will inspire action and change to ameliorate what the literature has shown to be a challenging environment for asylum seekers and refugees, thus promoting psychological wellbeing and implicitly the human right to health (WHO, 2016).

No qualitative research has yet been conducted specifically on gaining insight into asylum seekers' psychological needs and sources of resilience, from their perspective and using an action research framework. Furthermore, the contextual reality of asylum seekers in Bristol has not been explored in academic research.

The value of such a holistic and localised piece of research could be multilevel: professionals can benefit from asylum seekers' insights into psychological needs in relation to seeking asylum, as well into how resilience may be promoted. As a context-specific study, both practitioners and policy may gain essential understanding of how individuals experience and negotiate their situation in Bristol. Furthermore, by adapting action research to this

particular setting and population, methodological reflections may offer helpful suggestions as to conducting future research with asylum seekers and refugees.

1.11.3. Research Question:

In order to effectively promote the mental wellbeing of asylum seekers, it will be essential to understand psychological needs. Learning how external (e.g. systemic, contextual, cultural and social) and internal factors (e.g. spirituality, a sense of autonomy and relatedness) impact on mental health will inform empathetic and responsive support. In conjunction with this, asylum seekers' ways of fostering resilience will be explored in order to learn how psychological needs are addressed. The research question guiding this topic will thus be twofold:

How do individuals experience seeking asylum in Bristol, and what can be learned from this experience about their psychological needs and sources of resilience?

1.12. Initial Reflections:

After moving to Bristol in 2014 I began volunteering as an English teacher, first in a school supporting recently arrived Somali adolescents and later in a drop-in service where English lessons were offered to adult refugees and asylum seekers. Through this work I became acquainted with stories which struck me both in the injustice and resilience which they expressed. I felt compelled to contribute in some way to honouring these narratives, the injustice suffered and resilience built, hoping to draw attention to the human element of an issue which up to that point had received little public or academic attention.

Research as part of my Master's thesis on the wellbeing of Somali youth in Bristol opened my eyes a little more to issues of migration and integration, as well as the possibility that mental health could be conceptualized very differently to how the western model I was studying proposed. Since this time, the topic of people displaced and forced to seek refuge in countries such as the UK has become much more widely discussed.

For many reasons these discussions rarely involve the people they described as agents, and

thereby risk reinforcing societal divides rather than promoting community. As a psychologist I see it as an ethical urgency to advocate for those my society overlooks and overhears, and I was excited to read about various possibilities in which this research might contribute towards such advocacy. The encouragement I received from asylum seekers, refugees and professionals in the planning stages were critical in giving me the confidence to embark on this journey of learning.

I noted in my reflexive journal the words “grandiosity” and “patronising”, fearing that my societal position coupled with my intention to contribute, could be misplaced. By keeping the journal, in which I noted discussions with peers as well as my at times strong emotional reactions to interviews and other related subject matter, I hoped to gauge my stance throughout the research: was I making assumptions about something I could not possibly understand? Was I disempowering people by failing to recognize their strength, or worse, believing they needed my help? My relationship to the research would be one filled with questions to which I would not easily find answers, but I hoped that by noting these thought processes I could become aware of my assumptions and biases, and how they might affect the data.

From the outset I viewed the systemic challenges facing asylum seekers critically and this unquestionably impacted on my engagement with and interpretation of the material. Formally this would be described as the critical-realist perspective, which requires an explicit acknowledgement of stance. I certainly was not neutral and conscious that this could overshadow interviewees’ narratives. Therefore documenting reflexively what was “mine” would be essential to later disentangle perspectives, or at the very least, identify their entanglement.

Chapter 2: Methodology

The aim of this chapter is to describe the design of the study in detail, outlining important reflections that were made in the research process. A description of the philosophical foundations of the project is offered through a consideration of social constructionism, critical realism and the pedagogy of Paulo Freire. Action research is then introduced as my chosen methodological approach and the use of thematic analysis as part of this is explained. Finally ethics and the validity of the methodology are considered before reflections on conducting the interviews conclude the chapter.

2.1. Research Aims

The aims of this research focused on gaining insight into the sources of resilience and mental health needs of asylum seekers in the UK, in the hope of informing some of the existing mental health support available to this population. A qualitative approach was chosen as it was felt that individual stories would initially help to illustrate the current situation. This concurs with literature and policy documents calling for qualitative data in this field (e.g. Im et al., 2017).

In line with my chosen methodology, action research, the specific aims of this study were threefold. First, I intended to produce practical knowledge by increasing insight into the topic through gathering individual experiences of the UK asylum system, which would inform the field of counselling psychology and other agencies working to support the asylum-seeking population. Second, to take action to make this knowledge available by disseminating findings as widely and accessibly as possible, thus influencing public awareness of the difficulties faced by asylum seekers in the UK and informing policy and funding bodies. Third, participants were invited to become involved in shaping current knowledge about issues which directly concern them and collaborate in the research process. In this way, the research sought to be transformative both individually and socially.

2.2. Philosophical Standpoint

This section intends to position the research philosophically, explaining how both social constructionist and critical realist assumptions underpin how the research aims were addressed.

2.2.1. Social constructionism

To 'gather individual experiences' of seeking asylum is the first aim of this research project, and my intentions to learn from individual asylum seekers about mental health within a specific social context reflect a social constructionist epistemological stance, in that I hope to learn about the individual experiences of seeking asylum and how this is conceptualised and communicated. Epistemology describes philosophical assumptions about *how* and *what can be known* (Willig, 2013), and clarifying these at the outset is a critical in order to allow for qualitative research to be meaningfully evaluated (Willig, 2012), thereby constituting one of the researcher's key responsibilities (Madill, 2000).

Social constructionists perceive human experience to be shaped by social and historical processes and suggest that the way in which these are described can vary (Willig, 2013). In this way, language is a central feature of social constructionism, which views reality as constructed by the way in which an individual describes their interpretation of an experience (Gergen & Gergen, 2013). Therefore the description of an experience is taken not as a *true reflection* of an event, but rather as one person's subjective interpretation, which is in turn contingent upon their social context (Gergen & Gergen, 2013). While a radical social constructionist stance would consider the interpretation of an event as an entirely relative description, in which the *external* event itself is of little relevance but the subjective interpretation of it is paramount, a more moderate view aims to understand the individual's interpretation of the event *within* the context of their particular social reality (Willig, 2013).

As such, a moderate social constructionist view acknowledges the existence of entities external to the individual, but is interested in how these are interpreted and communicated within a given setting. This moderate stance feels more congruent with my aim(s) to learn about individual experiences of psychological need and resilience *within* the social context of seeking asylum in Bristol, and to be able to inform current practices meaningfully. Therefore

the knowledge which this piece of research aims to generate, assumes that the individual meanings and understandings of experiences, (and the language used to describe these) are determined by social and cultural factors, implying that findings will also be socially and culturally-specific. In this way they are intended to shed light on subjective experiences of an external or real event, within the social and cultural frame of a particular setting.

It has been argued that some epistemological stances inherently express ontological assumptions (which describe what we believe about the world and reality), and I feel this to be the case here. Elder-Vass (2012) suggests for example that by embracing the notion that social and language factors impact on our constructions of reality or truth, a moderate social constructionist stance implicitly perceives external factors (here society, language and other people) to exist and impact be able to impact upon us. This would indicate that moderate social constructionism straddles both a relativist *and* realist ontology (Willig, 2016).

In this way it is possible to believe an event can occur in an objective reality, but also that this event may be experienced and related very differently by different individuals. When directly applied to this research project, I assume that interpretations of experiences are relative to each individual participant, and communication of these is socially mediated, but also that these experiences are at least related to real events external to participants' phenomenological world. This is furthermore relevant to the dissemination of findings: an emphatically relative ontology would undermine my aims to impact the external reality of seeking asylum, as any effect of the research would be limited to the subjective experiences of the participants and the researcher, rather than being believed as impactful in a wider, external reality (Willig, 2016). The possibility of the existence of real factors such as oppression and injustice is denied if everything is viewed to be only a construct.

In this way, a moderate social constructionist stance describes my epistemological assumptions (as I believe knowledge to be socially constructed), and forms the basis of a relativist-realist ontological position, which recognises a reality to exist in relation to which individual meaning is created. The realist aspect of this ontology requires further explanation however. My interactions with refugees and asylum seekers have led me to believe that real, systemic factors exist external to the relative, subjective experiences that are the foundation of social constructionism, and that these negatively impact on individuals' lives. This explicit focus on the realist element of my ontological assumptions correlates with a critical realist philosophy.

2.2.2. Critical realism

Critical theorists warn that if attention is paid exclusively to an individual's interpretation of a phenomenon, real systemic structures could risk being overlooked (Houston, 2001). In order to be able to challenge injustice and oppression it is therefore essential to understand how an external reality may shape people's lives, and in this way critical realism proposes that a reality exists which is not contingent on individuals' interpretations of it. This reality is thought to impact on behaviour in conjunction with psychological processes and just as external, environmental factors are seen to affect the individual, the individual is also perceived as capable of changing their environment (Bhaskar, 2014), such as by taking action against oppression.

Critical realism encompasses the notion that interpretations and descriptions of reality are mediated by language and context (Willig, 2012), and thereby builds directly on social constructionist theory by viewing knowledge as a social construct, without discounting the possibility that 'real' factors might impact upon this (Delanty, 1997). This indicates that any data collected as part of the present study should not be viewed as a perfect or accurate reflection of an objective reality (Willig, 2012), but rather as individual experiences and interpretations of the asylum system, which I believe to be a 'real' system.

Importantly critical theorists perceive the relationship between participants and researcher to be dialectical and emphasise that interaction, such as through research, should seek to empower and create democratic change (Tolman & Brydon-Miller, 1997). They underscore the critical role of research in discussing oppression and privilege within marginalised groups, which is a central aspect of the emancipatory branch of action research (Wallerstein & Duran, 2006). Furthermore, the significance of the researcher-participant relationship is such that it also becomes part of the meaning-making process, and therefore it is important to clarify that while action research intends to stimulate systemic change, this can only commence if the participants' experience is truly heard and at no point overlooked by broader motivations (Greenwood & Levin, 2011). This made it essential to maintain both a social constructionist stance (to honour the importance of individual subjective experiences) as well as a critical realist perspective (to critically consider the impact of the asylum system) in order to understand subjective wellbeing within the context of seeking asylum.

2.2.3. Freire's Critical Realism

Freire's interpretation of critical realism has greatly shaped action research and influenced my approach to this project significantly. The dialectical nature of action research makes the consideration of Freire's work, who was an educational theorist primarily, very relevant. In *The Pedagogy of the Oppressed* (1996) Freire outlines what has become the aforementioned emancipatory basis of action research. While some of his rhetoric may feel antiquated, its relevance becomes salient in light of the inequality which undeniably places asylum seekers and other marginalised groups at a disadvantage within western society.

Freire views a person's ontological vocation as becoming an agent who can work to transform their world, and he argues that every human being is capable of this if given the opportunity. He suggests that while education is key to the liberation of those oppressed by the current system, the oppressed are taught by the oppressing system only that which serves to uphold their enslavement within it. Freire argues that true and liberating education should look very different in that it must give learners the tools to become *conscientização*, conscious or aware, of the system in which they are trapped and the mechanisms used to trap them (one of which Freire believes to be the traditional education system). Importantly, according to Freire, the world is rendered less abstract through our critical engagement with it and in turn, people can start to make sense of their reality and themselves within it, ultimately realizing their potential. The individual as a mere "object" of oppression can transform himself into a subject who can decide how he wishes to change his world.

This point feels especially pertinent to this project. Although I cannot pretend that this study could have such a transformative effect on any individual, and I do not see myself in a position of "liberator" from the oppressing system, I recognised my privileged capacity to create a space for discussion, believing that no change can occur if such opportunities are not purposefully created. In this way, Freire suggests, those oppressed are given freedom to make choices about their life and experience of it, as they are liberated by encouragement and the ability to think critically about their situation. Freire implies that this will lead to an overturning of the oppressing system, but that this necessarily commences with the education of those oppressed, who in turn end up educating their "oppressors" through the changes they make. It is hoped that by creating an opportunity for asylum seekers to discuss and share their views, those in positions of power (essentially involved, directly or indirectly,

in the “oppression” of asylum seekers) may be inspired and informed to reflect, contributing to important and potentially liberating changes.

2.2.4. Assumptions about reality

It is hoped that this section has highlighted the relevance of both relativist and realist stances to the ontological roots of this project. As I have explained, a moderate social constructionist stance implicitly supports a realist ontology: ‘real’ factors are believed to impact on subjective experiences and can only have an impact in the ‘real world’ if this is acknowledged. Similarly critical realism relies on a relative epistemology by recognising that that knowledge is context-dependent and subjective, and that social and political processes determine whether this knowledge is to be believed and acted upon (Al-Amoudi & Willmott, 2011). Failing to acknowledge the possibility of multiple interpretations, or ‘truths’, could result in imposing claims about ‘reality’, which could undermine the emancipation that critical realism seeks to make possible (Al-Amoudi & Willmott, 2011).

In light of this I position myself as a social constructionist and critical realist, incorporating the moderate social constructionist view that our experience of the world relies greatly on socially-determined norms and structures which we reflect and replicate in our communication, but that this experience is also, as proposed by critical realism, shaped by real forces and systems which exist and impact (sometimes negatively) on how we relate to the world we inhabit.

2.2. Action Research

Action research was chosen for its explicit political commitment to social change as well as its flexibility with regard to methods used. This would allow me to tailor a project to best suit the preferences of those from whom I hoped to learn, while also addressing the overall goals of the research. This section describes some of the main features of the approach.

Action research is considered to be an approach to inquiry, rather than a particular method. Indeed, action researchers are encouraged to be flexible in employing many practices from different methodologies, and both qualitative and quantitative models are deemed appropriate. Greenwood and Levin (2011) suggest that any research method is suitable which takes into account the particular context of participants and the problem at stake.

Importantly action research should avoid superimposing a model onto a potentially marginalized group of people, seeking instead to create a space in which they might claim equality and contribute to society. In this way, action research projects are typically developed in response to the situation in which they are applied and vary greatly in design (Reason & Bradbury, 2008).

Levin (2012) writes that the great variety of research approaches and project design found in action research has been criticised for undermining the rigour of social science methodologies. He asserts that one of the challenges facing action researchers is to conduct rigorous investigation which provides trustworthy academic findings, while simultaneously engaging with social problems and promoting change. The researcher must therefore be both a critical and reflective academic, as well as immersed within the issue and community at stake. This is also viewed as one of key strengths of action research, because unlike more traditional academic models, it is grounded in “real life” and can have immediate practical implications (Greenwood & Levin, 2011). When planning a piece of action research, Kagan et al. (2017) propose several key features which are generally found within this approach irrespective of the diversity of projects. These shall now be discussed in turn.

Action research is typically driven by political issues which the researcher feels to be particularly problematic for a given community (Reason & Bradbury, 2008). In this way, identifying a practical problem constitutes as the first step to planning research. Unlike more positivist approaches, action research does not aim to develop ever greater accuracy about or insight into a given matter, rather it considers how valuable knowledge can be created to address problems practically (Reason & Bradbury, 2008). Furthermore it views traditional academic structures as inherently political and as part of the system which is being questioned.

Collaboration with those whom the problems affect is essential to action research. Critically, it aims to challenge traditional researcher-participant roles, instead promoting a more dynamic two-way information exchange (Wallerstein & Duran, 2006). Action research endeavours to honour the expertise of both participants and researchers, viewing each to have a particular skill and knowledge set which they can build on through discussion and reflection (Greenwood & Levin). In practice, this process takes the form of reflection-data collection-action-reflection cycles, with one point of research being a source of reflection which inspires further action and so on. Although models vary significantly, Riel's (2007) Progressive

Problem Solving model (seen in *Figure 1*) illustrates the cyclical processes typical of action research.

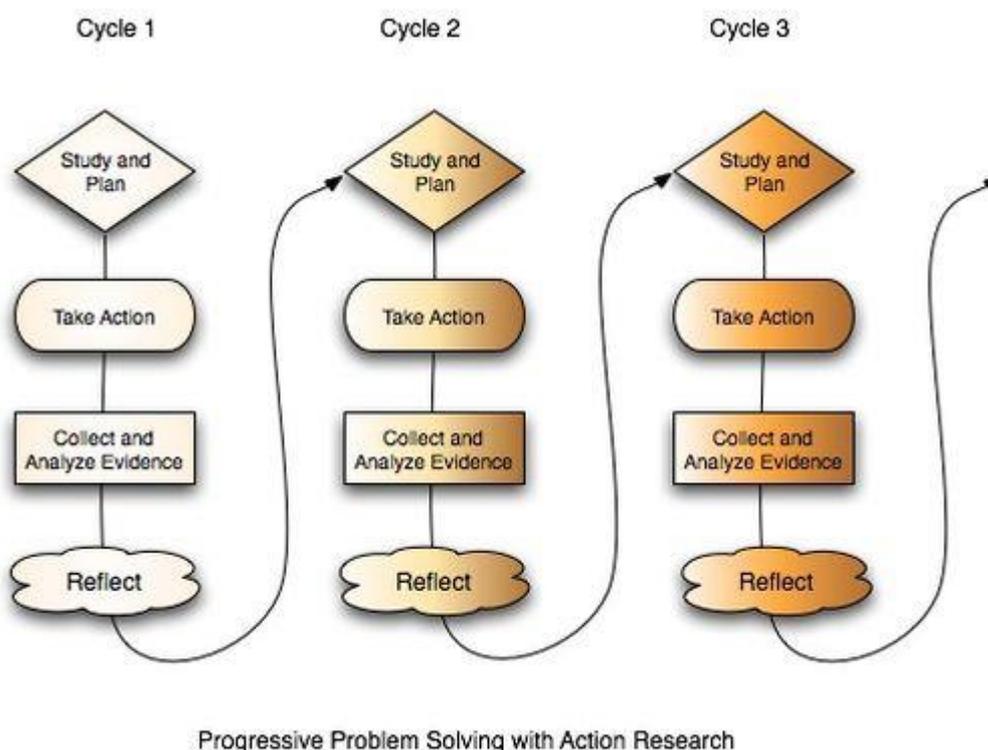


Figure 1. Riel's (2007) Progressive Problem Solving model

Putman and Rock (2017) indicate that the 'action' stage is guided by the plan but not controlled by it and some unplanned decisions may need to be made in order to be most sensitive to a given context. This encapsulates the flexibility required of action researchers, who should remain open to changing initial ideas (Putman & Rock, 2017). Each cycle incorporates a distinct reflection stage which is intended to help the researcher learn from experiences and tailor the plan for the next cycle. Thus, action research invites changes to be made to the initial research design throughout the research process.

In Reason and Bradbury's (2008 p.2) words, "action without reflection and understanding is blind, just as theory without action is meaningless", and so in addition to developing new, contextually sensitive and responsive knowledge, research must promote action, considering how this new knowledge might be best applied. Once more this is not the researcher's decision but should be discussed with the stakeholders, who are the perceived as the *owners* of the problem and thus should decide where research might best be employed. This forms the basis of the next point, which places emphasis on the sharing of data in

accordance with the initial aims of the research (Kagan et al., 2017). Critically as Greenwood and Levin (2011) argue, action research is undermined if the research findings are used exclusively to satisfy academic curiosity or to meet a specific professional goal. Ultimately, the promotion of social change backed up by rigorous collaborative research is at the forefront of what constitutes action research.

2.3. Action research using Thematic Analysis

As discussed, action research invites a broad range of methodologies to be employed, making it important to clarify why one approach has been chosen over another.

2.3.3. Thematic Analysis

Thematic analysis was chosen as an appropriate method for this piece of research. Braun and Clarke (2006) assert that thematic analysis should only be employed if it is considered suitable to addressing the research question and is rooted sufficiently in the researcher's theoretical paradigm. They argue that this method loses credibility if it does not meet these two criteria from the outset. While this is arguably the case for many research methods, the absence of a theoretical paradigm inherent to the thematic analysis approach means that it is especially critical for it to be anchored appropriately within the philosophical stance of a given research project. This section is intended to clarify why thematic analysis (after Braun & Clarke, 2006) feels most appropriate to be employed in this particular study.

Thematic analysis allows for a large set of data to be summarised, for patterns to be identified and new or unanticipated findings to be brought to light. It appears particularly suited to be used within action research as it is recommended for collaborative approaches and to inform policy using evidence from qualitative data. Furthermore it is a flexible and relatively simple approach, which can be tailored to suit various approaches, contexts and previous research experience. This would be essential for the current research as I hoped to make the process of analysis as transparent and inclusive for participants as possible, after all it was their data being analysed. I hoped to invite their interpretations of the data, and would only be able to check my interpretations with them if I could demonstrate the process of analysis clearly. An additional advantage of thematic analysis is that it can produce findings which are accessible broadly to the public, not just within academic circles. Aware from the outset that I hoped for the data to be useful within the asylum seeking community,

and certainly not exclusively within academic settings, making sure findings were relevant and practically applicable was essential.

Typically, thematic analysis involves six stages, which result in a thematic interpretation of data collected. As discussed, thematic analysis is a flexible analytic approach and can be applied differently according to context and theoretical paradigm. However, Braun and Clarke (2006) helpfully offer guidance on how analysis should be conducted for it to be valid and distinctly thematic research (as opposed to another approach using similar skills).

1. During the first stage data are transcribed verbatim and transcripts are checked for accuracy against recordings.
2. All data is coded for patterns. These are not considered to *emerge* passively but found by the researcher(s) inductively.
3. Once all data have been coded, themes can be identified, which group codes more broadly. Unlike in content analysis, codes are not typically counted. Instead, the researcher must assess to what degree codes illustrate the data. Codes may thus be relevant to a description of the dataset, even if they do not necessarily appear with great frequency.
4. Themes should be distinctive and coherent and checked against the data to ensure they are accurately describing the findings. Mapping may be used at this stage.
5. Themes should then be refined and named to give an essence of what they describe. These may be depicted using a map to indicate how themes relate to each other, and any tensions or overlaps that may exist.
6. Further reflections allow for findings to develop potential practical or theoretical applications of the data. This involves situating the findings within the data and report writing.

A description of how the data were analysed thematically at each stage is provided in Section 2.7 of this chapter.

2.3.4. Alternative methods considered

The focus on practical outcomes was one of the reasons why grounded theory was not considered to be suitable for this particular project. A particular advantage of grounded theory is that results not only depict participants' experiences and the meanings made accordingly, but can also illustrate the way in which people relate to these and thus propose

theories that are of direct relevance to the participants, which are grounded in data, not necessarily prior research (Corbin & Holt, 2011). Unlike more traditional, positivist research methods, grounded theory was developed to allow for theories to evolve directly from participants' data rather than previously existing theory. The respect for the participants' data inherent to grounded theory was very appealing when planning this research, and yet the typical theoretical outcomes did not match the practical aims of this particular project. Although grounded theory could establish a theoretical basis to guide practical applications, it was felt that this would not remain close enough to the practical concerns the literature has shown asylum seekers to be experiencing. Developing a further theory would potentially risk overshadowing the immediate need for action and applicable strategies to address the problems which the topic literature identifies.

A disadvantage of thematic analysis is that it cannot describe continuity within a participant's account (Braun & Clarke, 2006). When considering subjective experiences, such continuity is arguably significant to understanding how experiences might contribute to meanings being made. This is one of the aims guiding narrative analysis, which would allow for more continuous descriptions of individuals' accounts. This method encourages a collaborative approach to data collection and analyses narratives in relation to their contextual setting, the structure and particular discourse within a narrative (Gill & Goodson, 2011). A key advantage of narrative analysis is that any findings are explicitly a result of the interactions between participants and researcher, but contrary to the aims of this project, it does not readily provide practical outcomes.

While both narrative inquiry and grounded theory could contribute importantly to understanding asylum seekers' experiences, these are also intricate academic approaches. I feared that neither would make it possible to conduct several cycles of inquiry in the time I had, and that they might create a distance between the research process and participants, who may not have prior experience in either modality or western notions of academic research.

2.4. Research Design

This section describes the particular action research design, detailing how thematic analysis was employed at each stage to analyse data collected. Guided by the emphasis within action research that participants are considered expert on their situation and that they should be involved in researching on matters concerning their lives, the term *co-researcher* is used in

this project instead of *participant*. This also intends to reflect the position of power and agency given to those partaking in this study, which endeavours to challenge more traditional academic structure and power dynamics.

Based on the learning cycles inherent to action research, the research process was divided into three phases, each comprising of a planning, action, analysis and reflection component as per Riel's (2007) model. The time constraints of the present project permitted no more than three stages to be completed, although further cycles could have been conducted.

Figure 2 depicts these three stages, with the arrow shape indicating a possible continuation incorporating further learning cycles.

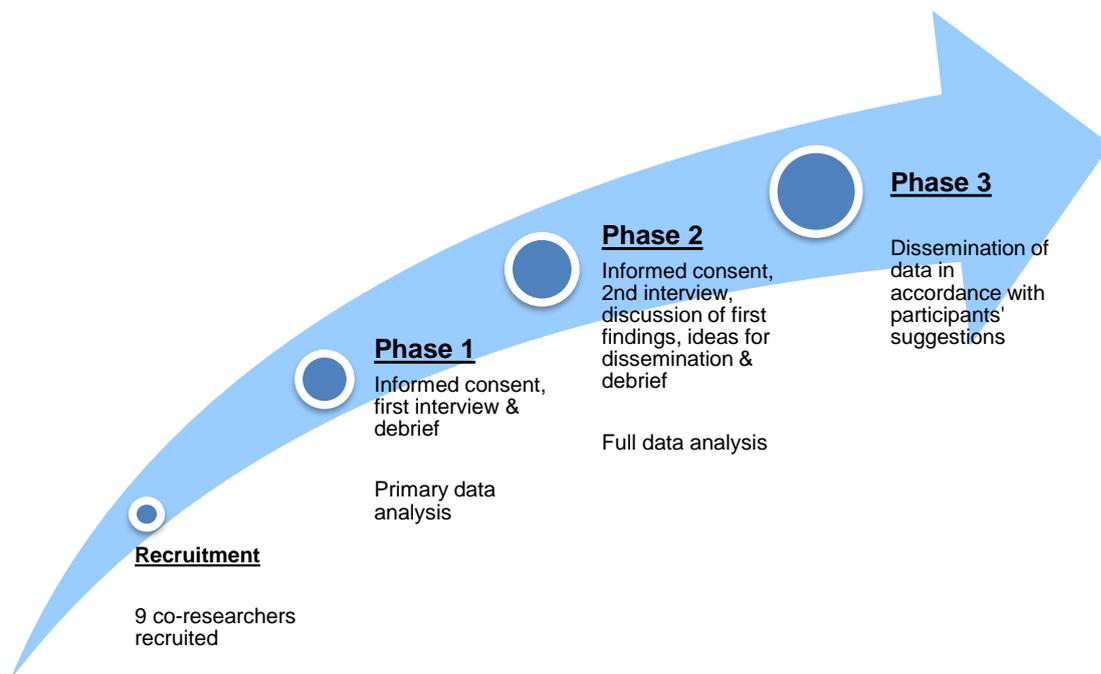


Figure 2. Stages of Research

2.4.3. Phase 1

Planning:

This phase was planned to involve an initial, semi-structured interview (using the interview schedule in Appendix C) with each co-researcher individually.

Action:

Semi-structured interviews employing open-ended questions were intended to allow for participants to reflect on and answer questions in an unrestricted manner. Using an interview schedule (based on findings from the topic literature as well as my past experience of working with asylum seekers) would ensure the discussion would broadly refer to the topics of mental health, cultural ways of helping and resilience, which sought to address the research question. Interviews in Phase 1 and 2 would be audio recorded upon interviewees' consent.

Analysis:

Each interview would be transcribed by the researcher and a primary thematic analysis would follow this phase in order to note initial patterns in the data.

Reflection:

I would engage in reflection throughout the process of interviewing, which would be documented in a research journal. The debrief would also allow for collaborative reflection with co-researchers on the content and experience of interviews. The initial findings were to serve as the basis for the interviews used in the *action stage* of Phase 2. They would determine the content of the second interviews which would be structured as detailed below.

2.4.4. Phase 2

Planning:

The interview schedules would be tailored individually in accordance with each co-researcher's data from Phase 1, initial patterns found through the analysis, as well as to consider the next research phase.

Action:

A further individual interview would be conducted with each meeting loosely following this structure: I would express my gratitude to co-researchers, I would offer co-researchers transcripts and specific points from Phase 1 would be discussed, both regarding co-researcher's data as well as patterns more broadly. At this stage I would explain the process of thematic analysis and how I had arrived at my initial thoughts. These I would share with co-researchers and invite their views and elaborations on what they saw as the most salient points from their transcripts from Phase 1. Then their recommendations for data

dissemination would be invited. This would be followed by a further debrief and opportunity for collaborative reflection.

Analysis:

I would then carry out thematic analysis on the data gathered from these interviews.

Reflection:

Plans for the dissemination phase would be made and relevant steps taken to disseminate data in accordance with co-researchers' recommendations where possible. Additionally, I would reflect on how I would share findings.

2.4.5. Phase 3

Planning:

This would entail making practical arrangements to disseminate data.

Action:

Data would be disseminated, wherever possible with the potential of adding to existing data.

Analysis:

Findings would be considered in light of existing analysis, and used to elaborate data further if appropriate.

Reflection:

At this stage both practical and theoretical implications of the research findings would be evaluated. This would involve the write up of the summary of results for co-researchers as well as the consideration for possible future learning cycles.

2.4.6. Pilot interview

Prior to commencing Phase 1 a pilot interview was conducted with Tara², a 20-30 year old male from central Africa who matched all inclusion criteria. The interview schedule was tested and I was given the opportunity to discuss my plan for conducting the research. Important points learnt at this stage regarded being flexible with the location of interviews as well as offering gifts to express my gratitude to co-researchers for their participation. Both will be detailed below.

2.5. Participants

2.5.3. Inclusion Criteria

In accordance with Braun & Clarke's (2006) recommendations for conducting thematic analysis, I had intended to recruit a minimum of eight and a maximum of twelve co-researchers. Although sample sizes vary significantly in thematic analysis (from 1-60 participants, Braun & Clarke, 2017), it was felt that this number would provide sufficiently rich and complex data to give insight into asylum seekers' experiences in Bristol, while allowing for profound consideration of each co-researcher's data. The drop-in service only supported adults and thus all co-researchers would need to be at least 18 years old. This distinction was important as immigration policy treats adult and child asylum seekers differently, which suggests that their experiences of seeking asylum might also vary significantly.

A further inclusion criteria concerned co-researchers' level of English. As the project would not be able to pay for professional interpreters all co-researchers needed to have a sufficiently proficient level of English (this was determined when co-researchers initially expressed interest).

This excluded much of the target population from the outset of recruitment which is unfortunate because it is possible that those with higher English proficiency may have significantly different experiences to asylum seekers with lower English levels. This could affect how the bureaucracy of the asylum applications is perceived for example, or how

²The co-researchers were given pseudonyms to protect their anonymity. I asked which names co-researchers wished for me to use so that they might feel more personally represented and be able to identify themselves within the write up.

individuals engage with local services as well as the local population. Employing professional interpreters would have been optimal in this case, and yet there are several points regarding the use of interpreters in research to consider.

In line with social constructionism, language can be seen as critical to shaping how meaning is made, interpreted and expressed across different cultural settings. Tribe (2009) discusses the difficulty of using interpreters in mental health with people from different cultural backgrounds, as subjective psychological experiences may be conceptualised in multiple different ways. Thus unless interpreters are experienced in the complex culturally-specific nuances regarding mental health, translations may not be truly representative of what is being said or experienced (Tribe & Lane, 2009). Here it might be favourable to employ interpreters from the same cultural background as research participants, yet the cultural or religious stigma associated with mental health in some contexts can undermine the integrity of translations (Tribe, 2009). With regard to the context of the present study, the small number of interpreters in Bristol for co-researchers' languages could threaten the co-researchers' anonymity as co-they might face the same interpreter in a different situation, such as a Home Office interview. It was therefore decided that asking co-researchers to discuss with me in English avoided this particular ethical challenge, even if it may have led to misinterpretations on my part. Where possible I strove to clarify my understanding, but acknowledge the possibility of missing critical, idiomatic and cultural nuances with regard to details in co-researchers' accounts.

In order to learn from asylum seekers' direct experiences, it was also necessary that co-researchers were asylum seekers or had recent, direct experience of claiming asylum in the UK which would be most probable among service users at the drop-in centre.

Action research also explicitly sees diversity as beneficial to research in that it provides a more profound while also a broader perception of problems, which in turn allows for greater creativity when considering solutions to problems (Greenwood & Levin, 2011). In light of this, co-researchers from different cultural backgrounds were included, which naturally occurred at the drop-in centre. While more men access the support service than women, I also explicitly sought to recruit women (by emphasising that both men and women were invited to take part in the study when advertising it) in order to address possible differences in experiences according to gender, an issue which is raised in some of the literature (e.g. Baird et al., 2015).

2.5.4. Recruitment

Purposive sampling was initially used to approach potential participants at a Bristol based drop-in centre supporting asylum seekers where I had volunteered as an English teacher for one year (from September 2015 to September 2016), and where I had had some contact with many members. Due to the possibly sensitive nature of the research and the often unresolved legal statuses of service members, it was important for potential participants to be familiar with me, the researcher, at least by sight. This, it was hoped, would establish a certain degree of trust towards the research. I had discussed my research project with the service manager and obtained permission to recruit at the service on the condition that I would volunteer and thus show my commitment to the support of asylum seekers (rather than using the centre to access a population useful for my research interests). Nonetheless, in order to avoid any conflict of interest, which could compromise the voluntary nature of participation, I ended my work at the drop-in centre after one year. This was also intended to clarify that the research would in no way affect ongoing asylum claims.

Once ethics had been granted in February 2017 (please see Appendix A), I contacted the service manager once more to update them on my project and seek final permission to recruit there. With this granted I then returned to the drop-in centre to put up posters (Appendix B) in visible areas (by the reception desk, on notice boards etc.) and introduced the research project verbally in the advanced English lessons (where I hoped to find proficient English speakers). Anyone expressing interest was then invited to take one week to consider whether they would like to participate in the research, during which time they could seek clarification from me, members of staff at the drop-in service or service users who had prior research experience on any aspect of the research process. Potential co-researchers were invited to express their interest via email or telephone (on a number only used for this research project), at which time they were screened to determine if they matched the inclusion criteria (this was the case for all nine co-researchers). I then arranged the first meeting with co-researchers, clarifying that these could be held in community centres or public libraries at their convenience.

2.5.5. Context

In light of the literature emphasising the importance of the post-migratory environment, this section aims to situate the research in the specific context of Bristol.

Bristol is situated in the south west of England and has a population of 450, 000 people (The Population of Bristol, 2018). Although it is a city in which asylum seekers are placed, there are no clear statistics on the number of asylum seekers or refugees living in Bristol. As a City of Sanctuary Bristol is part of several UK cities aiming to promote an attitude of welcome in relation to refugees and asylum seekers.³ While this expresses the view of many individuals in Bristol, it exists in parallel to a lack of basic resources and widespread poverty.

From the “Bristol Asylum Seekers and Refugees Needs Assessment and Current Activities 2017” (Bristol Refugee Rights, 2017) several insights may be gained as to the practicalities facing asylum seekers and refugees in the city. While much of the information given in this document correlates to accounts by asylum seekers, refugees and professionals in Bristol, the points made are not documented elsewhere with specific reference to Bristol. Many details do however correspond to observations made in the literature about the situation in the UK, though to my knowledge the city has not explicitly been considered in research on asylum seekers and refugees.

Wellbeing

A specific medical service has been in place since 2004 to meet the needs of refugees, asylum seekers and other minority groups. It primarily addresses physical health issues and seeks to help patients access necessary treatment. While referrals are also made for mental health support, when services exist, they are experienced as inadequate or inappropriate. The document refers to barriers related to receiving suitable care as well as difficulties in negotiating procedures and services regarding physical and mental health needs.

Resettlement

Two resettlement schemes exist at present in Bristol. These aim to support individuals who have been granted refugee status by the UNHCR prior to their arrival in the UK. One applies to adults, considered at risk in Syria, the other to children from North Africa and the Middle East. Bristol has pledged to resettle 100 people or 25 families each year from 2017 until 2020. However, this target greatly depends on the availability of suitable accommodation.

Accommodation

³ City of Sanctuary is a charity that brings together services advocating for refugee rights and wellbeing, countering discrimination and systemic injustices.

It is stated that a significant competition for accommodation and social housing exists in Bristol, and that this renders many people, including asylum seekers and refugees at risk of becoming homeless. The document however also points towards several local organisations which try to offer or find accommodation for refugees and asylum seekers.

English Language

Bristol faces increasing demand to offer English for Speakers of Other Languages (ESOL) lessons to asylum seekers and refugees, and the authors of this document noted it as a concern from the asylum seeker and refugee community, where learning English is viewed as essential to managing the often complex bureaucracy involved in making asylum applications, as well as to supporting integration and finding employment. The city college is unable to cover the language learning needs and currently works on a waiting-list basis. Government funding for ESOL lessons for adults has been reduced and several local charity support centres offer some language and integration support for free in response to this.

Food

The Home Office support offered to asylum seekers is often insufficient to cover essential costs, particularly when individuals are required to travel as part of legal proceedings and transportation costs are not reimbursed. In Bristol emergency food aid is organised by charities and community or church organisations. However this depends on donations and supply can vary. One drop-in support centre stated that the lunch it offers its members once per week is the only hot meal many will have.

In summary, this document indicates that asylum seekers and refugees face significant systemic challenges in Bristol, and must depend greatly on the support of charities and community organisations which strive to cover most essential needs. In spite of many initiatives there does not appear to be a culturally informed or responsive psychological support service which is accessible to asylum seekers.

2.5.6. Co-researchers

Nine people expressed interest in participating within one week of my introducing the project to the respective English classes and posting information at the drop-in centre.

Co-researcher's Name	Age Range	Gender	Region of Origin	Asylum Status
Elim	30-40	Male	Middle East	Ongoing
William	50-60	Male	West Africa	Decided ⁴
Khaled	20-30	Male	Middle East	Decided
Sam	20-30	Male	East Africa	Decided
Emilia	30-40	Female	East Africa	Decided
Bastian	20-30	Male	Central Africa	Ongoing
Haile	20-30	Male	East Africa	Decided
Gabriel	20-30	Male	West Africa	Ongoing
David Richard	40-50	Male	Central Asia	Ongoing

Table 1. Co-researchers' demographics

Willig (2017) highlights that one of the disadvantages of anonymising data is that individual voices can risk being erased from research. In attempt to reconcile both the need for anonymity as well as honouring co-researcher's individual contributions to the research, in addition to the demographic data I have included short vignettes⁵ to depict them a little more.

William

A passionate writer, William has been immensely encouraging of my work throughout the time we have known each other. He has worked as a maths teacher and feels very strongly about imparting knowledge. When I asked him what he enjoys most, he said that anything he can do to help others makes him happy.

⁴ In order to protect anonymity it was not possible to state whether decisions were positive or whether claims had been refused.

⁵ I explained my intention to include vignettes to co-researchers and asked whether they consented to this. All did, and some specified particular details they wished for me to include. In order to protect co-researchers' anonymity once more, I refrained from including biographical details and strove to replicate the impression our interactions left on me.

Elim

Forever on the go and never without a good joke to tell, Elim is a wonderful person to talk to. He is very positive and faces his challenges with determination and humour. Well known in Bristol, Elim works tirelessly to support asylum seekers and refugees, from organising awareness campaigns to cooking huge meals to share with all those who might otherwise go hungry.

Khaled

When I think of my conversations with Khaled, before and during the interview, I am reminded of a very gentle man, whose patience and generosity made him someone with whom many people shared their concerns. Khaled is a brilliant artist and I hope that wherever his life continues, he has the opportunity to pursue his studies and fulfil his dreams.

Bastian

A great football fan, Bastian shared so much with me, including latest scores which in his view "I really should know about"! We laughed a lot both times we met as Bastian has an excellent sense of humour which basked extremely difficult and challenging ideas in a hopeful light which was very motivating

Sam

Sam describes himself as shy and quiet, but said that he also likes to go out to spend time with his friends in the city centre. He is a passionate Manchester United supporter and enjoys boxing in the gym in his spare time. Extremely kind, Sam met with me in spite of his very busy schedule and I am so grateful to him for sharing his insights as a refugee looking back at the asylum process.

Haile

I have met few people who can tell stories in the way Haile does. His patience with me when explaining issues I did not understand was exceptional. Haile is part of a choir and travels nationally to take part in spectacular choral performances. Our conversations ranged from politics to sharing recipes and each time our exchanges taught me so much.

Emilia

Emilia is actively involved with promoting the mental health of those with least access to support. Her insight into the challenges faced by asylum seekers as well as the mental health support available in the UK were invaluable to the project. Always wearing a warm smile, Emilia radiates a positive energy and emotional strength for which I greatly admire her.

Gabriel

When Gabriel laughs it feels like the sun is shining. His optimism and kindness are truly remarkable and I wish that that they carry him through to a freedom in which he can continue his studies and have his talents recognised by many.

David Richard

No one talks as passionately as David Richard, be it about his pets or international relations. He is a very kind and compassionate man who has been the source of hope for many people, both in his home country and the UK. I hope that his struggles will end soon so that he and his family can once more be united.

2.6. Interviews

All interviews were conducted between February 2017 and April 2018. In Phase 1 all interviews lasted between 45 minutes and two hours. Three of the nine interviews were conducted in community centres, and six in public libraries. During Phase 2 it was not possible to interview all co-researchers for a second time. Four were unable to continue their participation in the project due to ongoing legal proceedings, having left Bristol or the UK. I contacted each co-researcher to ask if they still gave consent for me to use the data to which they agreed.

In Phase 2 therefore only five interviews were conducted, lasting between one and two hours. Two were held in community centres and three in public libraries.

2.6.3. Conducting Thematic Analysis

This section aims to show how thematic analysis was employed at each phase of the research based on Braun and Clarke's (2006) proposed method.

Phase 1

After each interview, I transcribed recordings verbatim and ensured that all relevant verbal data had been included, checking for accuracy by listening to recordings once I had finished transcribing (Braun & Clarke, 2006). I kept notes during the transcription process to document my initial thoughts regarding the data. After the nine initial interviews had been completed, I coded all transcripts. Then each transcript was considered for potential patterns which were noted down, before tentatively collating the codes into potential themes across the whole data set. This formed the basis of the Phase 2 interviews in which I checked with co-researchers whether they agreed with my interpretation of their data, asked for elaboration or clarification, and sought their opinions on the themes I had begun to identify. A table was drawn up to summarise these initial outcomes (please see Appendix I). Several subthemes made up each theme, to reflect the complexity of the data.

Phase 2

The five interviews conducted in Phase 2 were transcribed and coded as in Phase 1. The whole data set (both Phase 1 and Phase 2 transcripts) was then analysed for patterns, taking into consideration co-researchers' comments regarding my initial interpretations, which greatly aided in the elaboration and refinement of themes. Following Braun and Clarke's (2006) guidance on conducting "good" thematic analysis, at this stage I checked the subthemes and themes against the whole dataset to ensure that they expressed patterns coherently. Similar to *saturation* used in grounded theory, which demarcates at which point further data collection and analysis no longer adds new detail, Braun and Clarke (2006) suggest that data analysis can end when continued interpretations and refining of themes do not add new information about the dataset. It was important to acknowledge that not every detail or nuance I saw in the data could be represented in the findings of this project. When deciding what could be included, I endeavoured to allow co-researchers' discussions to guide me: I focused on the topics most discussed or deemed most important by them to their experience. Therefore several areas which felt interesting to me as a psychologist researcher, but which were conversely not given great importance by co-researchers, were omitted.

Themes were then named by trying out various options in attempt to find a succinct description of their essence and I drew an initial map of these, trying to establish a sense of

how themes and subthemes related. This was then employed as the basis of the Phase 3 presentations.

Phase 3

In effect Phase 3 became both a data collection, analysis and dissemination stage because while I was presenting the findings, attendees at the presentations queried or elaborated on particular issues, which allowed further reflection on the analysis I had conducted. The data collected during Phase 3 did not undergo a full thematic analysis because attendees were not co-researchers, and few had (to my knowledge) personal experiences of seeking asylum. Instead they offered professional insights on the issues which I presented to them, and it was hoped that this might add further detail to the existing themes.

I took thorough notes during and after the presentations and listened to the recordings multiple times to ensure I had noted the key points. These were not intended to establish new themes, but rather contributed to understanding the practical relevance of the original data gathered in Phases 1 and 2. The additional detail these presentations offered to the analysis are included in the final thematic map (within the Analysis Chapter) which illustrates how each learning cycle or phase has contributed to my interpretation of the broad and complex dataset.

2.6.4. Dissemination of Data

At the end of the second interviews, co-researchers shared their recommendations on where data could most usefully be disseminated. Once more it was emphasised that the research was to be in the co-researchers' benefit and I would endeavour to share the findings where this was deemed most important. The suggestions offered at this point further contribute to the data collected as part of this project by illustrating where asylum seekers feel their experience most needs to be understood.

Given the limitations of the project I was only able to present the findings in three locations. The first was to eleven mental health professionals in a Bristol mental health, the second to eight Bristol City Council employees working with asylum seekers and refugees and the third was to psychologists at the annual Counselling Psychology conference.

2.7. Ethics

Brydon-Miller (2013) cites Boser regarding ethics within action research: “Democratic intentions do not obviate the need for thoughtful examination of the implications of research”, and emphasises that ethical considerations must be inherent to each stage of the research process, from the identification of the problem to the final dissemination of data. Ethics should also determine the researcher’s individual action because, as Brydon-Miller (2013) indicates, action research creates relationships. The researcher is therefore challenged to reflect continuously on their position in relation to society as a whole and of course the research participants. The open dialogue which action research hopes to promote should start with the researcher, who must acknowledge the social hierarchies determined by power and privilege and their own place within these. It is worth noting that the goals of action research (engaging in democratic processes, finding solutions to problems and promoting morally committed action) can be seen to directly reflect the core principles of research ethics of respect, beneficence and justice (Brydon-Miller’s, 2013).

In this way the principle values of action research guided the ethics of this study, with considerations also taken from the BPS Code of Ethics and Conduct (BPS, 2017) and the Framework for Good Practice (City, University of London, 2014). Ethics approval was granted by City, University of London’s ethics committee (ethics code: PSYETH (P/F) 16/17 70, Appendix A).

2.7.3. Transparency and Informed Consent

During recruitment I strove for clarity in describing the research process as well as any foreseeable implications for co-researchers. Written and verbal explanations were distributed and I made myself available to clarify any questions throughout the data collection phase. I gave co-researchers one week to consider participation (after expressing interest) and inclusion of data (after Phase 2) to avoid inducing pressure, instead encouraging co-researchers to make their own inquiries about the research if they wished.

Informed consent was sought at the start of each meeting after checking that co-researchers were clear on what they were consenting to, and flagging that they could pause or withdraw at any time. I did not advertise the monetary token of gratitude on recruitment as due to the likely financial struggles faced by most of the sample population this could override voluntary

participation (please see the sub-section 2.8.2. for a more detailed consideration of Monetary Gifts).

