

Tho' Much is Taken, Much Abides: Asylum Seekers' Subjective Wellbeing

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Abstract The influence of psychosocial factors on the subjective wellbeing of asylum-seekers residing in host Western countries has scarcely been explored qualitatively. Qualitative data derived from a mixed methods prospective study investigated the subjective wellbeing of 56 community-dwelling asylum-seekers and refugees at baseline and an average of 15.7 months later. Positive and negative experiences over time were explored in relation to self-perceived emotional health. Nineteen positive and 15 negative categories of experience emerged. Distinct psychosocial and protective factors were salient regarding the valence of experiences over time, with positive experiences comprising employment, improved financial circumstances, and social support or connectivity. Negative experiences included news of adversity from one's homeland, un(der)employment, poor health, and factors relating to the refugee determination process. Positive and negative experiences were contemporaneous, indicating that employment and social support may ameliorate the detrimental impact of traversing the protracted process of refugee status determination for asylum-seekers in particular.

Keywords Asylum-seekers · Refugees · Wellbeing · Psychosocial stress · Psychosocial resources

Introduction

There is scant qualitative research exploring the influence of psychosocial factors on the subjective wellbeing of asylum-seekers residing in host Western countries [1]. Thus, researchers have been exhorted to broaden their investigative lens beyond quantitative data, to present the human stories of forced migrants in order to better understand the impact of host societies on the wellbeing of asylum-seekers and refugees [2].

Perception of wellbeing can cover a range of life domains [3]. However, a significant ecological factor for asylum-seekers is their insecure residency status, during which time they must navigate the frequently protracted process of refugee status determination (RDP). Whilst the RDP is itself a source of stress associated with mental ill-health and diminished wellbeing [4], other corollaries of seeking asylum also negatively impact wellbeing. These include being denied permission to work [5–7], unemployment [8–10], discrimination, and social isolation [11, 12]. Conversely, social support and purposeful activity (e.g., employment and education) have emerged as robust protective factors [7], as demonstrated by a UK study which found that employment enabled asylum-seekers to settle and acquire a sense of belonging [13].

Previous qualitative studies have underscored findings of quantitative research, with insecurity and uncertainty experienced by asylum-seekers being salient and pervasive themes [6, 14, 15]. However, research examining the influence of psychosocial factors on the wellbeing of asylum-seekers living in host countries have primarily drawn upon small sample sizes [6, 14, 16–18]. Among larger mixed-methods studies [13, 19–21] only one has been longitudinal [21] but this did not consider positive and negative experiences, or changes in these over time.

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The aim of the present investigation was to explore positive and negative experiences, and change in psychosocial circumstances for current and former asylum-seekers prospectively, and to examine the influence of these on individuals' subjective wellbeing.

Method

Study Design

The present paper reports on the qualitative data derived from a prospective, mixed methods study design of 187 interviews of current and former community-dwelling asylum-seekers (Time 1, $N=131$; Time 2, $N=56$) between 2008 and 2011 in Melbourne, Australia. Mixed methods designs ensure that quantitative data is moderated and contextualised by qualitative data, as recommended when conducting research with transcultural populations [22]. A full account of the methodology of this study has been reported elsewhere [23–25].

Ethics

Ethics approval in accordance with the principles of the Declaration of Helsinki (1995; 5th revision), was granted by the Victoria University Human Research Ethics Committee, Melbourne, Australia. Written consent was obtained from all participants at both time points (T1; T2) prior to each interview.

Recruitment

A convenience sample of non-help-seeking adult clients of the Asylum Seeker Resource Centre (ASRC) casework programme were recruited with the assistance of caseworkers. Caseworkers informed clients of the research and passed on contact details of those willing to be contacted by the researcher. Exclusion criteria was applied to those under the age of 18 years or ASRC clients who had been permanent residents for longer than 6 months.

Data Collection

Semi-structured interviews were employed to allow participants the space to respond to interview questions and self-report questionnaires (HTQ-R and HSCL-[25, 26], PERI-D, [27], PMLDC, [28]) in as much or as little detail as desired. Interviews were conducted at the ASRC and took an average of 2 h. Notes were taken in lieu of interviews being tape-recorded, and all interviews were conducted by the author. Interpreters were utilised as required.

