Identity and Psychological Well-being:

Experiences of Zimbabwean Males Seeking Asylum in the UK

Submitted April 2010

by

Helen Miller

To the University of Leicester, School of Psychology, Clinical Section

In partial fulfilment of the degree of,

Doctorate in Clinical Psychology

Declaration

I confirm that this thesis is my own original work, except where otherwise stated with reference to the original author(s). It has been submitted in partial fulfilment of the degree of Doctorate in Clinical Psychology and no part of it has been submitted for any other degree or academic qualification.

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Section A: Thesis Abstract

In many western nations, immigration policies place significant restrictions upon individuals seeking asylum, such as denying them access to employment.

The literature review set out to explore whether factors related to the post-migratory environment have implications for forced migrants' identity and psychological well-being, via the loss of social roles. Systematic literature searches were conducted, resulting in a total of 27 relevant papers to be reviewed.

It was tentatively concluded that both unemployment and social isolation contribute to the high levels of psychological distress observed amongst forced migrant populations, and that this relationship is mediated by social role loss. However, the synthesis of findings across studies was limited by methodological weaknesses and the range of nationalities studied. It was suggested that further research is required.

The research study employed a qualitative, semi-structured interview design to explore identity issues and psychological well-being in a sample of seven Zimbabwean males seeking asylum in the UK. The data was analysed using Interpretative Phenomenological Analysis.

Participants described negative consequences for their identities as a result of the economic and political downturn in Zimbabwe and revealed that their identities were further threatened upon arrival in the UK due to the many losses they had incurred by migrating. The legislative restrictions imposed upon them and the negative social representations they were exposed to as asylum seekers also served to threaten their identities and to undermine attempts to rebuild a positive sense of themselves. However, all participants described having regained some positive aspects of their identities and many talked about personal growth as a result of the adversity they had experienced. The findings were interpreted with reference to previous research and relevant psychological theory. Implications for clinical practice and suggestions for future research were discussed.

The critical appraisal provides the researchers' personal reflections on the research process.

Acknowledgements

I would like to thank Dr. Steve Melluish for his time, expertise, encouragement and enthusiasm throughout the process of completing this research project.

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Section B

Exploring Social Role Loss and Psychological Well-being in Forced Migrants to
Western Nations:

A Systematic Literature Review

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1. Literature Review Abstract

Increasingly strict immigration legislation adopted by western governments and affecting people seeking asylum has included restricted access to employment and 'dispersal' policies that potentially enhance social isolation. The current review set out to explore the notion that such policies undermine individuals' sense of identity by preventing the retention or reestablishment of social roles and that this has negative consequences for psychological well-being, particularly amongst forced migrants. Systematic literature searches were conducted, resulting in a total of 27 relevant papers being retrieved for review. Methodological weaknesses were common across studies and synthesis of findings was made difficult by the range of nationalities and host nations studied. Despite these limitations, it was tentatively concluded that social role loss induced by unemployment or social isolation in forced migrants is a contributory factor to the high levels of psychological distress observed in this population. Further research is needed to explore the conclusions drawn and to understand how demographic and asylum-related factors mediate the impacts of unemployment and social isolation on psychological well-being. Developing an enhanced understanding of variables affecting migrants' psychological health will inform current debate within the clinical psychology profession as to how best to meet the mental health needs of this population.

Key Words:	*Asylum seeker, refugee, forced migrant, role, identity*
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[2] See Appendix A for Author Guidelines for the Journal of Community and Applied Social Psychology.

2. Introduction

2.1. Background

According to the United Nations High Commission for Refugees (UNHCR, 2006), millions of people are currently displaced throughout the world as a result of conflict or persecution. The 1951 Refugee Convention (UNHCR, 1951) entitles every individual to the right to claim asylum in another country and legally binds governments to grant asylum to those whose life or personal safety would be threatened were they to return to their home country. Since the introduction of the Convention, migration throughout the world has increased greatly (UNHCR, 2001) and whilst this results in part from increases in conflict and human rights abuses, many individuals have also attempted to use the terms of the convention to escape poverty and seek better life prospects in more affluent western countries (Silove, Steel & Watters, 2000). Developed nations therefore face significant pressure to accommodate migrants and to distinguish between the claims of economic migrants and 'genuine' asylum seekers, whose right to asylum is covered by the terms of the 1951 Convention. Simultaneously, media coverage in the west has tended to present a distorted picture of the situation, implying that developed nations are being 'flooded' by immigrants who have come to the west to 'take our housing and jobs' (Refugee Action, 2007). In this climate, many western governments have adopted increasingly strict legislation to deter people from seeking refuge (Silove, Steel, McGorry & Mohan, 1998). For example, in the UK, recent legislation has placed restrictions upon asylum seekers' right to seek employment (Home Office, 1996) and a policy of 'dispersal' has meant that people seeking asylum have little choice over where in the UK they are granted accommodation (Home Office, 1999), which may result in individuals being separated from their families or ethnic communities. Aside from the numerous social stressors associated with restrictive legislation, asylum seekers arriving

in developed nations may face hostility and discrimination from a public largely ignorant of the multiple traumas or abuses to which they may have been exposed (Tribe & Patel, 2007).

2.2. *Migration and mental health*

There is an extensive body of literature indicating that psychiatric morbidity tends to be higher amongst forced migrant populations than amongst native populations (Sundquist, 1994; Hunt & Gakenyi, 2005). In particular, elevated levels of posttraumatic stress disorder (PTSD), anxiety, depression and somatic disorders have been observed (Thompson & McGorry, 1995; Burnett, 2002). Many studies have focused on the psychological impacts of pre-migration trauma (Burnett & Thompson, 2005) but more recently, increasing attention has been paid to the post-migratory environment and the impact of associated social stressors on mental health outcomes. Whilst some of these stressors may be common to both asylum seekers and refugees, other factors may be unique to those whose asylum status remains insecure (Laban, Gernaat, Komproe, Schreuders & De Jong, 2004).

At present the body of published research specifically exploring the psychological health of asylum seeker populations remains small. However, evidence is emerging that depression and anxiety in this group are linked to exile-related stressors including concerns about the asylum process, unemployment, social isolation and housing issues (e.g. Laban et al., 2004; Lavik, Hauff, Skrondal & Solberg, 1996; Pernice & Brook, 1996). Such stressors may be as relevant, or even more so, than pre-migration factors in the development and maintenance of psychological illness (Laban et al., 2004). There is an increasing recognition that pre- and post-migratory factors, as well as experiences during the 'flight' process, need to be understood in conjunction with one another in

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order to fully understand the psychological experience of forced migrants (Patel, 2003).

A recent meta-analysis conducted by Porter and Haslam (2005), explored the links between pre- and post-migratory factors and psychiatric morbidity in refugee populations. Findings from the literature indicated several post-migration variables as having negative impacts for the mental health of refugees, including living in institutional accommodation and having restricted access to employment. In terms of pre-migration variables, it emerged that higher previous levels of education and economic status were associated with worse outcomes for mental health. This finding contradicted the notion that higher levels of 'human capital' might serve to facilitate refugees' integration into the host nation, thereby alleviating psychological distress (Martin, 1994). The authors explained the observed outcome in terms of the greater loss incurred on arrival in the host nation for those individuals with previously high social status. Although this paper reviewed studies exploring the mental health of refugees across the globe, as opposed to those still in the asylum-seeking phase located in western nations, its findings may be of particular significance to asylum seekers in developed countries. The policies recently adopted by many western nations in attempts to control immigration include those that specifically prevent asylum seekers from accessing education and employment or from exercising other choices that may enable them to begin rebuilding their lives, such as choosing to settle where they have family and friends or where there is an established community (Silove et al., 2000). Loss of social status may therefore be felt most acutely by those with insecure legal status, perhaps particularly where the asylum phase and its associated restrictions are drawn out across several years (Laban et al., 2004).

2.3.   Implications of social role loss

Drawing from a sociological perspective, Identity Theory (Stryker, 1968; 1987; 2000) proposes that social roles are an important part of individuals' sense of identity and consequently have impacts for self-esteem and psychological well-being (Thoits, 1991). The theory suggests that the roles according to which people define themselves may relate to their academic or employment-based positions, may be family-based, such as parent, spouse, or breadwinner, or may be community-based, such as religious or cultural leader (Hogg, Terry & White, 1995). Loss of any of these roles, particularly of those that are most central to one's sense of self, may have negative impacts on one's identity and self-esteem (Wiley, 1991). According to Identity Theory, the nature of the roles that are important to an individual vary and therefore people will differ in terms of the role losses that are most likely to impact negatively on their psychological health.

Chung and Bemak (1998) discussed the importance of culture in shaping the roles that are valued by people and outline how the acceptability of social roles within cultures also differ according to factors such as age and gender. For the Vietnamese women discussed in their paper, the roles of 'mother' and 'daughter' were central to identity, whilst education and employment held little or no significance for individuals' sense of self. It seems logical to conclude from this, therefore, that the impact of different post-migration factors, such as unemployment or social isolation, on sense of self and psychological well-being is likely to differ considerably across different immigrant groups, according to the cultural value placed upon different roles. Within immigrant groups, demographic and pre-migration variables such as gender, age and educational or vocational attainment may also impact upon the varying importance of different social roles, consequently acting as mediator variables for the effects of post-migration factors on individuals' psychological well-being.

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As noted by Beiser and Hou (2006), re-establishing one's sense of identity may be one of the biggest challenges facing migrants arriving in a new country. This challenge may be compounded for many, by sudden and unplanned departures from their former lives (Miller, Worthington, Muzurovic, Tipping, & Goldman, 2002) or by the loss of sense of self that may follow from having experienced trauma or torture (Alcock, 2003). The implications for psychological well-being of social role loss in forced immigrant populations, particularly those who have experienced pre-migratory trauma, may therefore be particularly significant.

2.4.   *Aims of the current review*

To date, there is an absence of any published reviews of the evidence relating to social role loss and its impact on the psychological health of forced migrants to western nations. The current study set out to review the relevant literature on this topic using a systematic approach, with a view to critically evaluating the hypothesis that social role loss impacts on the psychological well-being of forced migrants and to explore alternative explanations for observed relationships between psychosocial factors and mental health outcomes. It was intended to examine differences between asylum seekers and those who had been granted refugee status. These goals were to be achieved by using a systematic search strategy to identify quantitative and qualitative studies exploring the relationships between pre-and post-migratory variables relevant to social roles and mental health. These studies were then to be appraised according to quality and their findings synthesised. Consideration was to be given to the specific challenges relevant to conducting research with forced migrant populations. It was hoped to identify gaps in the existing literature and to discuss the overall findings in terms of their relevance to clinical psychologists working with forced migrants in

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developed nations.

3. Method

Initial literature search strategies included: consulting with mental health professionals and researchers working with asylum seekers and refugees in the UK; searching relevant website resources; and conducting several literature searches in PsycINFO and Scopus databases using terms considered relevant by the author. From this, relevant book chapters and journal articles were identified. These articles were then used to refine and identify the most appropriate databases and search terms to be used for a systematic database search. Full details of search strategies are outlined in Appendix B.

