

Forced migration and psychosocial health: meaning-making through autobiographical narratives in the UK

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Abstract

This paper explores how refugees in the UK perceive the relation between their experience of migration and their psychosocial health. Autobiographical narrative interviews were carried out with fifteen refugees residing in the UK. The findings reveal a contrast between the negative stereotypes concerning refugees' psychosocial health and the participants' own perceptions. Two of the three emerging narratives suggest a more balanced view of refugees' psychosocial health, since- in contrast to the stereotypes- most participants did not perceive this through the lens of 'vulnerability'. The third narrative revealed that a hostile social context can negatively shape refugees' perceptions of their psychosocial health. This runs counter to the stereotype of refugees as being exclusively responsible for their 'passiveness' and therefore for the problems they face.

Keywords: refugees, psychosocial health, negative stereotypes, autobiographical narratives

Introduction

This paper explores how refugees in the UK perceive the relation between their experience of migration and their psychosocial health. This aim was triggered by the observation that the 'vulnerable' and 'passive' images are too often assigned to this group when discussing their psychosocial health.

The paper draws from fifteen autobiographical narrative interviews, as part of an original research study, which explored how highly educated refugees in the UK perceive the relation between their post-migration experiences and their psychosocial well-being (Psoinos, 2007). The term 'refugees' here refers to all persons who have been granted by the UK Border Agency either ILR status (Indefinite Leave to Remain) or Refugee status, (as defined in the UN Refugee Convention of 1951).

In the following pages, the paper outlines the main clinical approaches on refugees' psychosocial health, and the negative stereotypes which have emerged from this clinical discourse and have been exacerbated by the media. Then the use of the narrative approach is justified and the interview

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context is described. The main body of the paper shows –through excerpts from the autobiographical narratives- the participants’ perceptions of the relation between their migration experience and their psychosocial health. It also explores whether the stereotypes of the ‘vulnerable’ and ‘passive’ refugee are present in the participants’ emerging autobiographical narratives. The paper finally discusses how the social context refugees live in influenced the shaping of their perceptions.

How the clinical discourse and the media coverage have contributed to the negative images assigned to refugees in the UK

Traditional clinical approaches such as the ‘severe mental illness model’ focus on refugees who urgently need clinical help because of severe disorders, often existing prior to migration (Bhugra & Jones, 2001; Silove, 1999). The ‘psychopathology approach’, which is based on the ‘trauma’ tradition, pays more attention to the effects of forced migration or post-migration problems (Ingleby, 2005). Finally the ‘stress and coping approach’ views the migration and psychological health -relation as a series of stressful life changes which demand coping responses, in order for distress to be alleviated (Shuval, 2001).

Even though approaches such as ‘stress and coping’ meant to provide a less disorder-oriented outlook on this population’s psychosocial health, they continue to cultivate a ‘pathological’ image. In the clinical literature refugees are consistently considered to be vulnerable, that is, prone to distress symptoms such as anxiety, depression, and withdrawal (Ahearn, 2000; McColl & Johnson, 2006).

In addition the ‘pathology-prone’ approach does not explore holistically refugees’ psychosocial health because it is grounded in the assumptions of the primacy of the individual and of the necessity of treating isolated symptoms (Das-Munshi, 2005; Watters, 2001). Due to these assumptions refugees are approached as beings detached from their social environment whose psychological health outcomes can be simply elicited through a questionnaire or an interview (Das-Munshi, 2005).

The clinical discourse has contributed to the construction of specific negative images assigned to refugees, and these images have been reinforced by the media coverage and seem to have become *stereotypes* in Western societies, including the UK (Donnellan, 2002; Hanyes et al., 2004). Indeed in the UK the media frequently portray refugees as prone to serious psychological problems but also as a ‘burden’ in the local community because they will passively accept their situation and simply “live at taxpayers’ expense” (Bailey, 2005; Buchanan et al., 2003). This image of the ‘passive’ refugee who suffers from distress *and* lack of motivation applies mainly to refugees who lost the socioeconomic status they held in their country (Stubbs, 2005).