A similar research protocol was applied to both interviews (T1 and T2), with some variations at T2. Both protocols included a proforma of sociodemographic information (e.g., age, date of arrival, country of origin, religion, marital status, pre- and post-migration education and employment status), which also included questions pertaining to asylum status (e.g., visa status, detention experiences, work rights eligibility). Physical and mental health conditions and treatment were similarly elicited.

The T2 proforma was additionally tasked with identifying changes in the aforementioned sociodemographic information since the first interview. At the follow-up interview, participants were asked about the progress of their legal case, whether they had consulted a counsellor or psychiatrist, and were asked to describe positive and negative life events that had transpired since T1.

The self-report questionnaires were administered at both time points and a structured psychiatric interview was also administered at T2, the results of which have been published elsewhere [23].

Data Analysis

The qualitative segment of the study was guided by two investigative foci which directed data analysis. The first pertained to qualitative responses elicited during interviews (T1 and T2) based around participants' pre-, peri-, and post-migration experiences. The second comprised responses obtained at T2 regarding positive and negative experiences, or changes, that had occurred since participants' T1 research interview. Only data germane to the latter is presented in the current paper. A detailed exposition of the themes emerging from the total sample ($N=131$) has been submitted for publication elsewhere [29].

A thematic analysis approach was applied to the qualitative data utilising computer software NVivo 11. Thematic analysis is a recursive approach to meaning-making of personal narratives through the identification of themes and subthemes [30]. T2 positive and negative experiences were coded according to emergent themes until saturation was achieved [31], with all responses for each participant being coded. There was no limit placed on the number of themes to be coded for each participant, however, where multiple examples were given relating to the same theme, only one coded item was recorded.

Results

The narratives of 56 asylum-seekers and refugees were analysed. The average age was 36 years (T1), with ages ranging from 20 to 62. The median time in the refugee determination process was 7.5 months (IQR, 3–15) at T1, and a mean of

15.7 ± 3.6 months had transpired by T2. Other sociodemographic characteristics of the total sample are presented in Table 1.

Changes Over Time

The 56 asylum-seeker (AS) and refugee (PR) participants formed three cohorts as a function of time. Thirteen were refugees for the duration of the study (PR–PR), 26 had attained refugee status (AS–PR) by T2, and 17 remained asylum-seekers (AS–AS) at follow-up. All positive and negative experiences cited were tallied for each participant. In total, 19 positive and 15 negative categories were recorded, as presented in Tables 2 and 3, respectively.

Positive Experiences

Overall, social support and social connectivity (26 coded references) and employment or improved financial situation (22) combined to comprise the dominant themes for positive changes over time, with the greatest number of coded responses.

Table 1 Socio-demographic characteristics of sample at Time 2

	% (n)
Immigration status	
Refugee (T1, T2)	23.2 (13)
Asylum seeker (T1) refugee (T2)	46.4 (26)
Asylum seeker (T1, T2)	30.4 (17)
Gender	
Male	85.7 (48)
Female	14.3 (8)
Spoke English	
Yes	91.1 (51)
No	8.9 (5)
Country	
Sri Lanka	32.1 (18)
Pakistan	30.4 (17)
Zimbabwe	19.6 (11)
Iraq	10.7 (6)
Afghanistan	7.1 (4)
Current work status	
Employed	64.3 (36)
Unemployed	32.1 (18)
No work rights	3.6 (2)
Medicare ^a	
Yes	94.6 (53)
No	5.4 (3)

^aAccess to government-subsidised health care or other health insurance (e.g., those on student visas)

Given that the largest cohort was those granted refugee status at T2, the single-most frequently cited positive change was attaining permanent residency (18). This aside, the AS–PR cohort most commonly reported improved employment and study opportunities (10) and improvements related to finances, and material comfort (15), as did the PR–PR group regarding the latter two categories (9).

The most frequently cited positive changes by the AS–AS cohort was social support and increased social contact (13), and changed circumstances with reference to both work/purposeful activity and finances (9). The latter grouping included having commenced study/vocational training or volunteer work, or having acquired paid work leading to improved financial circumstances. One asylum-seeker had received a positive Refugee Review Tribunal (RRT) decision in the interim, whilst two others were unable to identify any positive experiences or change since T1.

Illustrating the importance of social support and connectivity, one asylum-seeker stated,

Now I have less fear and more hopes I can stay in Australia... Red Cross and ASRC are helping me a lot. Without the support I cannot do it on my own. I feel less stress now than before and feel I am coping better.