Systematic searches of PsycINFO, Scopus and Web of Science databases returned 42, 76 and 39 English language articles respectively, totalling 157 articles. Further articles identified via hand-searching the reference lists of relevant book chapters were added, bringing the total to 173. The searches were combined and after removal of duplications, 132 articles remained. Abstracts were then scanned to identify potentially relevant articles, for which the full text was then obtained. All review and opinion articles were excluded, as were studies that did not examine adult populations or forced migrants to western nations. Studies were only included if they examined the relationship between psychosocial factors and psychological health. Finally, the inclusion period was limited to 1997-2008 due to the fact that many western nations have introduced more restrictive immigration policies within the last decade (Silove et al., 2000). After applying these criteria, a total of 27 articles remained, comprising 19 quantitative and 8 qualitative studies.

All quantitative studies included for review were then subjected to quality criteria

based on those outlined by Fowkes and Fulton (1991) and qualitative studies were assessed based on guidance developed by Mays and Pope (2000). Given the numerous problems specific to conducting research with forced migrant populations, additional quality criteria were included and each study was scored accordingly. Scoring criteria for both quantitative and qualitative studies are outlined in Appendix C and further details regarding the quality of research conducted with forced migrant populations are explored below.

4. Results

4.1. *Quantitative Research*

4.1.1. *Methodological issues.*

A summary of the quantitative studies reviewed can be found in Table 1. The 19 papers that were appraised included a total of 6,834 participants, of whom 3,921 (57.4%) were male and all of whom were aged over 15 years. Participants originated from several different countries in Africa, Asia and Eastern Europe and the host nations varied across studies, including the UK, other western European nations, Canada, Australia and the USA. Numerous methodological flaws were identified across studies and papers were scored in relation to several quality criteria.

Study design.

The majority of studies reviewed used a cross-sectional design, which was problematic in terms of establishing causal directions between variables. Six studies employed a longitudinal approach (Ryan, Benson & Dooley, 2008; Hermansson, Timpka & Thyberg, 2002; Lie, 2002; Beiser & Hou, 2001; Westermeyer & Uecker, 1997; Hinton, Tiet, Tran & Chesney, 1997) and one paper described a cohort study (Laban, Gernaat, Komproe, van der Tweel & De Jong, 2005). Six of the studies

Code	1st Author & Year	Study Design	Sample	Quality of measurements	Further Considerations specific to research with Immigrant populations	Total Quality Points (/15)
QN1	Ryan, 2008	Longitudinal (3)	Asylum seekers (n=70) of various nationalities in Ireland. Recruited via convenience/snowball approach, no sampling frame. (2)	MH: Self-report - SCL-90 & BSI. Pre-mig: No measure. Post-mig: Social Suport Scale, Post-Arrival Concern Checklist (PACC), Index of Discrimination Severity. Measures not validated for specific sample. No back-translation. (0)	Distinguishes between legal statuses. Considers time since migration. (2)	7
QN2	Schweitzer, 2006	Cross-sectional (1)	Resettled Sudanese refugees (n=63) in Australia. Recruited via snowball method, no sampling frame. (3)	MH: Self-report - HSCL-25. Pre-mig: HTQ, Post-mig: PMLD. Measures cross-culturally validated. No back-translation. (2)	Distinguishes between legal statuses. Considers time since migration. (2)	8
QN3	Carlsson, 2006	Cross-sectional (1)	Clinical sample of 63 male refugees of various nationalities in Denmark. All attendees at a Refugee Treatment Centre selected. (1)	MH: Self-report - HSCL-25, HDS, WHO Health-related Quality of Life. Pre- & Post-mig: Selection of questions. MH Measures validated for sample and back-translated. (4)	Distinguishes between immigration statuses. Time since migration not analysed. (1)	7
QN4	Bhui, 2006	Cross-sectional (1)	Clinical and community samples of Somali immigrants (total n=143) in England. Clinical recruited via random sample from Primary Care Register. Community recruited via convenience sample - no sampling frame. (3)	MH using MINI assessment. Pre- & post-mig info via selection of structured interview questions. MH Measures culturally validated and backtranslated. (4)	Differences in immigration status not accounted for in analysis. Considers time since migration. (1)	9
QN5	Beiser, 2006	Cross-sectional (1)	Southeast Asian refugess (n=647) in Canada. Key informants used to create sampling frame then random recruitment. (3)	MH: self-report - 'Depressive Affect Measure'. Pre- & post-mig: selection of questions. MH measures validated for sample, no mention of backtranslation. (3)	Distinguishes between immigration statuses. Considers time since migration. (2)	8
QN6	Laban, 2005	Cohort (2)	Iraqi asylum seekers (n=294) in the Netherlands. National register used for random recruitment. (4)	MH: CIDI assessment. Pre-mig: selection of questions. Post-mig: PMLD. MH measures validated for sample and back-translated. (5)	Distinguishes between immigration statuses. Considers time since migration. (2)	13
QN7	Marshall, 2005	Cross-sectional (1)	Cambodian refugees (n=490) in the USA. Recruited via 3-stage random sample. (5)	MH: CIDI assessment & Alcohol Use Disorders Identification test. Pre-mig: HTQ. Post-mig: Survey of exposure to community violence. MH measures validated and back-translated for sample. (5)	Distinguishes between immigration statuses. Considers time since migration. (2)	13

QN8	Lie, 2004	Cross-sectional (1)	Clinical and community samples of immigrants of various nationalities (total n=966) in Norway. Recruited via convenience approach, no sampling frame. (2)	MH: Self-report measures: HSCL-25, PTSS-16. Pre-mig: HTQ. Post-mig: Structured interview questions. MH measures validated for cross-cultural use & back-translated. (3)	Differences in immigration status and time since migration not accounted for in analysis. (0)	6
QN9	Fenta, 2004	Cross-sectional (1)	Ethiopian refugees (n=342) in Canada. Snowball method used to create sampling frame, then random recruitment. (4)	MH: CIDI assessment. Pre-mig: selection of questions. Post-mig: Recent life events Scale & Perceived discrimination, Ethnic ID scale, Canadian ID scale, Soc support scale. MH measures validated for sample. No mention of back-translation. (4)	Distinguishes between legal statuses. Considers time since migration. (2)	11
QN10	Hermansson, 2002	Longitudinal (3)	Clinical sample of 44 male immigrants of various nationalities in Sweden. Recruitment: all war-injured admissions to Somatic care centre selected. (0)	MH: Self-report measures: HSCL-25, PTSS-10, Well-being Scale. Pre-mig & post-mig: series of questions. MH measures cross-culturally validated & back-translated. (3)	Distinguishes between legal statuses. Considers time since migration. (2)	8
QN11	Miller, 2002	Cross-sectional (1)	Clinical and community samples of Bosnian immigrants (total n=99) in the USA. Clinical recruitment: all attendees at Refugee Mental Health programmes. Community sample recruited via convenience & snowball approach. (3)	MH: Self-report: PSS, Centre for Epidemiologic Studies Depression Scale (CES-D). Pre-mig: War Experiences Scale, Post-mig: Questions. MH measures validated for sample and back-translated. (4)	Reasonable to assume all refugees. Time since migration not included for analysis. (0)	8
QN12	Lie, 2002	Longitudinal (3)	Immigrants of various nationalities (total n=240) in Norway. All refugees in 4 counties invited to participate. (3)	MH: Self-report: HSCL-25, PTSS-16, Global Assessment of Functioning. Pre-mig: HTQ. Post-mig: Structured interview questions. MH measures validated for cross-cultural use and back-translated. (3)	Reasonable to assume all refugees. Considers time since migration. (1)	10
QN13	Beiser, 2001	Longitudinal (3)	Southeast Asian refugees (n=608) in Canada. Key informants used to create sampling frame then random recruitment. (3)	MH: Assessment inventory developed for study - but validated according to DSM criteria. Validated for sample & back-translated. Pre- & post-mig: Structured interview questions. (5)	Distinguishes between immigration statuses. Considers time since migration. (2)	13
QN14	Steel, 1999	Cross-sectional (1)	Tamil immigrants (n=196) in Australia. Recruited via convenience sample, no sampling frame. (3)	MH: Self-report, HTQ Symptom list. Pre-mig: HTQ. Post-mig: PMLD. MH measures validated for cross-cultural use & back-translated. (3)	Distinguishes between legal statuses. Considers time since migration. (2)	9

QN15	Gorst-Unsworth, 1998	Cross-sectional **(1)**	Clinical sample of male Iraqi immigrants n=84) in England. All traceable referrals of Iraqi torture victims to MFCVT selected. **(2)**	MH: Present State Examination, DSM-III-R criteria for PTSD & Major depression, HTQ symptom list. Premig: STAR (Survivor of Torture Assessment Record) & HTQ. Postmig: Rand Social Activities Questionnaire, Duke UNC Functional Support Questionnaire. No mention of MH measures being validated for sample or back-translated. **(2)**	Reasonable to assume all refugees. Considers time since migration. **(1)**	**6**
QN16	Westermeyer, 1997	Longitudinal **(3)**	Hmong refugees (n=99) in Australia. Convenience sample recruited from housing register. **(4)**	MH: Self-report: SCL-90 & Zung depression scale. Pre-mig: No measure. Post-mig: Series of questions. MH measures culturally validated and back-translated. **(2)**	Distinguishes between immigration statuses. Considers time since migration. **(2)**	**11**
QN17	Silove, 1997	Cross-sectional **(1)**	Asylum seekers (n=40) of various nationalities in Australia. Recruited via convenience approach, attendees at English classes. **(2)**	MH: Diagnostic i/v: CIDI to assess for PTSD. Self-report: HSCL-25, The Dartmouth Coop Functional Health Assessment Charts. Premig: HTQ, postmig: PMLD. MH measures validated for cross-cultural use. No mention of back-translation. **(3)**	Distinguishes between immigration status. Considers time since migration. **(2)**	**8**
QN18	Hinton, 1997	Longitudinal **(3)**	Vietnamese & Chinese refugees (n=114) in the USA. Stratified sample drawn from register of routine health screening for refugees. **(4)**	Self-report - HSCL-25 . Pre- & post-mig: series of questions. MH measures validated for specific sample. No mention of back-translation. **(3)**	Distinguishes between immigration statuses. Considers time since migration. **(2)**	**12**
QN19	Ying, 1997	Cross-sectional **(1)**	Southeast Asian refugees of 5 nationalities (n=2232) in the USA. Mulit-cluster samples drawn from state-wide register. **(3)**	MH: self-report: Psychological well-being scale to measure happiness/ demoralisation. Pre-mig: Series of questions. Postmig: Cultural Adaptation Scale & Sense of Coherence Scale. Measures not cross-culturally validated or back-translated. **(1)**	Distinguishes between immigration statuses. Time since migration not referred to in analysis. **(1)**	**5**

Key

*HSCL-25=Hopkins Symptom Checklist – 25 *SCL-90 = The Symptom Checklist – 90
*PTSS-10/16 – Post-traumatic Symptom Scale *MINI = MINI Neuropsychiatric Interview
*CIDI = The Composite Diagnostic Interview Schedule *HTQ = Harvard Trauma Questionnaire
*PMLD = Postmigration Living Difficulties Questionnaire

Table 1: Quantitative studies included in literature review

reviewed did not use any sampling frame (Ryan et al., 2008; Schweitzer, Melville, Steel & Lacherez, 2006; Bhui et al., 2006; Lie, Sveaass & Eilertsen, 2004; Miller, Weine et al., 2002; Steel, Silove, Bird, McGorry & Mohan, 1999), reflective of the difficulties associated with accessing appropriate registers when conducting research with migrant populations (Silove et al., 2000). Only five studies selected a random sample (Beiser & Hou, 2001; 2006; Laban et al., 2005; Marshall, Schnell, Elliott, Berthold & Chun, 2005; Fenta & Hyman, 2004), with the majority using convenience or 'snowballing' recruitment strategies. Such strategies are likely to exclude the most marginalised immigrants (Silove et al., 2002), making the generalisation of findings problematic.