Any transport costs were intended to be reimbursed in cash, and drinks and snacks were provided at the meetings. The locations of meetings were chosen with the intention of being easily accessible and/or familiar to most co-researchers and thus places in which they might feel safe enough to meet with me. Aware that this might vary between co-researchers I sought to offer the choice of several different locations as well as to be flexible in meeting times.

I endeavoured to create transparency throughout the research by sharing my ideas with the co-researchers and eliciting their comments, by showing them samples of my transcriptions so that they could see how I de-identified them to protect their confidentiality, and also by asking co-researchers for help with the analysis of their particular data. Co-researchers were shown initial findings and how I wished to present these. If they did not wish for their data to be included they could still withdraw it after Phase 2. Co-researchers' advice was also sought about the most useful way to disseminate data. In this way it was hoped that co-researchers' expertise could be honoured and that they might feel empowered to collaborate if they wished. Ultimately this was intended to challenge the power difference between researcher and co-researcher. Much consideration was given to this in light of how it could potentially affect the degree to which consent was voluntary.

2.7.4. Monetary Gifts

Largent, Grady, Miller and Wertheimer (2012) investigated this and found that if participants perceive they are being coerced, informed consent is clearly undermined and no longer voluntary. Paying participants to be involved in research was frequently seen as coercion, raising important ethical questions around this practice. When conducting research, Head (2009) found that participation for a project increased significantly when even a small monetary incentive was offered, and that participants often expected this. Similarly to Largent et al. (2012), she discusses the difficulty of discerning whether a payment offered is perceived as an incentive or becomes coercive, particularly where issues related to poverty are being investigated. Implicitly in such cases even small sums of money or gift vouchers can make it difficult for an individual to decline participation.

Clearly this is particularly relevant to the present study and I discussed offering payment at length during the pilot meeting. On the one hand the literature had underscored the financial hardships potential participants would likely be facing, which meant that even a minimal sum could be of benefit. Conversely, offering payment would certainly compromise the voluntariness of consent. Thus, as outlined by Head (2009), I decided to consider the role of money as one of expressing my gratitude rather than an incentive for participation. I had initially decided to give each participant £15 at the end of the research project in supermarket vouchers. During the pilot discussion however, I was made aware that it might be preferable to ask co-researchers how, within this £15 bracket, I might show my gratitude (cinema tickets or restaurant vouchers were recommended), so as to avoid asserting power and risk being seen as patronising. Furthermore, it was pointed out to me that some asylum seekers only receive food vouchers from the Home Office and that I would be directly replicating this practice if I gave supermarket vouchers without first consulting with co-researchers. This collaborative approach to expressing my gratitude felt of more potential use to participants and as well as more ethically appropriate.

2.7.5. Power and Privilege

Brydon-Miller et al. (2003) indicate that action research cannot be conducted from a place of arrogance and urge researchers to be open to not knowing the answers, and importantly to acknowledge that they cannot be experts on other people's lives. Furthermore they posit that in order to challenge oppressive systems, one must begin by recognising privilege, which should commence with an acknowledgment of the privilege of academia and the researcher's position within this. In order to address the power difference between co-researchers and myself, I first had to acknowledge and critically reflect on my undeniable social privilege as a white female academic with no experience of conflict, persecution or forced migration. However, it is important to emphasise that co-researchers also held privilege and power, as they are the experts from whom I was hoping to learn. Conveying this was very important to me as I saw how easily I could be perceived as patronising, as though through my academic background I somehow knew more than co-researchers, and I worked hard throughout the project to clarify that this was not the case. Indeed, as Hutchinson et al. (2000) have said, the power ultimately lies with the individual who has the information but can also make an informed decision as to whether and if so, how to share this information.

2.7.6. The Role of the Researcher

Although I used psychology skills to identify any distress and engage with reactions to the interview during the debrief, I emphasised that while the research is part of my psychology training, I was not researching in a therapeutic capacity. Conducting the literature review had pointed out the prevalence of trauma amongst asylum seekers as well as the risk for traumatic memories being stimulated during Home Office interviews for example. The potential that issues discussed could trigger traumatic memories was stated in the information offered to co-researchers upon expressing interest in the study and at the start of each interview, and it was made explicit that co-researchers were under no obligation to answer any question they did not wish to. I engaged in personal therapy and peer supervision throughout the research process to support my personal wellbeing, which was also intended to encourage reflections regarding the ethics of my practice.

Prior to the data collection I had identified local organisations which support asylum seekers and offered co-researchers help to contact these if they wished. Furthermore, in ending my work at the drop-in centre before starting the research project I attempted to show that any involvement in the research would not affect the legal statuses of co-researchers, or the support obtained at the drop-in centre. This was also crucial in developing a sense of trust about the confidentiality of the research as after the research ended I would not likely be in contact with co-researchers or acquaintances. In the final write-up I only included short extracts of data to avoid co-researchers being identified by a close acquaintance.

Lago emphasises that care must be taken to build trust around the use of data as the notion of confidentiality may be particular to western thought (Lago, 2011). Limits to confidentiality were explained at the outset of recruitment, and co-researchers were made aware that I would break confidentiality should they disclose threat of endangering themselves or someone else. Due to the restrictions of the asylum system it was possible that co-researchers could disclose illegal activity. I reminded co-researchers that data would be audio recorded and transcribed, clarifying that any disclosure of an intention to commit a crime, or causing risk to self or others would lead me to breach confidentiality and report it. I did not intend to report disclosures of past illegal activity and clarified this to the co-researchers but I intended to steer discussion away from any disclosures, aware of potential legal implications if transcripts were to be used as part of judiciary evidence.

Several authors highlight the importance of clarity around procedures when conducting research with asylum seekers (Baird et al., 2015) and throughout the data collection I endeavoured to be clear about when I would be legally obliged to breach confidentiality as a researcher, but also that I was not in any way linked to the asylum system (Truman, Mertens & Humphries, 2000). Co-researchers were also informed that in accordance with BPS guidelines (BPS, 2017), I would need to keep data for five years after publication after which it would be destroyed.

Debrief and feedback time was allocated after each meeting in which the co-researcher could reflect on their involvement in the research. Here I offered signposting to relevant services which all co-researchers declined.

2.8. Validity

Greenwood and Levin (2011) suggest that the validity of action research can only be measured by examining to what extent problems have been considered and areas for potential change have been addressed. The limitations of the scope of this research project make such a pragmatic approach to assessing validity difficult, as change would be unlikely to be noted in the short space of the research phase. While validity and credibility are usually viewed primarily as measures of academic research, the explicit positioning of the co-researchers as the owners of the research in this project means that it is important to consider an internal credibility and validity too. This formed part of the second debrief meeting. Feedback from co-researchers as well as from those to whom results were disseminated was considered to assess the validity of the findings in light of this.

Although action research is intended to stimulate change, it functions according to the belief that all meaningful information is context-bound, making any results specific to the research too. Lewis (2009) emphasises the importance of collaborating with co-researchers and engaging with the subject matter as thoroughly as possible to establish valuable engagement with the source of data. Thus, striving to be reflexive and open to challenge, as well as checking with co-researchers on my understanding of data, formed part of developing the validity of this research project.

It may be possible to evaluate this project within this particular context honouring its particularities *and* make suggestions for future research projects working in related fields. This will be detailed in the Discussion Chapter of this thesis and may be a hidden strength of

employing an approach which is flexible to the extent that it can be tailored to be sensitive to the nuances of a given context. Unlike more firmly structured methodologies, action research encourages adjustments and so any learning from this project may well serve others grappling with similar projects in the future.

2.9. Reflexivity

Action research places particular emphasis on reflecting overtly throughout the research process. This section is intended to outline reflections on conducting the research, especially the interviews during Phases 1 and 2, as well as how these challenged my assumptions. It is hoped that upon conducting similar studies these reflections may be of benefit to future researchers.

2.9.3. Methodological Reflections

The process of recruitment was much facilitated by my having worked for one year in the drop-in service for asylum seekers and refugees. The degree of familiarity which had been established between potential co-researchers and myself during this time meant that I could easily identify individuals who fulfilled the recruitment criteria. Moreover my voluntary work in the service had shown my commitment to supporting asylum seekers and that I was in no way connected to the Home Office. Out of the ten potential participants I invited, nine agreed to take part. The tenth clarified that ongoing legal proceedings prevented their participation.

The uncertainty lived by asylum seekers meant that the circumstances of four of the nine participants changed so that they could not continue their contribution to the project. This was an important factor which I had not considered in the planning of the project. Upon discussing this point with my supervisor, it was decided not to recruit new participants, as the data from the remaining five interviews was considered to be sufficient to constitute Phase 2. Assuming that once co-researchers would be able to commit to the project upon agreeing to participate was naive on my part, as I had overlooked how suddenly the circumstances of asylum seekers can change, and how little control they have over this.

None of the co-researchers accepted my monetary offer of gratitude at the end of the second interview, instead expressing surprise that I should have thought this necessary. Unlike Head (2009) who had found research participants to expect financial incentives, some of the co-researchers even seemed offended by my offer. It remains uncertain whether this

was a question of cultural differences. I hope that it might reflect their enthusiasm for the research and that they enjoyed contributing it, which all said they did. I thus decided to buy small gifts for each co-researcher related to something which they had shared with me (e.g. German sweets for one co-researcher who had expressed a particular interest in my home country).

2.9.4. Interview Reflections

Conducting two rounds of interviews with the same co-researchers proved hugely valuable. The main themes began to develop during the first round of interviews and much clarification, elaboration on these, as well as additional details were gained during the second round. Especially on a relational level, the second round of interviews were very significant: having already met once, the co-researchers and I seemed to feel much more at ease to discuss issues in greater detail. I perceived an increased sense of trust in the project and in me, and felt that this allowed for more profound and challenging discussions. Several participants also said they felt “heard” and “listened to”, which may in part have been achieved by summarising the first interview, sharing the process of analysis and asking for elaboration or clarification on particular aspects, thus showing interest in their story specifically as well as their views of how it correlated to the asylum seeker experience more broadly.

During the interviews some of my assumptions were challenged. Quickly it became clear that co-researchers emphasised the gravity of their and others’ experiences with explicit examples of the emotional consequences. When I offered debrief opportunities and stated that I had made a list of therapeutic options to support with such consequences, all co-researchers declined. I sensed that I was being shown how greatly I had underestimated co-researchers’ resilience. This was a very subtle but extremely important realisation as it allowed me to be more direct, respecting co-researchers’ power to share the knowledge they wished, but withhold what they did not want to discuss.

While the Home Office restrictions were certainly central to many of the discussions, I had falsely assumed that co-researchers would wish to discuss practical details with me. Instead, these were rather used to illustrate considerations of political motives and perceived intentionality of the asylum system. Understandably co-researchers seemed to search for

some kind of meaning in that with which they were or had been confronted by being an asylum seeker in the UK. While I did not address this, all researchers seemed to value the opportunity to reflect on meaning and their existence as asylum seekers as part of the research, especially in the second round of interviews.

In spite of an active effort and considerable amount of reading on cultural-sensitivity, my assumptions around co-researchers' thoughts on mental health were challenged by the interview data. I had to acknowledge personally that my learnt concepts of mental health were perhaps entirely meaningless to someone else. Initially I had thought to overcome this by providing a very simple mental health definition according to western thought, and to use this as a basis for discussions. Thankfully this had been questioned by a colleague, who highlighted that by providing a definition I would undermine cultural-sensitivity as I would only be asserting my own world view and culture, as though it were in some way more valid than that of the co-researchers. This would in turn contradict the interest I had expressed in co-researchers' views and the ignorance this implied on my part would likely prevent co-researchers from sharing their thoughts if they differed to the definition I had thought to use.

Instead of the concept of mental health and presentations of distress, I attempted to ask about emotions and concrete examples when co-researchers described psychological distress. This became easier after the first interviews when I began to gain a sense of differences in views so I could give examples of how concepts might be interpreted. Again this was a lesson in really listening with an open mind and it gave me the valuable opportunity to experience what it feels like to be entirely misunderstood. I realised that I had been given insight into how alienating it can be to try to express one's emotional experience to someone who understands this completely differently. Learning that my concepts of "anxiety" or "panic" were but one way of describing the related symptoms, and that even in the same language these words could have many meanings has been illustrative of both my naivety and the importance of concentrating on cross-cultural similarities (which I recognise is founded on the assumption that all people have a concept of anger, sadness etc.), rather than concepts which might be divisive in their cultural specificity.

2.10. Conclusion

This research project employed action research in conjunction with thematic analysis to produce practical, contextually relevant knowledge and take action to disseminate this knowledge. Stakeholders were involved in data collection and analysis, thus contributing to socially transformative research that was pertinent to them, and potentially of personal benefit by creating a platform for the exchange of expertise and skills. Particular challenges faced involved creating a research design to suit the context and preferences of co-researchers as well as employing valid action research within the limits of this project to produce valuable and credible results. The next chapter details the findings of the analysis and data dissemination phase, illustrating how the learning cycles built on each other to develop a rich description of the data.

Chapter 3: Analysis

This chapter intends to present the most salient results of the nine first round and five second round interviews conducted. Initially the development of the themes is presented during the two rounds of interviews. Reflections on foregrounding the co-researchers' voices during analysis, how the data challenged initial assumptions and the impact of the data seek to give insight to how I related to the analysis at this stage. Co-researchers' suggestions for where data might be most usefully disseminated are outlined and I summarise the three presentations of results, which comprises the third phase of data collection. Concluding reflections consider how the data collected addresses the research question and the participatory aims of the project.

3.1. A thematic analysis of the experience of asylum seekers in the UK

The first theme, *A sense of Injustice*, constitutes the co-researchers' perception of the asylum system and their treatment as people within it. It encompasses asylum seekers' being denied permission to work while basic needs are not met sufficiently, as well as being denied medical treatment or mental health support. This theme underscores the role and use of the media to depict seeking asylum in the UK. It also questions discrepancies in the treatment of people from different regions. This theme suggests the possibility that the UK asylum system is intentionally designed to cause the difficulties experienced by those under its jurisdiction. Closely related is the second theme, which encompasses significant changes to an individual's life that are brought about by the asylum process. *Experiences of Loss* appeared as all co-researchers described multiple losses which they related to their mental health.

The third theme, *Living in Fear*, reflects the extreme uncertainty with which asylum seekers must live. It includes fear of being made destitute, being detained or deported and what this might lead to as well as fear for family members' wellbeing in home countries. It relates to how living with such fear is perceived to affect mental health as well as why help is nonetheless often not sought or accepted. *Finding strength in connection* is the fourth theme which unites sources of resilience identified by co-researchers in order to be able to cope with the demands placed upon them by the application process.

It outlines how making friends, religious practices and attending third-sector organisations can contribute to increased mental wellbeing. Please see Appendices J-N for a table showing how the themes were developed over the course of the three Phases. ⁶

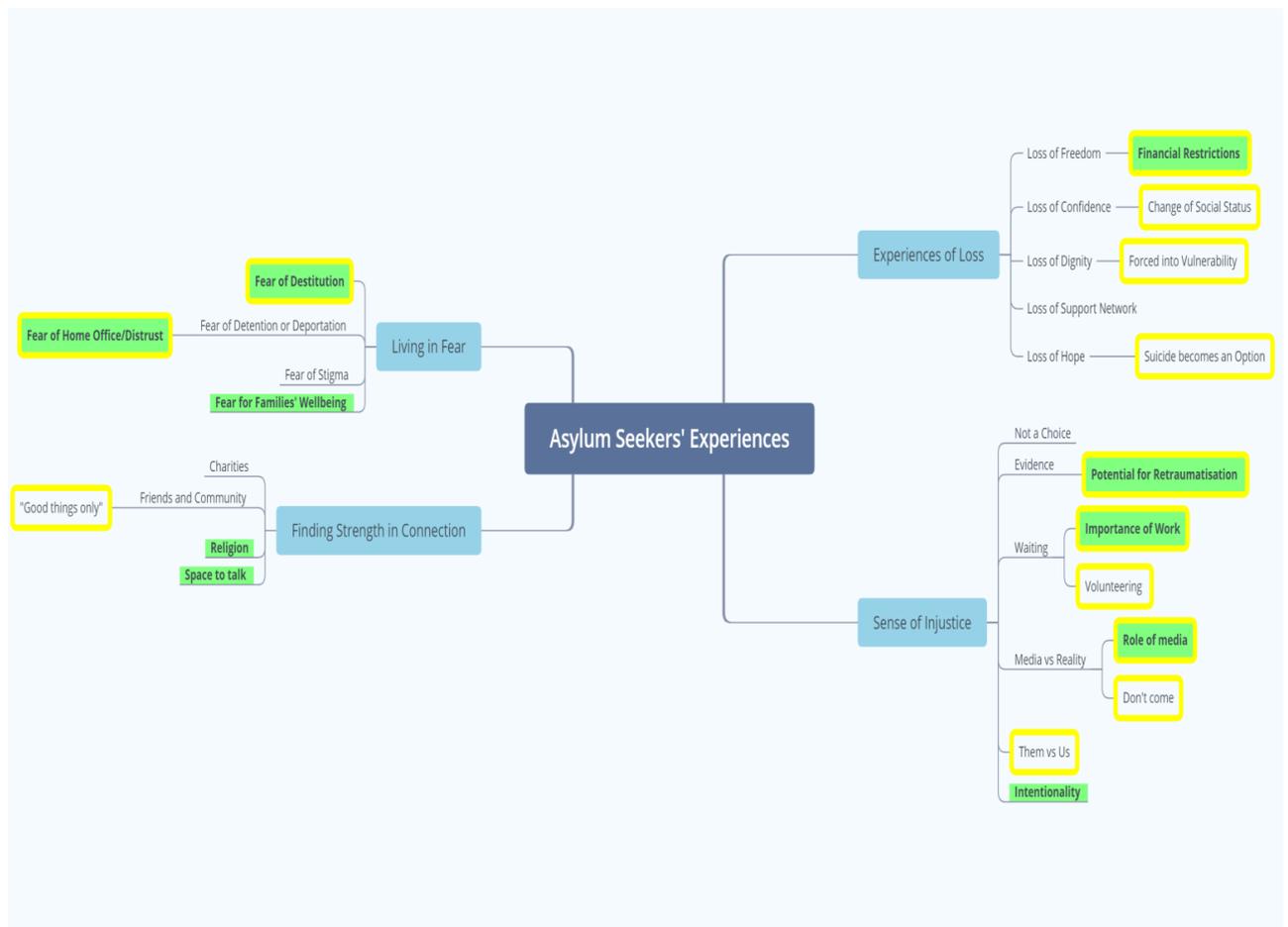


Figure 1 Map of Themes and Subthemes according to Research Phases.

The main themes are at the centre of the image illustrated in blue. Plain text then shows subthemes identified in the first round of interviews. Any new themes or added detail from

⁶ These themes only represent the co-researchers' and my own interpretations, and although they are arguably related to a greater or lesser extent, the order in which they are noted here neither represents the proportion of their appearance within the data collected, nor their significance within the research as a whole.

the second round of interviews are highlighted in yellow. Points raised during data dissemination in relation to the existing themes are shown in green.

3.2. Description of themes

3.2.1. A Sense of Injustice

Not a Choice

All the co-researchers had personally experienced seeking asylum in the UK, and for some the process was ongoing. Everyone clarified that they did not become an asylum seeker or come to the UK “out of choice”, which Gabriel emphasised: “You don’t choose to be an asylum seeker. You get forced to be one.” Implicitly the status of asylum seekers, and all that this means, is enforced on individuals. At once they are disempowered by a system which gives them little choice over their identity.

During the second round of interviews William further underscored this point when he said,

“Nobody ever thinks about seeking asylum, an event suddenly happens. It could be a war or some terrible thing and that is threatening their lives so they never envisage, they never planned it [...] no one prepares for this.”

He refers to the life-threatening experiences forcing people to seek asylum, and it is possible that the ascribed (and not chosen) status of asylum seeker reinforces a sense of disempowerment.

These statements challenge the view presented by the media which, according to Elim suggest that asylum seekers live an easy life spending UK tax money.

“Asylum seekers do not come here to steal jobs, to steal houses, whatever they say in the media [...] they (the government) are abusing this humanitarian issue for their politics, they tell everyone in this country we’re spending your tax money on those (the asylum seekers) which is not true.”

This negative view of asylum seekers within the media was perceived by most of the co-researchers as well as those to whom the results were presented during Phase Three (Dissemination of Data).

Providing Evidence

Gabriel highlighted the felt injustice of asylum system procedures. He explained how difficult it was to face rejection by the Home Office, being told that he was not being truthful when describing his reason for fleeing his home country: “You know some of us we start to cry when you’re told you’ve been lying in court and then they cannot justify this”. He alludes to the challenge of providing evidence for his need for asylum which most co-researchers described having faced. Emilia illustrated the complexity of this further when she said,

“When you say you are seeking asylum, they say they want to see proof. Some people were raped, what proof do you want to see? Some people’s families were slaughtered in front of them, what proof do you want to see? [...]The most difficult part for me was to prove it [...] how would you expect me to prove the psychological scars?”

Emilia was frank in illustrating the extent of psychological suffering some people have endured and her reference to scars may refer to how such pain many people carry with them, and how this in turn can be exacerbated by having to provide legal evidence.

In the second interviews this was reiterated and William stated,

“[...] I don’t know why a woman would want to run away with a child when she has other children and abandoned her husband at home. It doesn’t make sense to me. Ok, so would you want her to wait? She heard gunshots, so I can show you this is my wound, or do you want him to bring one of the dead children to show that this is my child that was killed? At least if you can’t have written evidence they want physical evidence. “

Like Emilia, William refers to the desperation faced by many people fleeing their home countries prior to becoming asylum seekers and he challenges why the Home Office demands certain evidence in circumstances where as many co-researchers point out, people “have already suffered enough”.

In both stages of the interviews several co-researchers talked of the distress they experienced at repeatedly having to give detailed accounts of their ordeals in attempt to prove the legitimacy of their asylum claims. Emilia explained,

“It was stressful and it was just the beginning, I didn’t know it was going on forever and ever and it’s not fair that we have to keep talking about this ordeal, it’s not something that you want to continuously talk about”.

William further clarified the possibly re-traumatising effect of the Home Office interview process in saying “Any time you tell this story your mind goes back to traumatic experiences...” We talked about this point at length as he also highlighted the importance of testimonies to be verified especially in localised tribal or community conflicts which receive no media coverage. He proceeded to make the point that often those genuinely requiring refuge are unable to prove this as they have lost everything that could serve as supporting proof. He said “That someone cannot show evidence doesn’t mean that someone isn’t genuine. Some people can show evidence and what they are asking for is not genuine” which raises the question how the Home Office can ascertain whether a claim is indeed genuine.

Waiting

All co-researchers alluded to the injustice of the restrictions placed on asylum seekers. Khaled stated,

“You can’t work, you can’t study, you can’t do anything [...] I didn’t leave my country because I wanted to stay here like that, waiting just without anything”

This draws attention to the emptiness asylum seekers face in their lives while they wait for their legal status to be determined. He continued “because I am waiting without anything, that makes me think and sometimes to think so negatively [...] and you will be lonely”. Being lonely was described by several co-researchers as an especially difficult part of seeking asylum, the restrictions of which limiting possibilities to build social connections. As Khaled illustrates here, work would not only constitute a financial contribution but also provide distraction from thinking as many co-researchers emphasised (e.g. “once you are occupied, you will not think so much”).

In the second interview, Sam talked about the boredom faced by asylum seekers during this period of waiting. “They are always bored, always. You can’t feel normal because of the situation”. Most of the co-researchers mentioned volunteering to mediate the effect of not being able to work: Haile said “anything is better than nothing”. In the second interview Bastian said he had been explicitly encouraged to volunteer by his solicitor, who had told him it would demonstrate his willingness to work and integrate, that “you’ve been helpful to the country and that will help your case”. Volunteering is therefore seen both as a useful way

to escape boredom, but also as a way to prove one's commitment to integrating, which as Bastian suggests is important to claims being considered by the Home Office.

Media vs. Reality

Several co-researchers discussed the discrepancy between what they saw as media portrayal of the UK overseas and their experience on arrival. Sam initially said "everyone is trying to come to England, [...] because they don't know the reality." This suggests that the "reality" is quite different to the image perceived of the country abroad. He continued,

"They (asylum seekers) only know what's on TV. When they come here they say 'why did I come?' You want to go back but you can't. They said England is a good place, you can do what you want to do. I have been here almost three years now, but nothing. [...] It's just a waste of time".

He is not alone in his disappointment and nearly all co-researchers discussed how differently they feel about the UK now that they are here, as though they felt deceived by its representation abroad. During his second interview I asked what his recommendation would be for someone considering seeking asylum in the UK and, like most other co-researchers, he said that he would advise them against coming. He added that he wished someone had told him what it would be like and made his regret clear at having sought asylum in the UK. A sense of being confined and stripped of his autonomy was implied by the notion that he cannot go back to his country, once more he has no choice.

When I asked why he thought that the media portrays asylum seeker the way it does, he answered,

"Because if they show you the truth, they would feel shame. It would be shameful for them. The entire world will know what's going on. And that goes back to the political..."

This suggests that the media is perceived as intentionally hiding the "truth" and that there are political motivations behind this.

Them vs. Us

Closely linked to the injustice perceived in media portrayal of the situation of asylum seekers is the coverage of the conflict in Syria as well as the UK government's response.⁷

Comments on the discrepancy of treatment were prevalent particularly in the second phase of data collection. Sam expressed the contradiction within the UK immigration procedures.

“So if they don't want any more people, why do they bring them? [...] It doesn't make sense. If you don't want any more, don't bring anybody. But why for example bring the Syrian people, but then why don't the Gambian people, or the Sudanese or whatever, why don't you give them any benefit? [...] And as an excuse they say there's war in Syria and we know their situation is really hard, and for example you, you don't have nothing and I can't come to the UK, I have to come in the boat, the sea. [...] So the programme to support Syrians is very different to what asylum seekers face [...] but many countries have civil war, that's happening in many countries but they still...I feel it's unfair”.

One co-researcher questioned why victims of one conflict were given preference over those of other conflicts and hypothesised that this could be due to either racial or religious discrimination. This was also emphasised by one professional during Phase 3, who perceived a significant discrepancy in treatment by the media, policy and the general public between especially sub-Saharan refugees and white, Middle Eastern counterparts. In this way, discrepancies in treatment were considered in order to assess political motivations. Especially in Phases 2 and 3 the conversations suggested that black African refugees were perceived by some professionals to be discriminated against and disadvantaged in the present asylum system.

Intentionality

Several co-researchers suggested that the Home Office is both aware of how difficult life can be for asylum seekers due to the restrictions placed upon them, and that this is done intentionally. Some co-researchers implied that he feels the system to be intentionally unjust so as to push people into illegal work or committing a crime, and that they are in turn more likely to be arrested and deported. David Richard said,

⁷ The UK government grants refugee status on humanitarian basis to a very limited number of people considered particularly vulnerable. Predominantly Syrian nationals have been supported, and unlike other “regular” asylum seekers receive integration and benefit support upon their arrival to the UK.

“They (the Home Office) make a lot of stress for especially the asylum seekers, they give mental stress to them, this is their policy [...] they give them mental stress so they cannot survive, so that they go back to their countries or they do a crime. Because if you do a crime in this country, everything is finished”.

All co-researchers pointed to the felt intentionality during the second interviews. William stated for example,

“You can’t work, it is intentional. They put you in a detention centre very close to the airport⁸, it’s intentional. They arrest you when they ask you to sign. It’s intentional, it’s intentional. So the system is designed to punish rather than to help. That’s what I feel. That is the experience of the people seeking asylum. It’s designed to punish”.

The co-researchers often questioned the design of the asylum system and how difficult it was to make sense of. This seemed to drive the idea that it is intentionally structured in this way and that undermining the mental health of asylum seekers was somehow part of this.

3.2.2. Experiences of Loss

All co-researchers talked of different kinds of loss which they experienced at some stage during the asylum procedure.

Loss of freedom

Loss of freedom was highlighted by several co-researchers, who felt that often the asylum system trapped them in a state of “in-between” (Khaled). Emilia said,

“When you’re here, it’s like you’re trapped, there’s no way out... You can’t go back; you can’t go forward, just somewhere, hanging. That’s where life is really difficult”

This “hanging” state was by some perceived as equally difficult to situations they had fled from. It possibly refers to the uncertainty around asylum decisions as well as more concretely to the how restrictions of the asylum system are internalised.

“The moment you come here you are a prisoner [...] you don’t have freedom of basic needs, you can’t work, you can’t go wherever you want to go [...] that’s really when

³ Reference is made to detention centres often being located close to airports. He had explained to me how people are affected by hearing the landing or take off of planes and that in his view this is part of an intentional strategy to weaken asylum seekers’ mental wellbeing.

you feel the pain of being a refugee, because all your freedom is taken away”
(Emilia).

This is linked to a sense that the current asylum system removes people’s capacity for individual agency which was discussed widely by co-researchers who connected it to the denial of asylum seekers’ basic rights. The more controlling the measures, the worse their emotional effect was experienced. William underscored the control exercised by the Home Office when he clarified that previously asylum seekers were given cash to cover bus fares which would allow for at least minimal financial autonomy, but that even this has been restricted,

“Maybe they would want to give the money to their children and then walk all the way home. The £4 could be used to buy something [...] but now they only give bus tickets”.

A more abstract loss of freedom was related to not being able to speak English well, that this put people at a significant disadvantage and they would struggle to integrate. Furthermore they would be left isolated with any difficulties as without English they would not be able to access relevant support. All co-researchers emphasised the importance of providing asylum seekers with more opportunities to learn English and implied that this could be a protective factor for mental health.

Loss of Confidence

Confidence was mentioned in many of the interviews as affected negatively by the asylum system. This was sometimes attributed to not being permitted to practise one’s profession, as one co-researcher explained: “I’ve done an MBA, but with everything going on now I don’t know I’m a marketing manager, I’ve lost my skills, my skills are finished”. Additionally a change of social status proved difficult for many co-researchers when claiming asylum in the UK. David Richard explained this to me: “I didn’t know how to mop, in my house I had three servants [...] the first time I took a mop in my hand I was crying”.

In all interviews and during Phase 3 presentations, it was emphasised that having the right to work was critical to protecting people’s wellbeing. Work could provide relief from financial concerns, simply something to do and also a sense of being useful. William said for example,

“When someone comes to seek asylum, they should be allowed to work [...] they can contribute to the economy and will have a sense of responsibility and dignity [...] there’s a sense of fulfilment too; ‘I’m not jobless’. All the sicknesses we’ve talked about, all that will not be there.”

Three co-researchers explained that the financial desperation faced by asylum seekers, particularly if they have dependants, forces many people into begging, prostitution or illicit work in which they are vulnerable to exploitation.

Loss of Dignity

Co-researchers unanimously described experiences in which they felt treated disrespectfully. Emilia stated, “Once you mention you are an asylum seeker you are straight away treated differently, there is no respect for them”. This disrespect was however not so much shown by members of the public as by professionals working in the asylum system or local councils. Several examples were given illustrating how the asylum system in general was perceived as challenging of the dignity of asylum seekers, and yet various co-researchers described as especially painful the manner in which they were spoken to, the choice of words and tone, giving individuals a sense that they are perceived as “lesser”. David Richard suggested that the tone of Home Office communication affects people’s feelings when he said, “It’s not the laws, it’s the way you are treated within these” and “here there is no *please* there is no, you know, humble [...] why? You become so down”. This implies that if asylum seekers were treated more respectfully by those involved in implementing asylum law, the asylum system would be perceived as less personally affronting.

Loss of Support Network

Many of the co-researchers expressed that they felt isolated. This isolation was in part related either to being away from friends and family, being from a community not highly represented within the area, and/or being moved frequently making it difficult to establish connections with communities. William illustrated this saying, “You’ll be completely isolated and that can trigger mental health problems [...] if you keep being moved you cannot join a community”. He and others implied that it would be beneficial for integration and mental wellbeing to be settled quickly and not moved frequently and without warning.

Sam talked about how he supported a friend by clarifying that emotional difficulties can arise when one spends unoccupied time alone.

“I have a friend in the north who has been waiting for 4 years, I sent him some play station games, I said, just make yourself happy, play football [...]don’t stay alone, keep busy...when you stay alone you will think about your situation, it will make you feel angry.”

Here Sam expressed how important it is to be distracted and implicitly cautions against thinking about one’s situation.

Loss of Hope

A sense of disappointment prevailed throughout all the interviews and Khaled described how he initially felt hopeful but that this changed.

“To be honest with you that feeling I feel just at the time when I arrived, but after that, after 3 or 5 months slowly I lost it. Because you know, like in the beginning you have a big dream and you feel like wow, here everything will be different to the country that you came from and left but after that, after 5 months, 6 months when you’re waiting and you didn’t get your goals or something, then you will lose your feeling, that happy feeling”.

Many co-researchers commented on being hopeful upon arrival to the UK but that their struggles as asylum seekers made way for a sense of sadness. While some implied indirectly that having experienced the UK asylum system they would prefer to return to their countries, others stated overtly that it would be better to die in their home countries than live as they were at the time of interview. Emilia exemplifies this: “it (the asylum system) puts you in a situation which makes you think: would it not have been better if I had stayed and died in my country?”

Especially in the second interviews, suicide was mentioned by most of the co-researchers in relation to the difficulties asylum seekers encounter upon arrival to the UK and how these often destroyed hope for a better future. William said, “To commit a crime or to commit suicide. If you can’t go back to where you’re coming from, you think about it. Ending your life.” He also added that sometimes families of those who have committed suicide are suddenly granted status to remain in the UK, even where they had previously been refused

multiple times. During the Dissemination Phase a support worker similarly implied that suicide may be seen by some as the only hope for their family: when their right to appeal has been exhausted suicide may lead to dependants' cases to be reconsidered.

During the second interview, William's exasperation with the Home Office was evident and he questioned whether changes of decision in such situations were attempts to compensate families for suicides committed in relation or reaction to claims having been refused. This also implies that there might be some acknowledgement on the part of the Home Office of the desperation caused by the restrictions of the asylum system, and that this could indirectly be linked to the deaths or attempted suicides of individuals.

Another co-researcher said

“some of them they try to kill themselves when they get the decision to take them back after 4, 5 years so...I lost 5 years of my life, I did nothing if I go back I will start again from the beginning, so it's better I'd be dead.”

This illustrates the extent of disappointment and hopelessness related to refused claims, and how at this point ending one's life feels preferable to having to return to one's country. Throughout both interview phases the sense of lives being wasted, potential lost and futures destroyed was re-iterated by all co-researchers. Some highlighted that if the Home Office allowed asylum seekers to work, some hope could be restored and at least the children of asylum seekers would have an opportunity to integrate and become recognized members of the UK society.

3.2.3. Living in Fear

Fear was another prominent pattern which emerged from the co-researchers' accounts. Often it was not surprisingly linked to descriptions of episodes of extreme distress. These were connected to “constant worries” and unanswered questions, “what will I do tomorrow?” Emilia's statement “The safety is just physical safety, any other, psychological, emotional, there is nothing else, there is no safety. It is constant...how can I describe it...torture, it is constant torture” summarises the extent to which asylum procedures cause distress amongst asylum seekers. Fear was also often linked to not feeling able to trust others, especially concerning disclosures about mental health. Haile said “the majority don't trust anyone, not even doctors”. During the data dissemination someone highlighted that often asylum seekers feel like they are being spied on, that any information they share could affect

their case and that this makes it extremely difficult to trust those who might intend to support them. This alluded to another point made by Haile who clarified that his participation in the research could be criticised by members of his community who might distrust me.

“I have to tell you the truth, if five people (from his community) see me discussing with you, three of them would think it’s not good for me, I shouldn’t be talking to you, ‘maybe she’s from the Home Office’, the majority think this way”.

Fear of Destitution

Especially in the second interview the fear of being made destitute was discussed several times. It was further emphasised during the dissemination of data as being particularly difficult for asylum seekers or refugees. Bastian explained that once someone has been granted refugee status, they are usually quickly evicted from any accommodation provided. Often this does not allow refugees time to seek employment and they are left homeless without fixed addresses, required to claim benefits. He said “it (destitution) is so difficult, it affects your mental health, it affects everything you know” which illustrates an extreme sense of insecurity, both physical and psychological. He said that sometimes this situation forces people to live in cars

“They think ‘I will be homeless and the shelter is full so I will buy a car’. I saw refugees sleeping in their cars. He saves money, and then he bought a car, and all the time he was warming up because you’ve got to stay warm and stay there”.

Most co-researchers emphasised that although asylum seekers hope to obtain refugee status, becoming a refugee does not necessarily mark an end of the difficulties they face.

Fear of Detention or Deportation

Another significant fear mentioned by many of the co-researchers centred on sudden arrests and being detained. Haile explained,

“In my own experience I have seen many people caught from home in the middle of the night [...] the majority (of asylum seekers) are aware of this so they think this might happen to them”.

Elim described how this fear affects him “to be honest, nightmares, bad dreams, like shakes, suddenly you wake up, like a panic”.

During the second interview William likened being detained to a kind of psychological torture.

“Instead of having a safe place they (asylum seekers) go to another level of torture. The experiences of people who have been detained several times, it’s not an easy thing to be in detention, because you are thinking of freedom coming to the country but you are locked up as a prisoner. That was the expectation back home, just to get my freedom, not to be shut up. The asylum seeker says I came here to seek refuge, why am I tortured?”

He explained to me that it can be difficult to overcome the psychological challenges of detention and, as another co-researcher also asserted, some people “develop phobias”.

Detention is closely associated with deportation and, according to most of the co-researchers, this is a further cause of fear amongst many asylum seekers. Gabriel explained “you start to think about the whole path you have taken to get here or if you get deported, what is going to happen? What is waiting for you back there?” which indicates that not only would deportation make the often lengthy and dangerous migration appear redundant, but more critically he questions the situation on his return. David Richard said “I know and my whole community knows that if I come back I will be killed by these people”. Two co-researchers told me that where conflicts are not widely recognised, asylum seekers have been returned and killed, sometimes in the same conflicts from which they had sought refuge. In this way, detention and deportation may represent a life-threatening element of the asylum system to asylum seekers.

Fear of Stigma

In addition to fearing for their safety should they be deported, many of the co-researchers highlighted the stigma surrounding mental health in their cultures or home countries (e.g. “there’s not much awareness [...] they always think: maybe it’s the evil spirit or they did something wrong and that’s why they’re like that”). Some suggested this as a reason why help is not sought in the UK as described by one co-researcher who explained that disclosing mental health problems was associated with possibly punitive rather than supportive consequences. He said:

“By saying I had a mental issue, they are trying to take away my child...this is the mentality. If she had a real problem she would not tell because she doesn't want her child to be taken away”.

Another reason for which mental health concerns might not be shared with community or family members was fear of rejection. As Haile explained in the second interview, some communities believe deported individuals to have been given an injection with the intention of purposefully rendering them so mentally unwell that they would be at once excluded from families or communities upon their return home and that this is believed to have some political motives.

“The majority of people believe that those deported [...] were injected by the western governments, in order to make them crazy and not help their country because they might gain some power like that”.

He added that this can eventually lead to genuine mental health difficulties “because you hear this every time, you become a real mental problem.” It seems that in some communities mental health carries very powerful, potentially political associations and may contribute to why some asylum seekers are hesitant to disclose any concerns around their mental wellbeing.

Fear for Families' Wellbeing

Throughout all accounts the most prominent source of fear however, revolved around family members' safety. Elim described an occasion:

“When my friend told me they attacked, I was really worried. I didn't know how to find out if my mum, my sisters are safe, and [...] three days I was like crazy until I was sure they are ok. This is like, I don't know, one CD of a horror film happening every day”.

He was not alone in detailing how distressing such uncertainty is. William suggested that the only remedy for these worries was for close family members to be allowed to join asylum seekers in the UK.

The fear for families' wellbeing also seemed to be a reason why asylum seekers often felt unable to share their experiences with families or friends, who might traditionally have provided support. Emilia explained,

“It's a dangerous situation to be in, telling people back home because they may be targeted [...] you have to live a lie [...] and the effect is that it separates people from their families”.

This was reiterated in Phase Three when some of the attendees told me of cases they had worked on where fleeing a country to seek refuge elsewhere was regarded as treason, putting remaining family members at risk.

3.2.4. Finding Strength through Connection

Various opportunities for connections, either with others or through faith practices, were found by all co-researchers to be sources of resilience.

Charities

Third sector support in the form of charities and drop-in centres was found by all to be critical. This support was described as coming in the form of helping individuals to meet basic needs such as food and clothing, as well as obtaining medical or legal advice from professionals. Underscoring the importance of charities for the survival of asylum seekers Sam said “without the charities it would be much more difficult”.

Many of the co-researchers also found help with learning English in such charities and felt that this was essential to their sense of progress and integration. Haile said “language is the most important thing [...] if you don't have the language, you will find it difficult to live a normal life”.

Additionally co-researchers agreed that charities would sometimes be the only support for detained asylum seekers, as suggested in the following explanation:

“When they go to sign they go with nothing other than their phone and possibly their wallet [...] some of them stay in detention for three months. How will they change their clothes? They have to depend on charity to come to visit them to bring clothes”.

Friends and Community

Another reason for which co-researchers felt charities to be so important was that they offered points of connection with “people in the same situation as you”. Hope is found in friendships made with community members or asylum seekers from other backgrounds. Bastian illustrated this when he talked about how asylum seekers can counter the stress they face:

“It makes you feel better in a certain way; you can talk to people like you and it makes you feel stronger you know, when you’re not the only one in that situation and you can see other people are also facing the same troubles and tribulations that you’re going into. It helps normally to get stronger and face reality”.

Although some co-researchers felt it was impossible to share their emotions with anyone even members of their communities, he suggested that knowing and talking to others “who are going through the same thing” can help people relax. “The conversation gets longer and it becomes a sort of therapy” implies that sharing experiences was a way of finding relief.

Interestingly for some co-researchers communities were places to which the emotional challenges of seeking asylum would not be brought. Sam illustrated this in the second interview during which he said

“I don’t think they (members of the community) would talk about it. It’s just a community, you go to see each other, just talking, if someone has a wedding or a party or something nice, nothing bad in the community, they don’t need this”.

This statement suggests that while challenges to wellbeing may not be overtly discussed, the community is aware of them and purposefully emphasises that time spent together is an occasion for respite from these difficulties.

Religion

Another place in which co-researchers experienced connections was in religious settings. Several implied that knowing they had a “caring and welcoming community” was helpful and

eventually led them to establish close friendships. Many talked at once of losing friends and families by leaving their homes, which in most cases represented culturally traditional support networks (William: “in my own country when people have emotional disturbances family members come round to support them”), and finding these through attending charities and/or religious activities upon their arrival here. All co-researchers pointed to their faith as essential to managing their lives as asylum seekers. For some their belief gave them a sense of hope and belonging, similarly to being at home. Khaled answered a question about the role of religion with:

“Yeah it’s very helpful for us. If we go to the mosque and continue doing what you are doing in your country, that will help you more because at least when you go to prayer, you will see all the Muslims who pray together and you will feel like you are in your own country, like you are at home [...] That’s when you feel more calm and not like *I can’t do it, I don’t have anyone*”.

Emilia said that for her being welcomed into a community as a person, regardless of her legal status, marked the point at which she felt able to share what she had endured as an asylum seeker. She added “I found solace [...] I used to go just to spend the day, just sitting and relaxing” suggests that having such spaces of safety alone can be helpful at times of emotional distress.

Religion inherently was also experienced as a source of resilience. Talking about how asylum seekers manage living in constant fear, Haile said

“This is the reason why I said religion, whatever you believe in, religion helps you to be sharp, like mentally. You don’t have anyone to support you here so the only solution you have is to practise your religion properly [...] when you listen to the word of God you get strength”.

In his second interview Haile further stressed the benefit of rooting oneself in a faith as well as a faith community to counter the sense of being alone.

“You run, and you try to stick to God because he is the only father you have in exile, your family are not here so because of this, people come to church [...] The other person will try to encourage you so that gives you confidence, you become mentally strong”.

Others described their faith as giving them answers, perceiving their challenges as asylum seekers to be part of their religious journey and finding solace in this. For example David Richard said “I was crying oh God, what is this? And I told myself for the satisfaction of myself, maybe God, this is your will”. On this point it seemed like the only way some co-researchers felt able to justify and surpass the difficulties faced, was by believing that there was some kind of greater spiritual purpose to them, that their struggles were not meaningless. When presenting the data, the point of religion was discussed extensively as a critical resource to support asylum seekers, and it was queried how this might be incorporated into existing practice.

Space to Talk

Simply having an opportunity to talk to others, be it about specific issues or just to establish a sense of connection, was perceived by all co-researchers as helpful to their wellbeing. Many valued especially being listened to outside of the formal interview settings and Emilia said “that feeling makes you feel better, just to know that someone heard” and connected this to ways in which she sought support in her community. David Richard, who said he rarely felt able to share his feelings with anyone, reflected on his experience of our first interview:

“When I went home I felt relaxed, you know why? At least someone is there listening to me who is understanding me, he wants to know what is going on. Afterwards I felt very fresh.”

Some co-researchers said that prior to our interviews they had never talked about many of the challenges they had or were facing, often feeling like “people don’t care”. Emilia suggested that being shown that someone genuinely cares makes it possible to talk about problems.

“the more you show compassion, the more that you show you really care, eventually people will start talking, because at one point you feel that you need to talk, you can’t just keep it in and that’s when this really comes in”.

3.3. Reflections

3.3.1. Honouring the Co-researchers’ Voices

Rereading the data set underscored how important it felt to honour the voices of the co-researchers. The indisputable distance between the co-researchers' experiences and my own significantly amplifies my interpretative role in the analysis of the data. As I have never experienced the UK, or any other asylum system, I can at most position myself as a translator of the experiences who cannot claim to understand co-researchers' experiences fully, nor be sure that my depiction entirely represents what they intended to show. While translation may imply finding a word in one language that conveys its meaning in another, it is arguably a very subjective art and different translators' renditions of the same texts may vary hugely, just as discrepancies are likely in different researchers' interpretations of the same data set.

In acknowledgement of this and of my critical stance from the outset (which increased throughout the process of analysis), I strove to verify my understanding and identification of themes with co-researchers in the second round of interviews, to determine whether I had indeed heard what they wished to say and interpreted it in a way which they felt conveyed their intended meaning. To some extent I felt myself trying to 'defend' co-researchers' accounts from my own voice, fearing I could superimpose my own meanings and assumptions beside which they might no longer be distinguishable. In addition to checking with co-researchers, I therefore strove to stay close to the data as possible, taking care to note my interpretations separately to ensure that where possible their voices could be distinctly heard beside my own.

3.3.2. The Impact of Co-researchers' Accounts during the Analysis

The co-researchers' accounts were very moving, and while after the interviews I was at times left reflecting on particularly emotive discussions, this would not last more than a few days. As I started the analysis however, I was faced with unshakable printed words and it became evident to me that I would only be able to render the power of some passages if I cited them word for word, rather than paraphrasing or synthesizing them for example. Part of me hoped that just as I had been moved by these words, those with whom I could share them would also be called to reflect and question the status quo.