Others reported having joined a sporting club or English language class. Some described having received support through faith communities, although not necessarily their own. One Muslim asylum-seeker spoke of the support he had received from the local Catholic Church, which had also provided support letters for his RDP appeal. He informed, “*They always welcome me, and Sister Catherine has been a big emotional and financial support ... no-one at the mosque asks if I have any problems or even talks to me.*”

The crucial role of work and study was underscored by one asylum-seeker (AS–AS) who had been working for four months prior to the T2 interview, in addition to completing a food handling course. He reported that the opportunity to work and re-train had contributed significantly to turning his situation around—including a period of severe mental ill-health. He had additionally embraced friendship and support from his new work colleagues.

Negative Experiences

Circumstances related to country of origin were most commonly cited (33), with 24 references pertaining to the death—or significant adversity—of a relative or friend, and nine referencing political instability or natural disasters. The next most commonly cited negative experiences were poor health (14), factors relating to the RDP and visa-related waiting (14), and separation from or worry about family back home (13).

Table 2 Positive changes to circumstances cited by participants at Time 2, by cohort

Positive changes	Frequency (%)			
	Total	AS-AS	AS-PR	PR-PR
Permanent residency (PR)	18 (12.8)	–	18 (25.4)	–
Improved financial situation (incorporating increased financial support; more work; paying off debts; ability to send money to family back home)	14 (9.9)	2 (6.1)	7 (9.9)	5 (13.5)
Social support (incorporating friends, community, church/temple)	14 (9.9)	8 (24.2)	3 (4.2)	3 (8.1)
Increased social contact (e.g. joining clubs; church/temple; making more friends)	12 (8.5)	5 (15.2)	3 (4.2)	4 (10.8)
Study/vocational training (incorporating having received a qualification and having prior qualification recognised)	9 (6.4)	2 (6.1)	5 (7.0)	2 (5.4)
Employment (incorporating work rights)	8 (5.7)	3 (9.1)	5 (7.0)	–
Purchased a car	7 (5.0)	–	5 (7.0)	2 (5.4)
Less stress/better coping (incorporating improved physical/mental health; more confidence; more hope)	7 (5.0)	2 (6.1)	3 (4.2)	2 (5.4)
Voluntary work	7 (5.0)	2 (6.1)	3 (4.2)	2 (5.4)
(Resumed) contact with family (incorporating family reunion processes commenced)	6 (4.3)	1 (3.0)	3 (4.2)	2 (5.4)
Married/engaged/birth of child	6 (4.3)	1 (3.0)	5 (7.0)	–
Improved accommodation (incorporating land/property purchase)	5 (3.5)	–	3 (4.2)	2 (5.4)
Positive changes back home (incorporating familial/personal and political contexts)	5 (3.5)	–	3 (4.2)	2 (5.4)
Safety (incorporating “less fear”)	4 (2.8)	1 (3.0)	2 (2.8)	1 (2.7)
Citizenship (self or child)	3 (2.1)	1 (3.0)	–	2 (5.4)
Medicare/health care assistance (e.g. Red Cross)	3 (2.1)	1 (3.0)	1 (1.4)	1 (2.7)
Positive RDP decision (various stages)	3 (2.1)	1 (3.0)	2 (2.8)	–
No positive changes	2 (1.4)	2 (6.1)	–	–
Other (incorporating other family members and acculturation-related factors)	8 (5.7)	1 (3.0)	–	7 (18.9)
Totals	141 (100)	33 (100)	71 (100)	37 (100)

Table 3 Negative changes to circumstances cited by participants at Time 2, by cohort