Sample sizes.

Several of the studies reviewed had small sample sizes (Ryan et al., 2008; Schweitzer et al., 2006; Carlsson, Mortensen & Kastrup, 2006; Gorst-Unworth & Goldenberg, 1998) and two studies failed to obtain sample sizes that were adequately powered for the statistical analyses conducted (Hermansson et al., 2002; Silove, Sinnerbrink, Field & Steel, 1997). Recruitment of participants in research with forced migrants may be particularly difficult due to mistrust of authorities as a result of pre-migratory experiences (Silove et al., 1998) and fears that participation in research could impact negatively on asylum claims (Silove, Steel, McGorry & Drobny, 1999; however, see Steel & Silove, 2000).

Eight of the studies reviewed had attempted to overcome the problems caused by small sample sizes by including participants of differing nationalities (Ryan et al., 2008; Carlsson et al., 2006; Lie et al., 2004; Hermansson et al., 2002; Lie, 2002; Beiser & Hou, 2001, 2006; Silove et al., 1997), meaning that variability between different national groups with regard to the factors influencing psychological health would have been obscured (Chung & Bemak, 1998).

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When conducting cross-cultural research, it is important that any measures used are appropriately validated for the sample in question (Flaherty, Gaviria, Pathak and Mitchell, 1988) and back-translated (Hollifield et al., 2002). Several of the studies reviewed had ensured that the outcome measures used adhered to these guidelines (Carlsson et al., 2006; Laban et al., 2005; Marshall et al., 2005; Miller, Weine et al., 2002; Beiser & Hou, 2001), however, other studies made no explicit reference to their measures having been back-translated and three studies used measures that had not been cross-culturally validated (Ryan et al., 2008; Gorst-Unworth & Goldenberg, 1998; Ying & Akutsu, 1997). Cross-cultural measures that were frequently used included the Hopkins Symptom Checklist (HSCL-25), to measure symptoms of anxiety and depression, the Post-traumatic Symptom Scale (PTSS-16), the Harvard Trauma Questionnaire (HTQ), to measure experiences of pre-migration trauma and the Post-migration Living Difficulties questionnaire (PMLD) to explore post-migration variables. Although it has been argued that applying Western diagnoses of mental health problems to forced migrant populations can be problematic (Summerfield, 1999), these measures have all been found to have some validity and reliability when used cross-culturally (Hollifield et al., 2002). For the purposes of this review, the above measures were treated as valid means of obtaining some indication of psychiatric morbidity and pre- and post-migratory stressors. However, studies that used culturally validated diagnostic interviews rather than relying on self-report measures (Bhui et al., 2006; Laban et al., 2005; Marshall et al., 2005; Fenta & Hyman, 2004; Beiser & Hou, 2001; Silove et al., 1997) were weighted as more robust.

<u>Further methodological considerations.</u>

Given the evidence to suggest that the psychological adjustment of forced migrants

may follow a series of stages across time, from elation, to depression, to recovery (Beiser, Turner & Ganesan, 1989), studies were appraised according to whether consideration was given to the time period that had elapsed since migration. Four studies failed to take this factor into account (Carlsson et al., 2006; Lie, 2004; Miller, Weine et al., 2002; Ying & Akutsu, 1997). Finally, one study did not distinguish between the legal statuses of participants (Lie et al., 2004), which was deemed relevant given that the nature of psychosocial stressors faced by asylum seekers may differ significantly from those experienced by settled refugees (Laban et al., 2004).

Discussion of the findings of the papers reviewed focuses predominantly on those studies that were deemed to be the most methodologically sound.

4.1.2. Relevant findings.

Prevalence of psychological distress.

High levels of 'psychological distress' were identified amongst the forced migrant populations, including PTSD (Schweitzer et al., 2006; Marshall, 2005; Steel, 1999), depression (Marshall, 2005; Fenta & Hyman, 2004; Hinton et al., 1997) and anxiety (Schweitzer et al., 2006; Lie, 2002). Co-morbidity was common (Marshall et al., 2005). However, Beiser and Hou (2001) found rates of depression in Southeast Asian refugees to be comparable or lower than the rates observed in the general North American population. This counter-intuitive finding may have been caused by the high number of exceptionally healthy 'quota' refugees included in the sample, whose resettlement in Canada had been determined by their high likelihood of successful adaptation. Overall, the evidence across studies indicated that psychopathology was high in the forced migrant populations.

In terms of exploring whether social role loss contributed to the high levels of psychopathology observed in the studies, particular attention was paid to the impacts of

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unemployment, inactivity and social isolation or forced separation from family on psychological well-being.

<u>Unemployment.</u>

Lack of employment in the post-migration phase was consistently correlated with psychopathology across all studies and was particularly associated with depression (Schweitzer et al., 2006; Beiser & Hou, 2006; Bhui et al., 2006; Laban et al., 2005; Marshall et al., 2005). However, Beiser and Hou (2001) observed an interesting pattern in their longitudinal study whereby unemployment was only linked to depression several years after migration and not during the first two years of resettlement. They explained this finding in terms of unemployment being common to many immigrants during the early post-migration period and therefore not viewed as a sign of personal failure. Over time however, those migrants who remained unemployed may have come to view themselves as inadequate. Another explanation for this finding could be inferred from the outcomes observed in studies specifically exploring asylum seeker populations (Laban et al., 2005; Steel et al., 1999; Ryan et al., 2008; Silove et al., 1997). These studies found that although unemployment was correlated with psychological ill health, concerns about the processing of asylum applications consistently emerged as stronger predictors of psychological distress. It may be that during the early post-migration period, the negative effects of unemployment for psychological health are less significant due to other concerns being more pressing. Over time, as other issues are resolved, lack of employment may become a more significant cause of distress. It is also possible that the increased association between unemployment and depression across time as observed by Beiser and Hou (2001) might be mediated less by sense of self-worth and more by the material deprivation that could accompany unemployment. Westermeyer and Uecker's (1997) finding that financial concerns were linked to

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psychiatric symptoms lends some support to this speculation.

Social isolation.

Interestingly, Beiser and Hou (2001) found that unemployment and depression were only significantly correlated for male immigrants, whilst there was a statistically significant relationship between social isolation and depression for female immigrants. They suggested that this might be explained in terms of traditional gender role expectations, whereby males are defined primarily in terms of their vocational roles and women more in terms of their roles in relation to others. A similar pattern was observed by Fenta and Hyman (2004), who concluded that higher levels of depression observed in Ethiopian males were due to greater difficulties in adjusting to the drop in social status that came about as a result of migration. The psychological well-being of female participants, who defined themselves more in terms of their family responsibilities, was less affected by limited employment opportunities. Conversely, the female Hmong refugees studied by Westermeyer and Uecker (1997) indicated higher levels of psychiatric symptoms than males, a finding that was explained in terms of increased social isolation. In this study, older age was found to be a protective factor against psychopathology. Whilst this contradicts the notion that older immigrants may suffer more from loss of social status following migration (Miller, Worthington et al., 2002), it seemed that the psychological well-being of the older Hmong refugees in this study was maintained by their high social status within the Hmong community. A reverse pattern was observed by Hinton et al. (1997), who explained the increased levels of depression observed in older Vietnamese migrants to the USA, where age is not so highly valued, in terms of their downward social mobility. Therefore, having high social status within one's culture of origin may act as a protective factor against depression if one has access to an established community network from the home country within the host

nation. Conversely it may act as a potential risk factor for those who find themselves isolated from their culture of origin.

Human capital.

Berry's (2001) model of acculturation proposed four possible acculturation patterns. The first of these is that of 'integration', whereby an individual retains contact with their culture of origin but also adapts to the culture of the host nation. In the 'assimilation' category, individuals lose contact with their cultural background and embrace the new culture; conversely those adopting a 'separation' style of acculturation retain links with their culture of origin but reject the culture of the host nation. Finally, those who fall into the 'marginalisation' category both lose contact with their background culture and remain separate from the new culture. It is proposed that those adopting an 'integrative' approach to acculturation will have the best psychological outcomes, whilst those who become 'marginalised' will have the poorest mental health.

Such a straightforward pattern is not necessarily supported by the above observations that mental health outcomes may also be influenced by those characteristics (such as age) that are valued by the culture of origin and the host nation culture. However, Berry's model may contribute toward understanding the finding across several studies that higher levels of pre-migratory education were associated with lower levels of psychiatric morbidity in the post-migration phase (Carlsson, 2006; Fenta & Hyman, 2004; Hinton et al., 1997). There was evidence that higher previous levels of education were associated with increased fluency in the host-nation language, which may have facilitated integration via increased opportunities for employment and reduced social isolation. It is worth noting that for those still in the asylum-seeking phase and not entitled to find employment, higher previous educational levels may be of little benefit in terms of increased opportunities and could therefore act as a stressor

rather than as a protective factor (Ryan et al., 2008). There is a need for enhanced understanding of the relationship between human capital, acculturation and mental health in forced migrant populations.

Lack of social support.

Finally, lack of social support and separation from family were found to correlate with psychological distress across several studies (Schweitzer et al., 2006; Laban et al., 2005; Lie, 2002; Steel et al., 1999; Gorst-Unworth & Goldenberg, 1998). This relationship may be explained in terms of the negative psychological effects of not having others to confide in and share past experiences with. This position is supported by the findings of Lie et al. (2004) that the benefits of family support for psychological health are enhanced when previous experiences of trauma are higher. Another explanation, outlined by Liebkind (1996) is that family presence serves to maintain social roles, thereby preserving a sense of identity and protecting against psychological distress.

4.2. *Qualitative Research*

4.2.1. *Methodological issues.*

Qualitative papers were reviewed with the goal of explaining some of the findings observed in the quantitative literature. Eight papers were identified (see Table 2) including a total of 197 participants, of whom 93 (47%) were male and all of whom were aged over 17 years. Participants in six of the eight studies reviewed were of Eastern European origin and the host nations included the UK, Australia, Canada, the USA, Sweden and the Netherlands.

As with the quantitative studies, the quality of the qualitative literature was explored in relation to a number of criteria. Again, sampling issues were considered and studies

were deemed more robust if they examined just one group, as suggested by Miller, Bonas and Dixon-Woods (2007), in this case just one nationality (Djuretic, Crawford & Weaver, 2007; Colic-Peisker & Walker, 2003; Rees, 2003; Miller, Worthington, et al., 2002; Griffiths, 2001; Kopinak, 1999).