While sharing the results with others was of course one of my aims from the outset, the process of analysis has been a very insular, intimate and emotionally demanding engagement with the data, during which I felt at once disheartened by the difficulties facing asylum seekers and inspired by the resilience and resourcefulness with which they

confronted these. Many days were spent struggling to simply face the data, afraid of the pain expressed in many of the accounts and the questions it raised about this country, its society and my place within it.

During much of the analysis, some of the UK media started to discuss issues relating to the country's immigration system (and its injustices, depending on the source) which underscored much of what the co-researchers had shared with me. At a demonstration against the UK military action in Syria, one speaker (who had lost his entire family there) shouted at the crowd why they were not doing more, why they were watching as his country was being destroyed. Immersed in the analysis at that time, I felt like he was speaking to me personally, and the accusation I perceived in his very justified anger did not leave me for a long time. In this way, the process of analysis was a very consuming and at times quite distressing endeavour.

Ironically it was also in the same co-researchers' accounts that I found solace: the call for compassion, for genuine caring and the importance of being listened to permeated every interview. These were things I felt I was able to embody to a greater or lesser degree, and co-researchers' confirmation that they had indeed experienced this during interviews came as a critical encouragement to me. During the debriefing after the interviews, especially of the second round, co-researchers all said how important they felt this research project to be, and left me with very humbling words of motivation. In this way it felt to me like the co-researchers helped me to reconcile the frustrating sense of helplessness and increasing wish to contribute to change; their acknowledgment of my attempt to some extent bridged the divide between their lives and mine.

3.4. Dissemination of Data

As part of the second phase interviews co-researchers gave recommendations about where they felt the data could be usefully shared to help asylum seekers. Some felt that the only place it could make a difference was in the Home Office and deciding government bodies as unless the system changed, any support offered would continue to confront the existing barriers to improving wellbeing. David Richard said that he felt the Home Secretary "must know that his office is doing this", that "he must understand people's situations, the realities", which indicates that creating awareness of how asylum seekers are affected by the current system could bring about a change in their treatment. Nearly all co-researchers and professionals reiterated that for them the most important change would be to allow asylum

seekers to work while they are awaiting their appeal, indicating that this could greatly improve wellbeing.

Several co-researchers also stressed the need to inform the general public and Sam explained his reason for this.

“If people knew what happens with asylum seekers then definitely it would be better [...] because everybody would start talking, that it’s unfair, that it is not good, so that would maybe affect politics in the country”

He said this could be achieved through the media, on social media or even in public events.

A greater awareness of asylum seekers; cultures and particular contexts by professionals was also underscored by several co-researchers, who suggested that this would make them feel more able to seek support. Khaled shared his opinion indicating that generalisations should be avoided.

“Different countries, different cultures, different situations, you can start with them by talking [...] Africa and Afghanistan, they are different so you have to learn about their cultures. [...] You have to learn mental health, how it is in Syria etc. When they are coming here and when they feel they have a problem in mental health [...] so you know how to start with them, which way to start helping them”.

Haile indicated that as in his experience asylum seekers usually seek support in their communities, it would be essential to start by meeting with community leaders who could then translate both linguistically and conceptually to community members. He said,

“in order to spread this word, you need to have someone strong from the community who speaks English very well, who can understand and also ask you in order to get more understanding, in order to get more confidence, [...] they will change their mentality first and then they will also change others”.

He implied that by talking to community leaders, over time I may be trusted as someone unrelated to the Home Office and community members might be more open to engaging with me.

William and Emilia also talked about how often children of asylum seekers are significantly affected and that this can be a further concern for asylum seekers with children. They

suggested that teachers should be made aware of the difficulties of the system and that although “school is seemingly free” often parents cannot pay for essential items.

3.5. Summary of Phase 3: Dissemination of Data

3.5.1. First Presentation

Results of the data were initially shared with a group of 11 professionals working in mental health and advocacy. Some of the questions asked shed light on the lack of transparency of asylum policies, as well as asylum seekers’ rights to access public services, which implies that even those working in support of minority populations may not be aware of details of the asylum system. The incredulity which some members of this meeting expressed at the results I shared indicated a general need for more information to be offered to support services.

Some of the professionals had had prior experience with the Home Office interview process and emphasised the likelihood of retraumatisation during the repetition of testimonies by individuals who are then not offered any follow-up support. They queried how this might be considered in therapeutic work, so that therapy does not echo the asylum system’s manner of eliciting information.

Neither group had previously heard of the belief that those deported from the UK might have been injected with the intention of making them psychologically unwell. In this group an extremely interesting discussion was sparked questioning its possible origins. Attendees queried whether it could be related to the continuing over-representation of black and minority ethnic men in psychiatric services, as they had found this to be a significant deterrent for clients from these populations to seek support with mental health concerns. This led to a further consideration of potential comparisons between the predominantly black African and Caribbean communities, in which this organisation was situated, and asylum seekers coming from various locations. Questions of systemic racism were then explicitly discussed with regard to the mental health of both populations.

One professional queried how asylum seekers made sense of their mental health, acknowledging that cultural conceptualisations vary enormously. In response another attendee asked why I had not asked for co-researchers’ community members to interview in

a shared language or paid for interpreters at least. When offering my reasoning for this (as outlined in the methodology chapter), he stated that had I (a white German woman) interviewed him (a black English man), he would have told me what he thought “I would have wanted to hear”, as he would have felt I had no way of understanding his experience. This comment raised important questions for me with regard to my power and privilege and how I might be perceived in spite of my best intentions. This same professional later told me that he saw the research project to be critical in changing dominant perceptions and encouraged me to continue raising awareness.

3.5.2. Second Presentation

Several weeks later I presented the findings to eight professionals at the city council, some of whom had experience working in one of the government funded resettlement project alluded to by Sam (See *Them vs. Us*, in *Sense of Injustice*). They discussed at length the difference in support offered to those resettled and asylum seekers and while they saw many comparable presentations of distress, they clarified that for asylum seekers the “permanent fear of the Home Office” did not allow for a processing of pre-migration trauma. Here the professionals emphasised the need to know how asylum seekers were coping so that they could target resources to build on as part of their support.

One attendee addressed the issue of mental health amongst asylum seekers and refugees, highlighting that she saw all mental health difficulties to be natural responses to the immense distress which this population had and is experiencing. She questioned whether secondary care and more intensive psychological interventions were appropriately supportive, or whether as another attendee suggested, existing resources could instead be strengthened so that more severe mental health difficulties might be prevented in the first place.

They were unanimous in their view that existing support for asylum seekers and refugees is far from sufficient, that the treatment received generally lacks compassion and often discounts the ordeals suffered by many asylum seekers and refugees. During this meeting it was also implied when working to support refugees professionals constantly felt the need to limit expectations and that it could take a long time to obtain work or statutory benefits, which reiterates the point made by co-researchers regarding challenges continuing even after being granted asylum (please see *Fear of Destitution* in *Living in Fear*). It was suggested however, that typically refugees’ wellbeing was seen to improve upon starting work and

obtaining travel documents (which were not always used but are believed to lend a sense of freedom).

3.5.3. Poster Presentation

In response to the need for greater awareness amongst professionals and the public which the preceding presentations as well as many of the co-researchers had emphasised, a poster summarizing the project was presented at a national conference attended by academics and practitioners from various strains of psychology. Over the course of two days I had the opportunity to present and discuss my research project, while learning from comments, questions and reactions.

In spite of the increasing research into this topic there was only one other presentation at the conference related to refugee mental wellbeing. The questions attendees asked about the present research suggested great interest, but also once more highlighted the lack of insight practitioners felt they had into the topic. All those with whom I spoke addressed the extent of pre-migration and migration trauma, and were intrigued to hear about the possibility of the situation post-arrival to the UK as often also having a negative impact on wellbeing. I was asked especially about the details of the asylum system and procedures this involved, as well as how I thought this could possibly be addressed in therapy. In reply to this I described the research process and the response of co-researchers to being involved in the research: in very little time a seemingly valuable relationship had been established, through which co-researchers appeared to feel their experience validated. The discussions with some attendees led to a very helpful questioning of how in light of the systemic challenges therapeutic support might realistically be of use, and it felt helpful to reflect on the research process with regard to this.

Further discussions evolved from attendees making poignant reflections on aspects of the refugee experience that were seen to be comparable to areas they had encountered in research or practice. Particularly thoughts around bereavement and experiencing multiple losses was made reference to, and such comparisons proved helpful to evaluating how existing psychological practice may already have many resources on which to build when

supporting refugees and asylum seekers. By some attendees it was argued that ultimately existential issues, whether culturally framed as such or not, are inherent to all human experience and this might be a helpful starting point when considering how to establish appropriate therapy. I was very excited by these possible culturally-bridging concepts and wondered what co-researchers would think about such ideas; it felt like a potential future research stepping-stone to discover their views on these essentially philosophical matters.

3.6. Reflections on Phase 3

Having concluded this part of the data dissemination (which also added to the data collected), I reflected that an ideal scenario might be an exchange between academics and practitioners and community members offering a space for such concepts to be explored. I envisaged such a space as important because especially in the conference setting I felt very much like an advocate for one world (that which the co-researchers had offered me a glimpse of) within another (that of undeniably powerful psychology academics and practitioners). This felt ironic also because I was not a representative of the experiences I was describing having never been an asylum seeker or refugee myself. I sought to foreground the co-researchers' accounts as much as possible within my presentations and often answered that I did not know specific details to questions in order to avoid my assumptions being interpreted as "the truth".

This proved frustrating (I was ashamed not to be able to answer questions about the outcomes of my project and seeking asylum more generally) but also very important. Especially the Data Dissemination phase clarified how useful action research could be to the development of a successful support service: frequently I wished for an opportunity to relay the questions I was asked to co-researchers. Reflecting with them on Phase 3 could be fruitful and further promote a dialogue that does not simply describe but actually involves those whom it seeks to support. The distance I perceived between many of the professionals with whom I discussed the project and the issues facing asylum seekers marked the

importance of dynamic communication in which both sides might learn from the other in order to develop an enriched and realisable support provision.

3.7. Conclusion

This chapter has illustrated the most salient themes within the data collected during interviews with co-researchers, as well as given a summary of the Data Dissemination presentations to professionals in the field. I have reflected on the process of analysing the data, my impact on it, its impact on me, and queried how this might answer the research question.

During the first round of interviews coding led to the identification of subthemes which were grouped into four main themes: *Sense of Injustice*, *Experiences of Loss*, *Living in Fear* and *Finding Strength through Connections*. The second round of interviews clarified, reinforced and elaborated on the subthemes but no new main themes emerged. The presentations conducted as part of the third phase identified gaps in information for professionals, highlighted questions with regard to practice and observed possible scope for cross-over in relation to work with non-refugee populations.

In the following chapter these findings shall be considered in light of relevant literature and the project will be evaluated in terms of its contributions to the field and future research.

Chapter 4: Discussion

This chapter discusses the four themes which emerged through the thematic analysis, situating them in relevant literature as well as the context of the study. Suggestions for future research are outlined and the project is evaluated following Kagan et al.'s (2017) recommendations. Implications for the field of Counselling Psychology are then considered.

4.1. Discussion:

Here key findings will be discussed with reference to relevant topic literature. Research introduced in the Literature Review was primarily considered, and further international studies were evaluated in relation to particular findings from this study.

4.1.1. Sense of Injustice

This theme describes the co-researchers' view that many aspects of the asylum system contribute to their feeling that they are being unfairly treated.

4.1.1.1. *Not a choice*

This subtheme developed during the first round of interviews and was emphasised in the second and third. It illustrates co-researchers' emphasis that seeking refuge in the UK is part of asylum seekers' fight for survival, rather than a voluntary decision.

Gabriel and William were explicit about how those claiming asylum do not choose this: it is a direct consequence of escaping from life-threatening situations in their home country. This is also found by Liebling et al. (2014), who highlighted the participants' focus on safety as well as the notion that often the UK was not an intended destination, but became a coincidental point of arrival. The implicit concern for safety in all of the co-researchers' narratives also concurs with results by Goodman et al. (2015) whose discourse analysis of asylum seekers' accounts showed how the need for safety was placed consistently at the forefront. By emphasising their lack of choice and fight for survival, it is possible that asylum seekers intend to both justify their being in the UK as legitimate, and in so doing pre-empt possible discrimination.

Elim's statement "asylum seekers do not come here to steal jobs [...] whatever they say in the media" further suggests why asylum seekers might choose to highlight their search for safety. As Goodman & Burke (2011) emphasise, asylum seekers are often portrayed by the media as a threat to the local job market. Co-researchers' insight into and frustration with the media discourse which is perceived to question asylum seekers' legitimacy, shows how such depictions affect those it describes. Elim explains that some media discourse is viewed as showing asylum seekers to be abusing of their legal status to claim benefits in the UK. This directly correlates with Goodman and Speer's (2007) findings about how some media discourse depicts asylum seekers to be unduly benefiting from support available. According to Elim, this argument is used politically as a strategy to legitimise the way in which asylum seekers are treated. Thus, highlighting the need for safety and the threat to survival if deported may be intended to defend from such accusations, as well as to strengthen an individual's claim for refuge (Kirkwood, 2012a).

A further point related to this subtheme is the very identity of the label *asylum seeker*. This label is not one of choice and as Stewart (2005) describes, it is enforced and upon claiming asylum an individual involuntarily becomes *subject* of the asylum system. Stewart's (2005) findings showed participants striving to hide their identity, associating being identified as an asylum seeker with shame and potential discrimination. She implies that by being given this identity, asylum seekers are forced to occupy a space on the edge of society, where they are rendered vulnerable. A similar notion of *in-betweenness* is referred to by Khosravi (2010) who describes refused asylum seekers (in Sweden) as not overtly excluded but excepted by society, not being allowed to participate but forced to "exist within" it. This raises questions as to what extent this may also apply to asylum seekers in the UK, whose involuntary legal status determines how they are perceived in the eye of the law as well as by the public and the media. In the present study it felt as though co-researchers needed to justify themselves, showing me that their claims were genuine pleas for refuge, which may echo their experiences of the Home Office disbelieving them as described in the next subtheme.

4.1.1.2. Evidence

There appears to be an overlap between needing to highlight safety and having to provide evidence as part of asylum seekers' experiences, which this subtheme describes. All the co-researchers referred to the difficulty of providing sufficient proof for the Home Office to find their claim credible, and this was in many instances linked to distress. In the first interviews

Emilia pointed to the difficulty of proving “psychological scars” and William indicated that often refugees have lost everything which could prove their case, but that this should not be taken to mean their need for safety is not genuine. The potential for retraumatisation was addressed by William as well as several of the attendees at the first two Phase 3 presentations, who queried the risk of asking individuals who have often experienced multiple traumatic events to recount for example why they had needed to flee from their homes. Bernardes et al. (2010) highlighted how even in social situations, some asylum seekers do not wish to discuss their past, finding memories to be too distressing.

This is also discussed by Schock et al. (2015) who propose that the asylum interviews, during which individuals are required by law to give precise details and answer all questions, could be damaging to the mental health of traumatised interviewees. Their results underscored this hypothesis, and the authors suggest that by being forced to confront reminders of traumatic events asylum seekers risk being exposed to multiple traumatic intrusions which they cannot avoid during an interview, and with which they usually receive no formal support thereafter. Further findings from the Netherlands indicated that the longer asylum procedures extend, the worse applicants’ mental health is likely to be (Laban et al., 2004; Laban et al. 2005), as repeated questioning may contribute to an individual’s ability to cope with trauma and related mental health difficulties. This is an important consideration with regard to working with asylum seekers in a therapeutic or academic context, especially where informed consent is concerned. Clarifying that there is no obligation to answer questions that form part of therapy and research seems critical to conducting both safely and respectfully.

4.1.1.3. *Waiting*

This subtheme describes co-researchers’ discussion of how they are forced into a space of “in-between” as Khaled described, in which asylum seekers cannot work or integrate properly, and exist awaiting a decision to be made on their claims. This was related especially to a sense of loneliness and Sam talked about asylum seekers constantly feeling bored. Many co-researchers felt that this could be mediated by being allowed to work and William said “once you are occupied, you will not think so much”, implying that employment would be beneficial to the mental health of those awaiting outcomes. This mirrors findings by Hocking et al. (2018), who saw asylum seekers’ wellbeing to improve once they were granted permission to work and access other social resources, with other studies

highlighting how being allowed to work could be protective against mental health problems for asylum seekers (e.g. Bhui, 2006; Teodorescu et al., 2012).

Many co-researchers described their experience of awaiting their decision as limiting their sense of security (Khaled: “I didn’t leave my country because I wanted to stay here like that, waiting without anything”, Emilia “The moment you are here, you are a prisoner”), which seems ironic in light of their coming to the UK seeking safety. Research by several authors (e.g. Bernardes et al. 2010; Quinn, 2014) found that particularly having to pause one’s life during the waiting period was experienced as difficult by asylum seekers. Co-researchers and attendees of Phase 3 presentations emphasised that this uncertainty constituted extreme distress, and some talked of lives being wasted which was accompanied by a distinct sense of hopelessness.

Haas (2016) investigated how being made to wait for the asylum decision was experienced by applicants. Echoing Stewart’s (2005) findings, she suggests that this waiting underscores a sense of being made vulnerable and at the mercy of another. Uncertainty about one’s future is emphasised by the constant possibility of a decision being made: either one is allowed to move forward as a refugee, or deported. This “existential limbo” as Haas (2016) describes it, is perceived as a further battle, an often unexpected continuation of an asylum seeker’s struggle for security, both physically and ontologically.

4.1.1.4. Media vs. Reality

This subtheme developed from several co-researchers expressing their disappointment on discovering that the UK, or their experience of it, is nothing like how it is portrayed in the media. Sam was particularly explicit about feeling deceived, suggesting that if people knew “the reality”, they would not seek refuge in the UK. Although there does not yet appear to be any research on this possible sense of deception, some studies have considered the intense disappointment which co-researchers in the present research expressed in relation to the unexpected hardships they faced upon arriving in the UK. This disappointment has been associated with experiences of distress upon realising that arriving in the UK does not mark an end of hardship. Indeed, during the Phase 3 presentations, one professional supporting refugees highlighted the importance of managing expectations as part of helping those newly-arrived. While disappointment is arguably related to a loss of hope (as discussed under *Experiences of Loss*), it is likely distinct: in co-researchers’ accounts it encapsulated regret, frustration and a sense of having been deceived. While some of the literature

considered loss of hope, as well as anger at the asylum system, it does not specifically address the sense of deception which co-researchers described here.

Similar to Elim's statement regarding the media portrayal of asylum seekers as coming to "steal jobs", co-researchers described a media they felt to be intentionally hiding their lived reality, that if it showed their real situation, "it would be shameful". Sam implied that instead of showing the "reality" of hardships faced, the media normalises disparaging discourse related to asylum seekers, which adds further detail to the notion that media discourse portrays asylum seekers as a threat (e.g. Leudar, 2008). This is one of the principles of social injustice as Opatow indicates (Christie, Wagner & Winter, 2001): importantly such negative discourse not only dehumanises a minority group, but it also creates distance from the dominant or host society by failing to portray accurately the lived experience of its members. It is suggested that this reduces moral obligations on the part of the host society, while also representing the minority group as somehow deserving of their fate. Building on Opatow's argument, if an asylum seeker is described as "bogus" (Leudar, 2008) rather than depicted as an individual seeking safety within a challenging system, exclusionary behaviour and policies of deterrence are more easily justified because their emotional impact on asylum seekers is not recognised or acknowledged.

4.1.1.5. *Them vs. Us*

During the second interviews this subtheme emerged as several co-researchers commented on discrepancies existing between different groups of asylum seekers. Sam and David Richard discussed how some groups seemed to be treated preferentially by the Home Office, and Sam alluded in particular to the government resettlement programmes. This point was underscored by several attendees in one of the Phase 3 presentations, who perceived the ease with which those in the resettlement scheme obtained status as problematic when compared to the hardship faced by asylum seekers outside of the programme. Another attendee stated his view that such treatment was related to racial discrimination and that the asylum system preferred certain minority groups over others. Although the topic literature discusses the perceived injustice of differences in decision times (e.g. Liebling et al., 2014, Goodman et al., 2014), there does not appear to be a discussion of a possible discrepancy in treatment amongst asylum seeker groups.

It is possible that this perceived injustice within asylum seeking groups has only come to the fore very recently as greater numbers of people from all over the world are being displaced, and that it has not yet become a focus of post-migration research. Alternatively, it may be highly context-specific, with some policies paying closer attention to people from particular regions, and thus experienced only in certain settings. Furthermore, one might speculate that the greater the need faced by individuals within a context, the greater the competition for resources. Human and physical resources are greatly limited by the UK asylum system and in Bristol basic needs such as shelter and sufficient food are not always met for those seeking asylum which may indicate why some co-researchers felt this discrepancy in treatment so acutely.

Sam offered a plausible argument for why it is perceived that more Syrians receive support through the resettlement scheme, namely that this particular conflict has been widely documented and so an individual's need for safety is more difficult to dispute. However, it appears that the lack of clarity around Home Office decisions leads to many different hypotheses, largely centred around discrimination, both by those claiming asylum and those working in their support. This seemingly arbitrary decision-making process is suggested by Cleveland, Kronick, Gros and Rousseau (2018) as increasing the appearance of power and control of the Home Office over its subjects. Importantly Ikram et al. (2014) found perceived ethnic discrimination, such as is described by the sense of discrepancy in treatment of different asylum seeker groups, to be positively correlated with depression. Currently this does not appear to have been studied in the UK, but the hierarchy among asylum seekers, as well as how they perceive their treatment, will be an important consideration for practice.

4.1.1.6. *Intentionality*

It was felt by most co-researchers that the Home Office practices are intentionally designed to challenge their wellbeing. David Richard said “they [the Home Office] make a lot of stress for asylum seekers [...] this is their policy” and William stated “it’s designed to punish”. This perceived punishment is indicative of how the post-migration factors are experienced.

All co-researchers said that they felt the Home Office to be aware of all the hardships that they were facing, and when questioning why in spite of this awareness asylum seekers were being treated in this way, some co-researchers reached the conclusion that it could only be

intentionally designed to undermine their integration and chances of remaining in the country.

Restrictions around employment and financial support were specifically questioned by the co-researchers as well as during Phase 3, which reflects research showing that obtaining the permission to work is a main concern for asylum seekers (e.g. Carswell et al., 2011). Studies have illustrated how employment correlates positively with mental health and the integration of refugees (e.g. Bhui, 2006; Hocking et al., 2011; Teodorescu et al., 2012), which is also illustrated by research showing how not being allowed to work can be problematic for mental health (e.g. Palmer & Ward, 2007; Bernardes et al., 2010). Co-researchers implied that in the face of poverty, asylum seekers were often compelled to work illegally and Haile emphasised that in such jobs individuals were vulnerable to being exploited. Bloch (2014) writes about undocumented refugees being forced to work illegally, but in co-researchers' experience this also applies for those whose claims are pending as the government support does not cover basic needs.

Haile described the situation as “modern slavery” and William explained how many women are forced into prostitution. This highlights the desperation faced by asylum seekers who often exist in extreme poverty (Pettit, 2013; Mind, 2009), and Bloch (2014) emphasises that under these circumstances individuals cannot question their working conditions and employment rights. Khosravi (2010) further extends this argument, viewing the state as indirectly permitting illegal and exploitative work by prohibiting formal employment. Working illegally, or committing a different crime such as stealing food, was viewed by co-researchers as an intended outcome of the asylum policy because it would justify an arrest and deportation. In this way, and as Chantler (2012) and Stewart (2005) among others have argued, it seems that asylum seekers are excluded from the rights of citizens and thus rendered vulnerable to the effects of poverty and possible exploitation on their mental wellbeing.

Although only one of the co-researchers reported facing discrimination from the public, all co-researchers discussed their experiences of institutional prejudice. Quinn (2014) considered the impact on mental health of even covert prejudice which, echoing Ikram et al. (2014) and Schock et al. (2015), was found to be detrimental. He discusses how rejection may be internalised and lead asylum seekers to assume the discrimination they face, which can lead to self-stigma and shame.

4.1.2. Experiences of Loss

The second theme considers the multiple losses which co-researchers described asylum seekers to face as part of seeking asylum in the UK.

4.1.2.1. Loss of Freedom

This subtheme developed from co-researchers' references to feeling trapped and controlled by the denial of basic rights and Emilia called this lack of freedom "the pain of being a refugee".

Here there is a possible overlap to the subtheme *Waiting*, which as discussed above contributes to asylum seekers feeling powerless over their fate, and yet further factors influence a sense of being deprived of freedom. Not being able to act autonomously, as finances, accommodation, location and basic survival appear to be out of one's control was also found by Liebling et al. (2014), and in the present study participants directly linked their sense of being controlled to the Home Office procedures. Khaled for example grappled with the sad irony of feeling trapped due to his seeking safety, indicating how it limited the possibility of moving forwards. In a study conducted with unaccompanied young asylum seekers, Chase (2013) found that pre-existing trauma became especially difficult to cope with when individuals were unable to envisage a future for themselves. Importantly this study found coping strategies to reduce as minors entered the adult asylum system where restrictions further limited their sense of agency.

Feeling free was also affected by difficulties in communicating in English, which was mentioned by all co-researchers. During the Phase 3 presentations as related to limiting integration and the possibility of accessing services. Salvo and Williams (2017) studied the relationship between speaking English and mental health amongst asylum seekers and found that learning English increased asylum seekers' sense of autonomy. This was further related to increasing hopes for the future because being able to speak English directly affected education and employment opportunities. Importantly participants linked greater English proficiency to reduced mental health difficulties and Labys et al. (2017) found that the process of learning the host language provided distraction and a sense of achievement to participants, as well as reducing discrimination.

Being able to speak English better might also reduce the sense of exclusion experienced by asylum seekers in the UK. Not only might they be able to understand the bureaucratic process of claiming asylum, not depend on interpreters and engage in social activities more, but speaking English could potentially reduce the sense of difference between asylum seekers and the host population as well as increase the sense of being “normal” which participants in studies by Stewart (2005) and Liebling et al. (2014) emphasised as a desired outcome.

Contrary to research (e.g. Labys et al, 2017) which has documented asylum seekers feeling ashamed of their level of English, or feeling to blame for their low level (Salvo & Williams, 2017), co-researchers felt that they had limited opportunities to learn and practise the language in Bristol, which coincides with recent government funding cuts for language tuition.

4.1.2.2. Loss of Confidence

A loss of confidence was related especially to skills and employment. David Richard discussed how, finding himself mopping floors in the UK rather than doing the job he had in his country, made him feel “I’ve lost my skills, my skills are finished”. It is likely that such experiences may lead an individual to feel undervalued, and both a loss of skills as well as an implicit but drastic change of social status may undermine someone’s sense of self-confidence. Indeed, Li et al. (2016) indicate that such changes of status are among the social factors contributing to mental health problems in refugee populations. Colic-Peisker and Walker (2003) assert that upon arrival in a host country, refugees frequently lose human and social capital and by not being able to work, or only work in jobs that do not match their pre-migration employment status, they face a threat to their identity. The authors imply that this is rarely resolvable and that the resultant devaluing of capability undermines employment and thus also directly acculturation opportunities. Similarly Groen, Richters, Laban and Devillé (2018) argue that self-esteem is threatened when refugees’ personal achievements are lost in a new context, thus rendering past education, work and social status meaningless. It would appear that the post-migration restrictions placed upon asylum seekers, especially not being allowed to seek formal employment, inhibit a continuation of

identity by stripping an individual of what Thomas et al. (2011) call their “unique skills and traits” and thus challenge how they recognise themselves in the world.

4.1.2.3. Loss of Dignity

This subtheme describes co-researchers’ experience of being treated disrespectfully when seeking asylum. Bernardes et al. (2010) describe how having to depend on the Home Office is experienced as particularly difficult for asylum seekers who had in their home countries been independent, and link this to once more feeling unable to control their lives. Quinn (2014) and Stewart (2005) found that a sense of shame was related to individuals not being allowed to support themselves. Potentially this rang true for co-researchers, for whom experiences of being disrespectfully challenged their dignity.

This was emphasised by all co-researchers with regard to how they were treated by the professionals they encountered in relation to their claim. David Richard said that the commanding language used towards him directly affected his mood. The indignation with which co-researchers told me about incidents in which they felt treated disrespectfully treated was powerful, and yet there was an unspoken acknowledgment that they would not complain officially. This is an example of how asylum seekers appear to be forced to actively tolerate their situation, even if it was, to use Emilia’s word, unbearable.

This may be related to findings by Goodman et al. (2014), who evaluated how asylum seekers manage their discourse to avoid stating blatant criticism of the UK system, which Kirkwood (2012b) in turn connected to trying to avoid appearing ungrateful. Asylum seekers must accept disrespect because their criticism of the host nation, according to Kirkwood (2012b), increases the risk of being identified as economic migrants rather than refugees, which implicitly could impact their asylum claim as well as how they are treated within the host society. As Clare et al. (2015) have highlighted, asylum seekers’ discourse revolves around appearing able to cope, which is both interesting in terms of considering this data set (to what extent were co-researchers managing their discourse during interviews?) as well as seeking support: if mental health problems are related to post-migration factors undermining the meeting of psychological needs, asylum seekers may not risk disclosing their experiences for fear of appearing critical.

4.1.2.4. Loss of Support Network

Feeling isolated from friends and/or family was a particular focus of concern for co-researchers. William felt this to be directly linked to mental health problems and Sam discussed how the distraction provided by friends helps to alleviate worrying. Lecerof et al. (2015) and Goodkind et al. (2014) found social participation to be protective for mental health, and yet establishing social connections may not be simple in the case of asylum seekers. Co-researchers explained that being moved frequently made it difficult to join communities and often it was impossible to contact family members or friends in their home countries for support. Not only do asylum seekers lose their support networks back home, but research has shown that it is often difficult to form new support networks for those uncertain of their status (e.g. Stewart, 2005; Sigona, 2012). Bloch (2014) highlights that to reduce the risk of being identified asylum seekers may purposefully limit their social interactions, especially if their claims have been refused, and describe feeling alone and isolated.

Groen et al. (2018) theorise that if an individual is bereft of social connections, trust in others decreases which in turn affects an individual's social participation. As co-researchers have expressed, such isolation can lead to a sense of loneliness (Khaled) as well as homesickness. This was also found by Groen et al. (2018), who conceptualise social identity as part of cultural identity, thereby creating an important link to the idea of cultural bereavement. Bhugra (2005) discusses cultural bereavement in relation to Eisenbruch's (1990) theory that a possible reaction to losing connection with one's cultural context (such as occurs through forced migration) may be similar to a mourning process. Bhugra (2005) emphasises the importance of considering cultural bereavement when typical support systems fall away to avoid misdiagnosing related presentations. According to Groen et al. (2018), at present most conflicts are within interdependent societies, and the authors suggest that this may be one reason why refugees may find it especially difficult to establish social connections in independent and individualistic societies, such as the UK.

It is suggested that such cultural bereavement can be mitigated by reinforcing cultural identity in a host nation, which according to Berry's (2005) acculturation theory would constitute the most adaptive form of integration, due to its emphasis on maintaining one's cultural identity within a different host culture. Ikram et al. (2016) found that having a profound sense of one's ethnic identity could moderate the effects of discrimination, as well

as increase a sense of belonging among certain groups. Results from this study importantly show that establishing an ethnic social network (including religion) can reduce mental health problems. While it is not clear whether the benefit is related to having an ethnic support network specifically, or any support network, it is possible that associating with others who have similar cultural experiences and practices may be especially protective.

With regard to resilience, Ungar (2008) views an individual's community as essential to helping them adapt to adverse situations. Social connections are also at the forefront of Abramson et al.'s (2014) Resilience Activation Framework, in which social support, especially from one's community, is viewed as helping an individual to strengthen their inherent coping strategies.

4.1.2.5. Loss of Hope

Loss of hope was associated by co-researchers especially with the long wait-times of the asylum procedure. It is closely related to the disappointment discussed previously, and yet rather than feeling deceived, co-researchers expressed profound sadness at repeatedly losing hope. Khaled said that after several months of being hopeful, he lost that "happy feeling" and Emilia explained that the asylum procedure makes one question whether dying in the conflict one escaped from would have been preferable to experiencing being an asylum seeker in the UK.

This was also expressed in relation to extreme stress experienced by individuals facing asylum claim difficulties (Palmer & Ward, 2007), and the authors suggest that this reinforces a sense of not being in control, of helplessness and reduced self-esteem. Chase (2013) found the ability to envisage a future self to be critical to young asylum seekers' wellbeing, but that this was undermined by factors leading to the realisation that aspirations would never be achieved in the current system. Procter et al. (2018) describe this situation as *lethal hopelessness* and see a direct causal link to asylum policies. Although the study was conducted in Australia, it seems that co-researchers in the UK context make a similar connection between hopelessness as perpetuated by the asylum system, and suicidal ideation.

On the one hand suicide may feel like an escape from such hopelessness, and as Emilia suggested, a better option than what some people face as asylum seekers. On the other

hand, it may be an extreme and often final attempt at regaining control and a sense of self-determination. Once more there appears to be an irony as William explained to me that sometimes the families of those who have committed suicide receive refugee status as though in compensation of the death of their relative. In this way, suicide may have become a further desperate resort to help one's family remain in the UK when faced with possible deportation.

4.1.3. Living in Fear

This theme illustrates the fear which co-researchers described as a continuous part of their lives, and critically perpetuated by elements of the asylum system.

4.1.3.1. *Fear of Destitution*

Emilia explained that in her view, asylum seekers are granted "just physical safety", and that the lack of psychological safety is perceived like "constant torture". Implicitly even physical safety falls away however when asylum seekers become destitute. This exacerbates experiences of uncertainty and vulnerability as Bastian highlighted, and with regard to psychological need, even the most basic mode of existence is undermined. Therefore the risk of further isolation and psychological problems is heightened by being made destitute, and the latter understandably constitutes a significant fear amongst asylum seekers.

Bloch (2014) emphasises how becoming destitute increases dependency on charitable organisations and friends, and yet often refused asylum seekers will be forced to hide in order to avoid being identified. Thereby becoming homeless is linked to further stress, discrimination and stigma, underscoring the difficulties already faced by asylum seekers (Orford, 2008). In addition to the distress related to losing one's accommodation, Pettit (2013) found that increased vulnerability led individuals to enter into unwanted relationships in return for housing and food (also found by Crawley et al., 2011), and several female interviewees reported being raped while destitute. These findings emphasise the extreme vulnerability faced by asylum seekers upon becoming destitute, further illustrating why this is a cause for such persistent fear.

4.1.3.2. Fear of Detention or Deportation

Fearing sudden arrest and detention was prevalent in the co-researchers' accounts and Elim said it led him to experience "nightmares, bad dreams, like shakes". The psychological effects of constantly fearing detention is described by DeGenova (2002) as being internalised and becoming part of an asylum seeker's way of being. Co-researchers who discussed detention related this to extreme distress, which mirrors the literature that has found mental health to be adversely affected when asylum seekers are detained (e.g. Cambell& Steel, 2016), that this is worse the longer detention lasts, and also that distress can be longstanding after release (Filges et al. 2016).

The torture metaphor was used once more as William explained how detention contradicts everything that refugees expect in the country they thought would represent their freedom. Interestingly, a study conducted by Cleveland et al. (2018) qualitatively investigates the impact of detention, and their findings echo the co-researchers' sense of detention as a contradictory outcome to seeking refuge.

Cleveland et al. (2018) see the process of detention as an interplay between *symbolic violence* and disempowerment. Symbolic violence denotes asylum seekers being treated like criminals, forced to endure a further uncertainty often associated with a fear of deportation and being placed in a situation that may replicate the persecutory experiences from which they sought to escape in the first place. The authors suggest that detention prevents recovery from PTSD, as elements of the experience (such as being handcuffed and contained) can trigger traumatic memories. Hopes for being treated fairly are ultimately lost and the participants of Cleveland et al.'s (2018) study described feeling like they were losing themselves and any sense of agency. This was described as disempowering, with detention symbolising the culmination of asylum seekers' subjugation by the asylum system. A sense of powerlessness has in previous studies been associated with increased PTSD symptoms (Cleveland & Rousseau, 2013), adding to the heightened levels of depression and anxiety (Robjant, 2009), coupled with intense hopelessness and suicidal thoughts among detained asylum seekers as was found in other studies (e.g. Cohen, 2008).

William said “that was the expectation back home, just to get my freedom, not to be shut up”, which highlights the incongruity of the detention policy. Furthermore, as many authors point out (e.g. Filges et al., 2016; Randall, 2015), under international law refugees cannot be penalised for claiming asylum. This heightens the sense of injustice around the treatment of asylum seekers: not only are they fleeing often life-threatening situations, they are seemingly punished for this by being detained and additionally must accept a violation of their rights which is seemingly condoned by the policies of host countries including the UK. Arguably this represents a most profound disempowerment, which thwarts an individual’s physical and emotional freedom, overrides the possibility of autonomy or self-determination and, as Cleveland et al. (2018) show, challenges resilience.

Fears around deportation heightened the anxiety co-researchers related to detention and as David Richard and Gabriel indicated, this led to acute fears for their existence. The literature presents accounts of asylum seekers being deported and being killed on their return, which two co-researchers identified as an aspect of the fear around deportation; implicitly, even where conflicts were ongoing, there was a chance refugees could be returned. Once more asylum seekers’ destinies and survival seemed outside of their control.

4.1.3.3. *Fear of Stigma*

A fear of stigma related closely to how co-researchers related to the possibility of deportation, their communities and accessing mental health support.

Haile explained to me that the fear of being deported was increased if asylum seekers believed they would be excluded in their home countries, with some cultural settings automatically excluding deportees. Haile described how in certain contexts a deportee would not be welcomed back into their community based on the belief that the UK government had intentionally rendered them psychologically unwell in order to weaken their country. It is unclear whether this belief stems from the observation that many asylum seekers experience mental health problems and this is noted by their communities upon return and interpreted. Rather than the result of a likely combination of pre and post-migration stressors, mental health problems appear to be interpreted as a purposeful practice, potentially even seen as punishing of individuals who have claimed asylum in the UK. No mention of this was found in the topic literature but this insight points to a potentially significant avenue for future

research. It implies that mental health may be viewed as a political tool in certain contexts, which will likely have repercussions on beliefs around mental wellbeing and treatment on people from these settings.

As has been identified in the literature, mental health difficulties are often associated with stigma in certain cultural or social groups. Strijk, Meijel and Gamel (2011) found refugees to be embarrassed or ashamed of their mental health struggles, and afraid to share their difficulties for fear of discrimination. Fear of interpreters potentially sharing sensitive information with community members was also found to limit individuals' mental health related disclosures (Palmer & Ward, 2007). Research by Quinn (2014) confirmed this, and found that participants preferred to seek support outside of governmental health organisations. This distrust of professionals who might disclose information that could in turn lead to being stigmatised was illustrated also when Haile said in the second interview that members of his community would distrust me and would discourage him from talking to me if they knew of his involvement in the project. He viewed the damaging impact of stigmatisation as being the cause of mental health difficulties, which reflects findings by Quinn (2014), who also noted that if an individual sought help for mental health concerns, their sense of inferiority within their community and society as a whole could be compounded.

While cultural concepts of mental health vary across backgrounds, and are influenced by multiple factors (e.g. social status, religion, previous exposure) co-researchers and attendees of Phase 3 presentations were unanimous in emphasising the need for clarity around confidentiality, and indicated that more work was necessary to inform communities adequately about services available and how mental health is viewed in the UK. This point is underscored by several authors (e.g. Quinn, 2014), who see community engagement as key to overcoming stigma around mental health.

4.1.3.4. *Fear for Families' Wellbeing*

For most co-researchers, intense fear also stemmed from the uncertainty around family members' safety. The safety of family members as well as being able to communicate with them, was described as the main fear for the majority of recently arrived refugees to Australia in a quantitative study using self-reports by Schweitzer et al. (2011), in which this

was identified as an important contributor to distress. This was underscored qualitatively by a third-sector report (Mind, 2009). Although Miller and Rasmussen (2017) amongst others (e.g. Morgan et al., 2017) describe worries about family as one of the main daily challenges contributing to distress of refugees, which echoes co-researchers' accounts, Liebling et al.'s (2014) qualitative investigation produced different findings. Here results showed family as symbolic of connectedness to home: if family were alive, then where they were located represented home. No longer having family conversely represented cut ties with participants' home countries.

Results by Chase (2013) were different: they showed young asylum seekers actively avoiding thoughts of family in order to develop a sense of their own future. This correlates with Groen et al.'s (2018) findings which indicated that worrying about families' wellbeing significantly limited social interactions amongst refugees. Implicitly, refugees benefit from worrying less about families, and sometimes actively try to distract themselves from thoughts of back home. It is not surprising that where asylum seekers were accompanied by their families in the UK, these were described as an important protective factor, even under difficult circumstances (Liebling et al., 2014; Bernardes et al. 2010).

When considering how family relationships are portrayed in this data set, they seem to be one of the few bridges between co-researchers' pre- and post-migration lives. If families survive, they represent roots and a direct connector to a past home and culture. If families are lost, as is sadly not uncommon, it is possible that a continuity of identity is challenged which can only be assumed to be further exacerbated by the lack of security provoked through the asylum procedures.

4.1.4. Finding Strength through Connection

4.1.4.1. Charities

Charities constituted important points of support as co-researchers described finding help with basic needs (e.g. food, clothing), English language support, and opportunities to socialise. The literature suggests that third sector organisations arise from critical gaps in statutory services (Randall, 2015), and therefore become essential to the survival of refugees whose needs may not be met elsewhere. Furthermore, charitable organisations are

often preferred sources of help to government services (Quinn, 2014), and thus critical to accessing support which may otherwise not be accessed.

Haile and Sam particularly stressed the importance of third-sector support in helping asylum seekers to improve their English, which Haile in turn saw as essential for living a “normal life”. This is consistent with the literature (e.g. Salvo & Williams, 2017), and it is possible that the importance of having opportunities to learn English has further implications. Labys et al. (2017) found learning a language to be an important distraction from constant worrying and rumination, and Chase (2013) showed how for young refugees education has a normalising effect which contributed to the wellbeing of participants. Furthermore, learning English is critical to obtaining potential employment (e.g. Bloch, 2014) and thus it may inspire hope for a different future, as well as genuinely improving employment opportunities. While co-researchers did not discuss this explicitly, all felt that improving their English was essential, and this could be related to the notion that they are actively shaping their lives and creating new identities (Salvo & Williams, 2017). It is possible that this may increase a sense of self-determination and agency, and promote an impression of moving forward in life (as opposed to stagnating or wasting one’s time). Thus enabling asylum seekers to study English may have benefits that extend far beyond linguistic skills.

4.1.4.2. Friends and Community

The importance of social connections to foster resilience has been discussed previously, and several further points are worth noting with regard to how this was experienced by co-researchers.

As Bastian pointed out, talking to friends can be “a sort of therapy”. This reflects Strijk et al.’s (2011) findings, which described how making friends especially with others who have experiences being a refugee themselves was viewed to be a source of relief (by showing that asylum seekers are not alone in their experience and emotions around these). This in turn led to a sense of empowerment and hope. Research on the role of peers is divided however. While some studies have shown how peer friendships can be very valuable to coping (e.g. Bloch, 2014; Schweitzer, Greenslade & Kagee, 2007), others indicate that turning to friends for emotional support is not a preferred option (e.g. Bernardes, 2011; Quinn, 2014). Some of the co-researchers indicated that they prefer to keep their problems

to themselves, so as not to burden their friends or communities. The two sides of the findings related to the support provided by friends and community may be related to social support being undermined by a loss of trust (e.g. Strijk, 2011), as well as cultural preferences. Arguably, in cultures where the discussion of emotional concerns is regarded negatively, sharing one's feelings might lead to stigmatisation or exclusion.

As isolation and loneliness have been found to be common experiences for asylum seekers, it is not surprising that social connections are perceived to be so beneficial. The benefits of developing social networks for mental wellbeing were emphasised by some of the co-researchers and mirrored in the literature (Palmer & Ward, 2007; Goodkind et al., 2014). Furthermore, Bloch (2014) described how practical needs were also met amongst friends or community groups, with research results showing that these connections often led to some form of employment for participants. It seems that for some asylum seekers their distress leads them to purposefully isolate themselves (e.g. Gladden, 2013) whereas for others, distress is caused by the extreme isolation experienced, often attributed to multiple factors such as being moved frequently, feeling afraid to go out and fearing discrimination (Quinn, 2014; Stewart, 2005).

4.1.4.3. Religion

Turning to religion was the coping strategy most emphasised by co-researchers, and mirroring the topic literature it is viewed as helpful both for offering spiritual support as well as providing an opportunity to develop a social network. Khaled expressed for example how practicing his faith gave him a sense of belonging, as though he were at home, which echoes results by Ikram et al. (2016) on the buffering effect of religion on distress, which is in turn believed to strengthen ethnic identity.

Emilia described being welcomed into a faith group as helping her rebuild trust. Similarly Bloch (2014) and Palmer and Ward (2007) found faith communities to be critical opportunities for asylum seekers to establish safe social connections. Haas (2017) found that some asylum seekers in the US context chose to start practising a faith even though they had not in their home country, because they found it to be supportive in coping with the uncertainty of their asylum claims; it provided both a community and emotional respite through religious teachings.

Haile said that his belief gave him strength in the most difficult times. This correlates to the findings of Labys et al (2017) and Gladden (2013), the latter describing how Sudanese refugees actively used religious practices to target emotional distress specifically. In a study on the coping strategies of refugees in Nepal, Thomas et al. (2011) further found that religion can be an explicit protective factor when individuals are experiencing suicidal ideation.

In addition to the strength found in practising one's faith, co-researchers alluded to the idea that it lent meaning to their ordeal, as though their suffering was part of a "higher" plan. David Richard and Haile described finding particular solace in this, emphasising that it helped them to accept their situation. Although the contribution of religion and religious communities to resilience has been considered in the topic literature, the co-researchers' reference to faith as a source of meaning within their struggle was not found addressed within relevant research. Conversely the hope for the future which religion has been shown to inspire in refugees in some research (e.g. Thomas et al., 2011), was not referred to by co-researchers. This mirrors results by Labys et al., (2017), who attributed this absence of hope (in connection with faith practice) to the profound hopelessness related to claiming asylum in certain settings.

4.1.4.4. *Space to Talk*

The felt importance of having a space to talk and be listened to was expressed by most co-researchers. Some had not discussed their experiences with anyone prior to the interviews, whereas others had found that there were certain elements which made it possible to talk to someone about the experiences of seeking asylum. Emilia stressed the importance of compassion, which might be felt to counter how the asylum system is experienced, i.e. as implicitly lacking in compassion (Goodman et al., 2014); and David Richard pointed to how feeling that someone was really listening to him, and showed genuine interest was perceived as helpful.