Negative changes	Frequency (%)			
	Total	AS-AS	AS-PR	PR-PR
Negative changes back home—death of or significant adversity for relative/friend	24 (18.0)	8 (17.4)	9 (15.8)	7 (23.3)
Poor (mental and physical) health (incorporating self and family)	14 (10.5)	4 (8.7)	7 (12.3)	3 (10.0)
Separation from/worry about family back home (incorporating missing family)	13 (9.8)	3 (6.5)	8 (14.0)	2 (6.7)
Unemployment (incorporating no work rights)	12 (9.0)	4 (8.7)	7 (12.3)	1 (3.3)
Loss of career status/unrecognised qualifications and/or experience (incorporating workplace discrimination)	10 (7.5)	1 (2.2)	6 (10.5)	3 (10.0)
Financial problems	9 (6.8)	4 (8.7)	3 (5.3)	2 (6.7)
Negative changes back home—political situation; natural disaster	9 (6.8)	1 (2.2)	4 (7.0)	4 (13.3)
RDP factors (incorporating rejections at various stages and visa restrictions such as travel/family reunion)	8 (6.0)	4 (8.7)	2 (3.5)	2 (6.7)
Waiting for visa	6 (4.5)	4 (8.7)	2 (3.5)	–
Isolation/social disconnection/loneliness	5 (3.8)	2 (4.3)	2 (3.5)	1 (3.3)
Marital/family stress (incorporating parenting difficulties)	5 (3.8)	4 (8.7)	–	1 (3.3)
Accommodation	4 (3.0)	2 (4.3)	2 (3.5)	–
Car accident	3 (2.3)	1 (2.2)	1 (1.8)	1 (3.3)
No support	2 (1.5)	1 (2.2)	1 (1.8)	–
Other (incorporating failed studies, acculturation, and life-stage factors)	9 (6.8)	3 (6.5)	3 (5.3)	3 (10.0)
Totals	133 (100)	46 (100)	57 (100)	30 (100)

A number of the aforementioned themes overlapped. This was most evident for the intersection of unemployment/financial restriction with other categories such as separation from/worry about family, poor health, and RDP factors. For example, a Sinhalese asylum-seeker (AS–AS) whose brother had died stated he was unable to return home for the funeral or send money back to his family due to having spent \$20,000 on a private lawyer and owing \$27,000 in court debts. He lamented, “*At that time I had only \$18 in my hand and couldn’t even give them money*”. A former Hazara asylum-seeker (AS–PR) conveyed the indivisible relationship between employment and wellbeing, stating, “*I didn’t have permission to work for a while. Then when I could, I didn’t have the motivation because my mind was busy*”.

Under-employment was a particular concern for refugees, as highlighted by a Zimbabwean participant who experienced a career demotion from university lecturer in his homeland, to personal care attendant in Australia. He stated, “*Am I going to die like this? It’s demoralising to lose your career. I don’t have direction now and feel very hopeless.*”

As would be expected for the AS–AS cohort, RDP issues and waiting (8) were the most significant negative circumstances encountered, followed by news from back home of the death or adversity of family or friends (8), unemployment and financial problems (8), and poor health (4). A 57-year-old Tamil man who had spent 15 years in the RDP designated separation from family and waiting for his RDP decision as his principal negative experiences. He reported that a successful RRT outcome was his only positive experience in the 16 months between interviews, but qualified this with, “*I was happy after the RRT but it only lasted about one month and now I am back to the worry*”. Another asylum-seeker described a long period of unemployment despite having work rights. He reported being unable to secure even casual work with employers because he was on a bridging visa which required monthly renewal.

Themes of mental ill-health merged with other categories, as illustrated by a Sinhalese man who described being retraumatised by moving house three times in 16 months because it reminded him of having to move around while in hiding in Sri Lanka. Another young Pakistani man spoke of dislocation from his community, saying, “*Even my society has neglected me because of my mental health issues*”.

Contemporaneity

The striking aspect of the transpiration of positive and negative experiences after 10–24 months was the rich and complex picture that emerged. Only two participants were unable to cite any positive experiences; both had been asylum-seekers at both time points. Hence, the remaining fifteen AS–AS participants reported a breadth of positive experiences: the birth of a child; a child starting school; receiving a

scholarship; acquiring work or attaining more work; support from the ASRC and Red Cross; “*going to the temple more*”; greater community engagement and support; enrolling in English classes; acquiring a gym membership; joining a cricket club; teaching sewing; “*more friends and support*”; being supported by the local church; increased socialising; volunteering; and a sense of belonging. The dual nature of these experiences is well illustrated by a 22-year-old Zimbabwean man who had been an asylum-seeker for 16 months at follow-up and was still awaiting the outcome of his first RDP stage. He had reported several negative experiences, including the death of his aunt in Zimbabwe, a friend having been taken into immigration detention, and the RDP, stating “*the process of waiting for a visa is too long*”. However, he also reported that had been volunteering at his local church where he had made some good friends.

Discussion

Cwerner [32] theorised that migration and time are intimately linked, with forced migration in particular creating disruption to much of daily life. However, by reconstructing the “interplay between ruptures and continuities”, a new understanding of temporal dimensions may emerge, from which meaning can be derived [32], p. 15.