Transparency.

Transparency is a key issue in assessing the quality of qualitative papers (Mays and Pope, 2000). Some studies gave clear details of how the interview schedules used were developed and outlined the questions included (Djuretic et al., 2007; Dupont, Kaplan, Verbraeck, Braam & Wijngaart, 2005; Miller, Worthington et al., 2002), whilst other studies were less clear about the processes followed (Colic-Peisker & Walker, 2003; Rees, 2003; Samarasinghe & Arvidsson, 2002; Griffiths, 2001; Kopinak, 1999).

Issues relating to conducting research with forced migrants.

In terms of issues specific to conducting interviews with forced migrant populations, only one study used a back-translated interview schedule (Miller, Worthington et al., 2002) and four studies did not interview all participants in their first language (Dupont et al., 2005; Samarasinghe & Arvidsson, 2002; Griffiths, 2001; Kopinak, 1999), which may have limited the quality of the data collected. Additionally, only three studies reported having taken steps to ensure that trusting relationships were developed with participants and that confidentiality was assured (Dupont et al., 2005; Griffiths, 2001; Kopinak, 1999). Whilst relevant to all qualitative research, these issues are particularly pertinent in conducting qualitative research with forced migrants given the issues with trust, as outlined above (Silove et al., 1998).

Code	1st Author and Year	Sample	Methodology	Analysis	Further Considerations specific to research with Immigrant populations	Total Quality Points (/11)
QL1	Djuretic, 2007	Clinical and community sample of immigrants from the former Yugoslavia (n=19) in the UK. Recruited via convenience approach. **(1)**	Semi-structured interviews & focus groups. Details given of interview schedule, development informed by review of literature. **(2)**	Interviews taped, transcribed & notes made. Framework analysis. No evidence of triangulation. Some evidence of attempt to consider 'outliers'. **(2)**	No details re. Consideration of 'relationship building'. Participants interviewed in own language. **(1)**	**6**
QL2	Dupont, 2005	Community sample of asylum seekers (n=21) of various nationalities in the Netherlands. Recruited via key community members using convenience approach. **(1)**	Semi-structured interviews developed in consultation with community, details of interview schedule given. **(2)**	Interviews taped & transcribed, Thematic analysis. No evidence of triangulation or attempt to include outliers. **(1)**	Efforts described to build relationships & ensure confidentiality. Participants not necessarily interviewed in own language. **(1)**	**5**
QL3	Colic-Peisker, 2003	Community sample of Bosnian refugees (n=35) in Australia. (Data also collected from 'refugee professionals, n=25). Sampling strategy not outlined. **(2)**	Semi-structured interviews - detail of interview schedule but no detail of how developed. **(1)**	Interviews taped, transcribed, translated into English, then coded. Evidence of triangulation, some evidence of attempt to consider outliers. **(2)**	No evidence of relationship building. Participants interviewed in own language. **(1)**	**6**
QL4	Rees, 2003	Community sample of East Timorese female asylum seekers (n=23) in Australia and 'refugee professionals' (n=18). Recruited via cluster sample, recommended by community members. Professionals located via snowball method. **(2)**	Semi-structured interviews & questionnaires to healthcare professionals. Details of interview schedule given but not how developed. **(1)**	Interviews taped and transcribed. Thematic analysis. Evidence of triangulation. No attempt to include outliers evident. **(2)**	No evidence of relationship building. Participants interviewed in own language. **(0)**	**6**

QL5	Samarisinghe, 2002	Community sample of Eastern European refugees (n=16) in Sweden. Recruited via convenience sample via local key agencies. **(1)**	Semi-structured interviews. Details of interview schedule given but not how developed. **(1)**	Interviews taped and transcribed. Phenomenography used with detailed account given. No evidence of triangulation. Evidence of attempts to consider numerous perspectives. **(2)**	No evidence of relationship building, setting of interviews may have inhibited responses. Participants not interviewed in own language. **(0)**	**4**
QL6	Miller, 2002	Clinical sample of Bosnian refugees (n=28) in USA. Recruited via a convenience approach from a mental health programme. **(1)**	Semi-structured interviews (Back translated). Details of schedule given - developed using data from existing quantitative literature. **(3)**	Interviews taped and transcribed. Content analysis. Evidence of triangulation and inclusion of 'outliers'. **(3)**	Little evidence of relationship building. Participants interviewed in own language. **(1)**	**8**
QL7	Griffiths, 2001	Community samples of Kurdish asylum seekers (n=25) in Greece and refugees (n=20) in UK. Recruited via snowballing method. **(2)**	Semi-structured interviews, details of interview schedule given but not clear how developed. **(1)**	Responses written ('taping inhibiting responses'). Analysis not explained. Evidence of triangulation. No evidence of attempt to include outliers. **(1)**	Some evidence of attempts to consider 'sensitive' issues. Only some participants interviewed in own language. **(1)**	**5**
QL8	Kopinak, 1999	Community sample of Bosnian refugees (n=10) in Canada recruited via a convenience sample. **(2)**	Open-ended interview. Details of guide given but not how developed. **(1)**	Interviews audiotaped & transcribed. Content analysis - detailed info given re. process. Evidence of triangulation. No evidence of 'outliers'. **(2)**	Some evidence of attempts to build relationships and consider confidentiality. Participants not interviewed in own language. **(1)**	**6**

Table 2: Qualitative Studies Included in Review

Analysis.

Various analytical procedures were used across studies, including phenomenography (Samarasinghe & Arvidsson, 2002), framework analysis (Djuretic et al., 2007), thematic analysis (Dupont et al., 2005; Rees, 2003), and 'content analysis' or 'coding' (Colic-Peisker & Walker, 2003; Miller, 2002; Kopinak, 1999). One study failed to make any reference to the type of analysis used (Griffiths, 2001). Some studies presented their findings in an apparently open style, making reference to consideration of outlying cases and triangulating their data using alternative sources of information (Colic-Peisker & Walker, 2003; Miller, Worthington et al., 2002) whilst other studies appeared to be more agenda-driven (Dupont et al., 2005, Rees, 2003; Griffiths, 2001, Kopinak, 1999) calling into question the reliability of the data presented. Again, higher weighting was given to the studies considered more methodologically robust when considering the findings of the qualitative papers.

4.2.2. *Relevant Findings*

Participants across studies talked about 'mental health' problems in terms of psychosocial stressors, impacts for physical health and a general lack of 'well-being'.

Once again, unemployment came up as a regular theme. Employment was seen by some asylum seekers as an important means of 'killing time' (Dupont et al., 2005) and for such participants being out of work seemed to be primarily a frustration due to the fact that there were no other meaningful activities with which to distract oneself from negative rumination and in some cases, drug use.

Amongst the Eastern European forced migrants (Djuretic et al., 2007; Kopinak, 1999), participants consistently identified the importance of having work that matched one's previous skill level for psychological well-being, although exceptions to this

viewpoint were reported. This finding was replicated in Miller, Worthington, Muzurovic, Tipping & Goldman's (2002) sample of Bosnian refugees, who identified the loss of 'life projects', such as careers, as a significant cause of distress. This was particularly the case for older participants who saw less opportunity to reclaim their former achievements. Former Yugoslavian forced migrants (Djuretic et al., 2007) also emphasised that commencing life in a new country was more difficult for older migrants due to the greater loss incurred. The significance of losing former life projects was reiterated by East Timorese asylum-seeking women (Rees, 2003), who described feeling that their previous educational attainments had been a 'waste' and they consequently felt hopeless about the future.

Colic-Peisker and Walker (2003) found that unemployment or having to accept employment at a level lower than had been the case pre-migration was particularly problematic for middle-class Bosnians, but less so for those who had come from rural backgrounds. For the latter group, position within the Bosnian community was a more important determinant of psychological well-being, perhaps because they had always defined themselves less in terms of vocational achievement and more in terms of community status. Using Berry's (2001) model of acculturation, the authors identified that 'integration', or retaining identification with the culture of origin whilst also embracing that of the host nation, had the most positive psychological outcomes for those with higher levels of human capital. However, 'separation', or identification with the like-ethnic community, had a more positive effect for psychological health in those with lower levels of human capital, whose chances of successful integration may have been limited by their lower skill level and poorer command of English. Cases of 'marginalisation' were also identified for those individuals who had high levels of human capital but whose attempts to exercise their skills were frustrated by lack of

opportunity. In such cases shame and self-imposed isolation were described, with negative consequences for psychological well-being.

Some studies observed gender differences in the relationship between unemployment and psychological well-being, with males reporting lack of work as a cause of lowered self-esteem and negative sense of identity more frequently than females (Samarasinghe & Arvidsson, 2002; Miller, Worthington et al., 2002; Griffiths, 2001; Kopinak, 1999). Male participants made particular reference to social role loss, both within the family with no longer being the 'breadwinner', and also within the community, due to lowered social status. By contrast, there was some evidence that females found an increased sense of meaning in their social roles. For those whose families had remained intact, they were able to invest greater effort in their roles as spouse or mother and some participants referred to an increased sense of personal agency as they began to adapt to new cultural climates where females were offered more status and opportunity (Griffiths, 2001; Kopinak, 1999).

It follows from this that migrant females who do not have intact families may therefore be at particular risk for psychological ill health, and this was the case for the East-Timorese women in Rees' (2003) study. Across studies, participants frequently reported feelings of loneliness and social isolation and discussed how this impacted negatively on their sense of well-being. Having friends and family available was seen as important not just in terms of having someone to confide in and seek support from, but also in terms of affirming one's sense of self (Djuretic et al., 2007; Miller, Worthington et al., 2002).

5. Discussion

This systematic review of the literature pertaining to social role loss in forced

migrants settling in developed nations has highlighted the vast array of challenges involved in conducting research with immigrant populations. Methodological weaknesses were observed in all of the studies reviewed and synthesis of findings was made difficult due to the range of nationalities and host nations studied. Conversely, the fact that the qualitative studies predominantly focused on Eastern European participants may have skewed the interpretation of findings in favour of one cultural perspective. Particular problems common to several of the quantitative studies related to the difficulties associated with obtaining random samples and others were weakened by their failure to adapt the outcome measures appropriately for the populations being studied. Amongst the qualitative studies, reported outcomes were undermined by failure to give a transparent account of the data analysis procedures employed and by lack of consideration to building trusting relationships with participants. Despite these limitations however, several consistent findings emerged from the literature, which allowed for some conclusions to be reached.

5.1.   *Summary of Findings*

Consistent with previous findings (Porter & Haslam, 2005), the current review identified high levels of psychological distress amongst forced migrant populations. Several pre- and post-migratory and demographic factors were found to correlate with mental health and these differed to some extent according to legal status and time since migration.

Studies consistently reported correlations between unemployment and psychological ill health, although cross-sectional designs often prevented inferring the direction of causality (Ryan et al., 2008; Marshall et al., 2005). However, when combined with qualitative data there was evidence to support the notion that unemployment was a

causal or maintaining factor for psychiatric morbidity (Miller, Worthington et al., 2002; Djuretic et al., 2007) and there was some evidence to suggest that this relationship was mediated by social role loss.