Strijk et al. (2011) emphasise the benefit of being heard and underscore the importance of respectful and attentive listening to any clinical practice with refugees, which suggests that once an experience has been acknowledged, even if it is ongoing such as asylum seekers' daily stress, respite is found through validation. In light of Chase's (2013) emphasis on the

positive contribution of building a personal narrative to wellbeing, creating safe opportunities for self-disclosure may be particularly significant to rebuilding one's identity. Helping refugees gain acceptance over the loss of their past lives is considered to be essential to address immediate wellbeing (Strijk et al., 2011), and finding a way to integrate a past narrative into one's identity may be beneficial to looking towards a future. This notion is illustrated by Rainbird (2014), whose study of asylum seekers' narratives in light of what she calls the "existential crisis" of uncertainty emphasises the importance of voicing past, often traumatic experiences to help shape the potential of a future.

Rainbird (2014) argues that a person can assert their existence by telling their story. She sees such narration of personal experiences as opening up critical spaces for agency in the face of the disempowerment and loss of control perpetuated by the asylum system. One of Rainbird's (2014) participants explained how for her maintaining a part of who she was prior to fleeing her country, by recounting what she has experienced, was essential to her present sense of self. By shaping their personal narratives outside of formal settings, asylum seekers might be able reconcile their past with their present, and regain some power and some control, at least within their own narratives.

However, it is also suggested that although Home Office interviews and other situations related to immigration procedures require asylum seekers to talk about their past, due to the pressure and formalities of these situations narratives do not have the same liberating effect. Instead Rainbird (2014) states that asylum seekers' voices risk being lost under such circumstances. Undoubtedly in other, informal situations restrictions may also exist regarding the stories which asylum seekers tell of themselves, and many issues (e.g. stigma, discrimination, shame, fear for how their case might be affected etc.) may play into these. While the significance of personal narrative building may thus be particularly relevant to how asylum seekers cope with their situation, contextual and social factors impacting on this should not be overlooked. Furthermore, as research has shown (e.g. Bernardes, 2010), not all asylum seekers wish to tell their stories and detachment from the past may for some be necessary in order to be able to contemplate their future existence (e.g. Groen et al., 2018).

This theme of *Strength through Connection* gives valuable insight into what co-researchers feel to be beneficial to the wellbeing of asylum seekers. An awareness of the significance of religion and faith communities, friendships with people with common experiences, and time and space to be listened to will be important for those supporting asylum seekers. These are

factors that will need to be taken into consideration when developing ways of helping individuals face the psychological challenges related to seeking asylum.

4.1.5. Summary

As has been shown, the findings of the present study correspond with those of existing literature on the experiences of seeking asylum. In light of the first part of the research question “How do individuals experience seeking asylum in Bristol?” the data have given pertinent insights.

Co-researchers’ descriptions of pervasive hopelessness, frustration and a sense of being purposefully excluded underscored how the literature has shown post-migratory factors to impact asylum seekers psychologically. Self-esteem and self-confidence are challenged by not having one’s skills valued and feeling unable to improve one’s situation. Although asylum seekers cannot be officially penalised for seeking refuge, it appears that the asylum procedures have this very effect. Ironically, in the process of leaving life-threatening situations to find safety asylum seekers are rendered vulnerable.

Undermining opportunities for integration by prohibiting employment, creating accommodation instability and reducing language tuition funding, will affect an individual’s possibility of gaining a sense of belonging. When considering psychological needs, this is an essential aspect of mental wellbeing. The uncertainty which co-researchers express in relation to waiting for their asylum claim does not permit them to continue their lives in a meaningful way.

When considering the second part of the research question, “what can be learned from this experience about their [asylum seekers’] psychological needs and sources of resilience?”, it appears that asylum seekers are not able to meet some of the most basic human needs required for successful functioning. Even when Maslow’s (1947) hierarchy of needs is viewed dynamically as recommended by Lonn and Dantzler (2017), it is difficult to identify one level on which psychological needs are even partly fulfilled. Autonomy, competence and relatedness (Ryan & Deci, 2000) are further consistently undermined by disempowerment, being undervalued and socially excluded socially as well as in terms of resources (Ryan et al., 2000), it is easy to see how a sense of loss is prevalent, both materially and ontologically. In line with Miller and Rasmussen’s (2016) ecological model, on a micro level

asylum seekers must fight for their existence quite literally on a daily basis, while on a macro level they are forced to negotiate social exclusion and systemic discrimination.

Establishing social connections is underscored by the literature as critical to protecting against post-migration stress (e.g. Ikram et al, 2016), and Bhugra (2005) sees social networks as a potential way of countering the effects of cultural bereavement, for which he feels bereavement therapy alone to be insufficient. Abramson et al. (2010) furthermore view social interaction as essential to nurture an individual's inherent resilience that may have been weakened by the process of seeking asylum (Miller & Rasmussen, 2016; Goodkind et al., 2014; Groen et al., 2018). Importantly however, these connections are sought for different reasons and the extent to which individuals might wish to discuss their experiences appears to differ significantly.

Several points made by co-researchers added new detail to the literature found. These included the possibility of mental health being viewed as a political tool, thus contributing to stigma and possibly affecting access to healthcare. The fear of destitution has not been widely discussed in research, and yet was prevalent for co-researchers as a significant threat to existence. Suicide amongst asylum seekers and the potential function of attempting to end one's life in light of a rejected claim remains understudied in the UK context. The notion that the UK media is perceived by asylum seekers as intentionally deceptive, which leads to profound regret regarding claiming asylum in the UK, has also not been considered within the literature.

4.2. Evaluation

The study investigated asylum seekers' experiences of psychological needs and resilience using an action research framework. The aim was to learn from co-researchers to inform Counselling Psychology practice, as well as to offer opportunities for co-researchers to consider their experiences and possibly inspire action reflective of Freire's notion that by gaining insight into one's situation through active engagement, the oppressing system (here the Home Office policies in particular) may be challenged, and ultimately freedom attained.

4.2.1. Strengths and Limitations

The main strength of the research was the active participation of co-researchers, who allowed me profound insight into their experiences through their courageous accounts and participation in the project. The breadth and depth of data was much greater than I have been able to replicate in this thesis, and the vast range of issues discussed far exceeded the scope of the present study. The scope of the data gathered may be connected to the design of the study, which was intended to give co-researchers considerable amount of space. Each phase built on the previous, commencing with the pilot study, two rounds of interviews and three data dissemination presentations. An effort was made to conduct the research with as much clarity as possible, choosing the most transparent methods in order to invite and enable collaboration.

The project was intended to be of maximum benefit to the co-researchers and this focus was the centre of considerations around the research design. At each stage co-researchers were consulted to ensure that the design and analysis were inclusive, as opposed to alienating, and their comments during debrief suggested that interviews were experienced positively. In this way the present project differed from much of the research conducted with asylum seekers in the UK and internationally. Typically stakeholders remain participants and are sought out by researchers to obtain information rather than being actively involved throughout the research process and dissemination of results, as they are encouraged to by action research. Asylum seekers may not be able to commit to long-term studies and significant adaptation of projects might be necessary in order for collaboration to occur. This project is an example of how action research may be tailored to a particular setting, and how even with limited time and resources the ethos of this approach may be translated to produce practical and context-sensitive results.

However, there are also some limitations which are important to point out. It was impossible for me to entirely replicate the collaborative nature of action research, as co-researchers could not be involved from the start in the research design. The pilot study allowed for consultation with a former asylum seeker which greatly informed my approach to the project, and I strove to adapt the study in accordance with suggestions made. Although it may have been more impactful and socially formative if co-researchers had disseminated the data in Phase 3, the particular sensitivity around anonymity when claiming asylum prohibited this. Nonetheless co-researchers' recommendations were explicitly sought during the interviews

and these entirely determined where I presented the findings in Phase 3. At all times I was mindful to present the findings as collaborative and *our* rather than *my* results. Additionally, it would have been of great value to conduct at least one more round of interviews with co-researchers to present the final thematic analysis, discuss the opinions voiced during Phase 3 and consider further opportunities for action. This may also have allowed for a thorough assessment of the extent of action inspired by this research. However time limitations made this impossible.

The small sample size is, like in most of the qualitative research on this topic, a significant limitation, and raises questions as to whether findings may be generalised. Gobo (2012) explains that in order to determine this in qualitative research, it is essential to consider whether a sample is representative of a given criterion, and what precisely one is aiming to make general claims about. He proposes a bottom-up theory of generalisability, arguing that even where samples are representative, findings about particular experiences may still be particular to one participant only, thereby making any generalisation about this experience meaningless (Gobo, 2004).

In the case of this study, the sample was not representative other than for having experienced seeking asylum in the UK. As I hoped to learn from the co-researchers about their experiences in the UK, I am able to make only one broad generalisation which *may* apply to other asylum seekers. Learning from Gobo's (2004) example of Peräkylä's (1997) work, I cannot claim that the experiences co-researchers shared with me are representative of all asylum seekers in the UK or in Bristol, but I suggest that they are indicative of what asylum seekers *may* feel or experience, and that this offers critical insight for professionals working to support asylum seekers.

Results from similar studies might vary nationally and internationally and should thus not be seen as entirely representative of how seeking asylum is experienced per se. It was unfortunate that four of the nine co-researchers were unable to meet for a second time, but this highlighted the contextual realities which restrict the lives of asylum seekers. As all but one of the co-researchers were men, gender differences and indeed women's experiences could not be explored. A potential limitation may also be that co-researchers were all from different social, cultural and national backgrounds, of different ages and at different stages in the asylum seeking process. While it is valuable to note that themes bridged across this diverse group, the accounts are from individuals who negotiated their post-migration life in a multiplicity of ways.

4.2.2. Quality Assessment

As discussed in the Methodology Chapter, action research projects take many forms and often vary significantly in design. The evaluation of such projects must therefore be context and project specific. Thus I have striven to reflect on several points proposed by Kagan et al. (2017), which are perceived as important for action research to be of value. These consider the pertinence of the issue chosen as well as its practical or emancipatory effects, methodological transparency and the involvement of the individuals affected by the issue at stake. Furthermore they place emphasis on the power dynamic between researcher and participants, and the clarity of information offered to those involved. The extent of collaboration should also be made explicit, and the local context taken into consideration. Data also need to be disseminated and potential impact considered. These points shall now be considered in turn to evaluate the present study.

Pertinence of the Chosen Issue

This research project considered a topic pertinent both to promoting change to the benefit of asylum seekers and to informing the Counselling Psychology field. It was situated in research from multiple disciplines, in order to reflect holistically a situation which affects asylum seekers' psychological wellbeing from multiple angles.

Methodological Transparency

Asylum seekers were invited to participate using information that was tailored to be clear and accessible (all documents used as part of the research process can be viewed in appendices A-F). Time was offered for potential participants to seek advice or clarification about the project and consider if they wished to take part. Prior to commencing each interview I spoke to the prospective co-researcher, creating a further opportunity for them to ask any questions regarding the research project.

Involvement of Stakeholders

Throughout the research process, I sought co-researchers' opinions and feedback to ensure I was working as collaboratively as possible. This followed from a primary discussion and pilot interview with a stakeholder, which helped to adapt the research design in asylum seekers' interest. The phases of the project were clearly outlined and efforts were made to

tailor this design sensitively to the specific sample population, context as well as the principles of action research. Despite constraints on co-researchers' participation in the research process (due especially to the need to protect their anonymity), by emphasising my intention to learn from them I consistently highlighted their position as experts.

Power Dynamics

I was explicit about my limited insight into seeking asylum and careful not to pretend I knew what this felt like. At all times I strove to reflect and question my assumptions, trying to be transparent about the process of conducting research, what I was learning and also about what I did not know. Throughout the research process I tried to be mindful of power dynamics, emphasising that co-researchers were the experts on the experiences of seeking asylum, and that I was hoping to learn from them. I emphasised that they could decide what they shared and what they did not, and that they were under no obligation to answer any questions they did not wish to.

Clarity of Information and Extent of Collaboration

The decisions made were shared with the co-researchers when we met for interviews and I explained my reasoning for these, thus promoting continued clarity around the research process. While it was impossible to formally analyse all of the data with the co-researchers, I shared initial findings and invited their views and elaborations on these, as well as any corrections to be made on potential misunderstandings on my part. The decision to employ thematic analysis in accordance with Braun and Clarke's framework (2006), as well as its strengths and limitations, are detailed in the Methodology Chapter. It is worth noting however, that this analytic method was chosen for its simplicity which made it possible to illustrate the steps taken with co-researchers, thus adding to the transparency of the process. Furthermore, the analysis was theoretically rooted (in social constructionism and critical realism), which Kagan et al. (2017) underscore as an important point to evaluate the analysis of results (please see Appendices H and J for transcript samples and tables illustrating emergent themes).

Local Context

The local context, in this case Bristol, was taken into consideration, and my prior work with asylum seekers had made me sensitive to some of the contextual challenges asylum seekers were facing. These included especially the need for anonymity, which in a relatively

small city like Bristol can quite easily be lost. This meant that although I endeavoured to make co-researchers a part of the project and write up (such as through the vignettes in the Methodology chapter), I was at all times mindful not to reveal details which could lead to the identification of an individual by another asylum seeker or professional aware of their particular case.

Dissemination of Data

Critical to action research is the dissemination of data, which was addressed through the presentations in Phase 3, as well as through the writing of the summary shared with all co-researchers and the journal article intended for publication. This was intended to allow co-researchers the freedom to decide if, and if so with whom they wished to share the findings. The possibility of publishing findings in the form of a journal article would allow professionals working with asylum seekers and psychologists in particular to be able to access the results of this study.

Impact and importance

Typically action research is also evaluated by the changes it proposes if not the action it inspires. As has been discussed previously, the changes this project may promote cannot fully be evaluated and yet there may be some points of impact worthy of consideration. Consistent with the aims of this project, the researcher learnt from asylum seekers about their experience, and in line with action research, invited them to actively engage with their situation, thereby providing a space for reflection and critique. Insights were gained regarding the psychological needs of asylum seekers and how resilience is already being fostered in Bristol, as well as the factors which need to be addressed in order to promote asylum seekers' wellbeing more broadly. The data collected were disseminated locally and nationally, to the Bristol City Council, a Bristol mental health service as well as at the annual conference of Counselling Psychology. Implications for therapeutic practice are further outlined below.

4.3. Ideas for Future Research

The notion of mental health as a political tool, through which some deportees are believed to be intentionally rendered unwell by the UK government, could be a valuable avenue for future investigation. This could shed light on cultural concepts of mental health and accessing services. Here it might be particularly useful to seek clarification from community groups affected by these beliefs, in order to understand how they impact individuals once they reach the UK. Learning more from qualitative research into this particular practice may be especially important for mental health professionals working to support asylum seekers.

Researching the regret experienced by asylum seekers, and their sense of having been deceived by a media portrayal of the UK could also be important, especially with regard to managing expectations in practice. Arguably the higher the expectations, the greater the disappointment and potential loss of hope experienced by an individual. Longitudinal studies may be of value here, which could assess a change in asylum seekers' perceptions over time.

It may also be beneficial to study asylum seekers' perceptions of differential treatment by the Home Office of different asylum seeking groups, in order to understand perceived discrimination and injustice as well as implicit social hierarchies. Once more it would seem that working with community groups may be important. It appears that the present sense of injustice with regard to the asylum seeking process is primarily fuelled by a lack of information.

Action research as a change-oriented approach may be of particular use in future research because it encourages reflection, critique and suggestions for change, while placing asylum seekers who are frequently excluded from dominant discourse, at the centre of agency concerning their position and treatment within society.

4.4. Implications for Counselling Psychology

It is important that psychologists recognise the impact and extent of the post-migration stresses which asylum seekers face in the UK. The distress of surviving this situation, coupled with pre-migration trauma must be held in mind when working to support this population. Disappointment, hopelessness, anxiety and panic are but some of the experiences co-researchers related to seeking asylum. Their accounts have illustrated how their identity is threatened by cultural bereavement as well as by not having one's skill set

acknowledged, being made to suspend one's life indefinitely, and not being able to prove one's legitimate need for safety. Particularly the discussions with professionals indicated how the content of therapy might be tailored in light of current practice, and taking into account asylum seekers' circumstances (e.g. specific focus on meaning-making). It is clear from even such a small project that in order to establish truly helpful mental health support, both intended service users and those wishing to support them must exchange their knowledge and intentions.

Thus, in line with Groen et al. (2018), it would be advisable for psychologists to incorporate a distinct consideration of a client's sense of identity into their assessment, how this is constructed in relation to their home culture, how it might be challenged in the new setting, as well as how mental health may be conceptualised and maintained (Im et al, 2017). Distress around existing trauma and current stress may be moderated by working with clients to help them find ways of regaining some sense of autonomy, social network and hope, the latter possibly through faith as Thomas et al. (2011) propose or through learning English in line with Salvo and William's (2017) findings.

Allowing clients to freely develop self-narratives may further support contemplating a future (Chase, 2013) and provide a notion of agency, control over one's existence and potentially, a sense of freedom (Rainbird, 2014). Critically, psychologists should avoid pressing clients to recount their reasons for seeking refuge to avoid replicating Home Office interviews. In this vein, as co-researchers and Phase 3 discussions emphasised, clarity around confidentiality is essential and allowing for trust to develop in the therapeutic relationship may take time. Both psychology itself and seeking support for mental health concerns may be entirely unfamiliar to people from some contexts, which makes cultural competence all the more important.

As Cleveland et al. (2018) have argued, continued disempowerment with no hope for a future can weaken asylum seekers' resilience. And yet even in the face of this, co-researchers have indicated that sources of strength can be found by studying English, and in line with Ungar's (2008) concept of resilience, by engaging in faith practice and related communities, and by developing connections with others who have shared similar experiences. The BPS Guidelines (2018) encourage a holistic approach to working with asylum seekers, so that all resources available to a client may be employed and potential sources of resilience promoted.

While the above points give some insight into how psychological needs may be understood and resilience strengthened, co-researchers' emphasis on being given an opportunity to talk and share one's opinions and to be heard by a curious and compassionate listener, seems central to providing opportunities for healing. As Emilia said "the more you show compassion, the more you show you really care, eventually people will start talking", which encapsulates the essence of what may be at the heart of a respectful, collaborative therapeutic process. This correlates with the BPS (2018) recommendations which highlight the importance of treating people with respect and allowing time for trust to develop as especially important when working with asylum seekers or refugees.

Consistent with the literature (e.g. Goodkind et al., 2014; Quinn, 2014), this research has illustrated the success of community-based, collaborative approaches. Learning in particular from Haile's recommendations, psychologists may find community settings useful starting points to engage with the mental health issues facing the asylum seeking population. This is consistent also with the BPS (2018) Guidelines which recommend that in addition to seeking feedback from stakeholders, psychologists might benefit from developing relationships with communities so as to develop services that are responsive to specific needs and preferences. The present research project has underscored the advantage of showing openness to learning about different cultures rather than adopting an expert position, which echoes the BPS Guidelines (BPS, 2018).

4.5. Reflections

The positive feedback I received from co-researchers about their experience of taking part in the research was indicative of the value of such participation, both for those participating and for the research itself since it implied that the co-researchers felt they could engage with this research method. As has been discussed, co-researchers highlighted the significance of professionals listening respectfully, taking time to hear an individual account and refraining from generalising experience.

Importantly I now acknowledge that my stance has shifted somewhat since the start of the research. Whereas I initially saw myself to be learning about differences and identifying these in order to inform and sensitize psychological practice in relation to my own experience, I now view this research process as also being one of showing how existentially, there is not necessarily so much which differentiates us. This is not to say that experiences are not different, but rather that within these experiences we are all likely to act similarly. The

importance of this shift for me lies in the potential consequences of bringing vastly divided groups a little closer together, helping one to empathise better with the experience of the other. Returning to the principles of group psychology (Opatow, 2001) which was discussed previously with regard to the media portrayal of asylum seekers, if we are gradually able to accept the emotional parities between those seeking refuge and those holding the power over their safety and security, it will become much more difficult to justify the discriminatory, dehumanising and punitive practices of current UK asylum legislation, as well as their repercussions in wider society.

This is vastly ambitious and yet I sincerely hope that the present qualitative findings lend a voice to some of those seeking asylum in the UK and thus inspire future work to promote greater empathy within psychological practice, as well as amongst policy makers and the general public. I am reminded of Achebe's powerful anti-colonialist work; he wisely writes "...when we are comfortable and inattentive, we run the risk of committing grave injustices absentmindedly." (Achebe, 2009, p.95). Maybe research such as that conducted here can help us become more attentive to the injustices that are being committed, and less comfortable as our awareness grows of their effect on others.

I am hugely grateful to the co-researchers for making this project possible. Their accounts provided incredibly rich data and have helped me to gain important insight and sensitivity which will be critical to my future practice. They have been very patient with me as I grappled with the challenges of a flexible research structure, and encouraging when they could see me struggling with the content and process of the research. While I do not pretend that our situations are at all comparable, by showing me vividly how one can maintain personal integrity and authenticity in the face of challenging contexts and systemic injustice, I am humbled to recognise that the co-researchers have taught me far more than I expected to learn.

4.6. Conclusion

This research has found that the process of seeking asylum in the UK makes it very difficult for individuals to meet their psychological needs and that they must be extremely resourceful to build and nurture their resilience. Co-researchers recounted having to live in poverty, not being allowed to work and a perpetual lack of accommodation security as constituting some

of the challenges which asylum seekers must confront in the UK, and felt these post-migration factors to be detrimental to their wellbeing.

The findings highlighted how being made to wait in uncertainty may threaten a person's sense of control over their existence, leading to hopelessness and suicidal ideation. While the results largely correlated with the existing research findings, several new insights were also gained which add to the rapidly growing body of literature: ideas around mental health being a political tool, the existence of potential discrepancies in treatment within the asylum seeking population, and a sense of being deceived by the media, which may indicate future research directions. Counselling psychology may benefit from explicitly concentrating on identity and meaning-making as part of the therapeutic process, and acknowledging the differences between cultures which are likely to be vast and multi-level. Furthermore this research project indicates the possible value of employing action research with this population, and detailed reflections throughout the thesis are intended to make future replications and improvements possible.

If stories are viewed as opportunities for finding meaning in one's experiences and for defining one's existence (Rainbird, 2014), then I hope that the co-researchers felt their participation contributed to their personal meaning-making as well as to regaining some agency over their existence. By learning from co-researchers' accounts it is hoped that the experiences of asylum seekers in Bristol may one day be shaped by a sense of being heard respectfully, supported appropriately and treated with compassion.

References:

- Abramson, D. M., Grattan, L. M., Mayer, B., Colten, C. E., Arosemena, F. A., Bedimo-Rung, A., & Lichtveld, M. (2015). The resilience activation framework: a conceptual model of how access to social resources promotes adaptation and rapid recovery in post-disaster settings. *The Journal of Behavioral Health Services & Research, 42*(1), 42-57.
- Achebe, C. (2009). *The education of a British-protected child: Essays*. London: Penguin Group.
- Al-Amoudi, I., & Willmott, H. (2011). Where constructionism and critical realism converge: Interrogating the domain of epistemological relativism. *Organization Studies, 32*(1), 27-46.
- Allsopp, J., Sigona, N., Phillimore, J. (2014). Poverty among refugees and asylum seekers in the UK. An evidence and policy review. Iris Working Paper Series, University of Birmingham. Retrieved from:
http://www.academia.edu/download/35116061/IRiS_WP_1-2014.pdf
- Baird, M. B., Domian, E. W., Mulcahy, E. R., Mabior, R., Jemutai-Tanui, G., & Filippi, M. K. (2015). Creating a Bridge of Understanding between Two Worlds: Community-Based Collaborative-Action Research with Sudanese Refugee Women. *Public Health Nursing, 32*(5), 388-396.
- Belz, M., Belz, M., Özkan, I., & Graef-Calliess, I. T. (2017). Posttraumatic stress disorder and comorbid depression among refugees: Assessment of a sample from a German refugee reception center. *Transcultural psychiatry, 54*(5-6), 595-610.
- Bernardes, D., Wright, J., Edwards, C., Tomkins, H., Dfoz, D., & Livingstone, A. (2011). Asylum seekers' perspectives on their mental health and views on health and social services: contributions for service provision using a mixed-methods approach. *International Journal of Migration, Health and Social Care, 6*(4), 3-19.
- Berry, J. W. (2005). Acculturation: Living successfully in two cultures. *International Journal of Intercultural Relations, 29*(6), 697-712.

- Bhaskar, R. (2014). *The possibility of naturalism: A philosophical critique of the contemporary human sciences*. London: Routledge.
- Bhugra, D. (2004). Migration and mental health. *Acta Psychiatrica Scandinavica*, 109(4), 243-258.
- Bhugra, D., & Becker, M. A. (2005). Migration, cultural bereavement and cultural identity. *World psychiatry*, 4(1), 18.
- Bhui, K., Craig, T., Mohamud, S., Warfa, N., Stansfeld, S. A., Thornicroft, G., McCrone, P. (2006). Mental disorders among Somali refugees: Developing culturally appropriate measures and assessing socio-cultural risk factors. *Social Psychiatry and Psychiatric Epidemiology*, 41(5), 400-408. doi:10.1007/s00127-006-0043-5
- Bloch, A. (2014). Living in fear: rejected asylum seekers living as irregular migrants in England. *Journal of Ethnic and Migration Studies*, 40(10), 1507-1525.
- Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war-refugees: a systematic literature review. *BMC international health and human rights*, 15(1), 29.
- Bouzenita, A. I., & Boulanouar, A. W. (2016). Maslow's hierarchy of needs: An Islamic critique. *Intellectual Discourse*, 24(1), 59.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- British Psychological Society (2018), *Guidelines for Psychologists working with refugees and Asylum Seekers in the UK: Extended Version*. Retrieved from: <https://www.bps.org.uk/news-and-policy/guidelines-psychologists-working-refugees-and-asylum-seekers-uk>
- British Red Cross and Boaz Trust (2013), *A Decade of Destitution: Time to make a Change*. Manchester. Retrieved from: <http://www.redcross.org.uk/~-/media/BritishRedCross/Documents/What%20we%20do/UK%20services/Greater%20Manchester%20destitution%20report.pdf>

- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American psychologist*, 32(7), 513.
- Brydon-Miller, M., & Tolman, D. L. (1997). Engaging the process of transformation. *Journal of Social Issues*, 53(4), 803-810.
- Brydon-Miller, M., Greenwood, D., & Maguire, P. (2003). Why action research? *Action Research*, 1(1):9-38
- Campbell, E. J., & Steel, E. J. (2015). Mental distress and human rights of asylum seekers. *Journal of Public Mental Health*, 14(2), 43-55. doi:10.1108/JPMH-06-2013-0040
- Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry*, 57(2), 107-119.
- Cebulla, A., Daniel, M. and Zurawan, A. (2010) Spotlight on Refugee Integration: Findings from the Survey of New Refugees in the United Kingdom (Home Office Research Report No. 37). London, Home Office. Retrieved from:
<https://www.gov.uk/government/publications/spotlight-on-refugee-integration-findings-from-the-survey-of-new-refugees-in-the-united-kingdom>
- Chantler, K. (2012). Gender, asylum seekers and mental distress: Challenges for mental health social work. *British Journal of Social Work*, 42(2), 318-334.
- Chase, E. (2013). Security and subjective wellbeing: the experiences of unaccompanied young people seeking asylum in the UK. *Sociology of health & illness*, 35(6), 858-872.
- Cheung, S. Y., & Phillimore, J. (2014). Refugees, social capital, and labour market integration in the UK. *Sociology*, 48(3), 518-536.
- Christie, D. J., Wagner, R. V., & Winter, D. D. N. (Eds.). (2001). *Peace, conflict, and violence*. Upper Saddle River, NJ: Prentice Hall.

- Clare, M., Goodman, S., Liebling, H., & Laing, H. (2014). " You keep yourself strong": a discourse analysis of African women asylum seekers' talk about emotions. *Journal of International Women's Studies*, 15(1), 83-95.
- Cleveland, J., Kronick, R., Gros, H., & Rousseau, C. (2018). Symbolic violence and disempowerment as factors in the adverse impact of immigration detention on adult asylum seekers' mental health. *International journal of public health*, 1-8.
- Cohen, J. (2008). Safe in our hands?: A study of suicide and self-harm in asylum seekers. *Journal of Forensic and Legal Medicine*, 15(4), 235-244.
doi:10.1016/j.jflm.2007.11.001
- Crawley, H., Hemmings, J., & Price, N. (2011). Coping with destitution. *Survival and livelihood strategies of refused asylum seekers living in the UK*, Swansea: Swansea University and Oxfam. Retrieved from: <https://policy-practice.oxfam.org.uk/publications/coping-with-destitution-survival-and-livelihood-strategies-of-refused-asylum-se-121667>
- Cromby, J., Diamond, B., Kelly, P., Moloney, P., Priest, P., Smail, D., & Soffe-Caswell, J. (2012). Draft manifesto for a social materialist psychology of distress. *Journal of Critical Psychology, Counselling and Psychotherapy*, 12(2), 93-107.
- Crumlish, N., & O' Rourke, K. (2010). A systematic review of treatments for post-traumatic stress disorder among refugees and asylum-seekers. *The Journal of nervous and mental disease*, 198(4), 237-251.
- D'Ardenne, P., & Mahtani, A. (1999). *Transcultural Counselling In Action*. London: Sage.
- Deci, E. L., & Ryan, R. M. (Eds.). (2002). *Handbook of self-determination research*. Rochester, NY: University Rochester Press.
- De Genova, N. P. (2002). Migrant "illegality" and deportability in everyday life. *Annual review of anthropology*, 31(1), 419-447.
- Elder-Vass, D. (2012). *The Reality of Social Construction*. Cambridge: Cambridge University Press.

- Ellis, B. H., Lankau, E. W., Ao, T., Benson, M. A., Miller, A. B., Shetty, S., ... & Cochran, J. (2015). Understanding Bhutanese refugee suicide through the interpersonal-psychological theory of suicidal behavior. *American journal of orthopsychiatry*, 85(1), 43.
- Fassil, Y., & Burnett, A. (2015). Commissioning mental health services for vulnerable adult migrants. Retrieved from: <https://www.mind.org.uk/media/14259589/mental-health-commissioning-with-migrant-communities.pdf>
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, 365(9467), 1309-1314.
- Filges, T., Montgomery, E., & Kastrup, M. (2016). The impact of detention on the health of asylum seekers: a systematic review. *Research on Social Work Practice*, 28(4), 399-414.
- Freire, P. (1996). *Pedagogy of the Oppressed* (revised). New York, NY: Continuum.
- Gladden, J. (2013). Coping Strategies of Sudanese Refugee Women in Kakuma Refugee Camp, Kenya. *Refugee Survey Quarterly*, 32(4), 66-89.
- Gobo, G. (2012). Re-conceptualizing generalization: Old issues in a new frame. In Alasuutari, P., Bickman, L., & Brannen, J., (Eds.) *The Sage handbook of social research methods*, (2nd ed., pp.193-213). London: Sage.
- Gobo, G. (2004) *Sampling, representativeness and generalizability in* Seale, C., Gobo, G., Gubrium J.F., Silverman, D. (Ed.) *Qualitative research practice* (2nd ed.). London: Sage.
- Goodkind, J. R., Hess, J. M., Isakson, B., LaNoue, M., Githinji, A., Roche, N. & Parker, D. P. (2014). Reducing refugee mental health disparities: A community-based intervention to address postmigration stressors with African adults. *Psychological Services*, 11(3), 333.

- Goodman, R. D., Vesely, C. K., Letiecq, B., & Cleaveland, C. L. (2017). Trauma and resilience among refugee and undocumented immigrant women. *Journal of Counseling & Development, 95*(3), 309-321.
- Goodman, S., & Burke, S. (2011). Discursive deracialization in talk about asylum seeking. *Journal of community & applied social psychology, 21*(2), 111-123.
- Goodman, S., & Speer, S. A. (2007). Category use in the construction of asylum seekers. *Critical Discourse Studies, 4*(2), 165-185. doi:10.1080/17405900701464832
- Goodman, S., Burke, S., Liebling, H., & Zasada, D. (2015). 'I can't go back because if I go back I would die': How asylum seekers manage talk about returning home by highlighting the importance of safety. *Journal of Community & Applied Social Psychology, 25*(4), 327-339.
- Goodman, S., Burke, S., Liebling, H., & Zasada, D. (2014). I'M NOT HAPPY, BUT I'M OK: How asylum seekers manage talk about difficulties in their host country. *Critical Discourse Studies, 11*(1), 19-34.
- Goodman, S., Burke, S., Liebling, H., & Zasada, D. (2015). 'I can't go back because if I go back I would die': How asylum seekers manage talk about returning home by highlighting the importance of safety. *Journal of Community & Applied Social Psychology, 25*(4), 327-339.
- Greenwood, D. J., & Levin, M. (2011). *Introduction to action research: Social research for social change*. London: Sage.
- Griffiths, M. B. (2014). Out of time: The temporal uncertainties of refused asylum seekers and immigration detainees. *Journal of Ethnic and Migration Studies, 40*(12), 1991-2009.
- Groen, S. P., Richters, A., Laban, C. J., & Devillé, W. L. (2018). Cultural identity among Afghan and Iraqi traumatized refugees: Towards a conceptual framework for mental health care professionals. *Culture, Medicine, and Psychiatry, 42*(1), 69-91.
- Haas, B. M. (2017). Citizens-in-Waiting, Deportees-in-Waiting: Power, Temporality, and Suffering in the US Asylum System. *Ethos, 45*(1), 75-97.

- Hassan, G., Ventevogel, P., Jefee-Bahloul, H., Barkil-Oteo, A., & Kirmayer, L. J. (2016). Mental health and psychosocial wellbeing of Syrians affected by armed conflict. *Epidemiology and psychiatric sciences*, 25(2), 129-141.
- Head, E. (2009). The ethics and implications of paying participants in qualitative research. *International Journal of Social Research Methodology*, 12(4), 335-344.
- Heeren, M., Mueller, J., Ehlert, U., Schnyder, U., Copier, N., & Maier, T. (2012). Mental health of asylum seekers: A cross-sectional study of psychiatric disorders. *BMC Psychiatry*, 12(1), 114-114. doi:10.1186/1471-244X-12-114
- Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied psychology*, 50(3), 337-421.
- Hocking, D. C., Kennedy, G. A., & Sundram, S. (2015). Mental disorders in asylum seekers: the role of the refugee determination process and employment. *The Journal of nervous and mental disease*, 203(1), 28-32.
- Hocking, D. C. (2017). Tho' Much is Taken, Much Abides: Asylum Seekers' Subjective Wellbeing. *Journal of immigrant and minority health*, 1-8.
- Home Office Visa Information Doc, (2016). Retrieved from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513585/Point_of_Claim_English_20160401.pdf
- Houston, S. (2001). Beyond social constructionism: Critical realism and social work. *British Journal of Social Work*, 31(6), 845-861.
- Hutchinson, A., Atkinson, P., Bellanger-Jones, C., Clemson, H., Chadwick, P., Colerick, G., & Richards, M. (2012). Involving service users' stories in developing mental health services: the process of capturing, enabling and supporting service users' expertise and experiences. *FoNS Improvement Insights*, 8(9), 1.

- Ikram, U. Z., Snijder, M. B., Fassaert, T. J., Schene, A. H., Kunst, A. E., & Stronks, K. (2015). The contribution of perceived ethnic discrimination to the prevalence of depression. *The European Journal of Public Health, 25*(2), 243-248.
- Ikram, U. Z., Snijder, M. B., Fassaert, T. J., Schene, A. H., Kunst, A. E., & Stronks, K. (2014). The contribution of perceived ethnic discrimination to the prevalence of depression. *The European Journal of Public Health, 25*(2), 243-248.
- Im, H., Ferguson, A., & Hunter, M. (2017). Cultural translation of refugee trauma: Cultural idioms of distress among Somali refugees in displacement. *Transcultural psychiatry, 54*(5-6), 626-652.
- Immigration Report, (2016). *Migration Statistics*. Retrieved from:
<https://www.gov.uk/government/publications/immigration-statistics-october-to-december-2015/summary>
- Jayaweera, H., & Quigley, M. A. (2010). Health status, health behaviour and healthcare use among migrants in the UK: Evidence from mothers in the millennium cohort study. *Social Science & Medicine, 71*(5), 1002-1010.
- of Session 2006–07, London, House of Lords, House of Commons
<http://www.publications.parliament.uk/pa/jt200607/jtselect/jtrights/81/81i.pdf>
- Kagan, C., Burton, M., & Siddiquee, A. (2008). Action Research. In Willig, C. & Stainton-Rogers, (Eds.) *The SAGE Handbook of Qualitative Research in Psychology*, 32-53. CA: Sage.
- Kalt, A., Hossain, M., Kiss, L., & Zimmerman, C. (2013). Asylum seekers, violence and health: a systematic review of research in high-income host countries. *American journal of public health, 103*(3), e30-e42.
- Khosravi, S. (2010). An ethnography of migrant 'illegality' in Sweden: Included yet excepted?. *Journal of International Political Theory, 6*(1), 95-116.

- Kiat, N., Youngmann, R., & Lurie, I. (2017). The emotional distress of asylum seekers in Israel and the characteristics of those seeking psychiatric versus medical help. *Transcultural psychiatry*, 54(5-6), 575-594.
- Kincheloe, J. L., & McLaren, P. (2000). Rethinking Critical Theory and Qualitative Research. In Denzin, N. K., & Lincoln, Y. S. (Eds). *Handbook of Qualitative Research*. CA: Sage.
- Kirkwood, S. (2012a) *Negotiating the dilemmas of claiming asylum: A discursive analysis of interviews with refugees on life in Scotland*. Special Issue: The 1951 UN Refugee Convention - 60 Years On (2012), pp. 87-112
- Kirkwood, S. M. (2012b). 'Refugee' is only a word: A discursive analysis of refugees' and asylum seekers' experiences in Scotland. (Doctoral Thesis) Retrieved from: <http://www.era.lib.ed.ac.uk/handle/1842/7594>
- Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ... & Pottie, K. (2011). Common mental health problems in immigrants and refugees: general approach in primary care. *Cmaj*, 183(12), E959-E967.
- Laban, C. J., Gernaat, H. B., Komproe, I. H., Schreuders, B. A., & De Jong, J. T. (2004). Impact of a long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in The Netherlands. *The Journal of nervous and mental disease*, 192(12), 843-851.
- Laban, C. J., Gernaat, H. B., Komproe, I. H., van der Tweel, I., & De Jong, J. T. (2005). Postmigration living problems and common psychiatric disorders in Iraqi asylum seekers in the Netherlands. *The Journal of nervous and mental disease*, 193(12), 825-832.
- Labys, C. A., Dreyer, C., & Burns, J. K. (2017). At zero and turning in circles: refugee experiences and coping in Durban, South Africa. *Transcultural psychiatry*, 54(5-6), 696-714.
- Lago, C. (Ed.). (2011). *The Handbook of Transcultural Counselling and Psychotherapy*. London: McGraw-Hill Education

- Lambert, J. E., & Alhassoon, O. M. (2015). Trauma-focused therapy for refugees: Meta-analytic findings. *Journal of counseling psychology, 62*(1), 28.
- Largent, E. A., Grady, C., Miller, F. G., & Wertheimer, A. (2012). Money, coercion, and undue inducement: A survey of attitudes about payments to research participants. *IRB, 34*(1), 1.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, coping and appraisal*. New York ,NY: Springer
- Lecerof, S. S., Stafstrom, M., Westerling, R., Ostergren, P.
Medicinskaochfarmaceutiskavetenskapsområdet, Uppsala universitet, Socialmedicin.
(2015). Does social capital protect mental health among migrants in sweden? *Health Promotion International*, doi:10.1093/heapro/dav048
- Leudar, I., Hayes, J., Nekvapil, J., & Baker, J. T. (2008). Hostility themes in media, community and refugee narratives. *Discourse & Society, 19*(2), 187-221.
doi:10.1177/0957926507085952
- Levecque, K., & Van Rossem, R. (2015). Depression in Europe: Does migrant integration have mental health payoffs? A cross-national comparison of 20 European countries. *Ethnicity & Health, 20*(1), 49-65. doi:10.1080/13557858.2014.883369
- Levin, M. (2012). Academic integrity in action research. *Action Research 10*(2), 133-149.
- Lewis, J. (2009). Redefining qualitative methods: Believability in the fifth moment. *International Journal of Qualitative Methods, 8*(2), 1-14.
- Li, S. S., Liddell, B. J., & Nickerson, A. (2016). The relationship between post-migration stress and psychological disorders in refugees and asylum seekers. *Current psychiatry reports, 18*(9), 82.
- Liebling, H., Burke, S., Goodman, S., & Zasada, D. (2014). Understanding the experiences of asylum seekers. *International Journal of Migration, Health and Social Care, 10*(4), 207-219.

- Lonn, M. R., & Dantzler, J. Z. (2017). A Practical Approach to Counseling Refugees: Applying Maslow's Hierarchy of Needs. *Journal of Counselor Practice*, 8(2), 61-82.
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British journal of psychology*, 91(1), 1-20.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological review*, 50(4), 370.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American psychologist*, 56(3), 227.
- Mawani, F. N. (2014). Social determinants of refugee mental health. In *Refuge and Resilience* (pp. 27-50). Dordrecht, NL: Springer.
- Miller, K. E., & Rasmussen, A. (2017). The mental health of civilians displaced by armed conflict: an ecological model of refugee distress. *Epidemiology and psychiatric sciences*, 26(2), 129-138.
- Mind (2009). *A Civilised Society: Mental Health Provision for Refugees and Asylum-Seekers in England and Wales*. Retrieved from: <https://www.mind.org.uk/media/273472/a-civilised-society.pdf>
- Morgan, G., Melliush, S., & Welham, A. (2017). Exploring the relationship between post-migratory stressors and mental health for asylum seekers and refused asylum seekers in the UK. *Transcultural psychiatry*, 54(5-6), 653-674.
- Mulvey, G. (2010). When policy creates politics: The problematizing of immigration and the consequences for refugee integration in the UK. *Journal of Refugee Studies*, 23(4), 437-462.
- Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: best practices and recommendations. *American Journal of Orthopsychiatry*, 80(4), 576-585.

- NHS, (2014). *Five Year Forward View*. Retrieved from: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- NICE, (2016) *Post-traumatic Stress Disorder*. Retrieved from: <https://pathways.nice.org.uk/pathways/post-traumatic-stress-disorder>
- Orford, J. (2008). *Community psychology: Challenges, controversies and emerging consensus*. New York, NY: John Wiley & Sons.
- Paat, Y. F., & Green, R. (2017). Mental health of immigrants and refugees seeking legal services on the US-Mexico border. *Transcultural Psychiatry*, 54(5-6), 783-805.
- 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.
doi:10.1080/13623690701417345
- Papadopoulos, R. K. (2001). Refugee families: issues of systemic supervision. *Journal of family Therapy*, 23(4), 405-422.
- Papadopoulos, R. K. (2007). Refugees, trauma and adversity-activated development. *European Journal of Psychotherapy and Counselling*, 9(3), 301-312.
- Pettit, J. (2013) *The Right to Rehabilitation for Survivors of Torture in the UK, Freedom From Torture*, London. Retrieved from: <https://www.freedomfromtorture.org/sites/default/files/documents/Poverty%20report%20FINAL%20a4%20web.pdf>
- Phillimore J, Thronhill J. (2010) *Delivering in the age of superdiversity: West Midlands review of maternity services for migrant women*. West Midlands Strategic Migration Partnership and Department of Health: Birmingham. Retrieved from: <http://www.wmemployers.org.uk/media/upload/Library/Migration%20Documents/Publications/Delivering%20in%20an%20Age%20of%20Super-diversity%20v5.pdf>
- Phillimore, J. (2011). Refugees, acculturation strategies, stress and integration. *Journal of Social Policy*, 40(3), 575-593.

- Phillimore, J. (2012). Implementing integration in the UK: Lessons for integration theory, policy and practice. *Policy & Politics*, 40(4), 525-545.
- Phillips, D., & Robinson, D. (2015). Reflections on migration, community, and place. *Population, Space and Place*, 21(5), 409-420. doi:10.1002/psp.1911
- Philo, C. (2005). The geographies that wound. *Population, Space and Place*, 11(6), 441-454.
- Pickren, W. E. (2014). What is resilience and how does it relate to the refugee experience? Historical and theoretical perspectives. In *Refuge and resilience* (pp. 7-26). Dordrecht, NL: Springer.
- Platts-Fowler, D., & Robinson, D. (2015). A place for integration: Refugee experiences in two English cities. *Population, Space and Place*, 21(5), 476-491.
- Porter, M. (2007). Global evidence for a biopsychosocial understanding of refugee adaptation. *Transcultural Psychiatry*, 44(3), 418-439.
- Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis. *Jama*, 294(5), 602-612.
- Procter, N. G., De Leo, D., & Newman, L. (2013). Suicide and self-harm prevention for people in immigration detention. *Med J Aust*, 199, 730-2.
- Pupavac, V. (2002). *Therapeutising refugees, pathologising populations: international psycho-social programmes in Kosovo*. UNHCR.
- Putman, S. M., & Rock, T. (2017). *Action research: Using strategic inquiry to improve teaching and learning*. London: Sage.
- Putnam, R. D. (2007). E pluribus unum: Diversity and community in the twenty-first century the 2006 Johanskytte prize lecture. *Scandinavian Political Studies*, 30(2), 137-174. doi:10.1111/j.1467-9477.2007.00176.x

- Quinn, N. (2014). Participatory action research with asylum seekers and refugees experiencing stigma and discrimination: the experience from Scotland. *Disability & Society*, 29(1), 58-70.
- Rainbird, S. (2014). Asserting existence: Agentive narratives arising from the restraints of seeking asylum in East Anglia, Britain. *Ethos*, 42(4), 460-478.
- Randall, A., (2015) *Challenging the Destitution Policy*, Third Sector Research Centre
Retrieved from: <https://www.birmingham.ac.uk/generic/tsrc/documents/tsrc/working-papers/Working-Paper-131-Randall-Final.pdf>
- Reason, P., & Bradbury, H. (Eds.). (2013). *Handbook of action research: Participative inquiry and practice*. London: Sage.
- Refugee Council (2018). Refugee Council Terms and Definitions. Retrieved from: <https://www.refugeecouncil.org.uk/glossary>
- Refugee Council, (2015). *The Refugee Council submission to the Home Affairs Select Committee*. Retrieved from: https://www.refugeecouncil.org.uk/assets/0003/6225/Refugee_Council_submission_to_HASC_inquiry_-_European_migration_crisis.pdf
- Refugee Council, (2017). Delays in asylum decisions leaving more people in limbo. Retrieved from: https://www.refugeecouncil.org.uk/latest/news/4936_delays_in_asylum_decisions_leaving_more_people_in_limbo
- Robjant, K., Hassan, R., & Katona, C. (2009). Mental health implications of detaining asylum seekers: systematic review. *The British journal of psychiatry*, 194(4), 306-312.
- Rudiger, A. (2007), Prisoners of Terrorism? The impact of anti-terrorism measures on refugees and asylum seekers in Britain, Refugee Council, Oxfam. Retrieved from: http://www.refugeecouncil.org.uk/assets/0001/5919/prisoners_of_terrorism.pdf

- Ryan, D., Dooley, B., & Benson, C. (2008). Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. *Journal of Refugee Studies*, 21(1), 1-18.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American psychologist*, 55(1), 68.
- Schock, K., Rosner, R., & Knaevelsrud, C. (2015). Impact of asylum interviews on the mental health of traumatized asylum seekers. *European Journal of Psychotraumatology*, 6 doi:10.3402/ejpt.v%v.26286
- Schweitzer, R. D., Brough, M., Vromans, L., & Asic-Kobe, M. (2011). Mental health of newly arrived Burmese refugees in Australia: contributions of pre-migration and post-migration experience. *Australian and New Zealand Journal of Psychiatry*, 45(4), 299-307.
- Sigona, N. (2012). 'I have too much baggage': the impacts of legal status on the social worlds of irregular migrants. *Social Anthropology*, 20(1), 50-65.
- Simich, L., Andermann, L., & Springer Link eBook Collection. (2014). *Refuge and resilience: Promoting resilience and mental health among resettled refugees and forced migrants*. Dordrecht: Springer.
- Spicer, N. (2008). Places of exclusion and inclusion: Asylum-seeker and refugee experiences of neighbourhoods in the UK. *Journal of Ethnic and Migration Studies*, 34(3), 491-510.
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European journal of psychotraumatology*, 5(1), 25338.
- Stewart, E. (2005). Exploring the vulnerability of asylum seekers in the UK. *Population, Space and Place*, 11(6), 499-512.