The ‘pathological focus’ has received criticism (Bala, 2005; Eastmond, 2000; Summerfield, 2001) and there have been efforts to shift attention to

refugees' psychological resources and coping skills (Fozdar & Torezani, 2008; Hunt, 2008; Papadopoulos, 2007). At the same time the 'individualistic focus' has also been criticised and there is growing recognition of the importance of taking into account the *social context* when doing research on refugees' psychosocial health (Halabi, 2005; Powles, 2004).

Why choosing the narrative approach

The narrative approach was chosen precisely after observing that most clinical approaches focus on treating individual symptoms while usually ignoring the social context in which refugees live.

Narratives are means through which people "make sense of an event or of several events that they may have had difficulty in describing so that it becomes true to them" (Parker, 2005: 82). This is why the narrative approach privileges *subjectivity* (Kohler-Riessman, 2001). Of course this conception of individuals as constructing the meaning of their own social psychological world connects them to the context in which they live. Meaning and stories do not just 'emerge from within' the individual but develop through specific interpersonal contexts (Crossley, 2000). The narrative approach also gives prominence to human *creativity* because each individual constructs a unique story based on his/her experiences and interpretations (Faircloth, 1999). This is especially true of difficult life transitions: "respondents narrativise particular experiences in their lives, often where there has been a breach between ideal and real, self and society" (Kohler-Riessman, 1993: 3).

Forced migration is undoubtedly one such difficult life transition, which is why life history and autobiographical narratives are suggested as valuable tools for research in refugee contexts (Mollica, 2001; Rechtman, 2000).

Interview context

Locating channels for meeting refugees required the assistance of gatekeepers thus two organizations were approached, one that assists refugees and another which gives advice and support to ethnic minorities. By undertaking volunteering work in the first organization and becoming a member of the second group it was possible to make contact with refugees residing in the UK.

The research topic was explained to four clients who were interested in participating and they were informed that everything they would say would be kept confidential and that the transcripts would be anonymous. Using the snowball technique, eleven more individuals were recruited. Fifteen narrative interviews were conducted with nine men and six women aged between 25 and 45 years old, had completed undergraduate and/or post-graduate education in their countries and held refugee or ILR status. The interviewees originated from Africa, Eastern Europe and the Middle East, were living in the UK for six years in average and spoke English fluently. Several par-

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ticipants were interviewed in a public place (i.e. coffee shop), one interview was conducted in the organization for ethnic minorities, while a few female interviewees invited the researcher to their houses and were interviewed there.

It is expected that personal characteristics and professional roles of the researcher and the participants strongly influence the interview process (Richards & Emslie, 2000). The researcher was female and a PhD candidate, identities which could have prompted the female interviewees (also highly educated) to construct narratives where 'activism' was rather pronounced. In addition, the fact that all participants and the researcher were non-British could have made them feel more comfortable to discuss their migration experiences and perhaps encouraged them to disclose dissatisfaction with life in the UK because of experienced discrimination (see third narrative story in the next pages). At the same time the fact that the researcher had volunteered in the refugee group which some participants attended, could have indirectly pressured them to praise such organizations. Most participants agreed to be audio-recorded and few expressed their wish not to be recorded in which case hand-written notes were taken. Each interview lasted approximately 1.5 hour.

Interview agenda

Each interview began by using the generative narrative question (Riemann & Schütze, 1987), which intends to stimulate the interviewee's main narrative. The generative research question must be formulated broadly, but at the same time specifically enough for the experiential domain to be taken up as a central theme. The generative question was phrased as follows:

I want to ask you to tell me the story of your migration and how much did things change in your life since you came to the UK. A good way to do this would be to start from the time you first started thinking of migrating and then talk about the things that happened in your life until today. You can take your time in doing this, and also give as many details as you want, because I am interested in everything that is important for you.