Unemployment was associated with psychological distress in both asylum seekers and refugees, however during the asylum-seeking period, concerns about restricted employment may have related primarily to financial pressures (Westermeyer & Uecker, 1997) or lack of activity to distract oneself from worries about the asylum application process (Laban et al., 2005; Lie et al., 2004). Once legal concerns were resolved, obtaining employment may have become central to the process of re-establishing one's sense of identity (Beiser & Hou, 2001; Colic-Peisker & Walker, 2003). This notion was supported by several studies that found males to be more vulnerable to the negative psychological consequences of unemployment (Beiser & Hou, 2001; Fenta & Hyman, 2004) due to the fact that it undermined their status as 'breadwinners' (Miller, Worthington et al., 2002; Samarasinghe, 2002) or their sense of self as defined by employment status (Kopinak, 1999). However, females coming from cultures where vocational success is seen as important for both genders, rather than just for males, may also be vulnerable to the negative impacts on self-esteem caused by unemployment (Djuretic et al., 2007; Rees, 2003).

Some studies reported evidence that older migrants were more at risk of psychological distress than younger migrants, due to the greater loss incurred by those who had devoted efforts to 'life projects', such as careers and then been forced to abandon them suddenly (Miller, Worthington et al., 2002). Additionally, older immigrants might be at risk of experiencing psychopathology due to a drop in social status caused by the tendency toward marginalisation of the elderly by western societies (Hinton et al., 1997). Conversely, for those elder migrants who adopt a 'separation'

acculturation style (Berry, 2001) and are located within cultural communities where age is revered, being elderly may protect against psychological distress (Westermeyer & Uecker, 1997).

In contrast to Porter and Haslam's (2005) finding, the current review found that higher levels of pre-migratory education were associated with better mental health outcomes for migrants (Carlsson et al., 2006; Fenta & Hyman, 2004). It emerged that those with higher levels of human capital were better equipped to 'integrate' into the host nation (Berry, 2001) and to find employment, which consequently had positive outcomes for psychological health (Colic-Peisker & Walker, 2003). For the lower skilled group, who defined themselves less in terms of vocational success and more in terms of their social relationships, isolation from the like-ethnic community had the most negative impacts for psychological well-being. However, some of the worst psychological outcomes reported in this study were for those individuals who had high levels of human capital but whose efforts to realise their potential in the host nation were unsuccessful. These findings indicate the negative impacts that policies restricting asylum seekers' access to work might have for highly skilled individuals and that policies enforcing dispersal might have for those whose sense of self is determined predominantly by their social relationships.

Several studies identified that females might tend toward defining themselves in terms of their social relationships more than males. Social isolation and separation from family were found to correlate with psychological distress in several studies (Schweitzer et al., 2006; Laban et al., 2005) and this relationship was observed to be more pronounced for female migrants (Fenta & Hyman, 2004; Westermeyer & Uecker, 1997). Chung and Bemak (1998) suggest that this difference might be further enhanced for women coming from cultures where they are traditionally valued in terms of their

familial roles. Whilst this might act as a protective factor against psychopathology for those females who migrate with their families (Fenta & Hyman, 2004), those who are more socially isolated may find themselves at increased risk for psychological distress (Rees, 2003).

5.2.   Directions for future research and Implications for Clinical Psychology

Whilst it has been possible to draw some conclusions from the studies reviewed, it is suggested that more methodologically robust longitudinal studies are needed in order to gain a greater understanding of the ways in which psychosocial stressors impact on the psychological well-being of forced migrants to western nations. Such research will face significant practical challenges but could help to establish how the personal meanings attached to factors such as unemployment and social isolation alter with changes in legal status and across time. Exploration of how age, gender, human capital and cultural background influence the ways in which factors such as unemployment and social isolation impact on psychological well-being is also needed and qualitative studies might have much to offer in this area, particularly given the challenges associated with conducting quantitative research with forced migrant populations.

Developing an increased understanding of the causes of the high levels of psychological distress experienced by asylum seekers and refugees will be invaluable to clinical psychologists and other healthcare professionals working with these groups (Rees, Blackburn, Lab, & Herlihy, 2007). At a time when applying individual models of therapy to alleviating the distress of migrant groups is being challenged by emerging models of community psychology (Miller, 1999; Watters, 2001), it is vital that the factors influencing migrants' mental health are fully understood, in order to ensure that clinical psychology resources are targeted effectively.

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Section C

Identity and Psychological Well-being:

Experiences of Male Zimbabweans Seeking Asylum in the UK

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by

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1. Research Report Abstract

The current study set out to explore identity and psychological well-being within a sample of Zimbabwean males seeking asylum in the UK. Seven individuals took part in one-to-one semi-structured interviews, which were then transcribed verbatim and analysed using Interpretative Phenomenological Analysis. Identity Process Theory (Breakwell, 1986; 2001) provided a useful framework for making sense of participants' experiences.

The findings suggested that the process of forced migration, and events occurring prior to it, can have significant impacts upon individuals' identities. Additionally, participants' accounts indicated that the legislative restrictions placed upon them as asylum seekers, and the negative social representations they were subject to, posed further threats to their identities and prevented them from successfully managing these threats. This had significant negative implications for their psychological well-being.

It was concluded that clinical psychologists and other healthcare professionals should consider individual psychotherapeutic, group- and community-based approaches in helping individuals seeking asylum who are experiencing threats to their identities. Holland's (1988) Psychotherapy and Social Action Model was suggested as a useful framework for combining interventions in a way that empowers individuals to manage identity threats and to challenge the social and political factors that serve to maintain them.

2. Introduction

2.1.   Background

   2.1.1. Legislative context.

   In recent years, the immigration policies of many developed nations have become increasingly restrictive in an attempt to deter high numbers of asylum applications (Silove, Steel & Watters, 2000). In the UK, current legislation places several restrictions on asylum seekers, including limited access to work and education and a lack of choice regarding where in the country they live (Tribe & Patel, 2007). Bureaucracy and challenges associated with the processing of asylum claims can result in periods of several years during which the basic human rights, as outlined by the Universal Declaration of Human Rights (United Nations, 1948), of asylum seekers are neglected. This denial of basic rights may be particularly problematic for those seeking asylum who have felt that fleeing their homes due to conflict or persecution has been their only chance of physical survival.

   2.1.2. Migration and mental health.

   There is a large evidence base indicating that psychiatric morbidity tends to be higher amongst refugee populations than amongst indigenous populations (for a review, see Porter & Haslam, 2005). However, few studies to date have explored migrants' psychological health during the asylum-seeking phase. The small number of studies that have addressed this issue, suggest that depression and anxiety are high amongst asylum seekers and that exile-related stressors including concerns about the asylum process, unemployment, social isolation and housing issues may be more significant determinants of psychological distress than factors associated with pre-migratory trauma (Laban, Gernaat, Komproe, Schreuders & De Jong, 2004; Silove, Sinnerbrink, Field & Steel, 1997; Steel, Silove, Bird, McGorry & Mohan, 1999). Certainly there is

increasing recognition that pre- and post-migratory factors need to be understood in

conjunction with one another in order to fully understand the psychological experience

of migrants (Patel, 2003).

    2.1.3. Migration and identity.

According to Beiser and Hou (2006), one of the greatest challenges facing migrants

upon arrival in a new country is the reestablishment of their identity.

Timotijevic & Breakwell (2000) used the framework of Identity Process Theory

(IPT; Breakwell, 1986, 2001) to discuss how the process of migration might threaten an

individual's sense of identity. According to IPT, an individual has some autonomy in

creating their identity, but this will be limited by the social and cultural context within

which they exist. Therefore, a person's sense of identity can change across time,

dependent on their environment and the way in which they accommodate and assimilate

new information about external factors into their identity structure (Breakwell, 1986).

Timotijevic & Breakwell (2000) suggested that if the new, post-migration

environment differs greatly from the former, pre-migration environment, then

continuity, distinctiveness, self-esteem and/or self-efficacy may be challenged. These

factors may be particularly salient for those who have experienced persecution or

torture, or been forced to flee their homes suddenly and have had to abandon many of

their former bases for identity, such as personal values, interpersonal relationships, 'life

projects' and material possessions (Alcock, 2003).

IPT proposes that individuals adopt coping strategies at intra-psychic, interpersonal

and group levels to restructure identity when threats to any of the four afore-mentioned

domains are encountered. However, the variety of coping strategies available to an

individual may vary depending upon the social context. The range of restrictions placed

upon asylum seekers in the UK would limit the range of coping strategies available to

them to manage any threats to their identity. Beyond this, legislative restrictions may impose further threats to identity, for example through challenging individuals' self-esteem by removing their right to seek employment. These factors may have implications for psychological well-being, or 'mental health', which is defined by The World Health Organisation (WHO, 2009) as, 'A state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of everyday life, can work productively and fruitfully, and is able to make a contribution to his or her community.'

2.2.   *The current study in context.*

2.2.1.   *Identity and psychological well-being of asylum seekers in the UK.*

As outlined above, the body of research pertaining to the mental health of asylum seekers in developed countries is currently small and little is known about the mechanisms via which pre- and post-migratory factors affect the psychological well-being of this population. Some research has been conducted with resettled refugees exploring identity processes across the migration and resettlement periods (Colic-Peisker & Walker, 2003; Timotijevic & Breakwell, 2000). However, to the researcher's knowledge, no such studies have been conducted solely with those still in the asylum-seeking phase and neither have they directly explored the impact of identity processes on psychological well-being. Developing an increased understanding of the processes underlying the high levels of psychological distress experienced during the asylum-seeking phase by migrants to the UK will be of benefit to psychologists and other mental health practitioners in working with this client group. This is of particular relevance given that a high proportion of asylum seekers presenting to NHS services are experiencing psychological difficulties (Burnett & Fassil, 2002) and that clinicians often

feel they do not have the knowledge or expertise to manage these difficulties (Burnett & Peel, 2001).

The current study set out to explore the impacts of migrating to and seeking asylum in the UK on individuals' sense of identity and psychological well-being. These issues were to be explored in a sample of male Zimbabweans seeking asylum in the Midlands.

2.2.2. The Zimbabwean context.[3]

Zimbabwe, formerly a British colony by the name of Southern Rhodesia, gained independence from the United Kingdom in 1980 following a decade of civil war. A new government was formed, under the leadership of Robert Mugabe's Zanu-PF party. However, political unrest continued until the mid-1980s.

In the political elections of 1985, the Zanu-PF increased their majority and Mugabe began making changes to the constitution, which gradually gave his government increasingly tight control over all aspects of Zimbabwean society. In the late 1980s and throughout the 1990s, political reform made it harder for other parties to oppose the Zanu-PF, economic reform resulted in a downturn in the country's economic growth and judicial policies raised concerns about human rights within the country. The 1990s were characterised by protests initiated by students, trade unionists and workers and widespread industrial action further weakened Zimbabwe's economy.