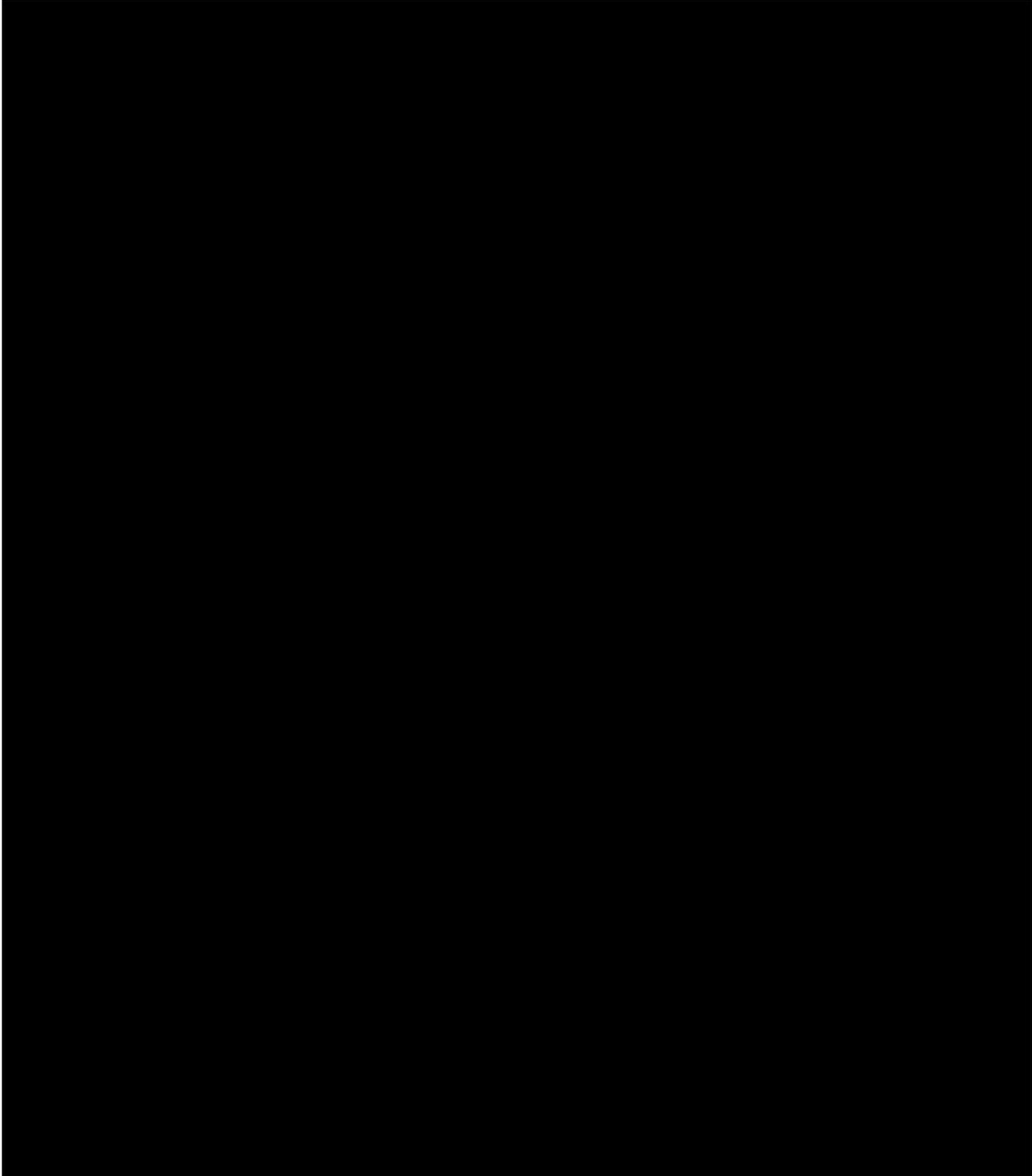
- Stewart, E., & Mulvey, G. (2014). Seeking safety beyond refuge: The impact of immigration and citizenship policy upon refugees in the UK. *Journal of Ethnic and Migration Studies*, 40(7), 1023-1039.
- Strang, A. B., Baillot, H., & Mignard, E. (2018). 'I want to participate.' transition experiences of new refugees in Glasgow. *Journal of Ethnic and Migration Studies*, 44(2), 197-214.
- Summerfield, D. (2001). The invention of post-traumatic stress disorder and the social usefulness of a psychiatric category. *Bmj*, 322(7278), 95-98.
- Tay, L., & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of personality and social psychology*, 101(2), 354.
- Teodorescu, D. S., Heir, T., Hauff, E., Wentzel-Larsen, T., & Lien, L. (2012). Mental health problems and post-migration stress among multi-traumatized refugees attending outpatient clinics upon resettlement to Norway. *Scandinavian Journal of Psychology*, 53(4), 316-332.
- Thomas, F. C., Roberts, B., Luitel, N. P., Upadhaya, N., & Tol, W. A. (2011). Resilience of refugees displaced in the developing world: a qualitative analysis of strengths and struggles of urban refugees in Nepal. *Conflict and health*, 5(1), 20.
- Thompson, C. T., Vidgen, A., & Roberts, N. P. (2018). Psychological interventions for post-traumatic stress disorder in refugees and asylum seekers: A systematic review and meta-analysis. *Clinical Psychology Review*. 63(2018) 66-79.
- Tribe, R. (2009). Working with interpreters in mental health. *International Journal of Culture and Mental Health*, 2(2), 92-101.
- Tribe, R. H., Sendt, K. V., & Tracy, D. K. (2017). A systematic review of psychosocial interventions for adult refugees and asylum seekers. *Journal of Mental Health*, 1-15.
- UK Visas and Immigration, (2016). Information for asylum applications. Retrieved from: <https://www.gov.uk/government/publications/information-leaflet-for-asylum-applications>

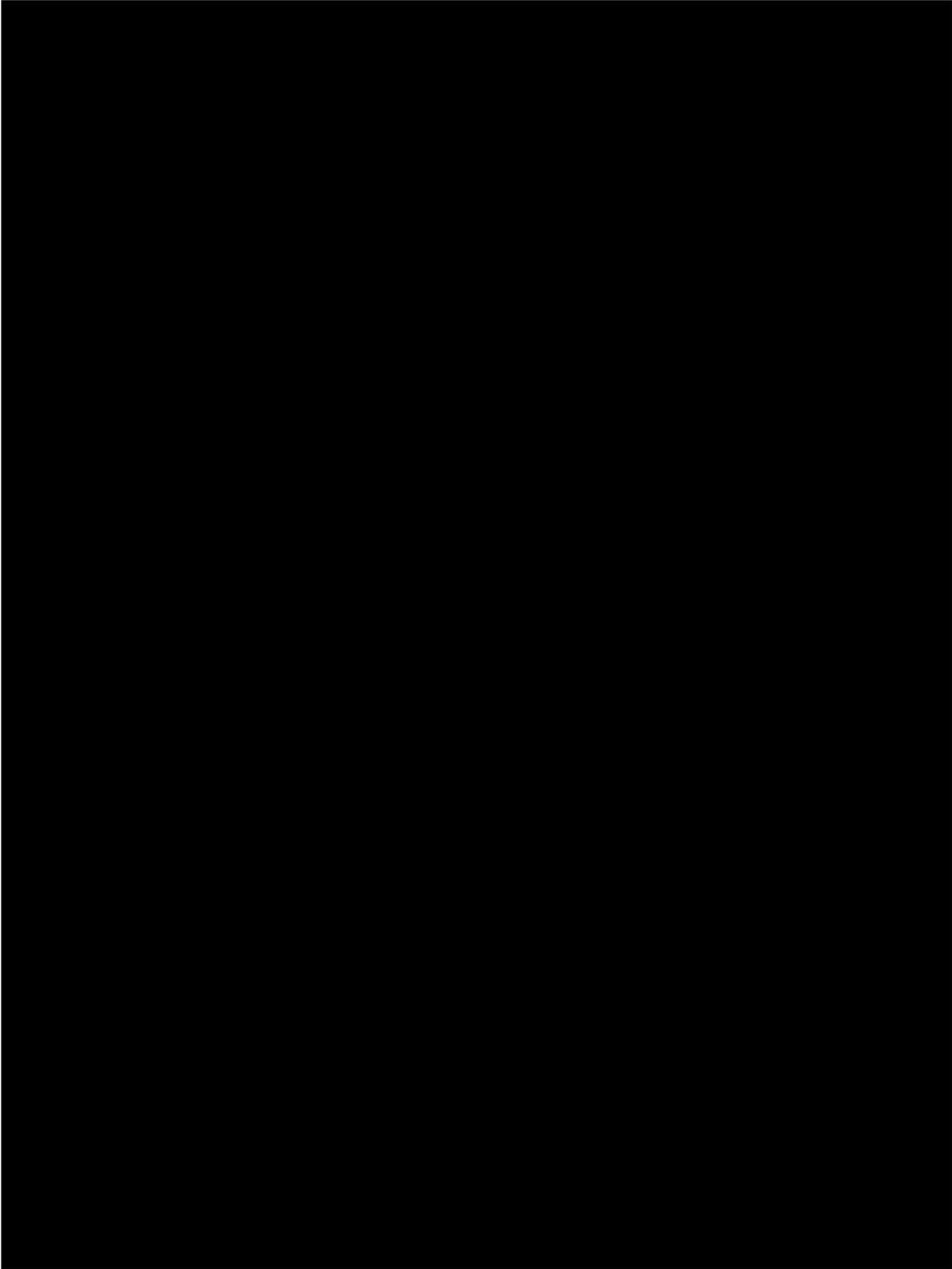
- Ungar, M. (2008). Resilience across cultures. *The British Journal of Social Work*, 38(2), 218-235.
- UNHCR (2010). *Convention and protocol relating to the status of refugees*. Retrieved from: <http://www.unhcr.org/3b66c2aa10>
- UNHCR (2017). *UNHCR Global Trends 2017* Retrieved from: <http://www.unhcr.org/5b27be547.pdf>
- Viajayakumar, L. (2016). Suicide among refugees—A mockery of humanity. *Crisis* 37(1) 1-4.
- WHO, 2016 Recognizing health as a human right for refugees and migrants. Retrieved from: <http://www.emro.who.int/eha/news/recognizing-health-as-a-human-right-for-refugees-and-migrants.html>
- Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In Cooper, H., Camic, P., Long, D., Panter, A., Rindskopf, D. & Sher, K. (Eds.) *APA handbook of research methods in psychology, Vol 1: Foundations, planning, measures, and psychometrics* , (pp. 5-21). Washington, DC, US: American Psychological Association.
- Willig, C. (2016). Constructivism and 'The Real World': Can they co-exist?. *QMIP Bulletin*, (21).
- Yehuda, R., & Flory, J. D. (2007). Differentiating biological correlates of risk, PTSD, and resilience following trauma exposure. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 20(4), 435-447.

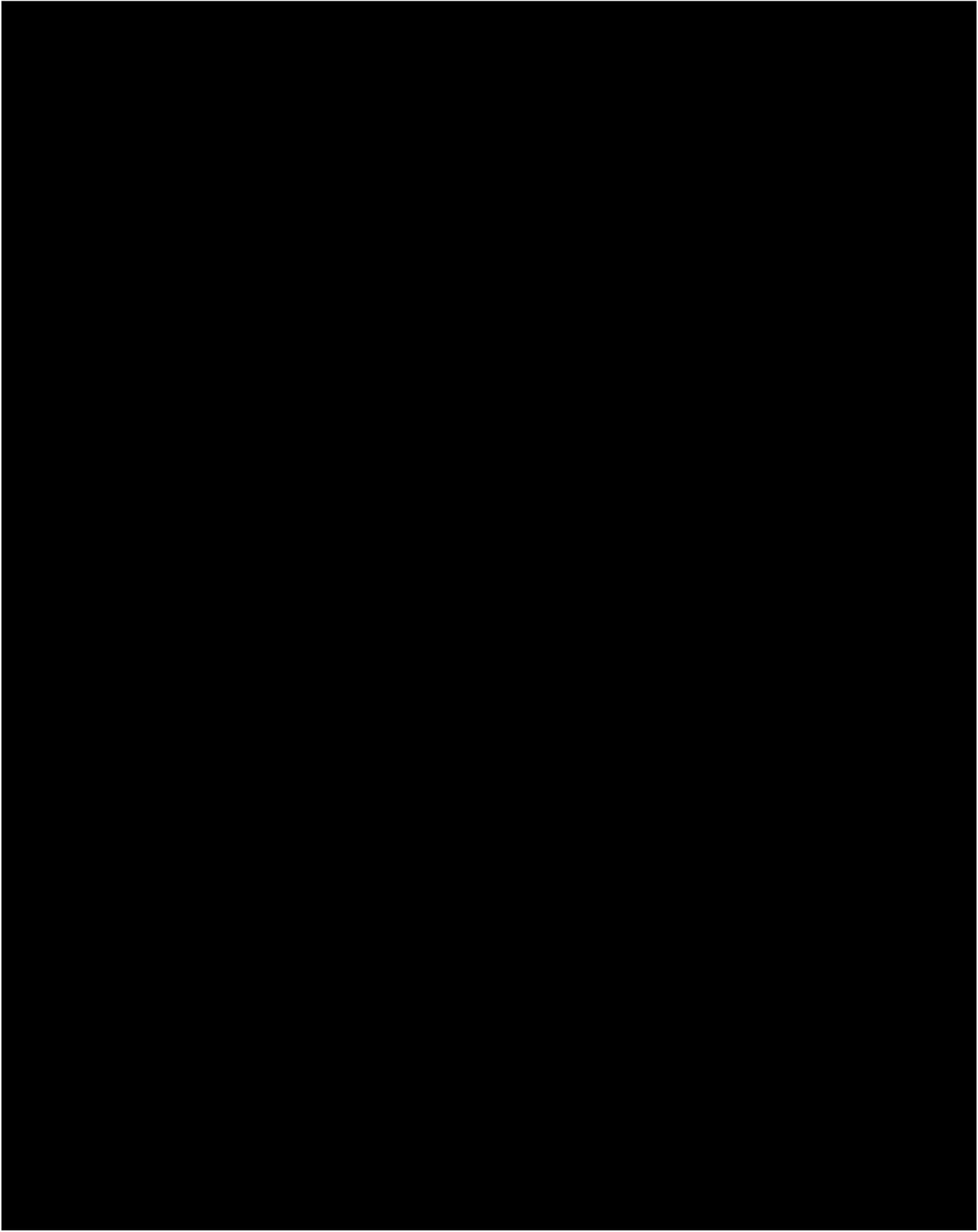
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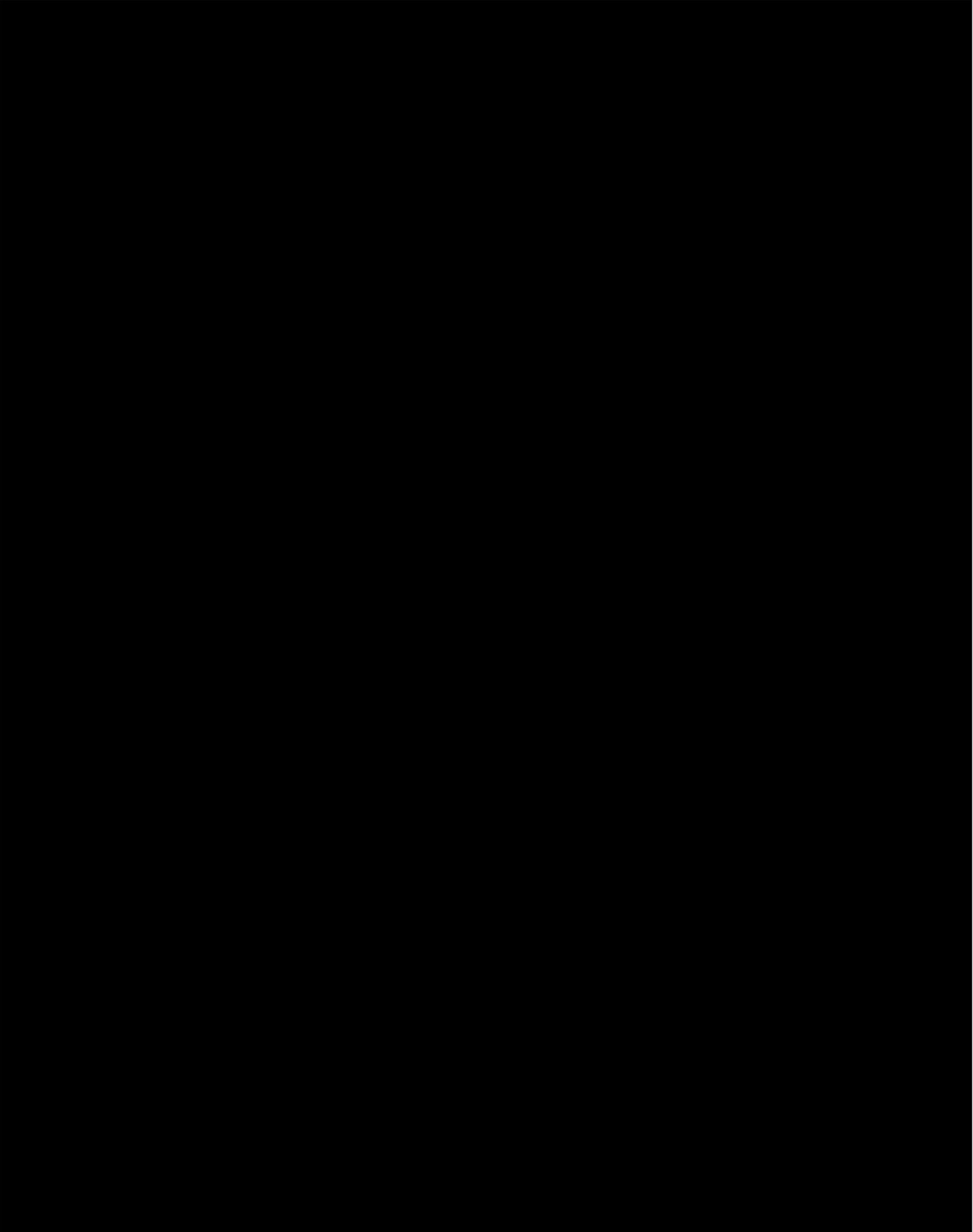
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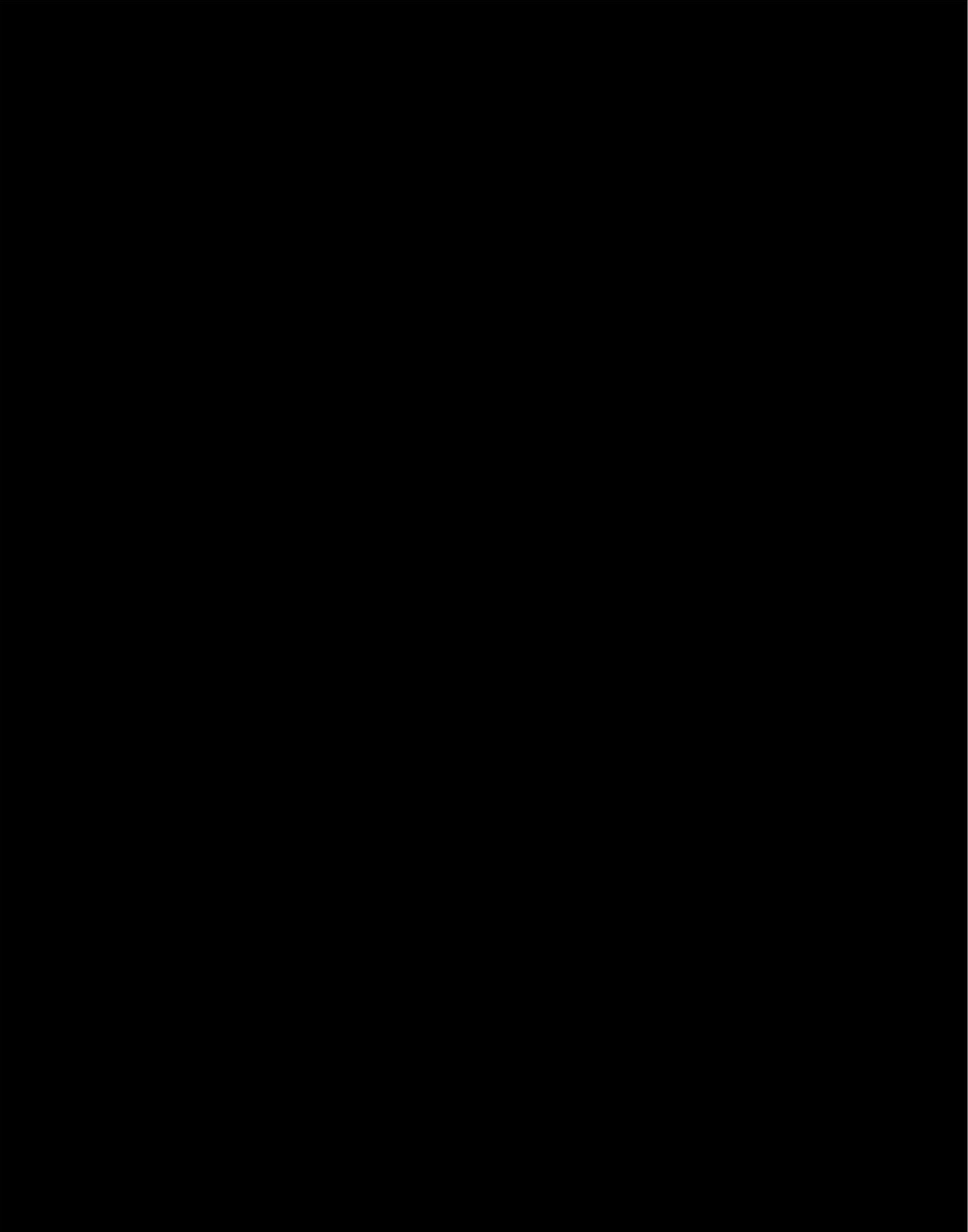
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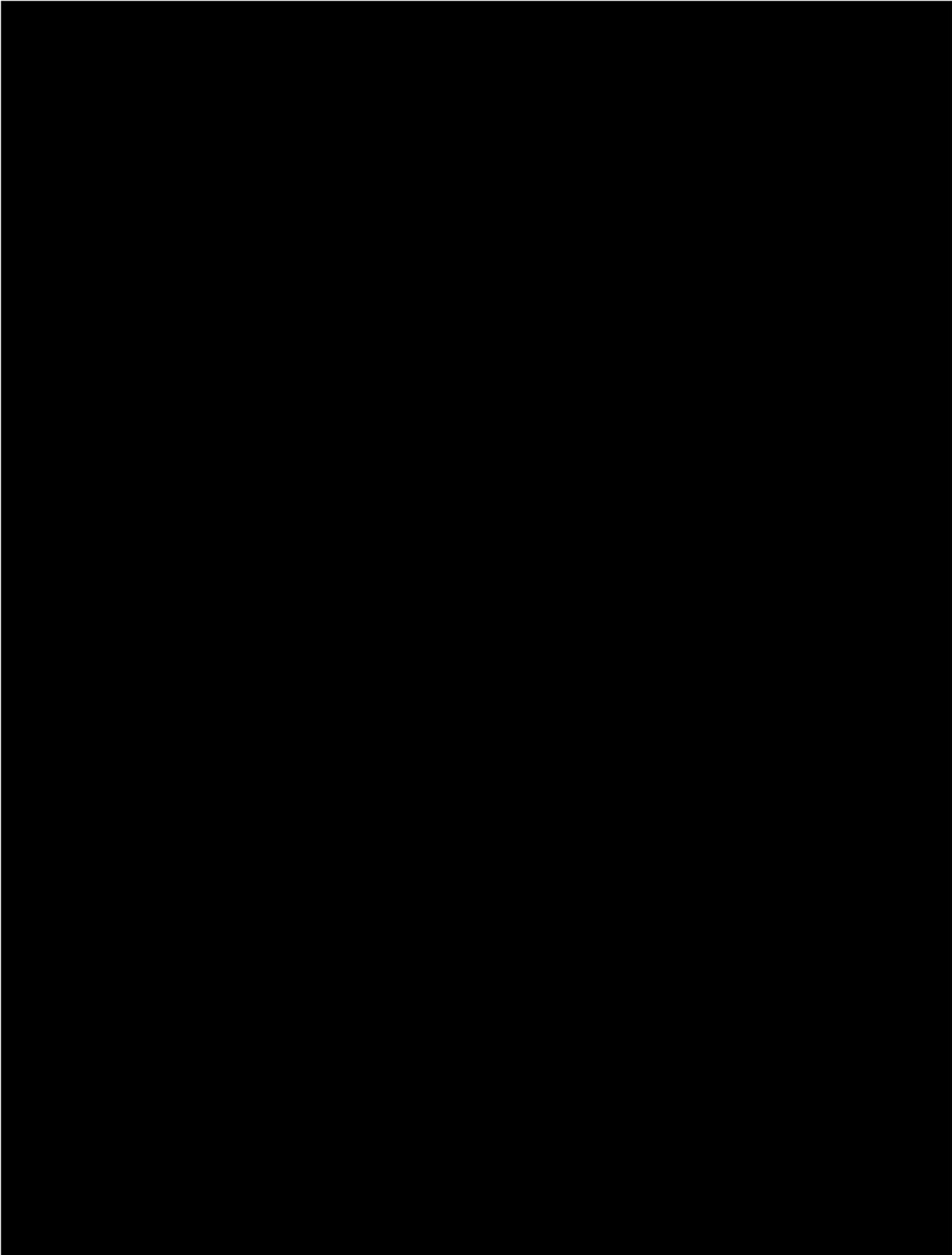