The main question was followed by the *narrative enquiries* where narrative sections, not exhaustively detailed before, were completed. For example, according to what they said about others who offered their help, the participants were prompted to elaborate on who helped and how. Finally there was the *balancing phase*, where there are questions aiming at theoretical accounts of what happened and at balancing the story (Schütze, 1983). During this phase the interviewees were asked to discuss their psychosocial health and in particular their present sense of life satisfaction.

Analytic procedure

After reading through the whole interview transcript in order to get the gist of significant themes the three main elements found in every autobio-

graphical narrative, that is, *narrative tone*, *imagery* and *themes* (McAdams, 1993) were identified.

Narrative tone is conveyed in the content of the story and also the manner in which it is told. For example, the tone can be predominantly optimistic or pessimistic. As far as *imagery* is concerned: every autobiographical narrative contains and expresses a characteristic set of images. In order to understand a narrative one must explore the unique way in which the narrator employs images, symbols and metaphors to make sense of who s/he is but also to describe others. Finally the researcher has to look for the dominant *themes* in one's narrative. By focusing on these, one tries to understand what kind of message the narrator tries to convey.

In this study it was important to look at what (content) and how (form) it was said but also under which circumstances it was presented. Parker (2005) identifies certain ideas in narrative analysis that hold the key to the way a story may be heard and retold by a researcher: *temporality*, *event*, *context* and *format*. Temporality refers to the order of telling; context refers to the socio-cultural background against which a narrative is set and format is the manner in which a story is told.

McAdams' (1993) analytic approach takes into consideration most of the above key-ideas. The *tone* in his approach seems to correspond to the *format* Parker (2005) mentions, while *imagery* and *themes* seem to correspond to the *events*. Yet his approach belongs to the individually oriented versions of narrative research. This means that psychological processes are regarded as the source of the strategies people use to shape how they tell their stories. As this approach highlights the importance of exploring the self, it gives less prominence to the contextual basis of a narrative. However in the present study the focus was not on idiosyncratic stories, but on the stories of a distinctive group, in a particular place and time, who constantly interact with others, thus it was crucial to include the dimensions of temporality and context.

Since it was of particular interest to see whether the participants would defy the images of the 'vulnerable' and 'passive' refugee, the interpretation phase began by tracing this 'activism' in the different narratives. It was detected primarily in the solutions/resources they said they used for coping with their problems. When narrative tone, imagery and themes were noted for all sections, those narratives that focused on activation of resources and strong life satisfaction were separated and the first story, i.e. the story of *hope* emerged. The story of *survival* emerged after clustering those narratives that focused on activation of resources but a modest sense of life satisfaction. Finally, the narratives that mentioned activation of resources but emphasised the *inability to cope* and a present sense of life dissatisfaction produced the story of *disappointment*. The boundaries between the three stories were at times blurred but the dimension of life satisfaction was a good way to distinguish between them because each group of participants

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appeared through their narratives as very satisfied, not entirely satisfied and unsatisfied respectively.

Presentation of the findings

The story of hope

Four interviewees (three men and one woman, originating from Africa) expressed the relation between their migration experience and their psychosocial health through a narrative of *hope*. This story was detected by noting the *pervasive tone* of narration these participants used: a persistent optimism could be traced in all of these narratives. The general message was that “things will be all right in the future”.

In addition, the *imagery* was very positive either towards others (e.g. pointing out how helpful they were) or towards the narrator’s self (e.g. portraying one’s self as an optimist who does not give up and as happy with one’s life).

The *themes* evolved around the problems they faced shortly before migrating to the U.K. (e.g. getting the family’s consent) or after migrating (such as language difficulties, finding employment, making friends) and on the actions they took for overcoming these problems (e.g. becoming involved in a refugee group that helped them find work and build social networks). Turning to a support group often emerged as a main theme and others, especially in local organizations and ethnic communities, were presented as the *catalyst* leading to resolutions, while they presented their self as active and determined. Another theme concerned their life satisfaction, as they perceived their present life in the UK in many ways better than life in their country.