The refugee status determination process is frequently conceived as an empty interlude, with time considered passive, empty and wasted [33, 34]. Asylum-seekers themselves have described the experience of waiting in terms of stagnancy [29]. However, despite ‘RDP time’ being characterised as slowed-down or even suspended [35], a recent Scottish study concluded that asylum-seekers can demonstrate intentionality and agency in structuring their time, indicative of “a more complex, lived experience of waiting” [33], p. 80

Inevitably, the dominant negative experiences overall regarded those left behind—separation from loved ones and the death or adversity of relatives and friends. However, the thread of loss permeated all categories: loss of career; loss of health; loss of prosperity; and loss of social connections. This substrate of loss resonates with previous findings [3]. Without minimising the significance of negative experiences, only 2 of the 56 participants (both asylum-seekers throughout) were unable to report any positive event or change in their life. Hence, overwhelmingly, positive experiences appeared to have equal salience and meaning as negative experiences.

Unsurprisingly, the most frequently endorsed positive change was acquiring refugee status, which underscores previous findings from both qualitative [36] and quantitative studies [37]. However, this theme represented only one quarter of the range of positive experiences recounted for the AS–PR group. In particular, social support and purposeful

activity were the foremost dominant themes after attaining refugee status. Furthermore, these were the central themes for the total sample, regardless of cohort (i.e., PR–PR, AS–PR, AS–AS).

The experience of insecurity brought about by immigration processes has been elicited by previous qualitative research [18]. Despite this, those who retained asylum-seeker status recounted a variety of positive events that had transpired, which were primarily subsumed under the aforementioned categories of purposeful activity (employment; study; voluntary work), and social support or connectivity. These two categories accounted for almost two-thirds of the total number of positive changes cited by the asylum-seeker (AS–AS) cohort.

For those who retained asylum-seeker status, reports of better coping were associated with support. This finding signals both individuals' resilience, and the opportunity for host societies to mediate wellbeing for asylum-seekers living within the community. Indeed, others have recognised the protective factor of social support for asylum-seekers [36, 38, 39], and have found the building of social networks and a sense of belonging to be key factors in countering ubiquitous boredom, social isolation and stress [40]. Similarly, attaining work rights and securing employment is known to be associated with improved wellbeing for asylum-seekers [23, 24, 41, 42].

The importance of social and other purposeful activity may be understood from the perspective of a migration-related resource-based model which frames the psychological wellbeing of forced migrants and the range of psychosocial resources and stressors they encounter [2]. Whilst authorities of host societies may place constraints on access to important resources (e.g. employment, education, a secure legal status), "resource substitution" such as social support may to some degree counteract the stress incurred by the former [43]. The strong theme of social ties and the support this offered asylum-seekers in the face of so much loss and uncertainty contrasts with the social isolation in the narratives of Bosnian refugees resettled in the USA [1] and asylum-seekers living in hostel accommodation in Iceland [6]. However, all highlight the critical role of social relationships and, conversely, the erosion of wellbeing that social isolation can foster.

Some limitations warrant mentioning. Firstly, women were under-represented, which may have influenced the categories of experience generated. For example, an Austrian study found that looking for work and socialising were the preferred coping strategies of men [44]. Secondly, it is noteworthy that the theme of discrimination seldom appeared in the narratives. Discrimination is a known contributor to mental ill-health and diminished psychosocial wellbeing [45, 46]. In spite of the equivalence across a range of sociodemographic variables for the T1 and T2 cohorts (refer

to [23]), given the relationship between discrimination and social isolation and exclusion [47], it is possible that those who had experienced a significant level of discrimination in Australia declined to participate in the follow-up interview. Thirdly, positive and negative experiences were likely subject to recall bias. Furthermore, mental health conditions such as posttraumatic stress disorder, depression and anxiety disorders can result in anamnestic bias, and affect perception. However, the number of categories and references for each of the positive and negative experiences were equivalent. Finally, the events cited represent only a crude reflection of the plethora that participants experience, in addition to the dynamic nature of experiences, which fluctuate over time [48].

Conclusion

The amalgam of positive and negative experiences recounted by individuals forced to flee their homeland to seek asylum in a host Western nation presented a complex picture. Despite challenges and multifactorial losses, findings suggest that employment, study and social support can assist asylum-seekers to better withstand the stress incurred over time by negative experiences faced whilst navigating the tumultuous and protracted process of refugee status determination.

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