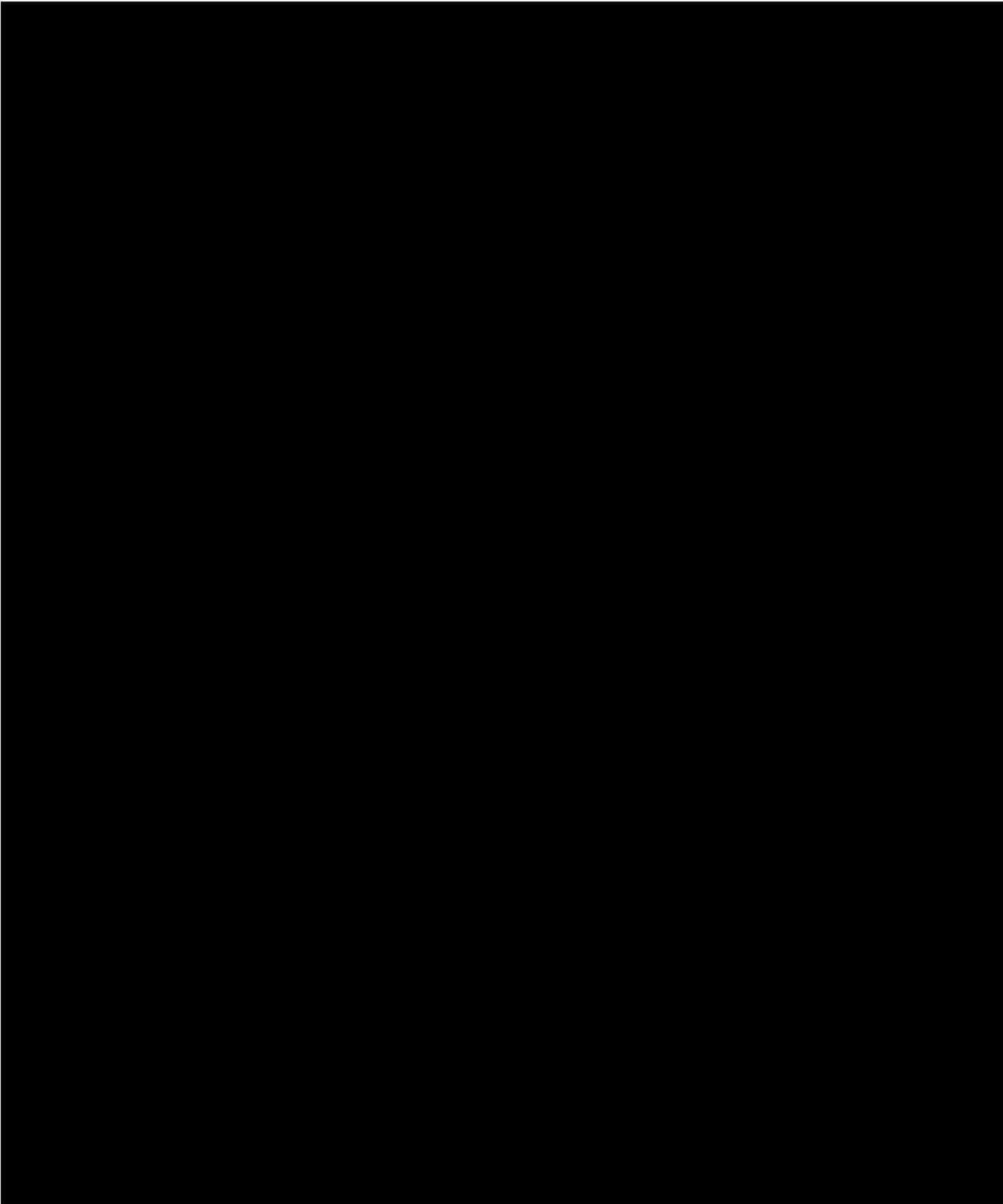


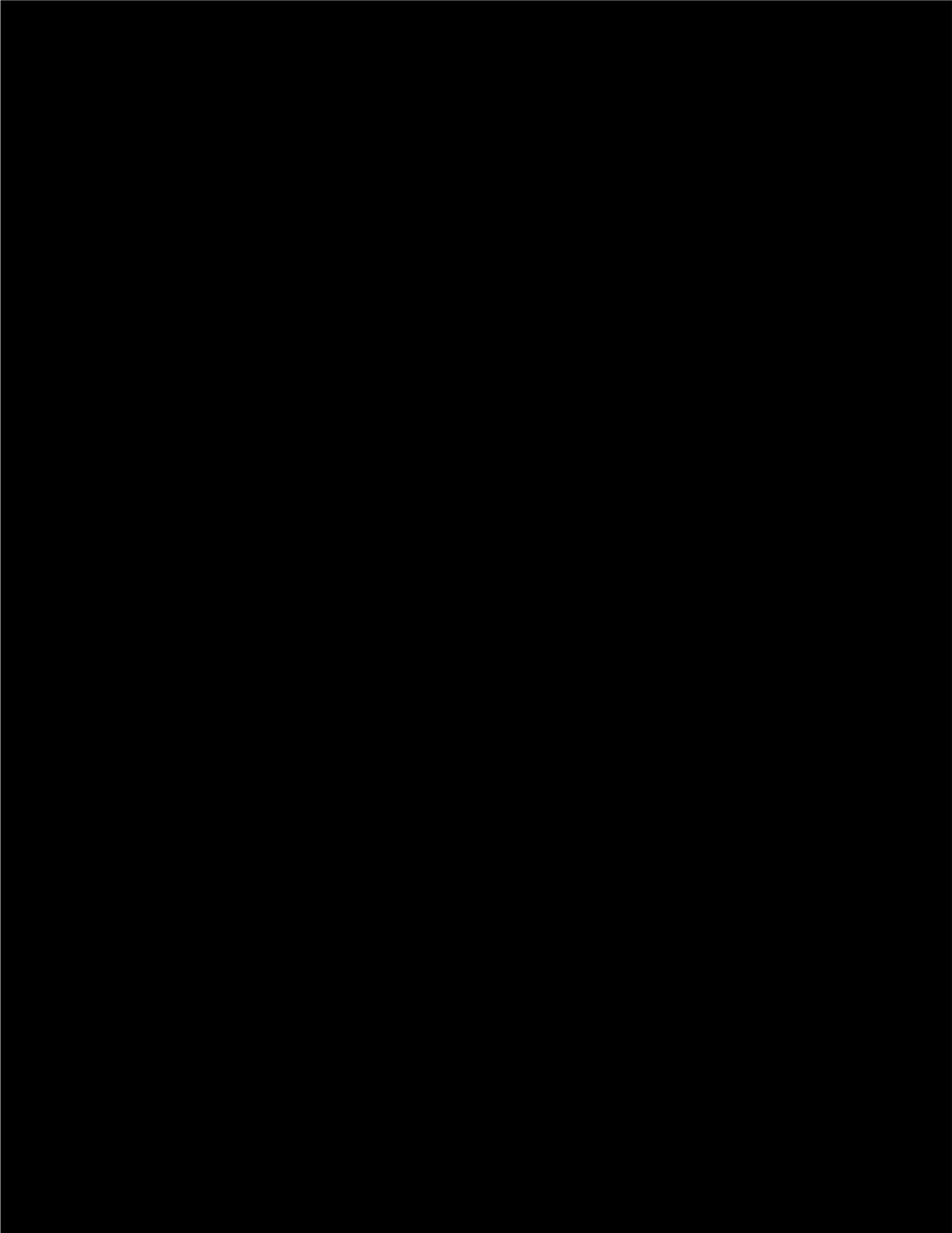


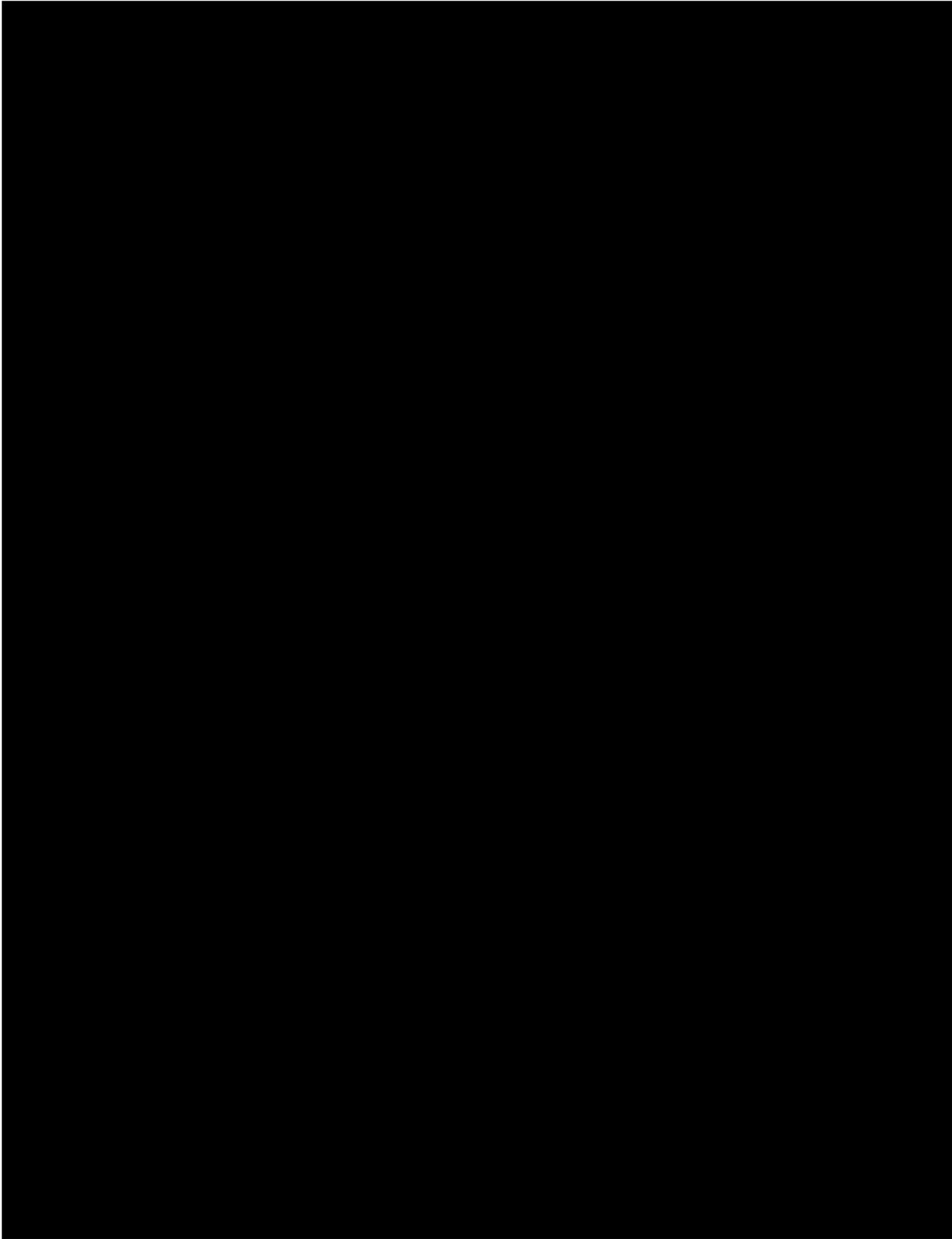


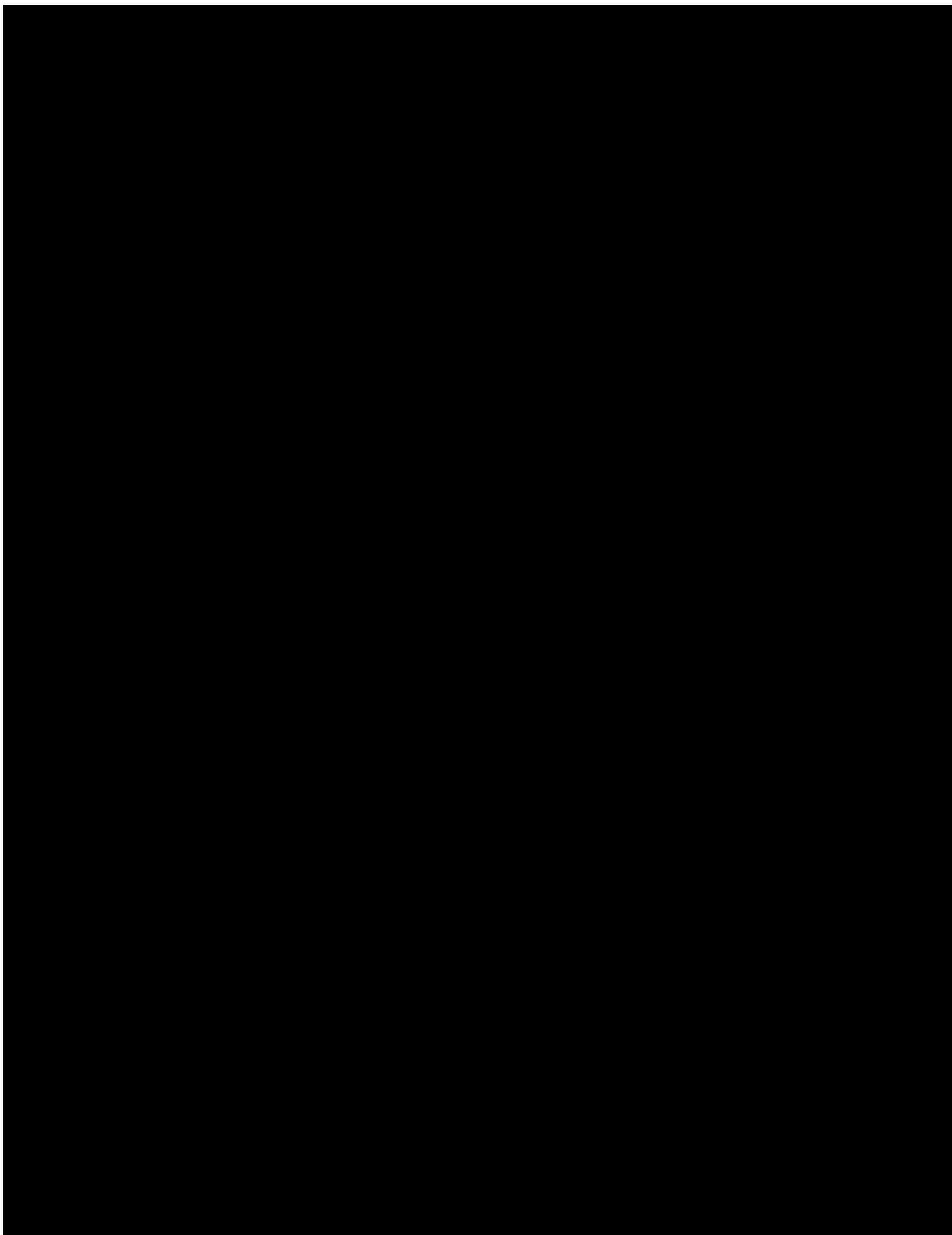


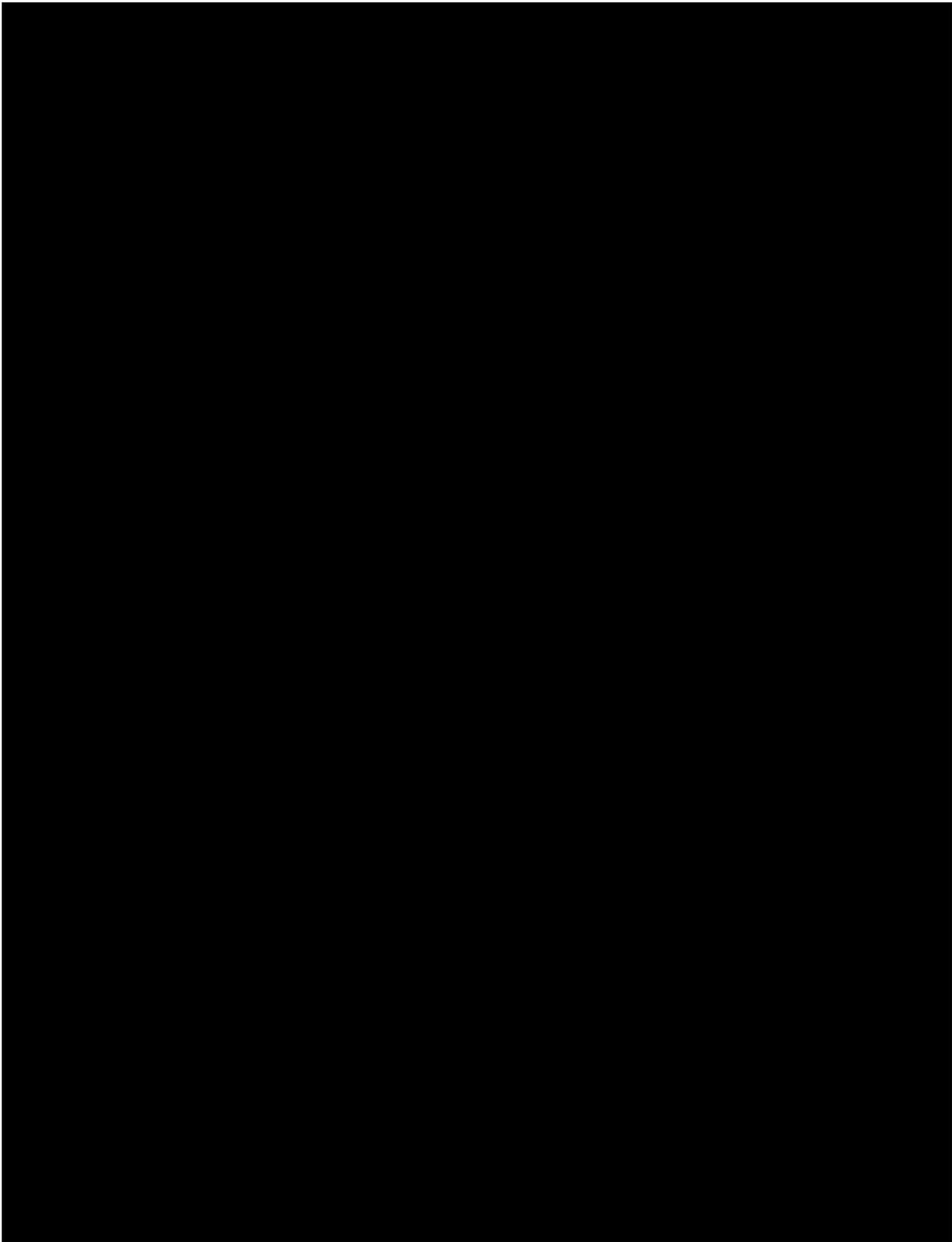


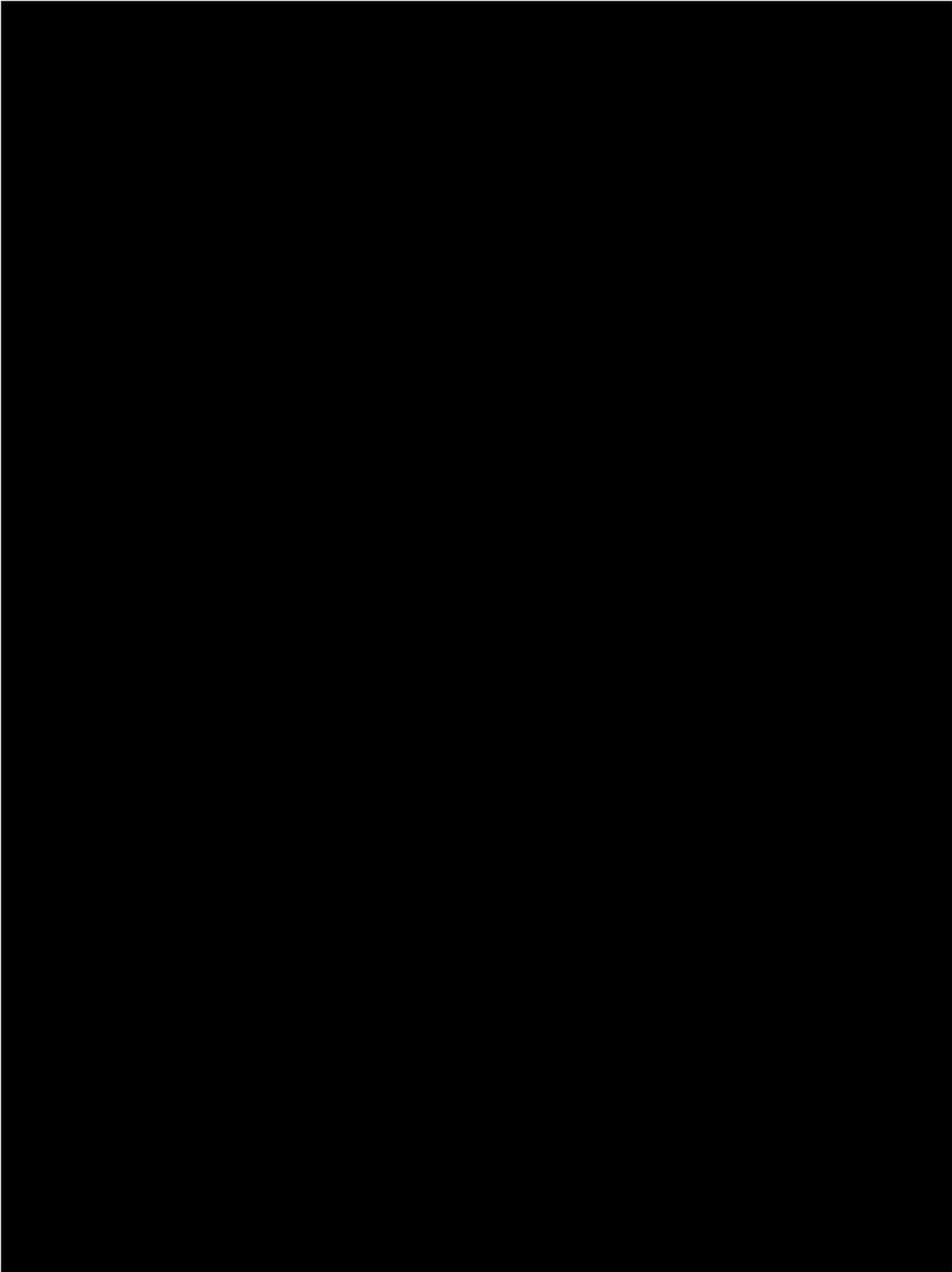


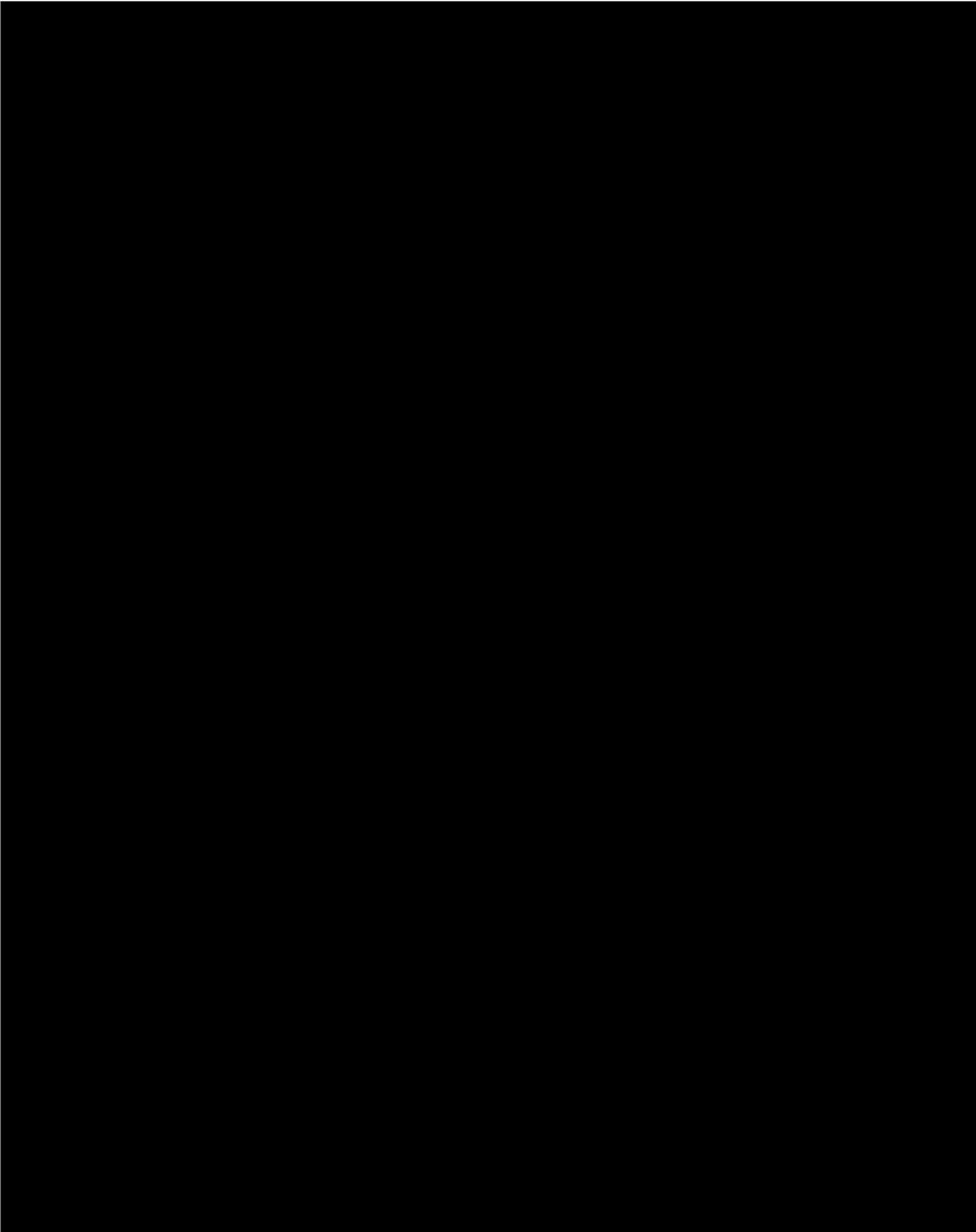


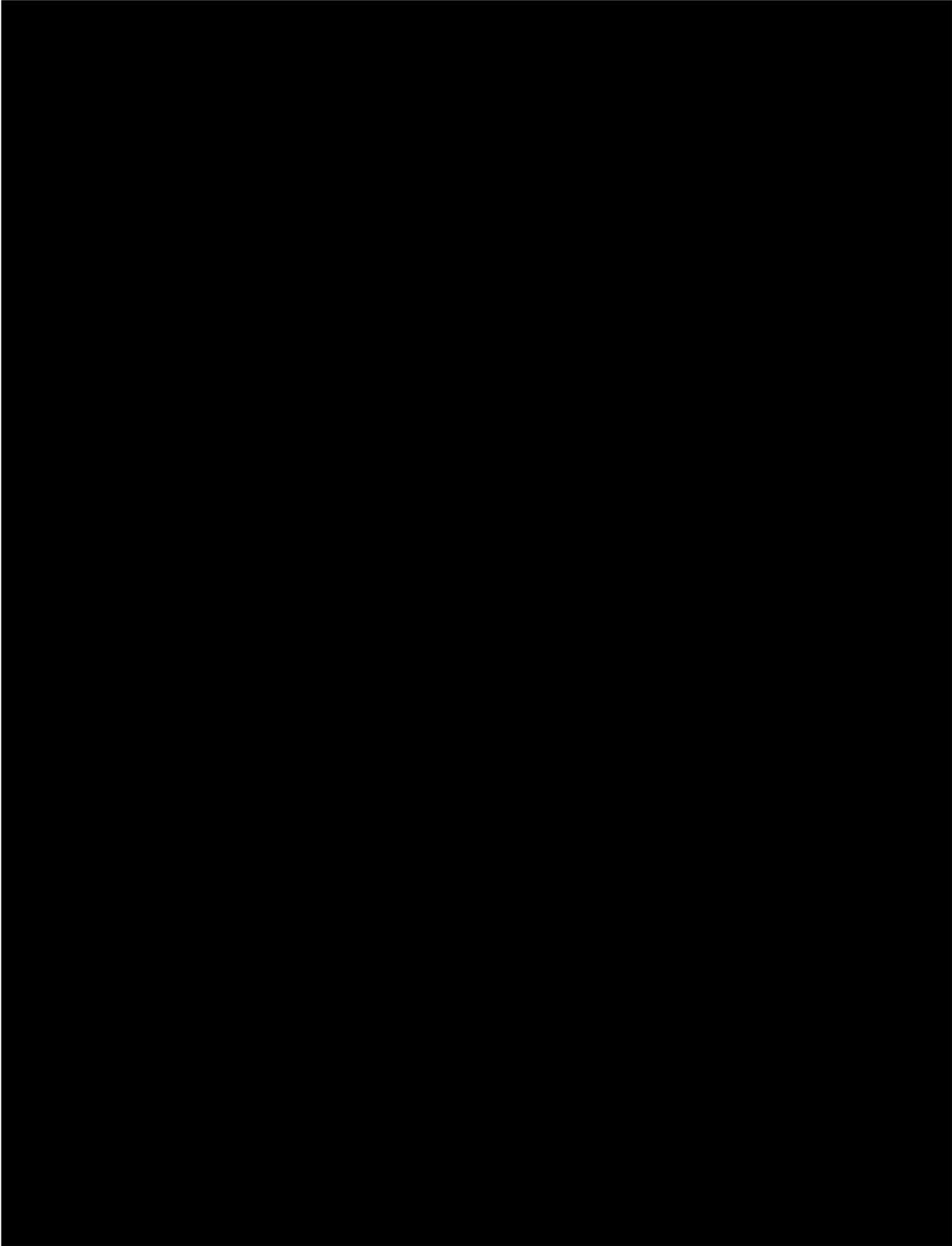


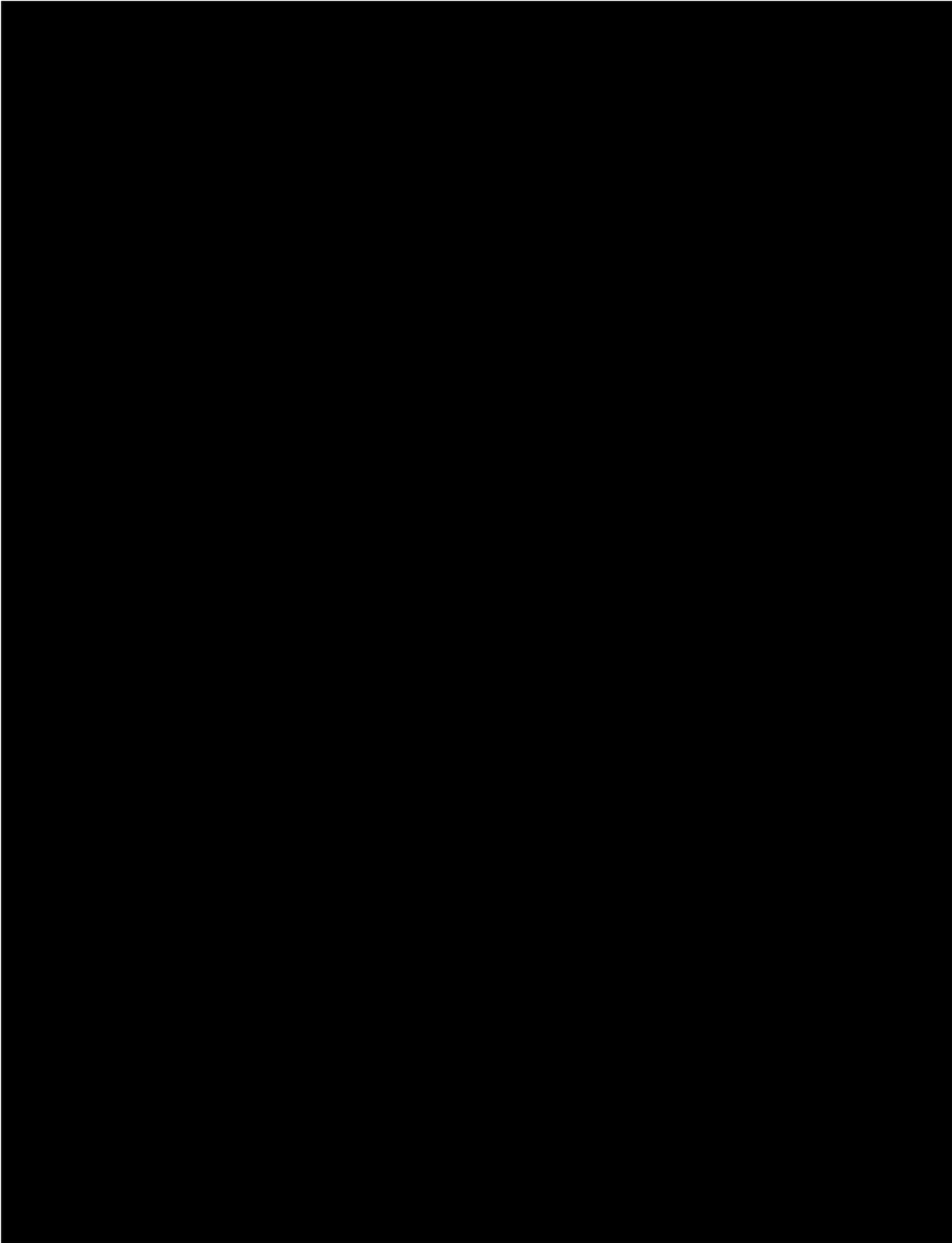


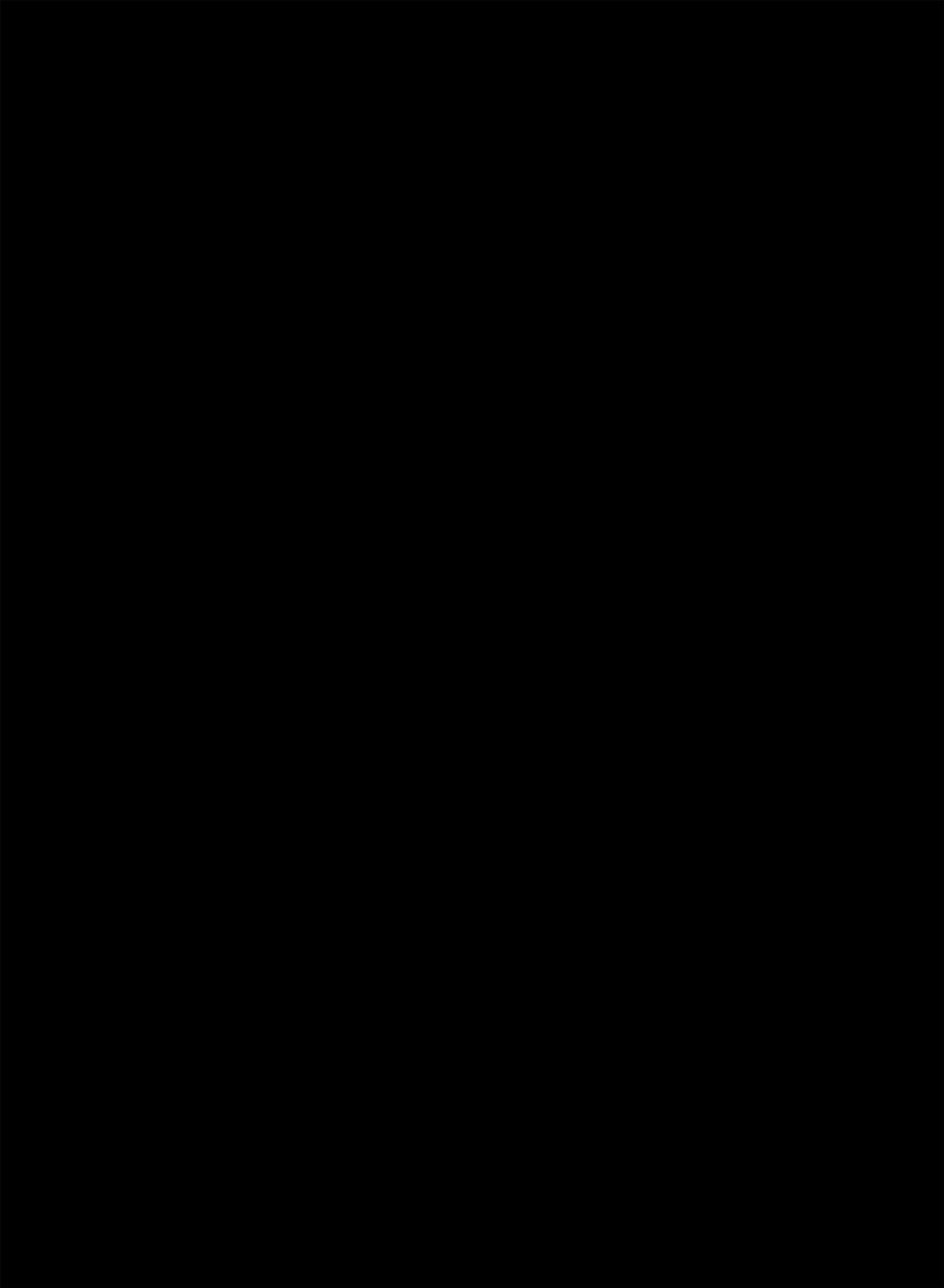


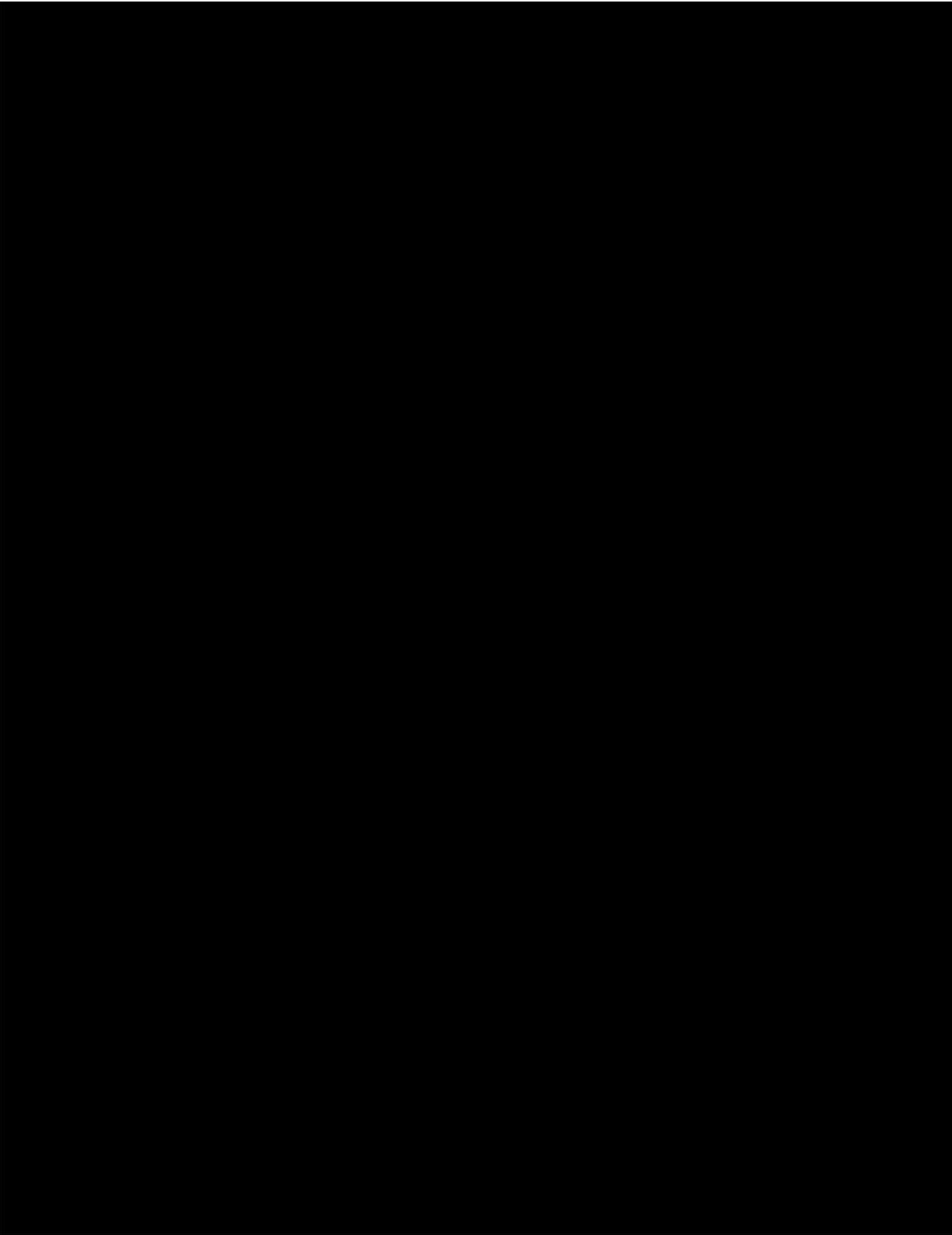


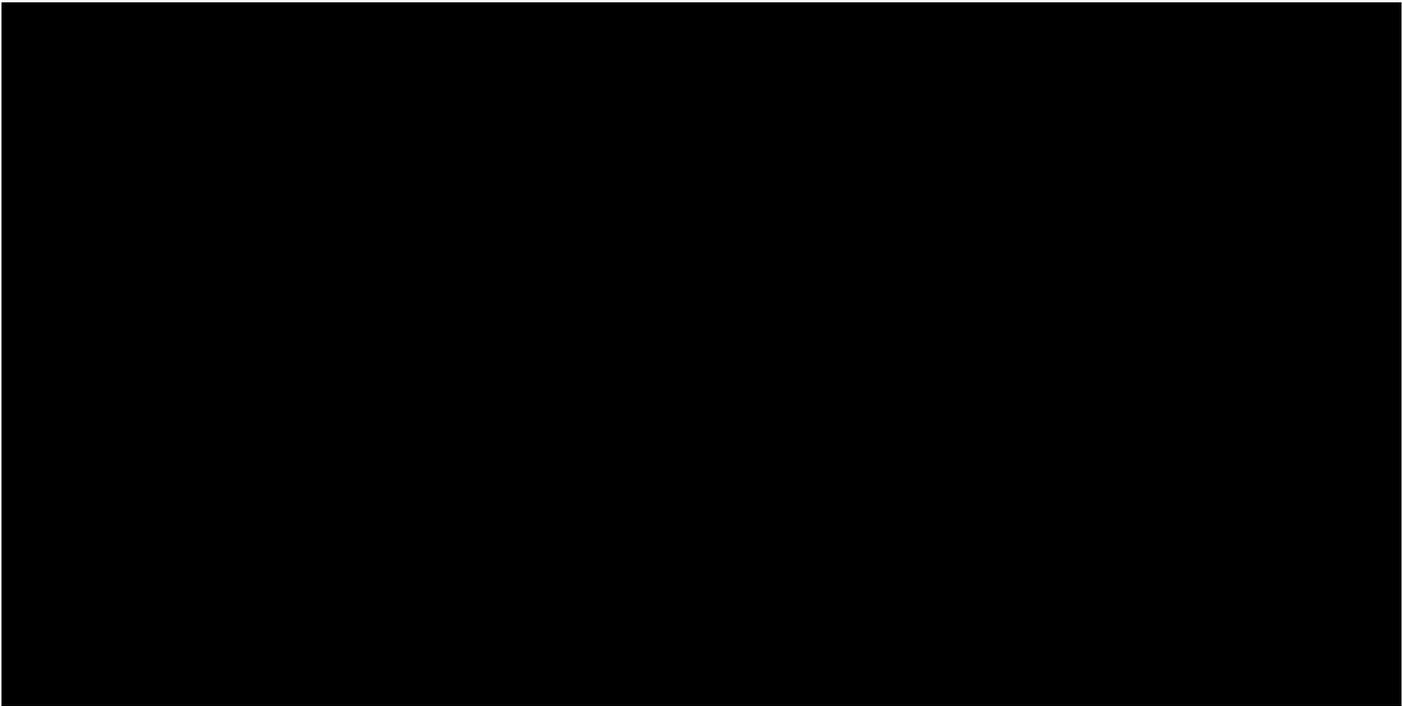


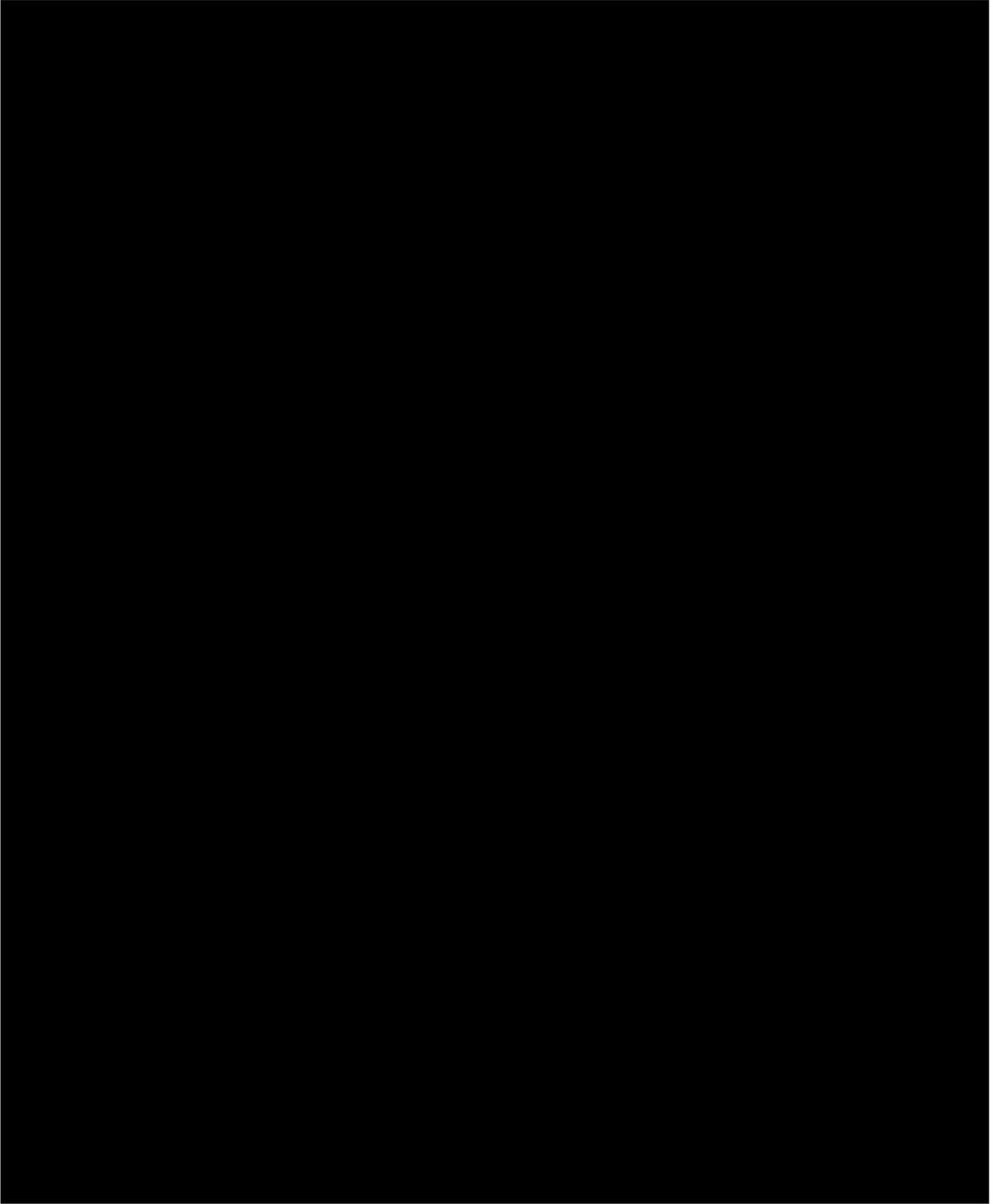


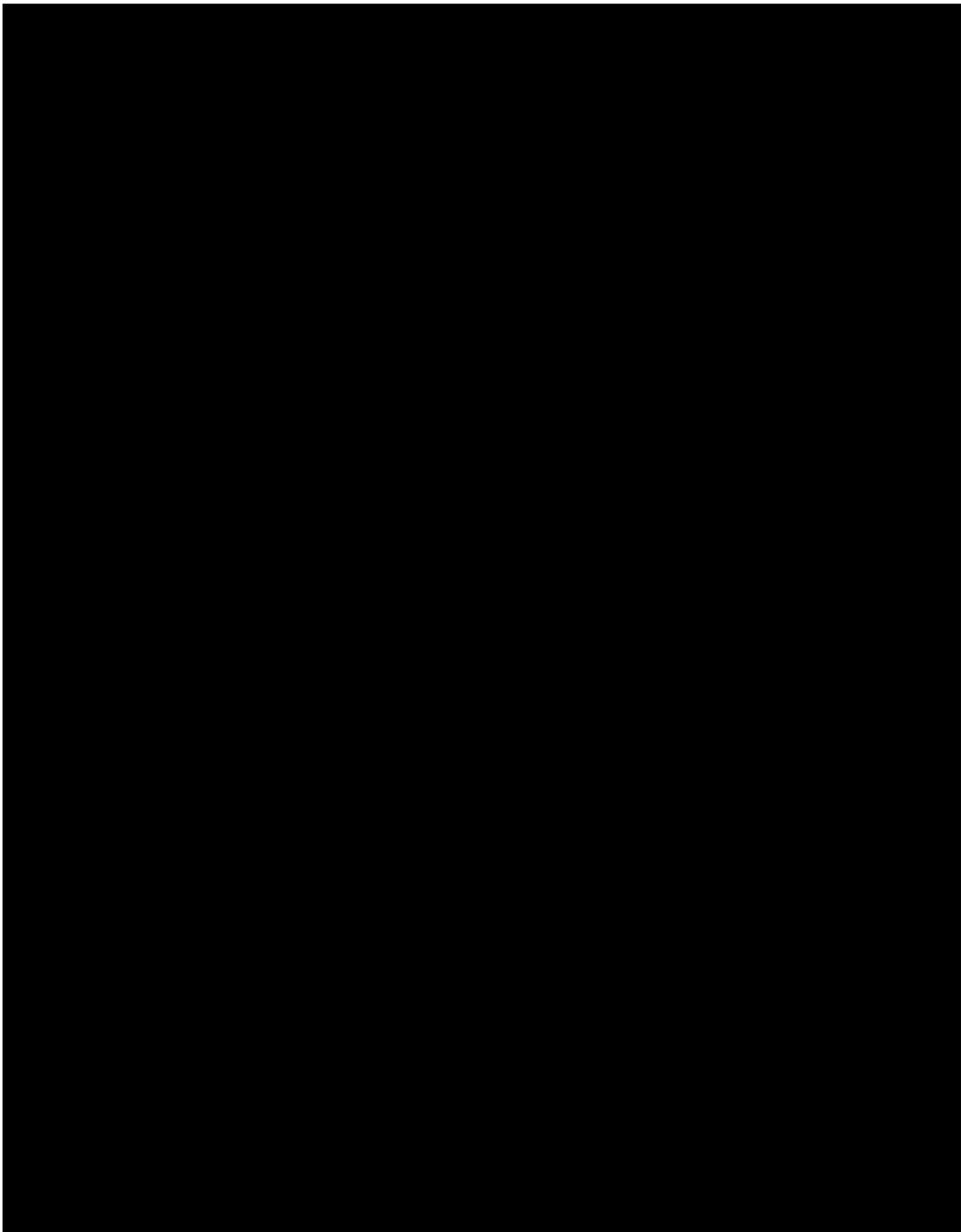


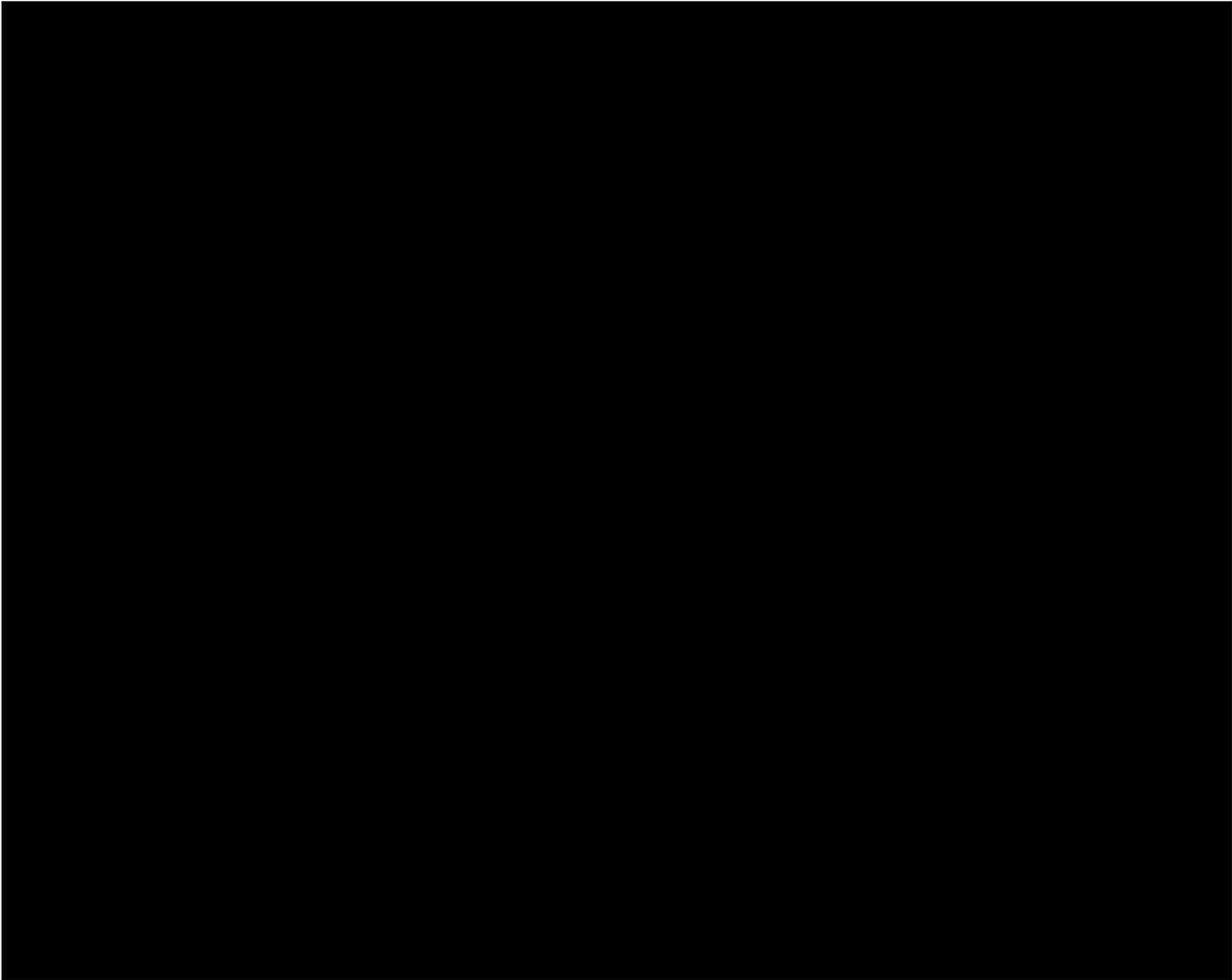












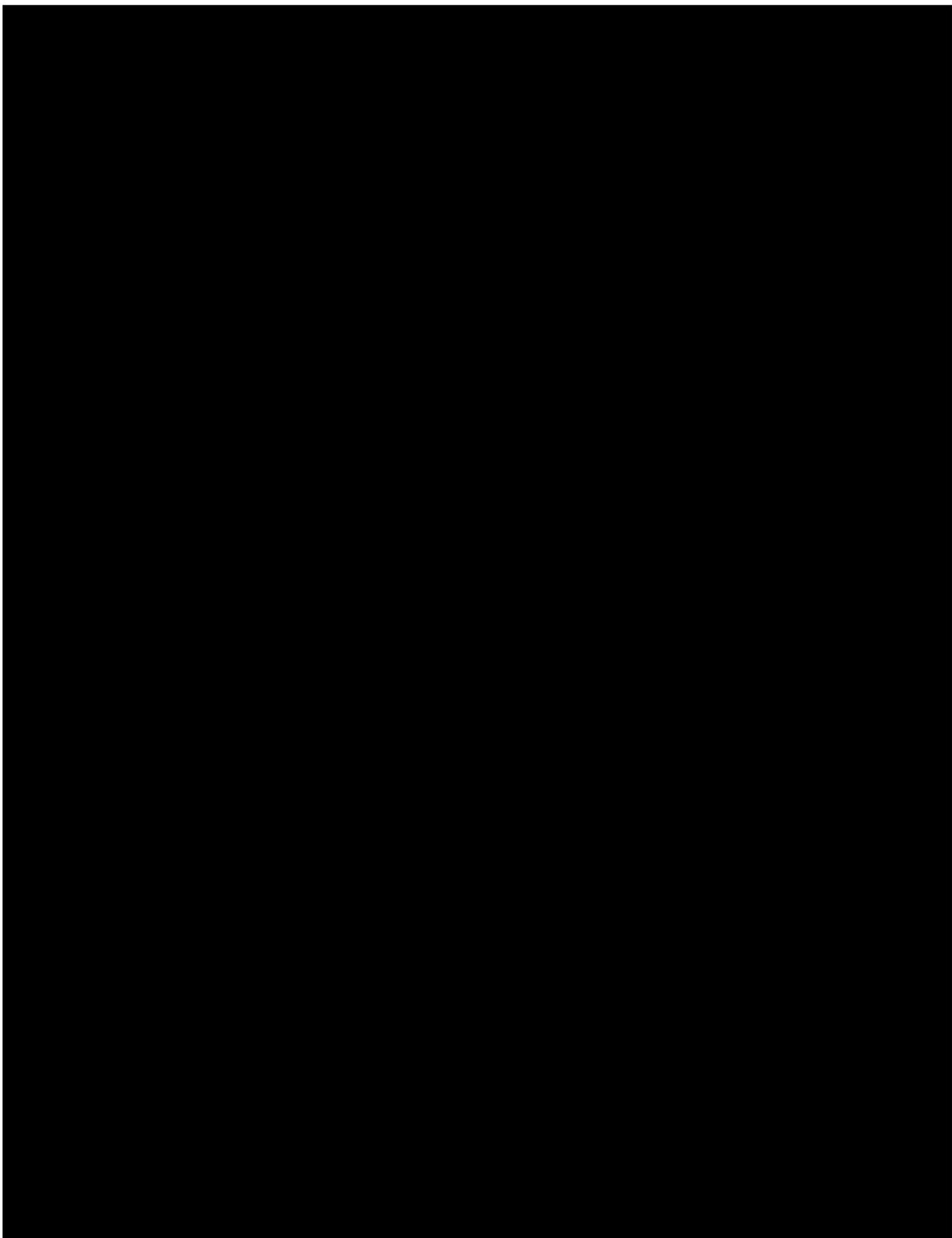
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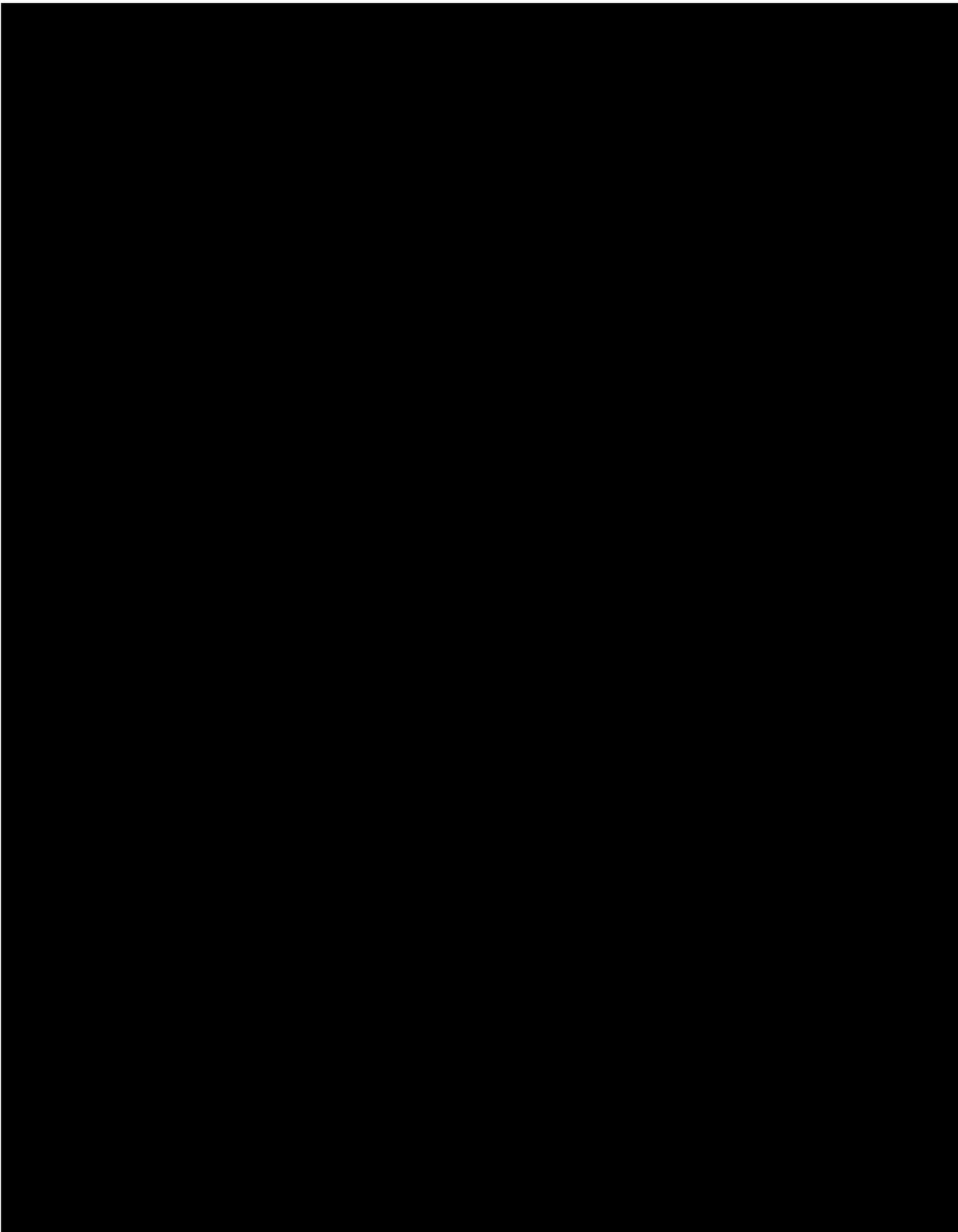
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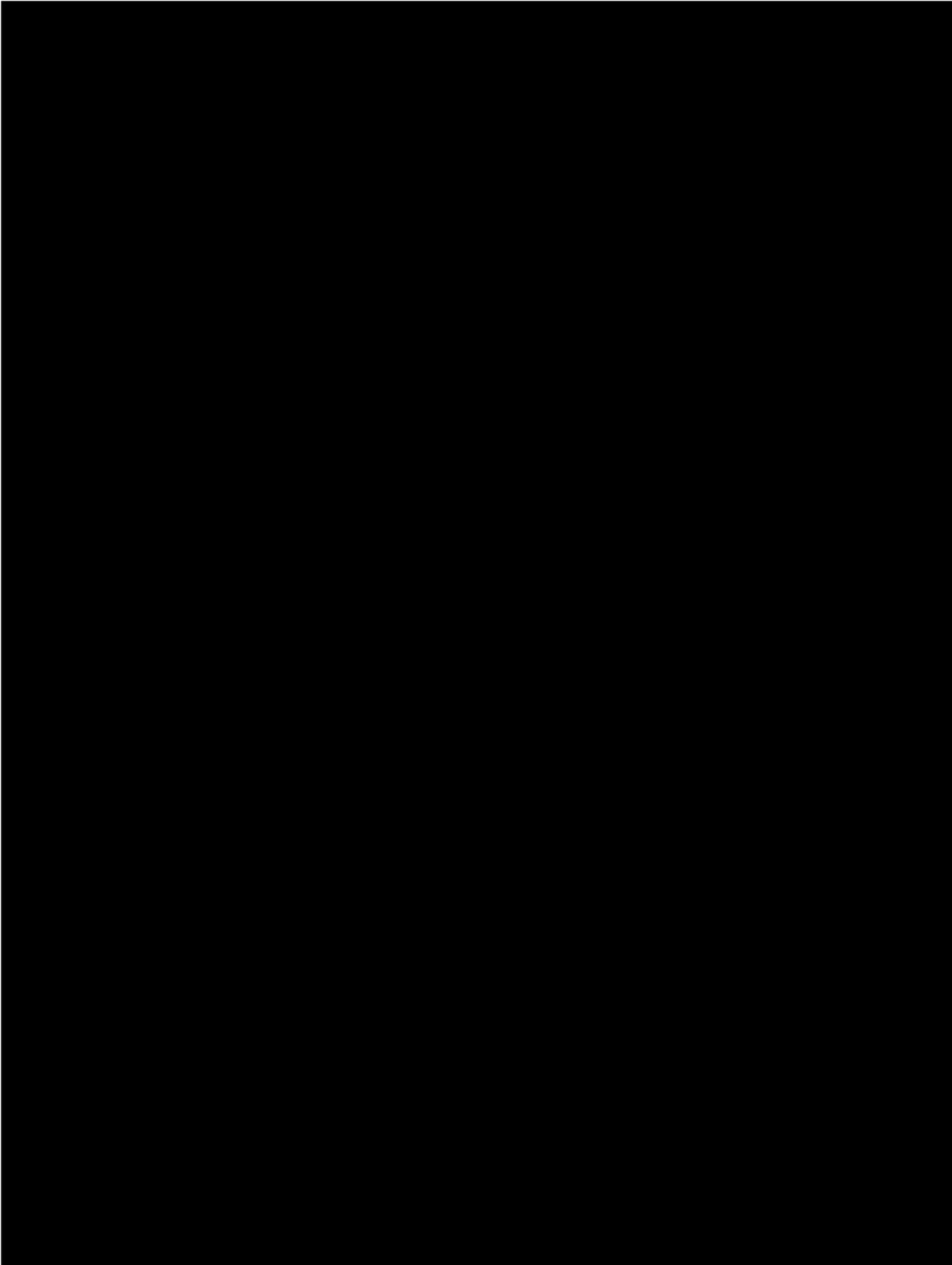
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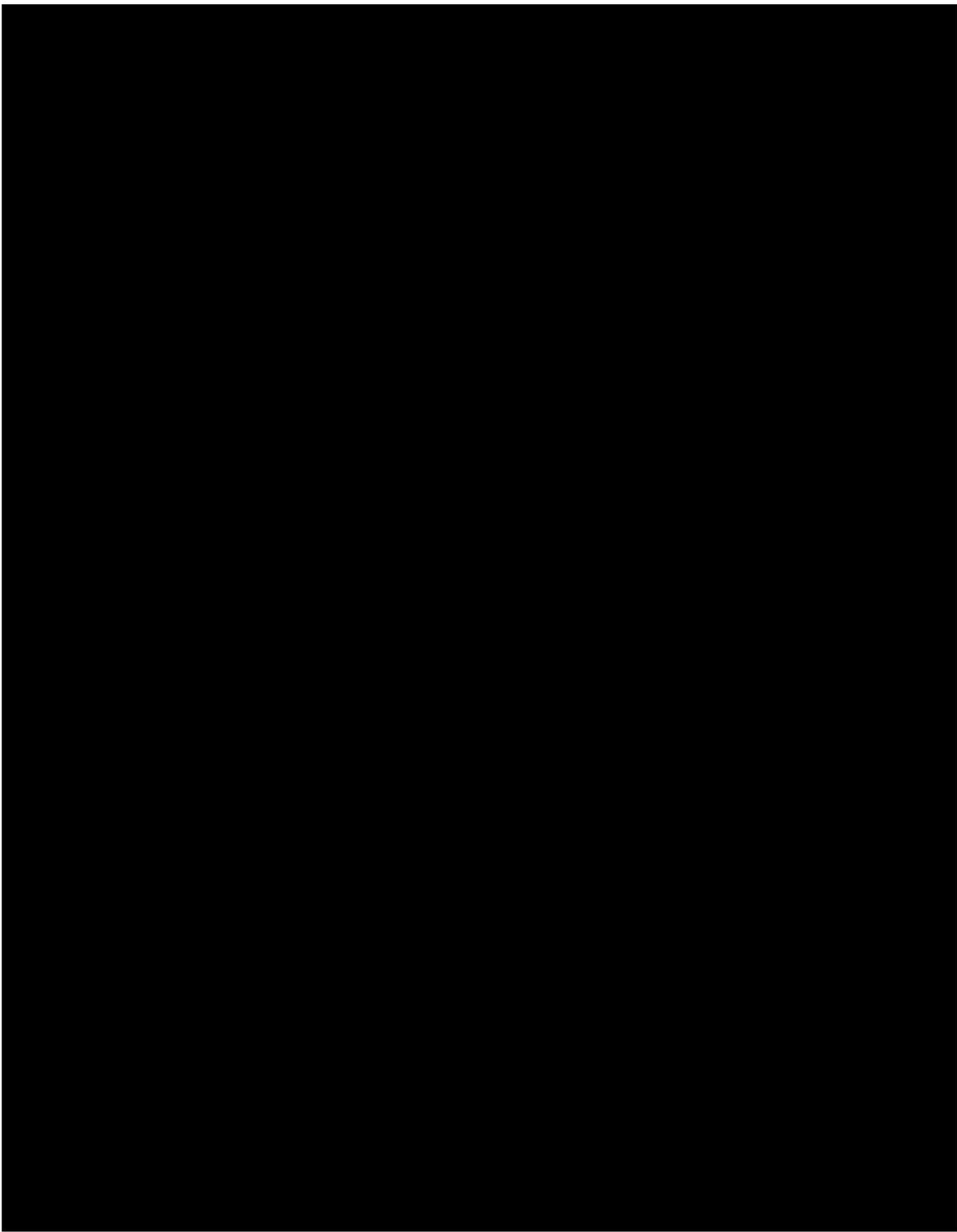
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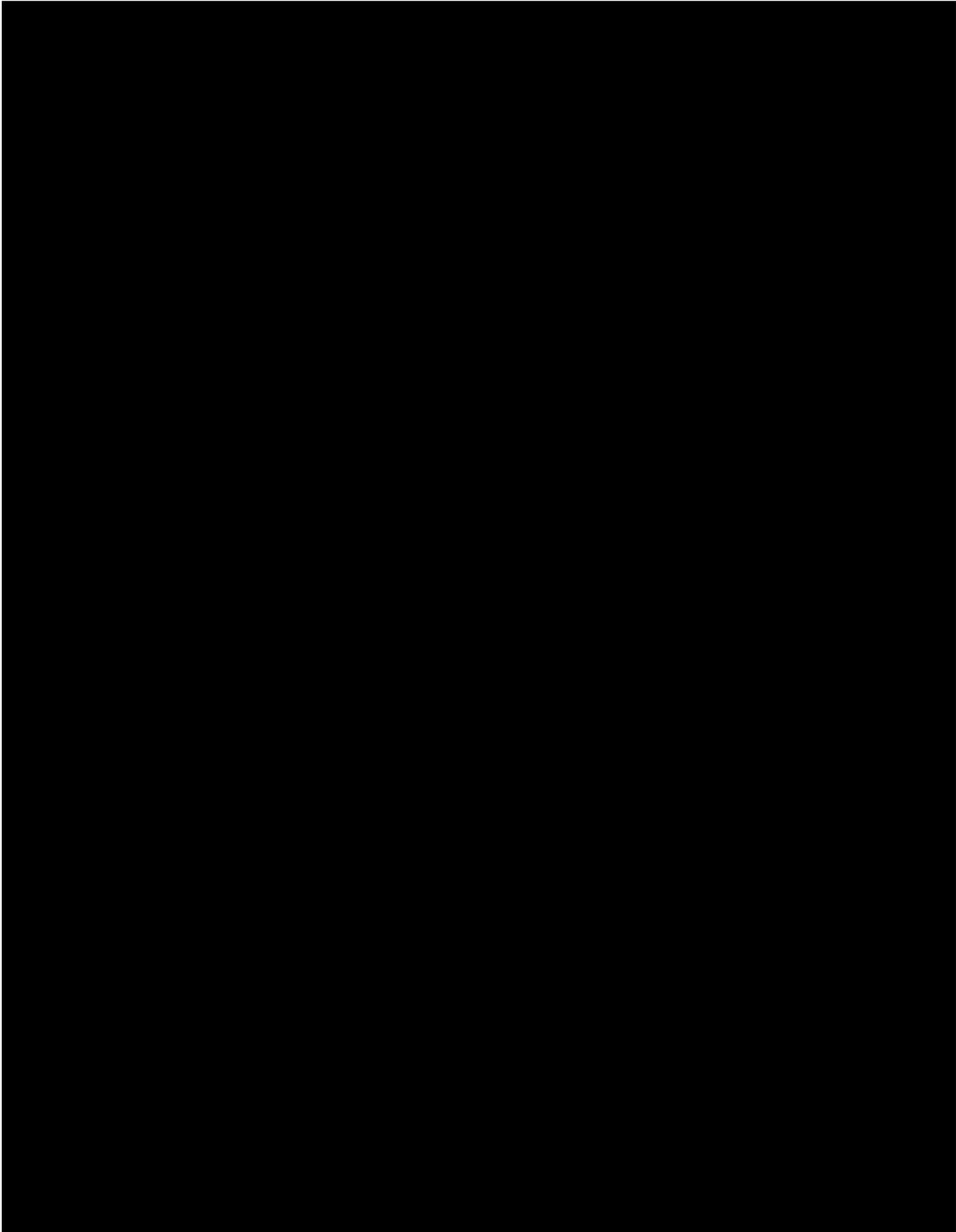
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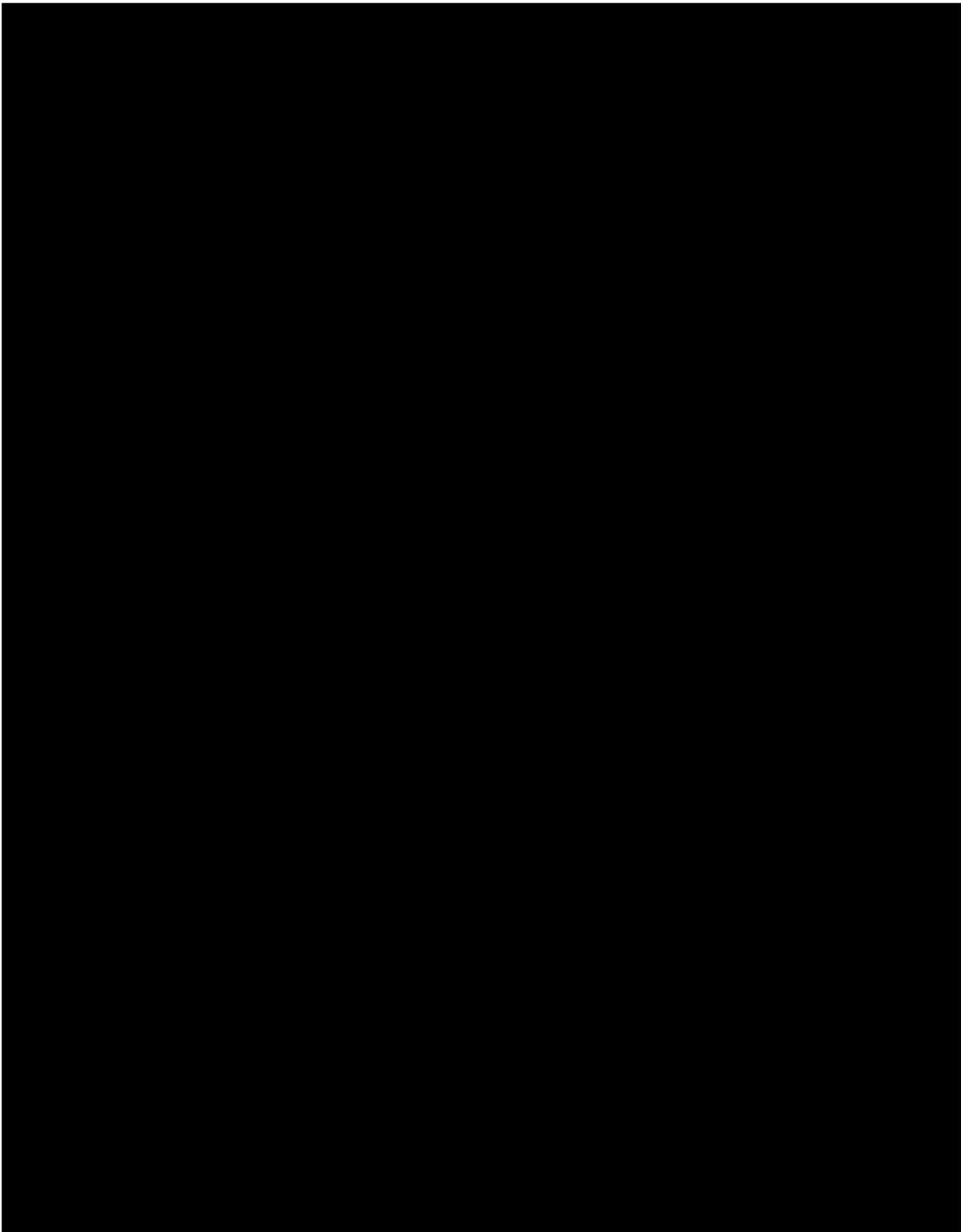