As far as form is concerned, the order of telling was rather linear: first the problem was described, then the decision taken for overcoming it was discussed, and the catalyst that helped to reach a solution, while in the end of the section there was sometimes an evaluation of that decision. Turning to the question of context, these participants seemed to be present-oriented but also referred to the future. In addition, they appeared to focus on the place/country they were in at the time of the interview, as there was small reference to their home country. In the extract below, where the narrator discussed key events of her life in the UK, some of these issues were clearly seen:

“The first thing was the language. The second thing that was difficult was the job. Because I am a professional and I came here and going to work as a cleaner was no good...And the third thing was to have a new life... When I arrived here, I did not speak English at all so I needed to ask my family for many things. So I went to a refugee group and I found there some very good people. Everybody tried to help me. I started to speak a little English and somehow I was not so shy... I tried to make people understand me and I tried to speak by myself because it was no good when

I was asking all the time my family... Now I don't miss my country at all. I have made here more friends and I have met people here more honest and kind to me than the people I had met in forty years...So it's all good "
(female, accountant, African)

The story of survival

Seven interviewees (five women, two men, originating from Eastern Europe or the Middle East) made sense of the relation between their migration experience and their psychosocial health through a narrative of *survival*. Unlike the *optimistic tone*, noted in the stories of *hope*, a rather *ambivalent tone* could be traced in the narratives of this group. The general message was that “things are very hard while living in the UK” and that “one has to keep on trying to make it through”.

The *imagery* used for others was positive (e.g. portraying other people as helpful) and negative (e.g. pointing out how they can be unfriendly and biased). The self-imagery was also positive (e.g. presenting one's self as active and persistent) and negative (e.g. unsatisfied with one's life).

The *themes* were similar to those mentioned in the story of *hope*, e.g. pre-migration issues such as getting the family's consent to migrate. The themes referred also to post-migration difficulties, such as finding employment, and building social networks and the solutions they found for addressing these. However in the story of *survival* the emphasis was on how difficulties *remained*, unlike the previous group, where the themes evolved around *resolutions*. Another theme concerned their psychosocial health: they were feeling satisfied with certain things, but discussed how they still had to strive to achieve more and be fully satisfied.

With regards to temporality, the order of telling seemed circular: first a problem was described, then the decision taken for resolving it was explained, along with an evaluation of that decision, and in the end the focus was on the persisting problem. In terms of context, the participants appeared to be oriented at the present time and place. The following extract, where the interviewee narrated her first experiences in the UK, illustrates some of the above:

“The reason why I came to the UK and not another country is that I had a friend here...I could not speak the language, so I needed her. The beginning was awful because I could not speak the language... it was already very difficult to work...and being alien to the culture, you know, it was very difficult. Later that friend left, she went back because her visa expired...Then I had some contact with a (local support) group. I don't want to say they were not helpful, but I have to be honest that I didn't quite understand what they were doing and I did not benefit a lot from them. When I started learning the language I knew what I was doing so I just tried to find out things myself. I don't think I found a lot of information from groups, I read all the leaflets and then found out my own way through the system. I tried to live with myself and I went to University and

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that helped me a lot, I had an aim I suppose... also now I can travel and that makes a difference” (female, graduate in social sciences, Middle Eastern)

The story of disappointment

Finally, four interviewees (all men, originating from the Middle East) made sense of the relation between their migration experience and their psychosocial health through a narrative of *disappointment*. A *pessimistic tone* could be traced in their stories and the emphasis was placed on difficulties that *remained*, but unlike the narratives of *survival* where people took action to improve their lives, the general message was that “the present is bad so there is no point in hoping for a better future”.

The *imagery* was mainly negative (e.g. others in the community portrayed as unfriendly). The self-imagery was positive when they discussed pre-migration times (e.g. presenting one’s self as strong and active), but primarily negative when they talked about post-migration experiences (e.g. presenting one’s self as unmotivated).