In the late 1990's, opposition to the Zanu-PF grew and the Movement for Democratic Change (MDC) was established by Morgan Tsvangirai. Despite significant support for the MDC, the Zanu-PF retained control of the government largely due to ongoing corruption and the intimidation of voters at elections. The MDC's power was undermined continually during the 2000's through the violence and intimidation of its

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[3] All information in this section was obtained from the book, Becoming Zimbabwe (Raftopolous & Mlambo, 2009; see References for full details). It is acknowledged that this version of events is politically controversial.

members by the army and state security forces. At the same time, government policies led to increasing poverty throughout the country, characterised by homelessness, famine and health epidemics. This was orchestrated so that MDC supporters were the worst affected. Increasing numbers of Zimbabweans fled the country to seek sanctuary elsewhere, many of them fearing for their lives.

Although the current government in Zimbabwe (established in 2009) comprises a coalition between Mugabe's Zanu-PF and Tsvangirai's MDC, this arrangement has been criticised as offering no real power or control to the MDC and its supporters. To date, the intimidation and oppression of MDC members continues to be documented and Zimbabweans continue to leave the country in large numbers. In 2009, more asylum applications were received in the UK from Zimbabwean nationals than from any other national group (Home Office, 2009).

2.2.3. Research questions.

Specific questions that the research sought to address were:

1. What factors were important to individuals' sense of identity before migration?

2. Do these factors remain stable following migration and is identity threatened during the process of migration?

3. What are the effects on identity of being an asylum seeker in the UK and what are the consequences of this for psychological well-being?

3. Method

3.1. Study Design

3.1.1. Data collection.

A qualitative approach to data collection was adopted, given that a key aim of the study was to achieve an in-depth understanding of individual experiences of the

phenomena being investigated (Smith, 2003). Whilst quantitative research approaches lend themselves more readily to testing out existing theories through identifying trends in larger populations, qualitative methodologies allow the researcher to stay closer to, and gain a greater understanding of individual experiences (Smith & Osborn, 2003). Currently, the literature base is limited regarding identity and well-being issues amongst asylum seekers (Ryan, Benson & Dooley, 2008) as are psychological theories in relation to these areas. Hence the more exploratory approach, grounded in individual accounts, that is offered by qualitative methodologies (Lyons, 2000), was deemed to be an appropriate means of investigating these phenomena.

A semi-structured interview approach using open questions was selected as the means of data collection. The intention was to allow participants to speak freely on the topics under investigation and to 'tell their own stories, in their own words' (Smith, Flowers & Larkin, 2009).

3.1.2. *Choice of Interpretative Phenomenological Analysis (IPA).*

Interpretative Phenomenological Analysis (IPA), was the chosen means of data analysis in the current study, a decision that was informed by the researcher's epistemological position and the nature of the research questions[4]. IPA seeks to gain access to the way in which people construct their experiences and has proved valuable for exploring identity processes in previous studies (Coyle & Rafalin, 2000; de Visser & Smith, 2007; Riggs & Coyle, 2002). It is recognised within the philosophy of IPA that the researcher can only gain access to participants' *interpretations* of their lived experiences and that it is not possible to achieve an objective and detached understanding of reality. The way in which individuals make sense of their experiences

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[4] The researcher's epistemological position is outlined in Appendix D as is the rationale for selecting IPA over Grounded Theory.

will depend upon a complex interplay of their previous experiences and the social and cultural meanings that are available to them. Similarly, it is recognised that the researcher's understanding of participants' accounts will also be interpretative and based upon *his or her* own experiences and context. Hence the final product of data analysis will represent a reflexive collaboration between researcher and researched (Smith et al., 2009). It is therefore important that the researcher reflect upon the role that he or she has played in the research process and to be as transparent as possible about factors that may have influenced the way in which he or she has interpreted participants' accounts.

3.1.3. *Researcher's background.*

The researcher in the current study was a white, English female in her late twenties. She had an interest in human rights, which predated her career in clinical psychology and had previously engaged in campaigning for the human rights of asylum seekers and refugees. As a clinical psychology trainee, the researcher had worked directly with asylum seekers across a twelve-month period. During this time she had witnessed significant psychological distress in individuals seeking asylum, much of which appeared to be caused by the restrictions imposed upon them by UK immigration policy. She had also observed differences across individuals in terms of their capacity to survive and negotiate these hardships and had wondered about the individual and circumstantial factors that might distinguish between individuals who suffered significant psychological ill health whilst seeking asylum and those who retained a greater degree of emotional well-being. She wished to explore these ideas further by gaining an in-depth understanding of individuals' sense of self and factors affecting this, both prior to and during the asylum-seeking phase. Whilst the researcher had worked previously with asylum seekers from Zimbabwe and had some knowledge of the current

political and economic climate in the country obtained through the mass media, she

knew little of the cultural or historical context of Zimbabwe at the time of commencing

the interviews.

3.2.   Sample

Participants in the current study were seven male Zimbabweans, five of whom were

seeking asylum and two of whom had been granted leave to remain in the UK within

the last six months. One participant was aged in his twenties, the remainder were aged

in their thirties and forties. At the time of the interviews, individuals had spent between

4 months - 4 years seeking asylum and had been in the UK for periods of time ranging

between 2 - 10 years. These characteristics are outlined in Table 1.

Between six and eight participants was considered by the researcher to be an

appropriate number given the chosen data analysis approach, namely IPA, and the

resources allowed for the current study. This choice was guided by correspondence via

the Yahoo IPA Discussion Forum with professionals experienced in conducting IPA

research and in supervising IPA projects undertaken as part of the Doctor of Clinical

Psychology Training. However, it is acknowledged that whilst the debate continues

regarding appropriate sample sizes for IPA research, there is consistency in the view

that it is the depth and quality of the analysis, rather than the exact number of

participants, that defines the quality of the product of the research.

 3.2.1. Inclusion criteria.

Individuals eligible for inclusion in the current study were adult males from

Zimbabwe, either currently seeking asylum, or who had been granted refugee status

within the last six months. Those who had attained refugee status were asked to focus

upon their experiences of seeking asylum during their interviews.

The decision to focus the research on one national group was informed by a recognition that grounding the research in a specific cultural context would allow for a greater depth of analysis to be achieved than would be possible with a more heterogeneous sample. Whilst such an approach limited the generalisability of findings to asylum seekers of other nationalities, it was in keeping with IPA's idiographic approach (Smith & Osborn, 2003).

Pseudonym	Age Band	Asylum Status	Length of Asylum Period	Length of Time in UK
Tenny	31-40	Awaiting decision	4 months	9 years
Adam	41-50	Refugee	14 months	2 years
Dumisani	41-50	Awaiting decision	4 months	8 years
Michael	41-50	Refugee	11 months	7 years
Lloyd	21-30	Awaiting decision	4 years	10 years
Johnson	31-40	Awaiting decision	15 months	5 years
Farai	31-40	Awaiting decision	4 years	4 years

Table 1: Participant Characteristics

3.1.1. *Choice of inclusion criteria.*

At the time of designing the study and conducting the data collection, Zimbabweans were one of the largest national groups seeking asylum in the UK (Home Office, 2008) and in the city where the research was to be conducted[5]. At the time of writing, this has continued to be the case (Home Office, 2009). Focusing on a Zimbabwean sample also had the added advantage that interviews could be conducted in English without compromising the quality of the data collection due to language barriers or a third party

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[5] According to statistics obtained from a local charitable organisation in 2008.

(interpreter) being present.

Males were selected in the current study due to the fact that men form the majority of the asylum seeking population in the UK (Burnett & Fassil, 2002) and that NHS services report higher numbers of males when compared to females amongst their asylum-seeking service users (Rhodes & Ashton, 2008). This is not to negate the importance of exploring similar issues within female asylum seeking populations; however this was beyond the scope of the current study. The literature base to date indicates that for many groups of migrants, the factors that affect individuals' sense of self or identity are different for males and females (Kopinak, 1999; Miller, Worthington, Muzurovic, Tipping & Goldman, 2002; Samarasinghe & Arvidsson, 2002). Limiting the focus of the current study to male participants was considered advantageous in terms of achieving a greater depth of data analysis (Smith & Osborn, 2003).

3.2.2. Recruitment.

Asylum seekers are a hard to reach group and reliable sampling frames are rarely available (Silove et al., 2000). Therefore, following the consultation period and development of the interview schedule, as outlined above, two local Zimbabwean community leaders were asked to identify individuals who met the inclusion criteria for the study and to hand each of them a 'research pack' (Appendix E), along with a brief verbal description of the research. The packs comprised an introductory letter, a summary information sheet about the study and an expression of interest form to be returned in a stamped-addressed envelope to the researcher. As a consequence, ten individuals expressed an initial interest in the study, and after telephone conversations between the researcher and each individual potential participant, seven agreed to take part in one-to-one research interviews.

3.3.   Procedure

3.3.1.   Development of the interview schedule.

According to Smith et al. (2009), the purpose of an interview schedule is to encourage the participant to talk openly and to minimise the interviewer's verbal contributions. These factors were considered when developing the schedule, alongside the need to ensure that questions would encourage responses that would address the research aims. Additionally, the schedules were designed according to guidelines developed by Patel (1999) for conducting research 'involving issues of 'race', ethnicity and culture'.

With the above in mind, the researcher consulted other professionals experienced in working with Zimbabwean asylum seekers in order to design a semi-structured interview schedule (Appendix F). The schedule began by clearly reiterating the central research topic and then asked participants to talk broadly about their experiences of the following three areas: life in Zimbabwe; migration; and seeking asylum. This format was used in order to ensure that identity and psychological well-being could be explored in both the pre- and post- migratory environments, whilst also taking the impact of the migration process into account. The schedule also provided the opportunity at the end of the interview for participants to choose areas of their interview to revisit or reflect upon.

3.3.2.   Interview procedure.

Interviews took place in an interview room at the premises of a local charity for asylum seekers and refugees. At the outset of each interview an information sheet (Appendix G) including information about confidentiality, right to withdraw, and other ethical issues, was handed to participants and explained verbally by the researcher. Individuals were asked to confirm their full understanding of their participation in the

study, to give their written consent (Appendix H) and to provide a few pieces of basic demographic information (Table 1) before commencing the interview.

Interviews were recorded on a digital voice recorder and at the end of each interview, participants were asked how they were feeling, with a view to establishing whether they were experiencing any distress as a result of the interview and hence whether they were in need of any additional psychological support.

The researcher ensured that participants had her contact details in order that they could reach her afterward with any questions or concerns about their participation in the interview. Participants were advised that the researcher would make contact with them within a period of six months in order to establish whether they would like to meet again to examine their interview transcripts and to check out the researcher's interpretations of their data.

   3.3.3.   Transcription and analysis of interview data.

The researcher used the digital recordings of each individual interview to produce typed transcripts[6] including all words spoken by both the researcher and the participant, pauses and laughter. The approach taken to transcription was informed by the methodology to be applied to their analysis, namely IPA (O'Connell & Kowal, 1995).

Having read through the transcripts, the researcher then began the data analysis process. Initially this involved working through each transcript, one at a time, and commenting line-by-line on the participants' spoken words in three steps as recommended by Smith et al. (2009). The first step was to make descriptive comments about the participants' account, the second was to note any information about the language used by the participants and the third was to make more interpretative comments about the data. From here, themes were identified, again beginning at the

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[6] All typed transcripts are available as an Addendum to the research report.

individual transcript level, and enabling the identification of patterns and contradictions or differences within each account. This process is represented in Figure 1 with an excerpt from Michael's interview. Comparison of themes and patterns across accounts then served to establish recurrent themes and variations between participants.