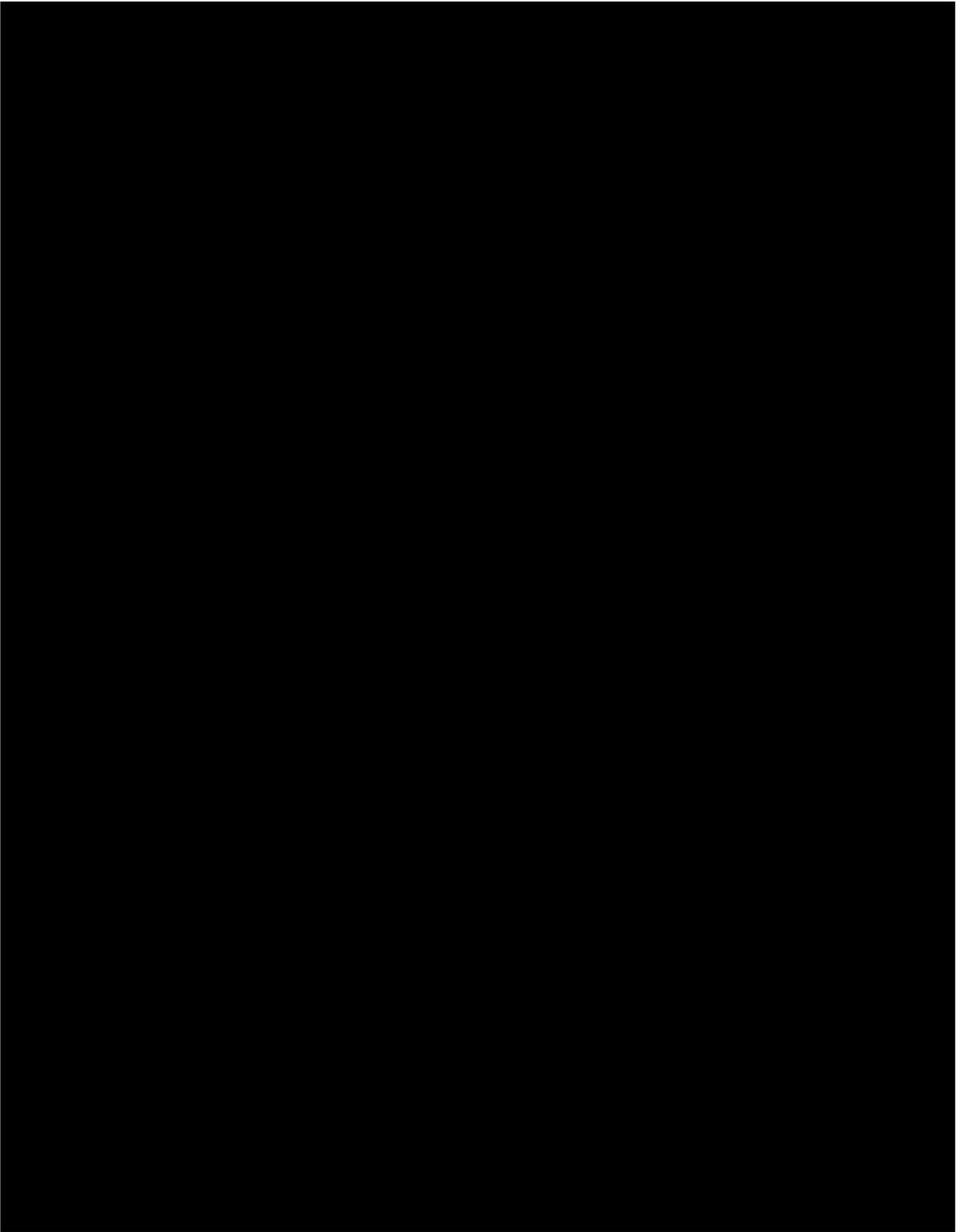


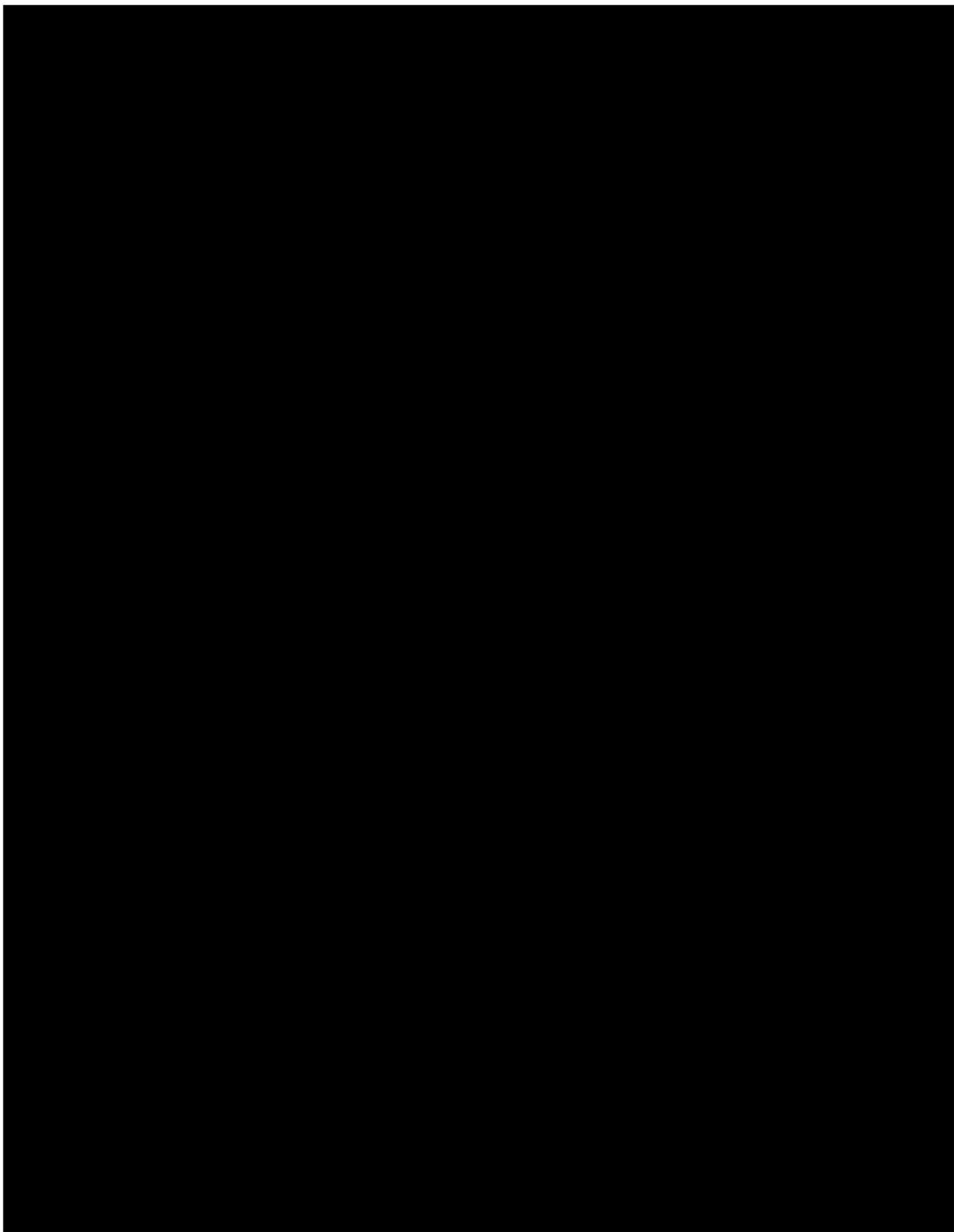


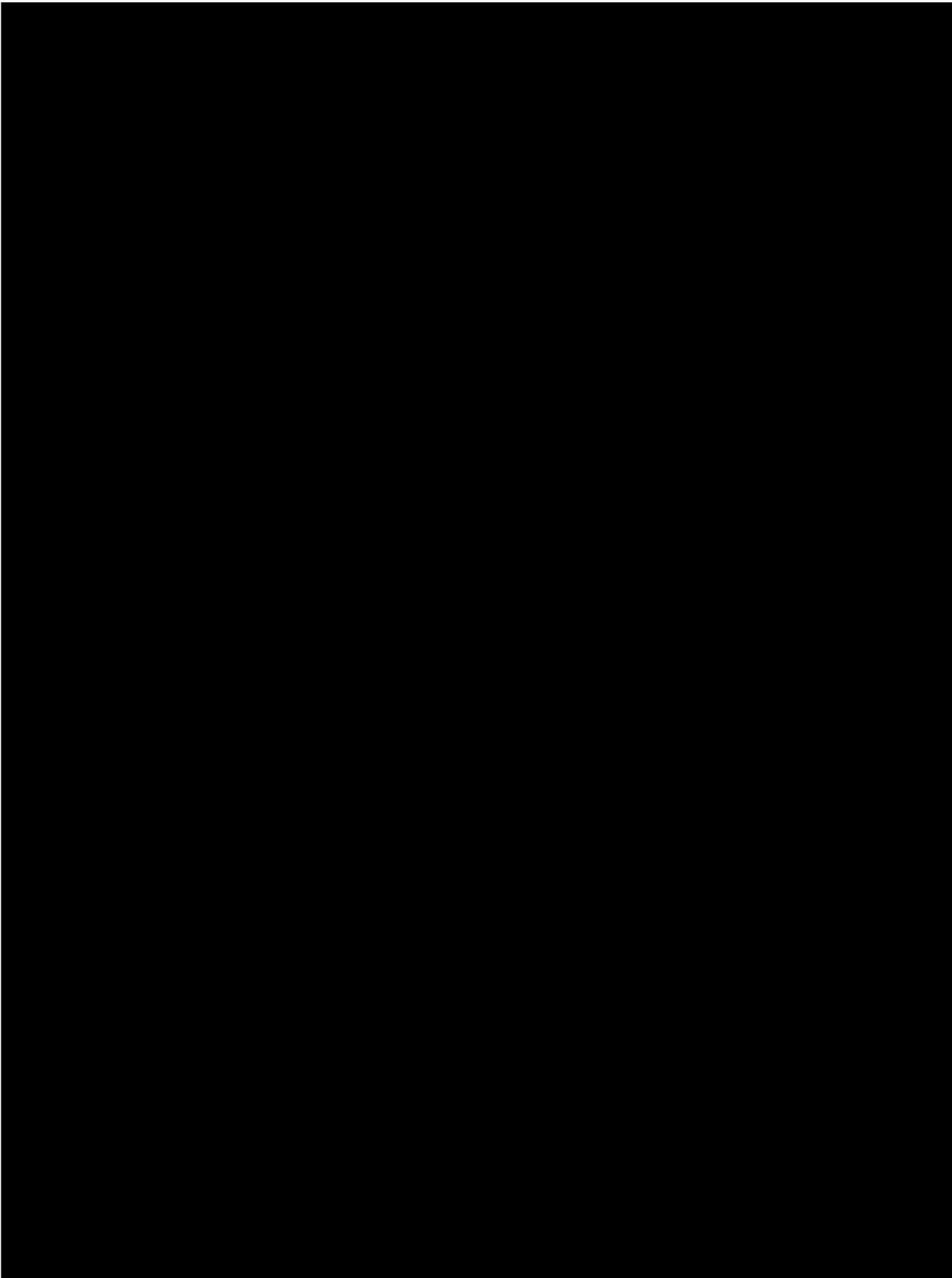


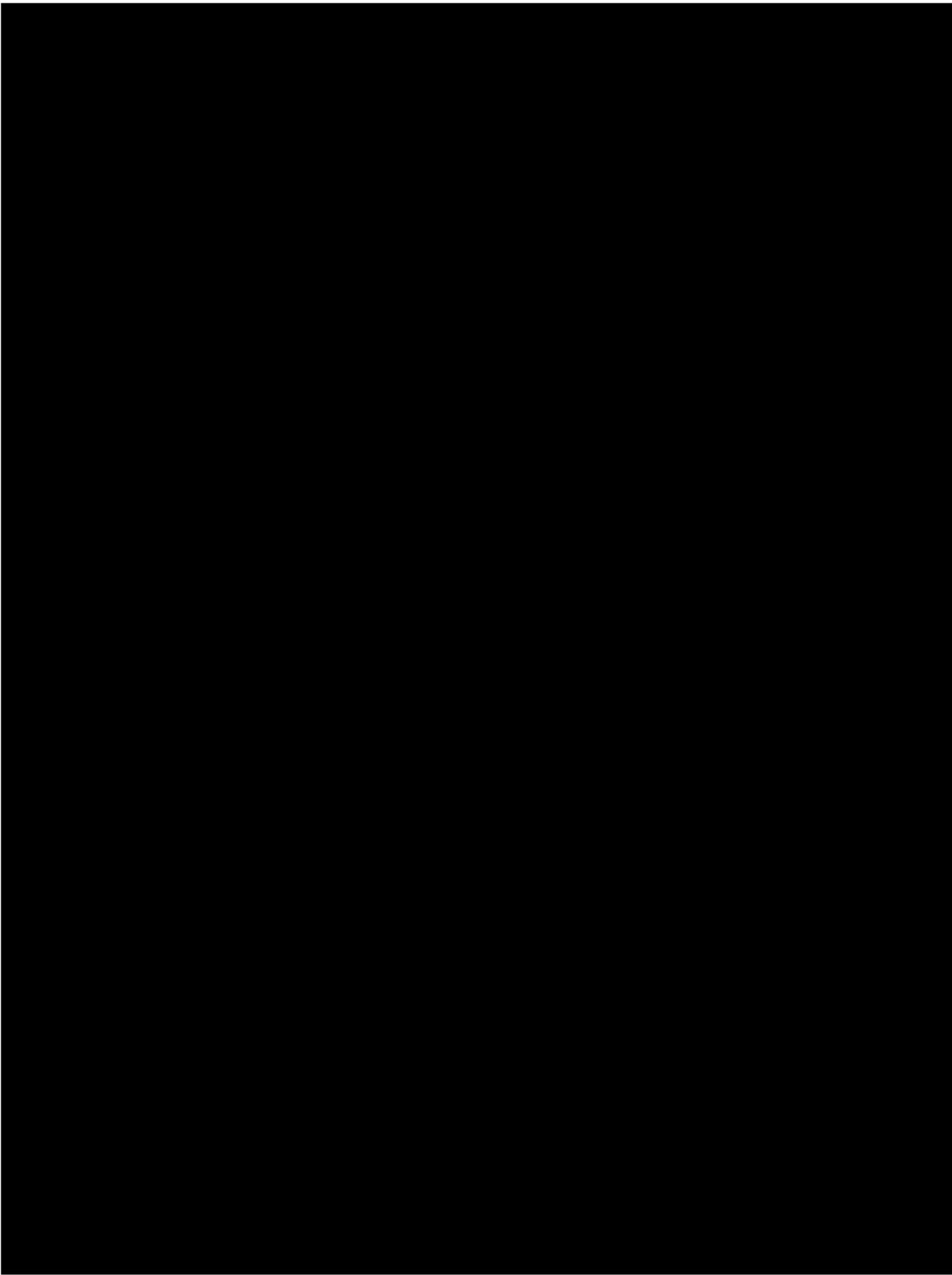


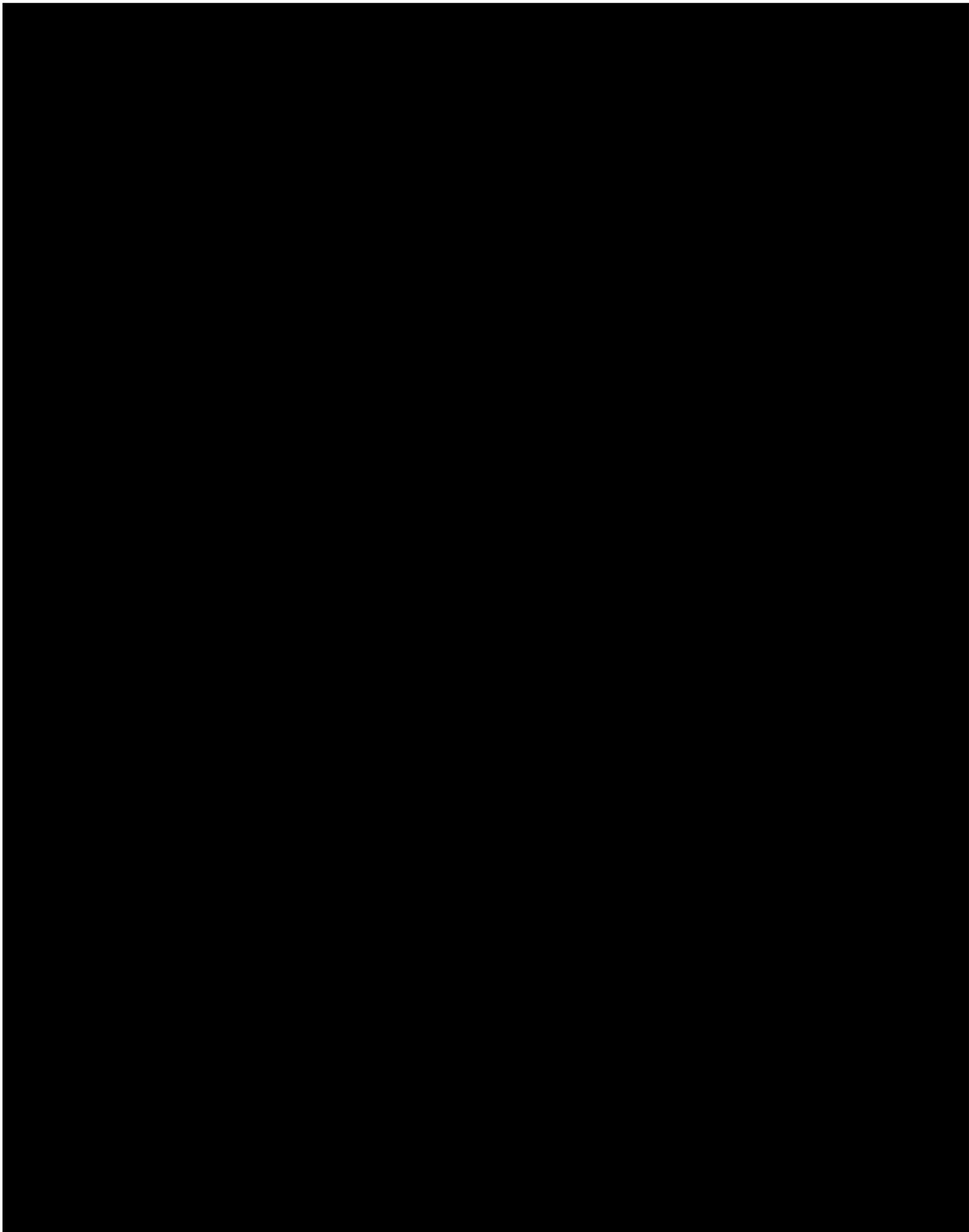


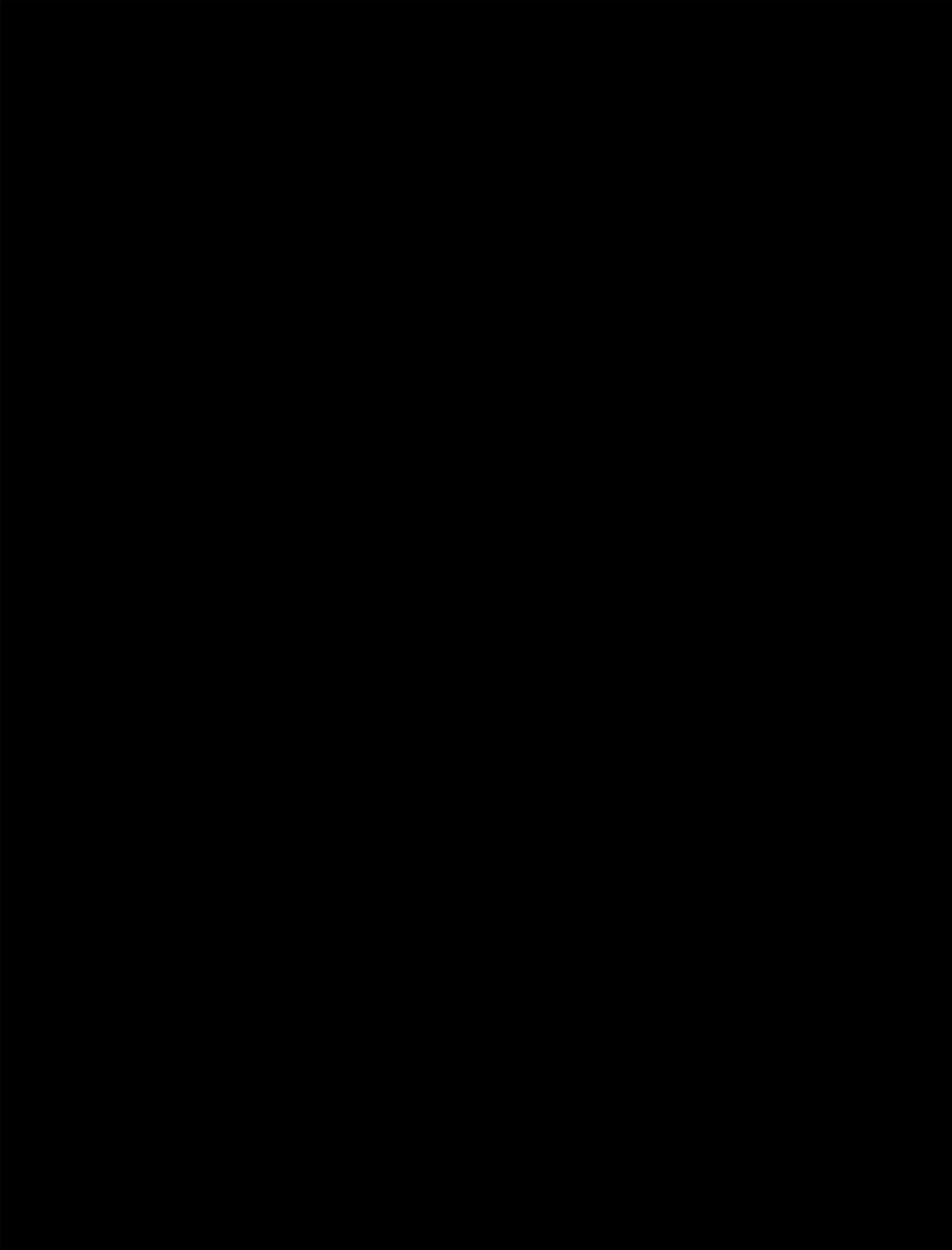


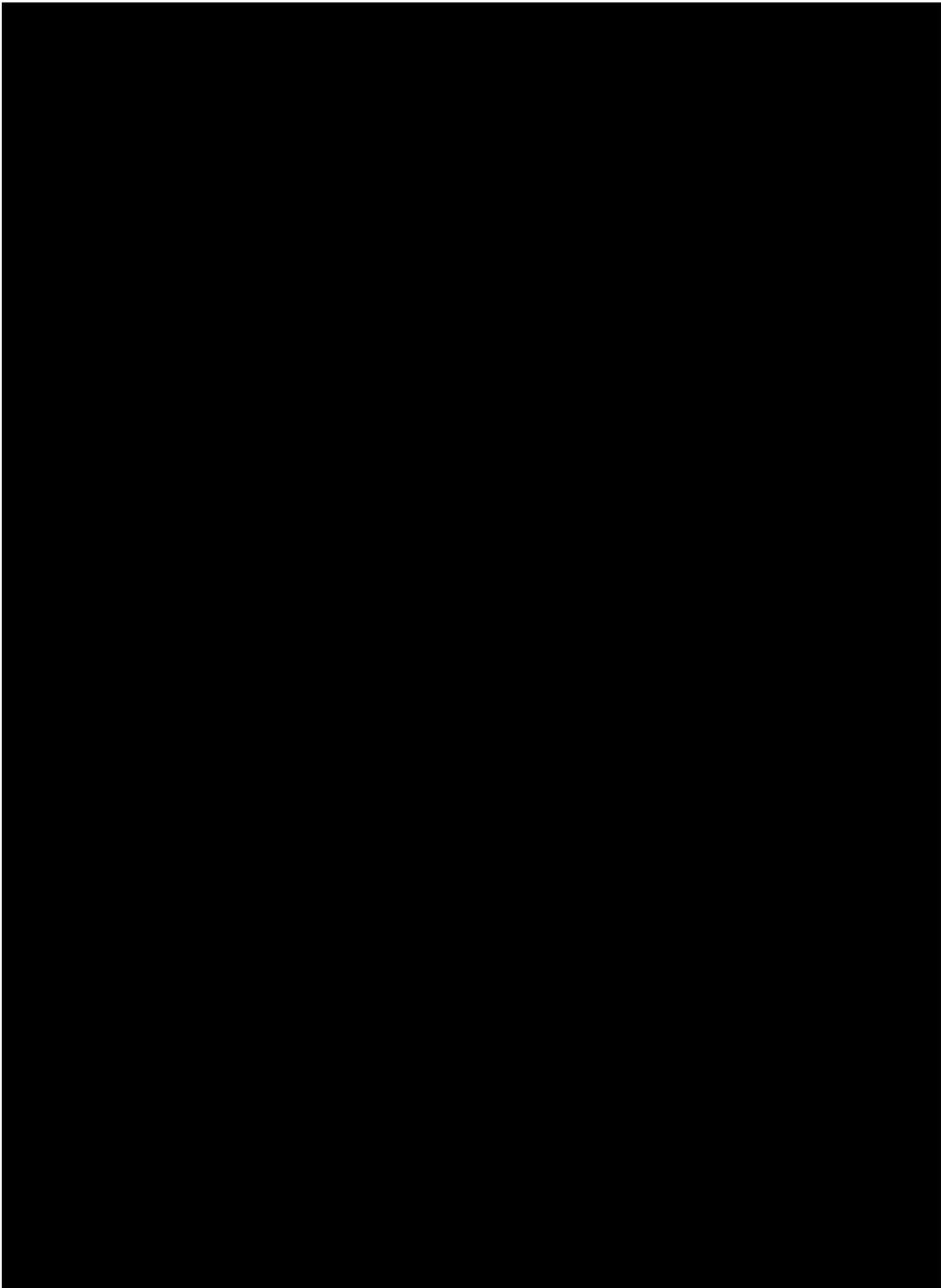


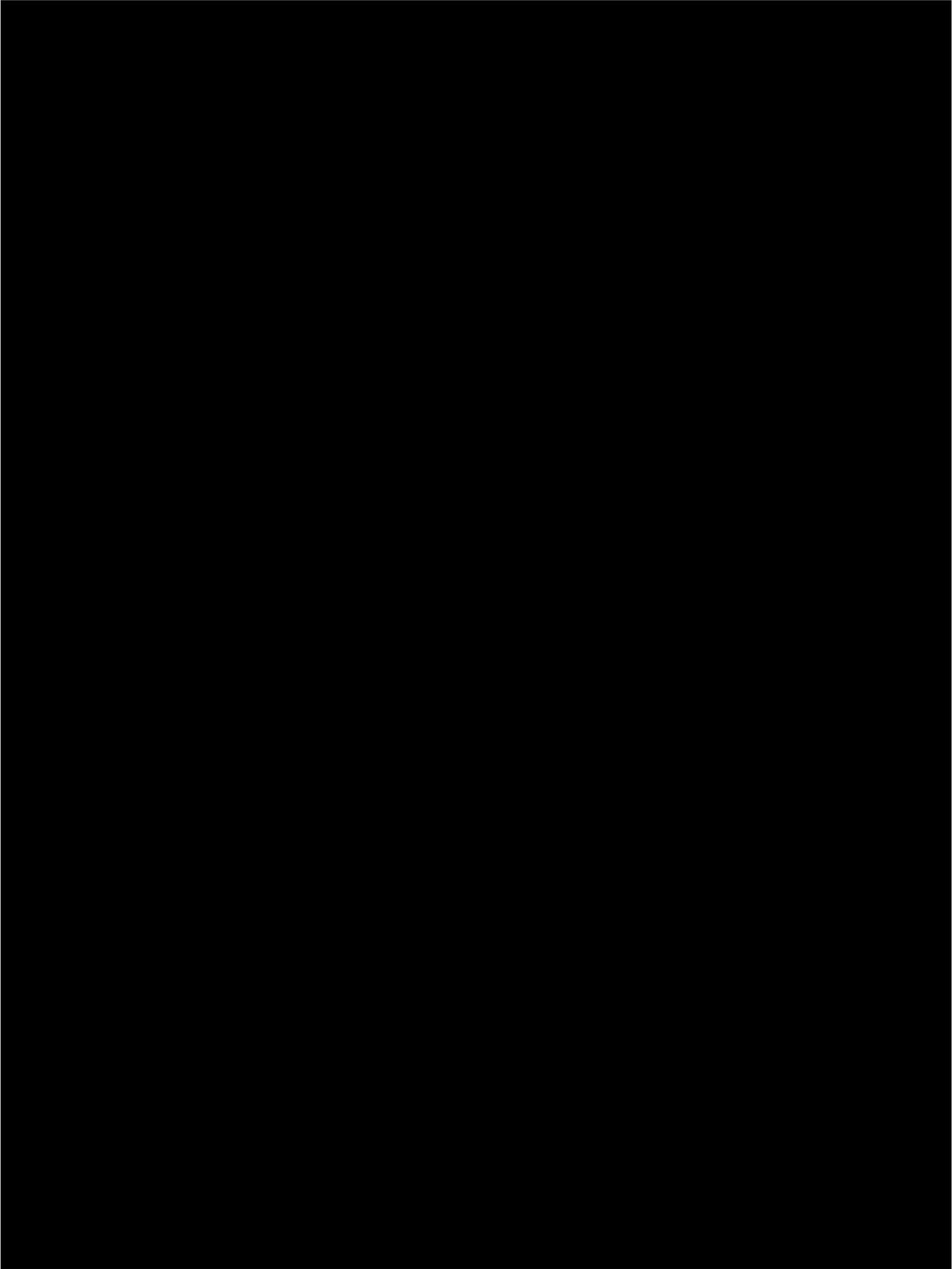


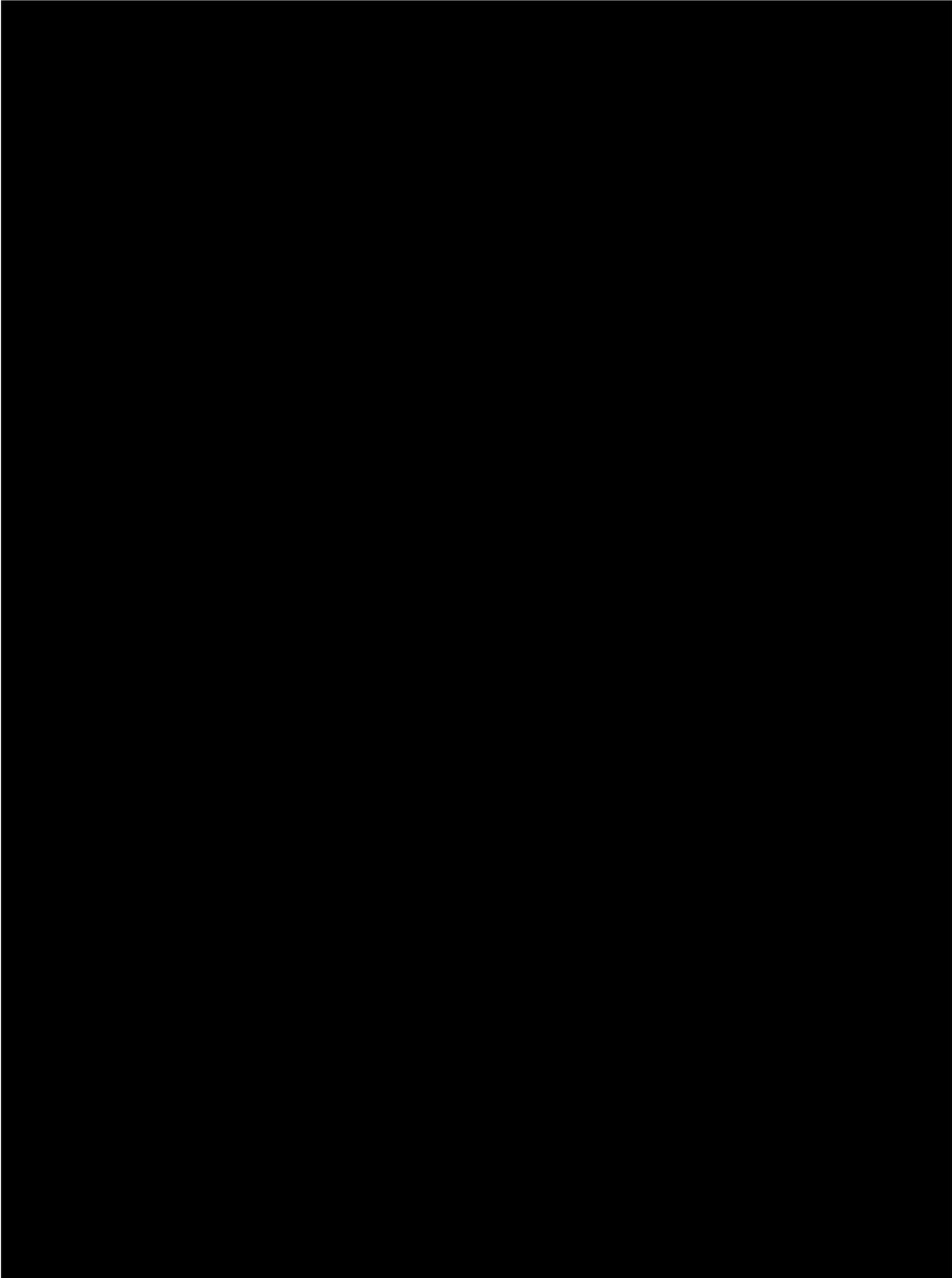


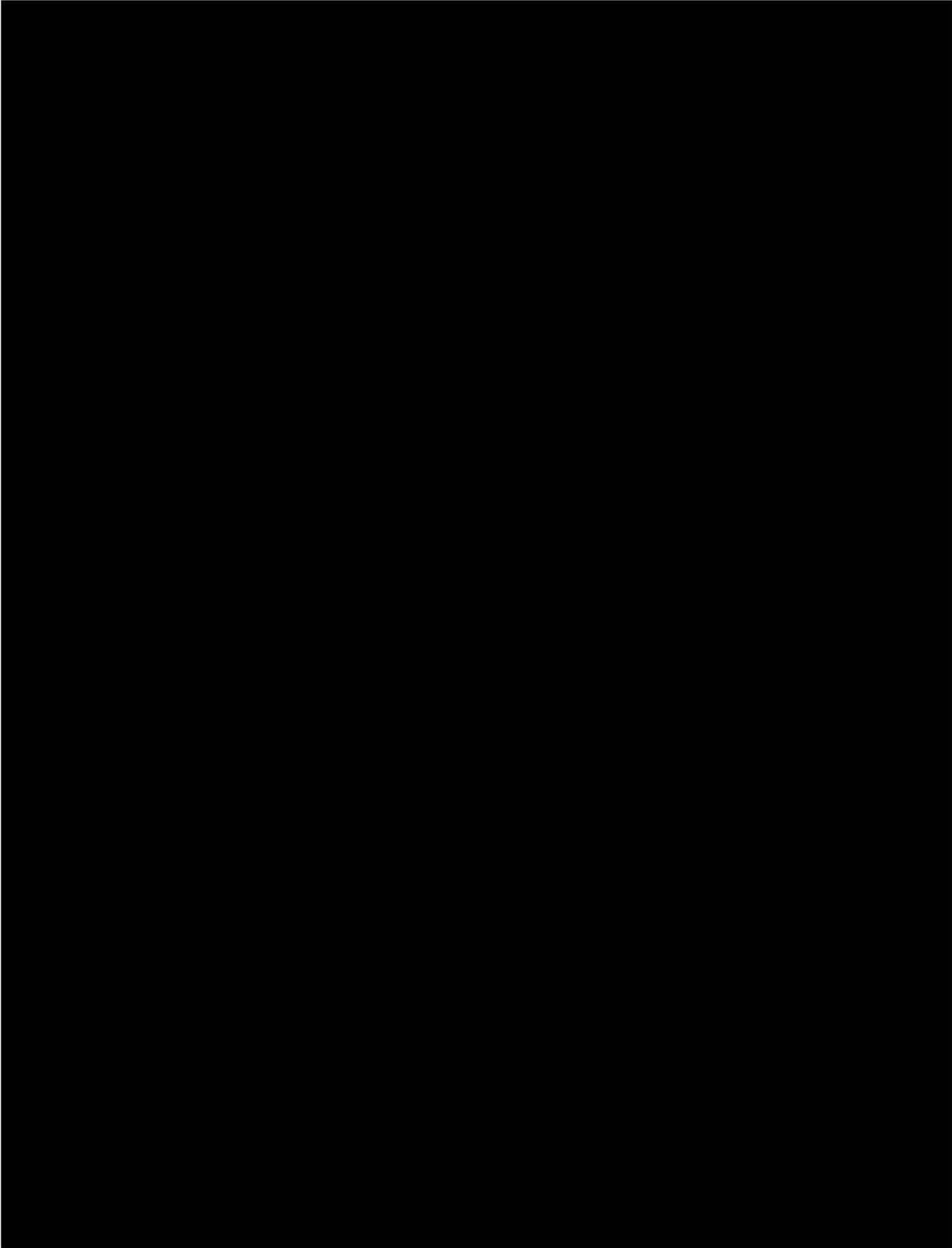


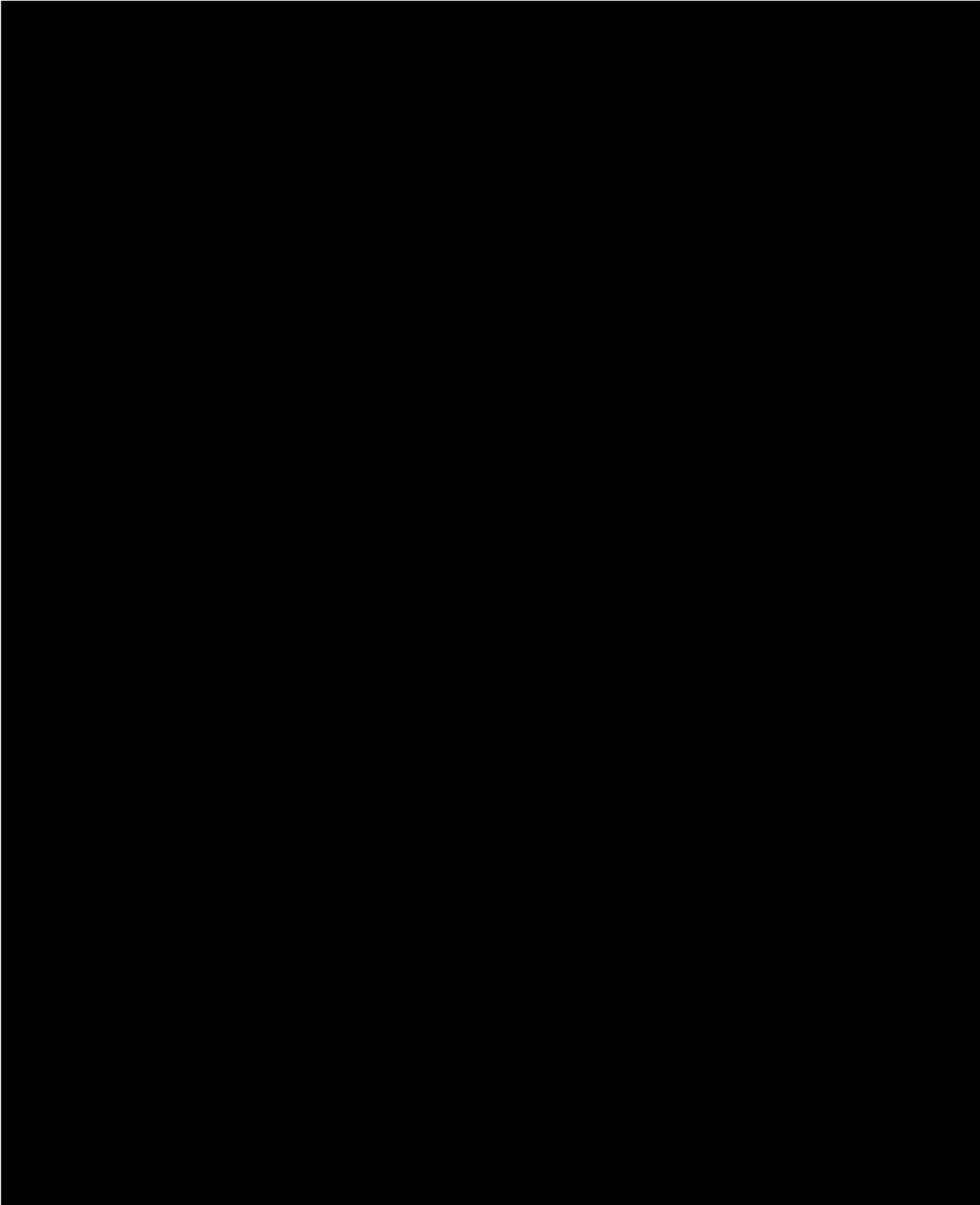


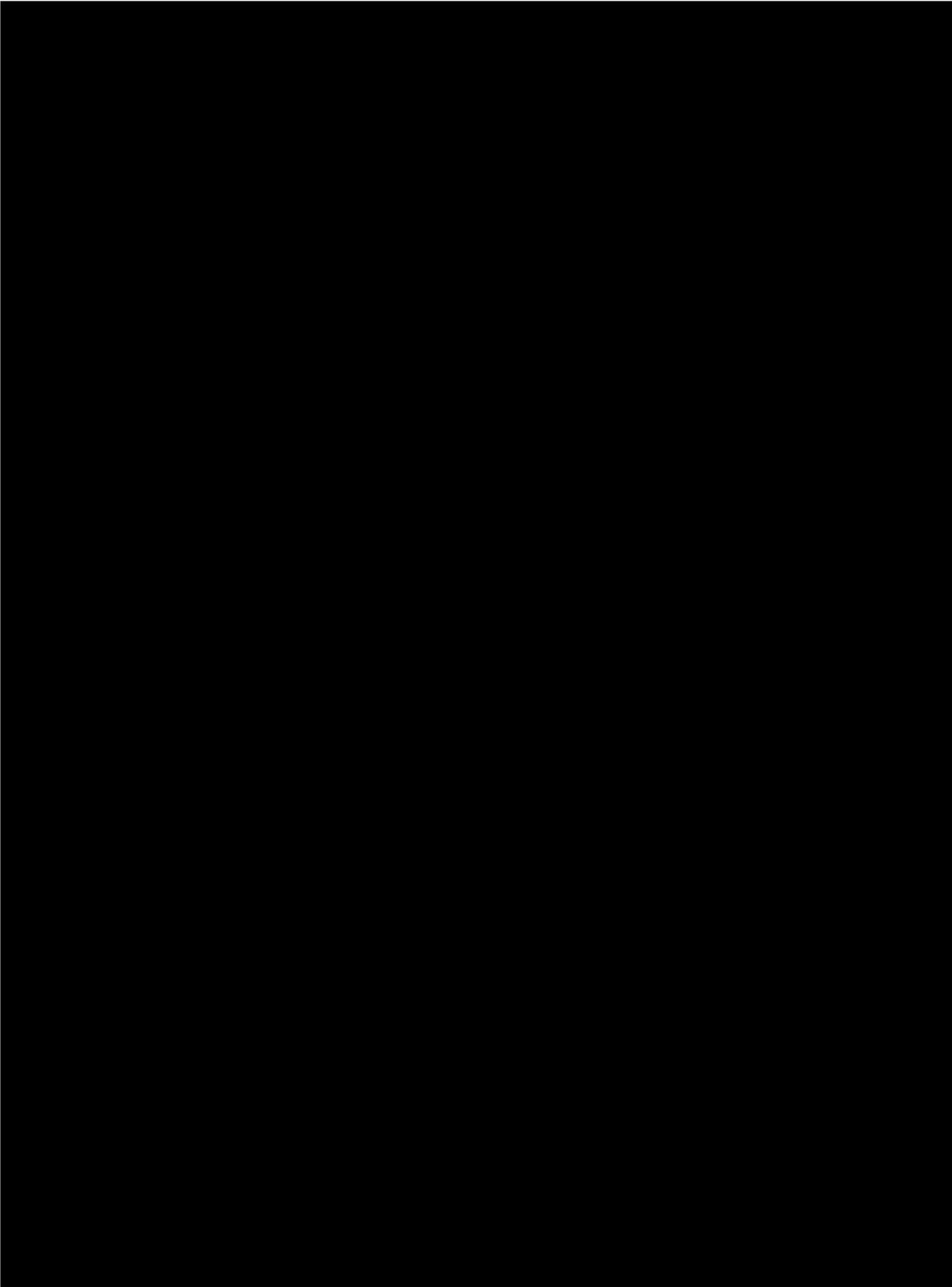


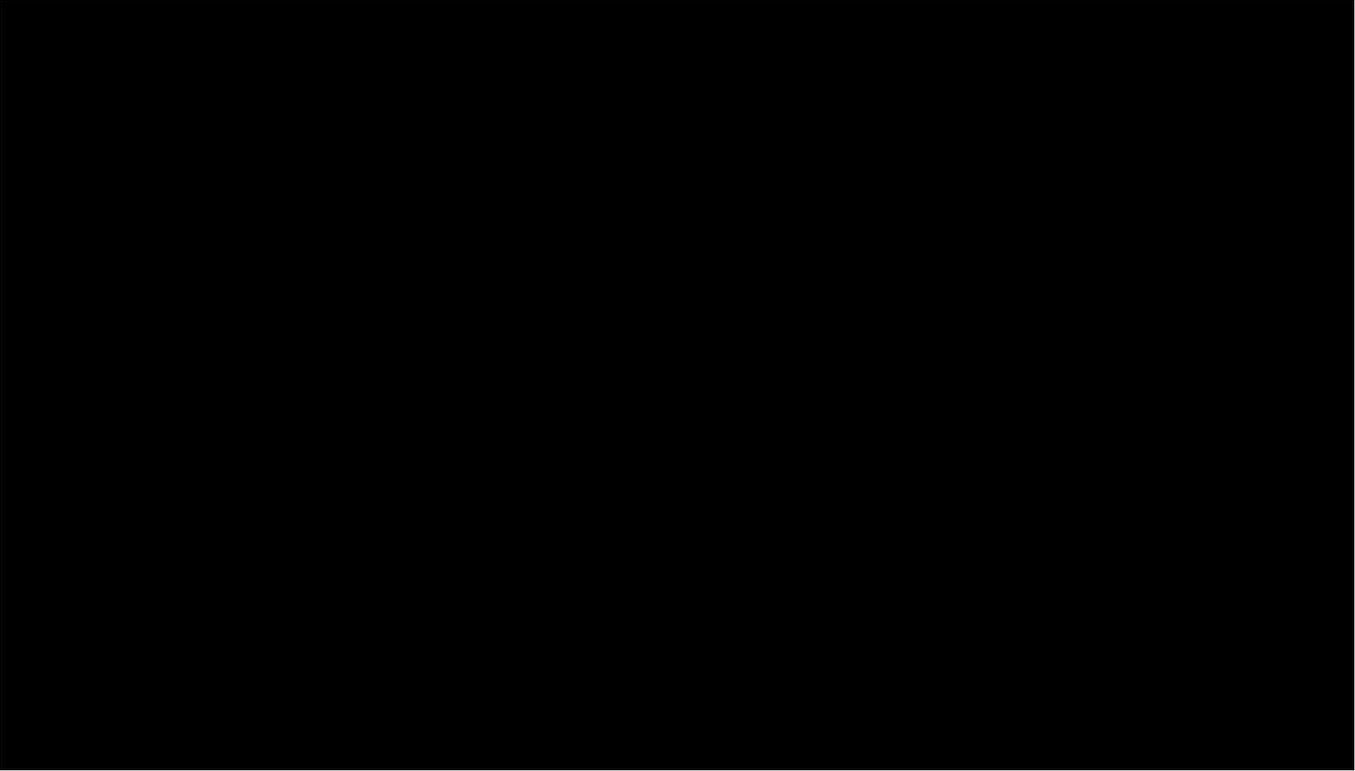












Appendices

Appendix A: Ethics



Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

1st February 2017

Dear Charlotte Flothmann and Daphne Josselin

Reference: PSYETH (P/F) 16/17 70

Project title: A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

- (a) Recruit a new category of participants
- (b) Change, or add to, the research method employed
- (c) Collect additional types of data
- (d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee [REDACTED] in the event of any of the following:

- (a) Adverse events
- (b) Breaches of confidentiality
- (c) Safeguarding issues relating to children and vulnerable adults
- (d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

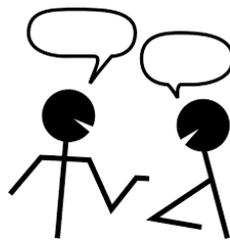


Appendix B: Research Invitation



A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

Would you like to take part in research on the psychological well-being of asylum seekers in the UK?



I am looking for volunteers to take part in a study on the psychological well-being of asylum seekers in the UK.

You would be asked to talk to me (the researcher) about your experiences as an asylum seeker. You can also help me to make sense of the findings.

There would also be an opportunity to talk about how you think I should present our results so that more people can access the information.

Your participation would involve meeting for 2 sessions. If you decide to take part in a further stage of the project, you will be invited for a third and final session. Each session will last around 60 minutes.

You will be reimbursed for transport costs to and from each session.

For more information about this study, or to take part,
please contact me, *Charlotte Flothmann*



■■■■ study has been reviewed by, and received ethics clearance
through the City, University of London Research Ethics Committee, City University London
PSYETH (P/F) 16/17 70

If you would like to complain about any aspect of the study, please contact the Secretary to the
University's Senate Research Ethics Committee on ■■■■ or via email:
■■■■

Appendix C: Interview Guide



A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

Interview Topic Guide:

- Mental health experiences of adult asylum seekers in the UK
- Concepts of mental health, resilience and wellbeing
- Cultural ways of helping

Interview Questions and Prompts:

- When did you arrive to the UK? What has your life been like since you came here? Did it meet your expectations?
- Some people say mental health is about how you feel, what is your understanding of mental health? What are your words to describe this?
- What are your views about being an asylum seeker in this country?
 - Do you think being an asylum seeker affects the mental health of people? If so, how?
 - How might people in the UK describe you?
- In your culture, what are the ideas about mental health?
 - In your culture, what do people do when they have a mental health problem?
 - Is there something that you do in your culture to keep yourself well?
 - How do you help people with mental health problems in your culture?
 - In your opinion, what contributes most to mental health and wellbeing?

- Has anything helped you or someone you know with a mental health problem in the UK?

In your opinion, what would need to change to support asylum seekers and protect their mental health?

What do you think we can learn from your culture about helping people with mental health difficulties?

Appendix D: Information for Participants



A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask me (Charlotte) if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

As part of my doctoral studies at university I am researching about experiences of asylum seekers in the UK. I am trying to find out more about the mental health needs and ways of managing of people who are applying for asylum. This can help others, such as professionals, to understand how asylum seekers can be supported in the best way possible and how the asylum process affects people's lives. In this way the project can contribute to improving the way in which asylum seekers are supported in the UK.

Why have I been invited?

To collect this information I would like to learn from experiences of people like you, who know what it is like to be an asylum seeker.

Do I have to take part?

You do not need to take part if you don't want to, this is your choice.

- If you take part, you can change your mind and stop at any time. You can participate in all of the project, or just some of it.
- I am doing this research out of personal interest as part of my doctoral studies. Taking part will not affect your legal status or asylum claim in any way.
- If you take part, I will write the research up so that no one will be able to identify you through what you say and it will only be used for information on asylum in the UK, not about you.

What will happen if I take part?

- You will be invited to an interview with me, where I will ask you some questions about your experiences as an asylum seeker in the UK and you will be able to share your

knowledge and opinions. The topics of these questions will be related to your experiences of mental health, what has helped you and the way your culture approaches mental health. This will last around one hour. I will record our conversation on an audio-recorder. If you do not want to answer a question or you would like to stop at any time, there would be no problem.

- I will then write up our conversation and save it on a computer which will have a password so only I can open the files. Any information on paper will be stored in a locked filing cabinet.
- After several weeks I will invite you to meet again to discuss the information and then, if you like, we can talk about how you think I can share the information so that more people can understand asylum seekers' experiences.
- We will meet either in a drop-in, a community centre or a local library. You can choose which one you would prefer. We will meet at a time to suit you, outside of the drop-in service hours so that your confidentiality will be protected.

Expenses

- If you need to take public transport, I will reimburse you in cash for the tickets when you arrive at each meeting.
- There will be snacks and drinks at our meetings.

What do I have to do?

If you want to participate you will need to come to the meeting and talk to me about your experiences. I will ask you some questions and we can share our ideas. You can also ask me any questions you have about the research.

What are the possible disadvantages and risks of taking part?

Some things may be difficult or painful to talk about. You can take a break or stop at any time.

What are the possible benefits of taking part?

You can be involved in the project and help spread information to others so that we can encourage a change in the asylum system and in the way in which asylum seekers are supported in the UK.

What will happen when the research study stops?

I will give you a summary of my research once the project is finished which you can distribute if you wish.

I have to keep the data for 5 years following publications (for example after my thesis is placed in the university's library) and then I will delete all the data from my computer.

Will my taking part in the study be kept confidential?

- When I write up our conversations, I will change any details that could identify you (e.g. I will not use your real name) to protect your confidentiality.
- Only you and I will know your identity unless you would like to be identified. I will not reveal your participation in the project to anyone unless you want me to.
- I will only share your identity if I believe you are in danger or that you are putting someone else in danger. If this happens, we will talk about it first.
- Before I include the transcript in my research I will show it to you and if you would like me to make any changes to protect your identity we can make those together.
- If you want to withdraw from the project during the research I will delete any data linked to you.

What will happen to the results of the research study?

- A summary of the results will be shared with members of the public, either in written or spoken form. I will invite you to any public events but you will not be identified and do not need to come if you don't want to. As part of the project we will discuss your ideas about how and to whom you think I should give this information.
- The results will be part of my doctoral thesis which will be made publicly accessible. Some of the results may also be printed in a research article. Your details and participation will remain confidential.
- You will receive a summary of the research once it has been completed.

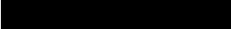
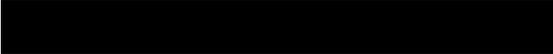
What will happen if I don't want to carry on with the study?

You can stop the study at any time and I will not use any information you have given me if you don't want me to.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to me or my supervisor. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone [REDACTED]. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK.

You could also write to the Secretary at:

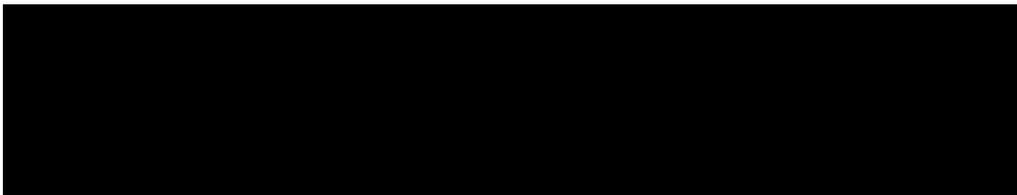

Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB


City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London [insert which committee here] Research Ethics Committee, [insert ethics approval code here].

Further information and contact details



Thank you for taking the time to read this information sheet.

Appendix E: Consent Form



A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

Ethics approval code: PSYETH (P/F) 16/17 70

Please initial box

1.	<p>I agree to take part in the above City, University of London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records.</p> <p>I understand this will involve:</p> <ul style="list-style-type: none"> • being interviewed by the researcher • allowing the interview to be audiotaped • Making myself available for a further meeting and possibly taking part in the informing others about the results of the research. 	
2.	<p>This information will be held and processed for the following purpose(s):</p> <ul style="list-style-type: none"> • to gather more information about asylum seekers' experiences in the UK • to find out what problems are being faced and where support would be helpful • to give this information to others in order to create more awareness about this subject and contribute changing the current asylum system. 	

	<p>I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.</p> <p>I understand that I will be shown a transcript of data concerning me for my approval before it is included in the write-up of the research.</p>	
3	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	I agree to City, University of London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

Name of Participant Signature Date

Name of Researcher Signature Date

Appendix F: Debrief Stage 1



A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

Thank you for meeting with me today and for sharing your experiences of being an asylum seeker in the UK.

With this project I am trying to obtain more information about the mental health of asylum seekers in the UK, but also how these are managed and what is seen as helpful support. This research can contribute to helping professionals understand the situation of asylum seekers and work in the most supportive way possible. This is important because other studies have shown that for many reasons being an asylum seeker in the UK can affect the well-being of those claiming asylum.



This is an opportunity for you to ask me any questions.

I will write up the recording of our conversation and then use it in my research project. If you don't want me to use it anymore, you can let me know by September 2017 and I will take it out.

We have agreed to meet again on (date, time, location of next meeting) to talk about our preliminary findings/ how you would recommend me to disseminate our findings/have a final debrief.

If you would like support with anything we have talked about you can tell me or you can also contact these services:

The Haven Health Centre, Montpelier (for general health concerns): <http://briscohealth.org.uk/our-services/haven/> 0117 970 3887

Nilaari Agency, Stapleton Road (for specialist talking support): www.nilaari.co.uk 0117 952 5742

Refugee Action Bristol (for legal support and general advice): www.refugee-action.org.uk/bristol 0117 9415960

If you have any other questions please contact me:



Appendix G: Final Debrief



A Participatory Investigation exploring the Psychological Needs and Sources of Resilience of Asylum Seekers in the UK

I would like to thank you again for your contribution to this research. Today is an opportunity for you to ask me any questions and give me feedback on taking part in my research project.

Here is a summary of the project so far:

I conducted this research because other studies have shown that for many reasons being an asylum seeker in the UK can affect the mental health of those claiming asylum. It is important to investigate which difficulties asylum seekers experience, but also how these are managed and what is seen as helpful. More information on this can help professionals understand the situation of asylum seekers and work in the most supportive way possible.

In order to gather this information, I felt it was important to invite you to take part in some of the research as you are the expert on your own experience. By sharing this with me you have helped me to learn more about what it means to be an asylum seeker. I will now write up what I have learnt and I hope that this information can contribute to the insight into asylum seekers' situation in the UK, to improve the help that is offered and to better understand the impact of the asylum system on mental health.

Once I have finished the project I will send you a summary of the results via email.

If you do not want to be included in the project anymore, please let me know by September 2017 and I will remove any information that refers to you.

If you would like support with anything we have talked about you can tell me or you can also contact these services:

- The Haven Health Centre, Montpellier (for general health concerns): <http://briscohealth.org.uk/our-services/haven/> 0117 970 3887
- Nilaari Agency, Stapleton Road (for specialist talking support): www.nilaari.co.uk 0117 952 5742
- Refugee Action Bristol (for legal support and general advice): www.refugee-action.org.uk/bristol 0117 9415960

. If you have any other questions please contact me:



THANK YOU AGAIN FOR YOUR HELP

Ethics approval code: PSYETH (P/F) 16/17 70

Appendix H: Sample transcript Phase 1

Extract from Phase 1 Interview with Khaled

Charlotte: So hello! Could you tell me when you arrived in the UK?

██████ I arrived in the UK on the 23rd September 2015

C: Ok and how has your life been like since you arrived in the UK?

K: Actually when I arrived here I feel like happy because now I think now I will start a new life, I will change everything, I will get my human rights and I feel like now I'm free, like now I'm free, like now nobody can control me or something like that. Do you want me to tell you everything or just in the beginning?

C: no no, you can tell me what you...think is helpful

K: Yeah...then I made for myself a plan, like what I'm going to do when I get status and everything like that the step by step...then I'm waiting for my interview and it was like a horrible time because every time I had to check the (letter?)box, like the post box telling you when your interview will be

C: Ok...yeah

K: and I make many friends, different nationalities, yeah and that's it

C: ok great and so when you arrived here you said that you were very hopeful really happy, do you still feel that way? Because obviously today is 2017 and...

K: To be honest with you just feeling I feel it just when I arrived, but after that, after 3 or 5 months slowly like I lost it. Because you know like in the beginning you have like a big dream, and you feel like wow, here everything will be like different, to the country that you came from and that you left. You see what I mean?

C: yeah

K: but after that, after 5 months, 6 months when you're waiting and you didn't get your goals or something, then you will lost your feeling, that happy feeling and everything slowly....I don't know how to explain it in English, when you come here, you have many things you want to do and you feel like they will understand everything and you will know you and nobody can take you in any place, something like that, but after that, if you didn't get status quickly, so your feeling will change because you can't work, you can't study, you can't do anything. Just like college you go for English, that's it like that routine for me, I feel like that's nothing for me I didn't leave my country because I wanted to stay here like that, waiting just without anything. So that make me like sometimes feeling down and sometimes you think like why I came here, but at the same time there is no other option to coming.

C: that's so hard...ok, some people say, as you know my project is about mental health and some people say that mental health is about how you feel, your feelings and your emotions, that's obviously my understanding but what's your understanding of metal health when we talk about it?

Appendix I: Sample transcript Phase 2

Extract from Phase 2 Interview with Haile

Charlotte: So I had some questions about that, feel free to say I don't want to answer these.