As far as *themes* were concerned: as in the stories of *hope* and *survival* this group talked about problems that made them leave their country, and post-migration difficulties, such as finding housing and employment and meeting others in the community. However, what was different in the story of *disappointment* is that, while discussing these problems, the emphasis was put on that one should neither hope nor persistently try to resolve them. This is why these participants did not discuss any solutions for tackling their problems, but elaborated on additional complications (e.g. local agency not helping them with finding employment). Actually how others in the community discouraged them from addressing their problems, was an important theme in this story, as seen in the extract below. Another theme referred to their life dissatisfaction in the UK, a feeling that was reinforced when they were contemplating the positive aspects of life in their country.

With regards to temporality, the order of telling was static, as a problematic situation was discussed, along with the catalyst that predisposed them and then a negative evaluation of the situation followed. In terms of context, they were oriented at the present time and place, but also referred to the past:

“When I visited the Home Office that was a very important experience for me, you know, in terms of contact with the agencies. The experience was absolutely bad. They treat everyone, all the people who come to England as people who will exploit the system, like parasites. That’s how I actually felt when I first went there to apply for asylum. Later we had just problems. For some time we were actually living in a room, the housing problem was very difficult to solve... In general I believe that culture is a very complex thing...I believe understanding or living in a different culture is a very difficult thing to do...This is the general and big problem for all foreigners, all immigrants, whatever you call it, it is just a very diffi-

cult thing for everybody” (male, graduate in political sciences, Middle Eastern)

The influence of the social context in shaping the participants’ perceptions

From the above it is clear that most participants did not perceive their experiences and their psychosocial health necessarily through the ‘pathology’ focus. But narratives are not reducible to individual sense-making ways, so the *social context* which influenced differently the formulation of their perceptions should also be explored.

Refugees often meet their compatriots (Daley, 2009) as well as other refugees in the community-context, e.g. in local organisations (Green, 2005; Tomlinson & Egan, 2002). In this study there were two ways in which such interactions influenced the shaping of the participants’ perceptions: all narrators of the story of *hope* and some of the story of *survival* acknowledged the help they received from local organizations and this seemed to shape positively their perceptions. These participants also discussed in a positive way the interactions with their compatriots in the UK.

But some of the participants who presented the story of *survival* and all narrators of the story of *disappointment* regarded local organizations in a critical way because they discouraged them with regards to their resettlement prospects. Moreover the third subgroup was confronted by suspicion not only from local agents but also from co-ethnics. This subgroup consisted of four Muslim men originating from the Middle East, a population which in the contemporary ‘Islamophobic context’ (Sheridan, 2006) is perceived as unwanted- even by compatriots who are all competing over limited resources- and is consistently marginalised (Weller et al., 2001). Negativity surrounds also refugees of other ethnic background, e.g. Africans and former-Yugoslavs, but it is expressed more as indifference (Gibney, 1999) and less as hostility. Then it is by far not a coincidence that these four participants constructed the most pessimistic narrative and perceived so negatively their psychosocial health (Laird et al. 2007). In some ways through their narrative of disappointment they emerged as ‘passive’ but, unlike what clinical approaches focusing on decontextualised symptoms support, this was not an intra-individual trait but an attitude they developed when attempts to restore their lives were thwarted.

Conclusions

This study challenges the negative stereotypes assigned to refugees but the possibility of a high proportion of them feeling vulnerable and passive - as often reported in clinical research- cannot be dismissed. Nevertheless the above findings highlight the importance of ‘giving voice’ to refugees in order for their own understandings to emerge and to gain insight into how their psychosocial health can be promoted.

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The findings are significant both in terms of policy and practice: The practical implications are that clinicians and social carers can use the typology of *hope*, *survival* and *disappointment* for diagnostic and therapeutic purposes when working with refugees. The policy implications are that experts who design health and social care services for refugees but also for asylum seekers and other migrants, by consulting service-users more closely and eliciting their own understandings of their experiences and needs, can suggest appropriate interventions that may enhance these populations' well-being.

It should be noted that it is not possible to see whether the image of 'activism' is relevant to all refugees, since the study focused on a small sample. Moreover, the participants were atypical when compared to other refugees because they were highly educated and their balanced psychosocial profile could be partly attributed to their educational background. Future research should therefore explore to what extent the findings apply to other populations through a larger and diverse refugee sample.

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