Emergent Themes	Interview Text	Descriptive, linguistic & interpretative commmentary
Desperation to find meaning: Engaging in an internal battle	*"I think, Helen, it really affected me, coz I'm not err, a, a specialist in any... psychological way... But err, I really f-, I really felt err, that something in me was err, whether it was... err, a curse or... even something."*	1.Psychological well-being affected by experiences – interprets this as a 'curse'. 2. Appeals to me: this is important, needs me to listen. 3. An inner striving to understand and make sense of this experience – what does it mean about him? His cultural context leads him to conclude that it is a 'curse', rather than seeing it as 'psychological disturbance' as result of experiences

Figure 1: Example of analysis taken from Michael's interview.

3.3.4. *Integrating findings with theory and the use of IPT.*

In order to ensure that data analysis remained grounded in participants' accounts, it was not until after the themes had been generated that identity theories were applied to their interpretation. At this stage the researcher considered a range of theories and models within the psychological and sociological literature on identity and identity processes. These included, but were not limited to, Identity Theory (Stryker, 1968; 1987; 2000), Social Identity Theory (Tajfel & Turner, 1986) and psychodynamic theories of identity such as that proposed by Erikson (1959). From amongst this literature, Identity Process Theory (IPT, Breakwell, 1986) emerged as a useful framework for understanding the phenomena that participants had described.

IPT was considered advantageous over other models due to the fact that it provides a comprehensive psychological explanation of how interactions between the social and

the individual affect identity structures. Hence it helped to make sense of why participants' experiences had impacted upon them in the way that they had. Also, its emphasis on identity *processes* rather than specific identity content meant that it was flexible enough to account for individual differences in managing the impacts of these experiences.

A further advantage of using the IPT framework was that it combines, rather than contradicts other identity theories. The researcher was therefore able to draw more broadly from the identity literature in making sense of participants' experiences, without undermining any understandings reached via the application of IPT.

Finally, the flexibility of the IPT framework has enabled its application to non-Western populations (Vignoles, Chrysschoou & Breakwell, 2000) and it has previously proved useful in understanding identity processes amongst refugees and asylum seekers (Timotijevic & Breakwell, 2000).

3.3.5. *Reflection on the interpretative processes.*

Throughout the process of analysis, the researcher made use of research supervision as a means of validating or challenging her interpretations and in order to reflect upon her personal influences on the process. Further member validation was sought by offering all participants the opportunity to review and comment upon whether the researcher's interpretations of the data reflected their lived experiences. Two participants responded to this invitation and were each presented with a table of the themes that had emerged within and across the interviews (Appendix I). This process did not result in any further alterations to the themes identified by the researcher.

3.4. *Ethical Considerations*

Ethical approval for the current study was granted by Nottingham Research Ethics

Committee in March 2009 (Appendix J). Permission to conduct the study was also

obtained from the local NHS Trust Research and Development department, who acted

as a managing body for the project. This was granted in December 2008.

Participant information leaflets explained the voluntary nature of the study, the

measures taken to ensure participant confidentiality and stressed that taking part in an

interview would have no bearing on individual asylum applications. A debrief at the

end of each interview was used to enquire about and assess for signs of participant

distress following the interviews. Local NHS practice therapists working with asylum

seekers had offered to provide psychological support to any individuals who had been

negatively affected by their participation in the research. Fortunately it was not

necessary to make use of this facility.

4. Results

4.1. Making Sense of the Findings

4.1.1. Overview of themes.

A total of 19 themes emerged from the data analysis, which were then organised

into 6 super-ordinate themes (Table 2). Each theme is described below and illustrated

with example quotations taken from the pseudonymised[7] interview transcripts. Table 3

provides a summary of how grammar is used within the quotations. Space within the

current report does not permit the illustration of each theme for each participant.

However, Appendix I indicates where evidence of each theme can be found within the

individual transcripts.

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[7] All names and place names have been changed in the transcripts to ensure anonymity of
participants.

Superordinate themes	Themes
Nostalgia for the remembered self	Having a secure base
	Having freedom to create own identity & a positive self-image
	Contributing to the greater good
Erosion of the self	Being a failure and the meaning of belonging to a country in decline
	Fighting for the individual and collective identity
	Freedom and agency destroyed
	Leaving the self behind
The pain and turmoil of losing oneself	Struggling to survive in the absence of past, present and future
	Isolation and the pain of lost connections
	Disconnectedness and the loss of social roles
Powerlessness	Feeling trapped and being in limbo
	Dependency and having no personal agency
	The impact of having no control
	Desperation to find meaning
Identifying as an 'Asylum Seeker'	Internalising negative stereotypes
Renegotiating the self	Reconnecting with the remembered self
	Finding inner strength
	Finding meaning beyond the self

Table 2: Themes emerging from the interviews

Symbol	Meaning
...	Indicates a pause in participant's speech, or the omission of an affirmative noise/comment made by the interviewer.
[ ]	Words spoken by the participant have been omitted from the quotation in order to enhance clarity for the reader.
[text]	Words have been added by the researcher so as to clarify the meaning of the quotation for the reader.

Table 3: Use of grammar in quotations

4.1.2. Interpretation of results.

After having analysed the data, themes were interpreted with reference to psychological theories of identity. In particular, Identity Process Theory (IPT; Breakwell, 1986) emerged as a useful framework for making sense of participants' accounts. IPT proposes that individuals are motivated to employ coping strategies if their self-esteem, self-efficacy, distinctiveness or continuity, and hence their identity structure, are threatened. IPT offers a flexible framework of identity processes that combines social and psychological models of identity. Its emphasis on the reflexive nature of identity processes (Breakwell, 2001) makes it particularly compatible with IPA and it has previously been applied to the analysis of identity processes in studies employing an IPA methodology (Riggs & Coyle, 2002; Timotijevic & Breakwell, 2000).

4.2. Theme 1: Nostalgia for the Remembered Self

When recalling their life in Zimbabwe before coming to the UK, participants all talked about positive aspects of their experience that they no longer had access to. IPT would propose that as retrospective accounts, these recollections reveal as much about what was of importance to participants' identity structures *at the time of interview* rather

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than of what was most important to them when they lived in Zimbabwe (Breakwell, 1986). It seemed that they were not only remembering how their lives used to be, but that they were also talking about what they did not have now as individuals seeking asylum in the UK.

4.2.1.   *Having a secure base.*

Several participants remembered themselves as having had a sense of happiness and security when living in Zimbabwe. Some described this in terms of material security, as in the following extract from Dumisani's interview:

"The life beyond my business was so wonderful, [ ] I managed to pay off my umm, my house. Where I was renting, I [ ] could pay off my rent for, for a year... In advance." (Dumisani: 37-42).

Other participants, like Lloyd, referred to the security and emotional benefits of having family and friends around them:

"I would say it's good [to be part of a big family] coz, you know when you are like together there in the house, [ ] you talk a lot. And you know, you don't... Really feel like, stressed, or depressed, or anything." (Lloyd: 203-205).

The experience of living in a relatively stable country was also mentioned as contributing to an overall sense of security for some, as outlined here by Adam:

"Things were fine. To be true. If I, if I could tell you from 1980 [ ] when we took over the country. Zimbabwe was taken over. Things were fine." (Adam: 212-213).

Whilst the source of participants' remembered sense of security varied, it was a common theme across all interviews and something that seemed to have been important in contributing to a positive sense of self, either at the individual, or at the collective level. If interpreted from within an IPT framework, the security that participants recalled having had in Zimbabwe may have played a significant role in enabling them to develop a sense of what was expected of them socially, of what would be valued by others in that context and hence what would be required in order to develop a distinctive sense of self about which they could feel positive (Breakwell, 2001).

4.2.2.   Having freedom to create own identity and a positive self-image.

In relation to having existed in 'secure' environments, participants recalled having had a sense of potential and the drive or means to pursue their plans. Predominantly, participants spoke about this in terms of their vocational aspirations, as illustrated here by Farai and Michael:

"I went to college, I did accounting then... I got a job in the, minis-, working in the field which I was interested in... It was really, exactly what I wanted." (Farai: 28-32).

"Err, I'd say... my life, back home, I was just err... I'd just finished college... And err, started teaching, and also, umm, lots of aspirations about what to... As a [ ] man who was venturing into the world." (Michael: 4-8).

These excerpts demonstrate how participants remembered a time when they were free to construct their lives as they wanted them to be and consequently had hope for the future and identities that they felt positive about. This might be explained with

reference to the notion of 'possible selves', which are proposed to be internal representations that each individual has of what they could potentially become (Markus and Nurius, 1986; Hooker, 1999). As free agents, participants were able to engage in actions that would bring them closer to their positive, or 'ideal', possible selves and further away from negative or feared possible selves. Hence, they felt positive about themselves as they perceived their current selves to be working toward the achievement of their ideal selves.

As well as having had a positive sense of themselves, participants also felt that others had viewed them positively, as illustrated here by Dumisani:

"When I was in Zimbabwe, I was a well respected person." (Dumisani: 919).

The notion of possible selves can also account for participants' memories that others' held a positive perception of them. Possible selves are created in part according to what is valued within the individuals' social and cultural context (Unemori, Omoregie & Markus, 2004). Therefore by acting to realise their ideal selves, it is likely that participants were also acting in accordance with shared social values that would have also been respected by others. Participants' emphasis on their academic or occupational achievements is unsurprising given the cultural importance of responsibility and economic success for Zimbabwean males (Mhloyi, 1998).

4.2.3. *Contributing to the greater good.*

Many participants recalled a key component of their positive sense of self having been derived from making a contribution to their family, to their community or to society as a whole. As well as making reference to their vocational roles, many participants also spoke about the contributions they made via other social roles. For

example, the role as a male within the family seemed to be particularly significant to Michael, as it was for other participants:

"Err, you know, in err, African life, a, a m-, a boy is err... is considered a breadwinner. Even if [ ] he has a sister. I had to be [the breadwinner] because I am the eldest son." (Michael: 324-325).

When asked if he enjoyed this role, he went on to say:

"Yeh, it's actually... we, we, it's prestige in, in our country." (Michael: 333).

Other participants talked about how contributing at a societal level gave them a positive sense of self. This is demonstrated in the following excerpt where Tenny talks about his involvement in a government project:

"I remember, err I was the youngest guy in the room and there was this blue print of what, what, err what Zimbabwe looked like, [ ] what Zimbabwe was then. You know and what it was going to be. I will never, I, I, I don't, I will never forget that day, I was so proud." (Tenny: 128-131).

Whilst not all participants had described engaging with society at a national level like Tenny, it seemed that contributing to a social system was remembered as an important factor for all in having had a sense of emotional well-being.

Identity Theory (Stryker, 1968, 1987, 2000) proposes that individuals' actions are motivated by the pursuit of social validation for the aspects of their identities that they

attach a positive value to. It seemed probable that the opportunities that participants recalled having had to contribute to the social systems around them, be that their family, their community or their country, provided them with positive feedback about themselves and their identities and was hence a source of psychological well-being.