I found it so interesting though and now having spoken to other people about some similar things, and it made me think that actually the asylum system is a lot about fear, you know, people are very scared a lot of the time. Do you think that's true?

█ I think that's true because you don't feel comfortable because you don't know what is going to happen to you tomorrow. Even in my own experience, I have seen many people have been caught from home, like in the middle of the night

C: Arrested?

H: Yeah.

C: Oh wow

H: Yeah so they took them to a detention centre and deported them. Yeah so everyone knows this.

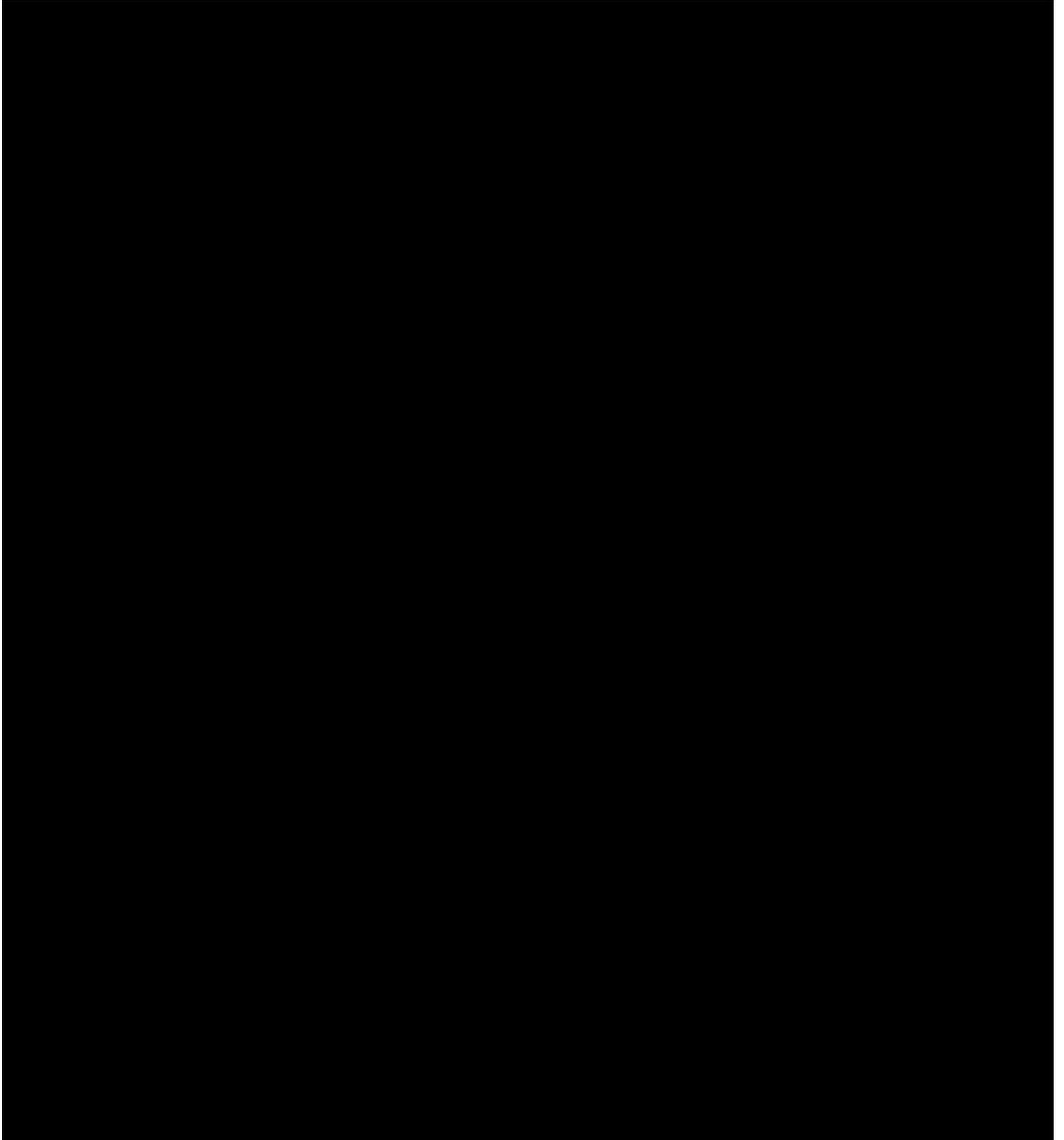
C: All of the asylum seekers you would say know this?

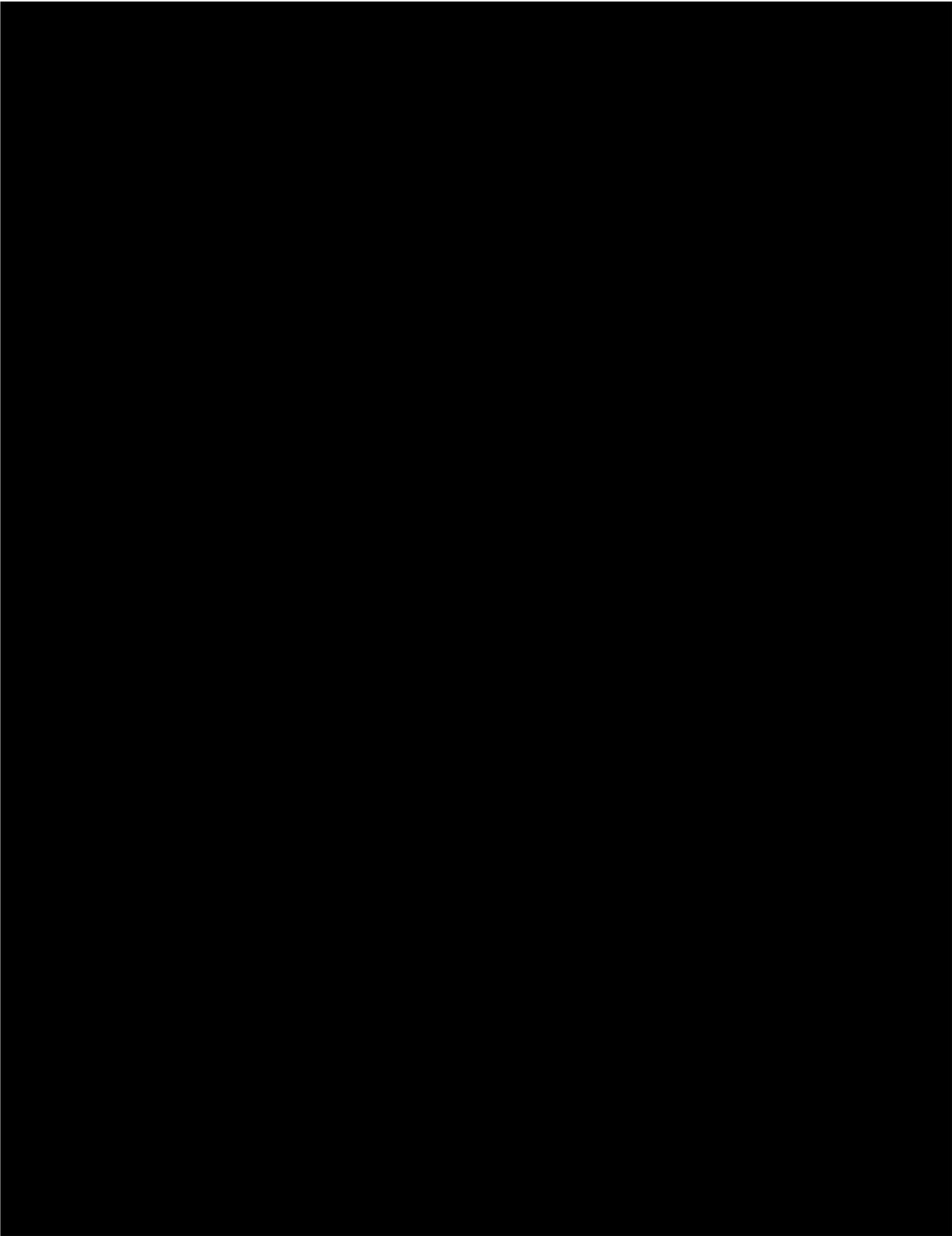
H: Yeah I would say the majority are aware of this thing so they think this might happen to them.

R: How do people live with that fear? That must be so scary

H: It is, you wouldn't have any confidence, you would become a shy person and I don't know, so it's like another prison. I know you can eat, you can drink whatever you want but unless you have good mental health you are in prison. Your community could be from a different place, they have the right to live, the right to work and they start their life and you don't have the right to do those things and yeah, that puts you down. But at the same time you also think like wow, what is going to happen tomorrow. Because of this so many people....I'm a man and I'm still young, I don't have a problem but for women and for adult people they want to make families, because if they are in this situation they try not to have any family because they don't know what is going to happen to them tomorrow. They want to wait until they settle down so because of this women are, I don't know wasting their time. They get older without having a child, so these are the problems.

Appendix J: Coding Samples





Appendix K: Table summarising initial findings

Table 1. An overview of themes emerging throughout the 3 phases of data collection

	<u>Phase 1- Interviews</u>	<u>Phase 2- Interviews</u>	<u>Phase 3-Data Dissemination</u>
		New points or added detail or clarification	Points raised in relation to exiting data
Sense of Injustice	<ul style="list-style-type: none"> • No choice • Evidence • Waiting • Media vs Reality • Intentionality 	Evidence: <ul style="list-style-type: none"> • Potential for retraumatisation Waiting: <ul style="list-style-type: none"> • Importance of Work • Volunteering Media vs. Reality: <ul style="list-style-type: none"> • Role of Media • “Don’t Come” • Them vs. Us (new) Intentionality	Evidence: <ul style="list-style-type: none"> • Potential for retraumatisation Waiting: <ul style="list-style-type: none"> • Importance of Work • Intentionality Media vs. Reality: <ul style="list-style-type: none"> • Role of Media Them vs. Us Intentionality
Experiences of Loss	<ul style="list-style-type: none"> • Loss of Freedom • Loss of Confidence • Loss of Dignity • Loss of Support Network • Loss of Hope 	Loss of Freedom: <ul style="list-style-type: none"> • Financial Restrictions Loss of Confidence: <ul style="list-style-type: none"> • Change of Social Status Loss of Dignity: <ul style="list-style-type: none"> • Forced into vulnerability Loss of Hope: <ul style="list-style-type: none"> • Suicide becomes an option 	Loss of Freedom: <ul style="list-style-type: none"> • Financial Restrictions
Living in Fear	<ul style="list-style-type: none"> • Fear of Destitution • Fear of Detention or Deportation • Fear of Stigma • Fear for Families’ Wellbeing 	Fear of Destitution Fear of Detention or Deportation : <ul style="list-style-type: none"> • Fear of Home Office/distrust 	Fear of Destitution Fear for Families’ Wellbeing Fear of Home Office/Distrust

Finding Strength through Connection	<ul style="list-style-type: none"> • Charities • Friends and Community • Religion • Space to Talk 	Friends and Community: <ul style="list-style-type: none"> • “Good things only” Religion Space to Talk	Religion Space to Talk
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Appendix L: Summary Table Phase 1

Table 2: A summary of issues discussed in the 1st Interview Phase, and emerging themes

Themes and Subthemes from Phase 1 and first analysis	Sense of Injustice	Experiences of Loss	Living In Fear	Finding Strength through connection
[REDACTED]	No choice Evidence	Loss of Freedom Loss of Confidence	Fear of Destitution Fear of Detention or Deportation	Charities Friends and Community Religion
	Isolation, poverty, evidence, no choice, Disrespect.	Freedom, confidence	Stigma, deportation, uncertainty/instability	Religion, community groups
	Isolation, media portrayal, language barriers, poverty, no way back	Hope, peace	Uncertainty, asylum procedures	Friends
	Intentionality, discrepancies in treatment, discrimination.	Hope, skills, value as human, confidence	Asylum system/uncertainty, how to survive	Religion/fath community
	Need for evidence, forces people into illegality, intentionality	Disappointment, confidence	Destitution, dependence on others	Charities, religion, community, exercise
	Not a choice, not being believed, evidence, no respect	Hope for future	Deportation, family, fear for mental health	Religion
	Waiting, restrictions, not a choice, language barrier, can't contribute.	Confidence, hope, time wasted	Deportation, stigma, shame	Religion, being busy in community
	not being allowed to work, not a choice, no way out, intentionality	loss of hope/disappointment, waste of time, freedom	Destitution, being judged/stigma	Friends, religion, community
	not being allowed to work/keep busy, language barrier	disappointment, community	uncertainty	Charities essential, religious groups
asylum system, media portrayal, not treated as human,, not being allowed to	loss of hope, freedom	stigma, family, deportation	friends, drop-in centres	
Phase 1 (9 Interviews)				

Appendix M: Summary Table Phase 2

Table 3: A summary of points discussed in 2nd Phase Interviews, and additional subthemes developed at this stage

Phase 2 (5 Interviews)	██████	██████	██████	██████ ██████	██████	Subthemes added after second analysis
Sense of Injustice	Poverty, Suicide, children affected, evidence, forced into illegal work/exploitation, discrepancies of treatment, intentionality	No insight, poverty, accommodation, not being allowed to work/vulnerable to exploitation/slavery, suicide	Evidence, judgment, lack of support, not being allowed to work, poverty	Disrespect, lack of compassion, intentionality	Intentionality, suicide, discrepancies in treatment, lack of compassion	<ul style="list-style-type: none"> • Potential for retraumatization • Importance of Work • Volunteering • Role of Media • "Don't Come" • Them vs. Us
Experiences of Loss	Loss of status, skills, dignity, freedom, choice, loss of life	Loss of sanity, freedom, control, trust	Safety, strength, trust, hope	Loss of self, hope, trust	Loss of life, self, dreams, dignity, respect	<ul style="list-style-type: none"> • Financial Restrictions • Change of Social Status • Forced into vulnerability • Suicide becomes an option
Living in Fear	Fear for family/children, poverty	Distrust, judgment, stigma, sudden arrests, deportation	Eviction/destitution & mental health consequences, vulnerability, stigma	Fear that not safe/protected	Discrimination, asylum procedure,	<ul style="list-style-type: none"> • Fear of Destitution • Fear of Home Office/distrust
Finding Strength through connection	Community projects, religion, good things only	Religion, community- good things only	Volunteering, friends	Religion and church community	Community, friends-good things only	<ul style="list-style-type: none"> • "Good things only"

Appendix N: Summary Table Phase 3

Table 4: Overview of discussions with reference to themes, and additional points made during Phase 3 (Dissemination of Data)

Phase 3 Data Dissemination	Presentation 1 (Mental Health Professionals)	Presentation 2 (Local Government)	Poster Presentation (BPS Conference)
Sense of Injustice	<ul style="list-style-type: none"> -comparisons to BME groups and injustices faced -discrimination, discrepancy in treatment between different groups -little if any access to services 	<ul style="list-style-type: none"> -potential for retraumatisation, need for appropriate support -discrepancy of treatment between groups -lack of information on all levels/little culturally relevant support -disrespect in official treatment of AS/refugees 	
Experiences of Loss		<ul style="list-style-type: none"> -loss of hope, no change once in UK 	
Living in Fear		<ul style="list-style-type: none"> -constant fear 	
Finding Strength through connection	<ul style="list-style-type: none"> -importance of religion/spirituality to resilience in therapy 	<ul style="list-style-type: none"> -community groups successful in addressing mental health 	
Additional points discussed	<ul style="list-style-type: none"> -apparent undermining of human rights -disregard for individual -more training/support needed 	<ul style="list-style-type: none"> -distress normal given environmental factors -need for agencies to work together 	<ul style="list-style-type: none"> -Need for more information, relevant training -comparisons made to bereavement research, idea of multiple losses. What can we learn/apply from what we do know re trauma, bereavement, acculturation? -urgency for community psychology in light of funding/resource restrictions

Appendix O: Research summary for co-researchers

Research Summary: Experiences of Asylum Seekers in Bristol¹

Introduction:

Recently more people than ever have been forced to seek safety outside of their home countries. This means that many people claim asylum in Europe and in the UK. The wellbeing of people can be affected by the situations they have left at home, by their journey, and also by their new life in the UK. The process of seeking asylum involves many challenges, and it is not surprising that these sometimes lead people to have emotional difficulties such as depression and anxiety. In the UK asylum seekers can get some support with mental health but this is not always easy to access and sometimes does not feel helpful. It seems that in the UK we need to learn more about what asylum seekers are going through so that we can be better at supporting them.

Research Aims:

This research was carried out to learn more about the experiences of seeking asylum in Bristol, and especially about how this affects mental health. As we know that many asylum seekers and refugees face very difficult situations in the UK, and sometimes this can affect how they feel, it was important to find out more about how we can support them. Help can come in many different ways and this research tried to learn from asylum seekers so that they could explain what they think is problematic, and how they would like to be helped. It was also important to learn what asylum seekers in Bristol can do to stay well.

Research Method:

Action research was used to investigate this issue. This way of researching is very flexible and can be shaped to suit many different situations. Action research was chosen because it tries to improve a social situation and it is a good way to find solutions to problems. It also welcomes the help and opinions of the people the research is trying to find out about, in this case asylum seekers. Asylum seekers are the experts on what it is like to seek asylum so it was important for them to be involved.

Nine people volunteered to take part in the research and met with me (Charlotte) to be interviewed. In the interviews I asked questions and the co-researchers helped me to understand the situation of asylum seekers more. We had many discussions and shared our ideas, and I also presented these to other people, such as mental health professionals and council workers, so that they could learn from this research.

Most important findings

There were many important results from this research and I learnt a lot about what it means to seek asylum in Bristol.

The findings showed that it can be very difficult for asylum seekers when they are forced to wait and are not sure of when they will find out if they can stay in the UK, or if they have to leave. This is made worse because asylum seekers are normally not allowed to work and they often face poverty and sometimes do not have enough to eat. They do not receive enough support from the government to survive. This means they have to rely on the help of friends or charities. Finding evidence for the

asylum claim can be hard because many people have lost everything and it can be difficult to prove why they had to come to the UK.

It is important to remember that people come to the UK for safety. They do not come to take jobs or money, which is what some people and some of the media think. In fact, many asylum seekers would like to work and continue their lives but seeking asylum does not make this possible. They might feel like they are treated disrespectfully by the Home Office workers and sometimes by members of the public. Often this situation can make asylum seekers feel like they are not valued in the UK. The co-researchers felt that this treatment of asylum seekers is unfair.

People are afraid to become homeless and to be arrested and possibly deported. This means that sometimes asylum seekers live in hiding and do not socialise. The co-researchers explained that many asylum seekers are very isolated and feel lonely and homesick. It can also be very challenging for asylum seekers who have left their families, and many people worry all the time if their family is safe.

Ways of managing this situation include making friends, spending time with community members and especially practising religion. Co-researchers said that their faith can help asylum seekers by giving them strength and a sense of meaning, and also to meet people. Being with other people can be distracting and helpful against loneliness.

Volunteering and doing exercise is how some asylum seekers fill their time and being busy can help against worrying or sadness. Sometimes it can be helpful to talk about seeking asylum to others who have been in the same situation, but some people prefer not to discuss what they have experienced as it can remind them of painful memories. It was important for asylum seekers to build trust and feel safe before sharing their stories with anyone. This can take time and it can be easier to talk to people who are not involved with the Home Office.

Co-researchers said that in Bristol many asylum seekers feel supported by charities and their communities. Here they can distract themselves, make friends and sometimes even talk about the difficulties they have faced or are facing. Sometimes these are the only places where help can be found, and even so it can be hard to find enough food, accommodation and ways to learn English.

Conclusion

The research has shown that seeking asylum can be extremely challenging for people who come to the UK in search of safety. It can make people feel very sad, lonely and disappointed amongst other things. To manage all of this, some people gain strength from their faith, communities and friends. Learning from these experiences can make it possible for people working to support asylum seekers to understand the situation better.

Thank you to everyone who shared their experiences and opinions with me. I am very grateful to the nine co-researchers who helped me and I wish them the very best for the future.

ⁱ This research was carried out by Charlotte Flothmann with the help of nine people who had personal experiences of seeking asylum in Bristol. If you have any questions, please contact Charlotte per email [REDACTED]

Appendix P: Journal author guidelines

Format	Article files should be provided in Microsoft Word format. LaTeX files can be used if an accompanying PDF document is provided. PDF as a sole file type is not accepted, a PDF must be accompanied by the source file. Acceptable figure file types are listed further below.
Article Length	Articles should be between 4000 and 8000 words in length. This includes all text including references and appendices. Please allow 350 words for each figure or table.
Article Title	A title of not more than eight words should be provided.
Author details	<p>All contributing authors' names should be added to the ScholarOne submission, and their names arranged in the correct order for publication.</p> <ul style="list-style-type: none">• Correct email addresses should be supplied for each author in their separate author accounts• The full name of each author must be present in their author account in the exact format they should appear for publication, including or excluding any middle names or initials as required• The affiliation of each contributing author should be correct in their individual author account. The affiliation listed should be where they were based at the time that the research for the paper was conducted
Biographies and acknowledgements	Authors who wish to include these items should save them together in an MS Word file to be uploaded with the submission. If they are to be included, a brief professional biography of not more than 100 words should be supplied for each named author.
Research funding	Authors must declare all sources of external research funding in their article and a statement to this effect should appear in the Acknowledgements section. Authors should describe the role of the funder or financial sponsor in the entire research process, from study design to submission.

Structured Abstract

Authors must supply a structured abstract in their submission, set out under 4-7 sub-headings (see our "[How to... write an abstract](#)" guide for practical help and guidance):

- Purpose (mandatory)
- Design/methodology/approach (mandatory)
- Findings (mandatory)
- Research limitations/implications (if applicable)
- Practical implications (if applicable)
- Social implications (if applicable)
- Originality/value (mandatory)

Maximum is 250 words in total (including keywords and article classification, see below).

Authors should avoid the use of personal pronouns within the structured abstract and body of the paper (e.g. "this paper investigates..." is correct, "I investigate..." is incorrect).