4.3. Theme 2: Erosion of the Self

Having recalled a period of stability and well-being, all participants went on to talk about how their personal security had been threatened by the changing political and economic situation in Zimbabwe.

4.3.1. *Being a failure and the meaning of belonging to a country in decline.*

Developing a sense of themselves as a failure was something that was recalled by many participants. For Tenny, as for others, the country's decline and a discourse about it becoming another failed African nation seemed to have been internalised:

"There were just cars after cars... Of people leaving. And, that, impact [ ] deep down in me, was the fact that this country was never going to succeed." (Tenny: 79-83).

Adam recalled hearing people talk about Zimbabwe's decline and saying,

" 'The way we're going I think we're going to be just like another African basket case'." (Adam: 329).

Many participants also talked about a sense of personal failure due to the impact of the political and economic situation on their ability to earn money or to work. This is

conveyed in the following quotations taken from Adam and Johnsons' interviews:

"It, ah, it's affecting me because, for someone who's been working for a company...
Now he's owning his own company... Now it looks like I'm failing... That's the first
thing I thought, 'I'm a failure'." (Adam: 652-658).

"It was quite a depressing experience... Err, when you set yourself some goals,
some targets, and you are hoping that... by this time, by 2008 I should have
finished... And err, that didn't happen." (Johnson: 54-59).

Although participants' goals had been limited by factors beyond their own
individual control many still described having internalised a negative sense of
themselves and having had a belief that they should have achieved more. Returning
again to the notion of 'possible selves', this might be explained in terms of a lack of
movement toward, or even movement away from their ideal selves (Markus & Nurius,
1986; Cross & Markus, 1991).

4.3.2.   Fighting for the individual and collective identity.

All participants described their efforts to counter external factors related to the
economic and political climate in Zimbabwe that were impacting negatively on their
sense of self, either at the individual or at the collective level. For many this involved
engaging in political activity in opposition to the government, as illustrated in the
following extract from Lloyd's interview:

"Then when we went and joined [the MDC], we were putting posters, [ ] you know
for, people campaigning for work. You know about work, you're saying you know

that, you know, people they need better wages and stuff." (Lloyd: 816-818).

Citing Tajfel (1978), Breakwell (1986) described how when situated within a social group that is being undermined, one strategy that individuals may use to protect their identity, is to try and influence the social standing of the group. Lloyd and several other participants described having tried to increase the power of their group relative to the government. It seemed that through expressing their beliefs they were trying to maintain some control and power over their individual and collective destinies.

4.3.3.   Freedom and agency destroyed.

For all participants in the current study, oppression and persecution by the government meant that their individual and collective struggles to preserve their freedom were unsuccessful. For some their sense of personal agency was undermined gradually, as with Adam who managed to continue to run his own business and be actively involved in the MDC for some time before being so closely observed by the government that he began to fear for his life:

"So Mugabe saw us now as opposition. So what he tended to do was to... to send his guys and... demand money from us... And then, first days, we used to, give the money. Then, as time went on, they demanded more and more money, but, the company at the same time was getting poorer and poorer. So he demanded more money, we don't have the money... So the moment you whinge about giving them the money, say you don't have the money, then you, you are in trouble... That's how it started. And they pin-pointed me and my company because I was marketing director. They pinpointed me as the chief culprit of, supporting the, MDC, [ ] So from there on, I was being trailed, and... tailed wherever I go." (Adam: 58-73).

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For other participants, their sense of freedom and agency to express their beliefs and pursue their interests in life were halted more abruptly, as with Lloyd:

"The soldiers came [ ] they... beat me up, with my mate, and some other people. We... they took us, to the police station, where you know, we had to, to be interrogated as well... And tortured... I was young at the time, and I didn't expect that to happen to me, you know." (Lloyd: 898-904).

For Lloyd, who had described previous experiences of using his charm and character to negotiate his way out of trouble with authority figures at school, the experience of being tortured and interrogated for having voiced his political opinions came as a world-shattering shock. For all participants however, whether their sense of personal agency was eroded gradually or suddenly, they were forced to confront a different sense of themselves and their ability to navigate the world in which they lived. They recalled having moved from a position of feeling safe and secure to feeling fearful and very limited in the choices available to them.

4.3.4.   Leaving the self behind.

As a consequence of these experiences, participants described reaching a point where they felt that their only chance of physical survival depended upon them leaving behind their former life and the things that had made up their sense of identity. Like others, Farai described fearing for his life:

"So, umm, there was umm, an incident when they, my friend just went missing. So, it didn't go well with me... I just, you know, thought maybe I might be the next... Then I jus-, suddenly I decided to leave." (Farai: 237-242).

For many people this was a hasty departure with little time to plan or prepare. Dumisani, who had been closely trailed by the authorities for some time, left Zimbabwe within one week of making the decision to go:

"It-, it didn't give me enough time to err, sort my family out or to do anything... So I just went off, just like that. It was, err, it was not an easy decision, but, I was left with no choice." (Dumisani: 295-298).

Without exception all participants recalled having felt they had no choice but to leave Zimbabwe due to fearing for their physical safety. Leaving Zimbabwe also meant leaving their former lives and accompanying futures as illustrated by Farai:

"I left my family... I left my job, I left my future, I left everything." (Farai: 281-283).

This captured the sense shared by other participants that in choosing to preserve their physical safety, they had been forced into sacrificing everything else.

4.4.   Theme 3: The Pain and Turmoil of Having Lost Oneself

Participants talked about a variety of psychological experiences caused by the erosion of their former sense of self and their separation from their life in Zimbabwe.

  4.4.1.   Struggling to survive in the absence of past, present and future.

Many described a state of confusion and uncertainty on arriving in the UK, which was particularly pronounced in those individuals who had been more dramatically severed from their former existences. When asked, "So what was it like for you when

you first came to England?", Lloyd, who had been tortured in Zimbabwe, described a loss of sense of self and said that there was:

"... confusion. A lot of confusion... lost confidence... You know. Everything changed. My mind changed." (Lloyd: 1019-1023).

Michael, who had recently been married and who lost all contact with his wife and children upon arrival in the UK also described a state of confusion:

"I was not knowing exactly what, what is happening... Yeh. I was really confused... Not sure about myself, or what would happen about with me." (Michael: 254-258).

Papadopoulos (2007) described this type of confusion as common to refugees who have experienced significant adversity. He suggested that, 'The adversity experiences are so overwhelming that they tend to erase most previous experiences.' (pp. 304). Alongside the confusion and uncertainty about their own identities that had been brought about by being separated from their past lives and accompanying futures, participants also talked about the pain that this caused them. The loss of their past is illustrated here by Johnson's description of his feeling upon arriving in the UK that,

"Everything is shattered." (Johnson: 415).

Tenny also felt that in losing his past, he had lost his future too:

"It's difficult to say, I'm never going to be the man I w-, I w-, always, always intended to be." (Tenny: 1759).

In having been uprooted from their former existences, Tenny and other participants seemed to have been describing a sense that the identity work they'd already done had been wasted and for some, that their 'ideal' selves (Markus & Nurius, 1986) were now permanently unachievable.

4.4.2. *Isolation and the pain of lost connections.*

Participants also talked about a feeling of isolation and pain at being separated from loved ones. This is outlined here by Michael:

"When you leave your, your, your family, and then wish err, something is going to happen that will bring them to you... It may be very very very very very painful [ ] it really affected me. Quite severe." (Michael: 213-218).

For others, like Johnson, it was not just the loss of human relationships that was significant, but also that of losing a secure connection to Zimbabwe:

"Even now, the first thing I do, I go to the internet, I check all the newspapers, what are they saying about home?... Because, umm... home is best. And umm... I, I... don't see myself err... being resident elsewhere... So... it's, the, the kind of connection, [ ] I have that kind of emotional attachment to, err that, the, the environment and err, err, the people, and, everything there is." (Johnson: 1580-1589).

Although Johnson had been in the UK for many years, he still felt connected to Zimbabwe. This suggests that part of his identity was still tied up with his home country, to which he now didn't know whether he would ever be able to return.

4.4.3.   Disconnectedness and the loss of social roles.

The loss of social roles also had a negative psychological impact for several participants, as illustrated here by Johnson:

"So, y-, you begin to... say to yourself, 'So, how best can I... be relevant to... my family? To my relatives?' Err... Then you sort of... fail to... even convince yourself, that err... there is still hope." (Johnson: 1100-1102).

The sense of helplessness that participants had in relation to their family roles was exacerbated by being unable to work whilst seeking asylum in the UK. Dumisani, like others, talked about his sense of guilt, shame and regret at being unable to provide for his family. He said he felt like he was,

"...more than a burden, far far useless." (Dumisani: 716).

According to Identity Theory (Stryker, 1968), social roles have impacts for people's self-esteem and psychological well-being (Thoits, 1991) and hence losing a role central to one's sense of self can impact negatively on self-esteem (Wiley, 1991). Participants' responses to the loss of the 'breadwinner' role suggested that it had been an important component in their sense of identity as Zimbabwean males, which is consistent with descriptions elsewhere of the Zimbabwean masculine identity (Mhloyi, 1998).

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4.5.   Theme 4: Powerlessness

Participants described a pervasive sense of powerlessness induced by the restrictions imposed upon them as asylum seekers, as illustrated here by Johnson:

"Being an asylum seeker, as I have said... It err... takes away your identity. And... i-, it takes away... your... mental strength... And umm... the... power to, do something for yourself. Y-, you, you're sort of powerless." (Johnson: 1546-1550).

The sense of powerlessness that came through in participants' accounts of seeking asylum seemed to come from many sources.

4.5.1.   Feeling trapped and being in limbo.

The majority of participants described feeling as if they were imprisoned by the process of seeking asylum and the limitations that it placed upon them, as captured here by Farai:

"You're like someone who is just in a, in a cell really. Your life is... it's trapped. You can't do anything." (Farai: 645-647).

Participants described feeling that there were no opportunities for them and that their lives were 'on hold' until a decision was reached about their asylum claim, as illustrated by Dumisani:

"Myself... I'm not going anywhere. [ ] I'm on z, I'm on reserve. On minus zero." (Dumisani: 767-768).

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This quotation reflected a sense of being 'stuck' that was shared by all participants and which induced a sense of personal failure, as Michael described:

"My life hasn't been err, hasn't got to a stage where err, I wished it would get to [ ] I f-, I feel I haven't done well... In terms of what I had wished in life." (Michael: 1221-1229).

Participants talked about this sense of failure and lack of purpose being exacerbated by having nothing to do all day due to not being allowed to work. Tenny described his experience of daily existence:

"What do you do from 9 'til 3?... You go to the library, look at... you go to the library get, you look at one email. You got one hour. To look at the email. Then that's it. You come back. You're walking up and down. You know. What do you do?" (Tenny: 1191-1195).

The negative impact of having nothing to do all day was also identified in a sample of asylum seekers in the Netherlands, many of whom turned to drug abuse as a means of 'killing time' (Dupont, Kaplan, Verbraeck, Braam & van de Wijngaart, 2005).

4.5.2. *Dependency and having no personal agency.*

All participants described a sense of helplessness caused by their dependency on the outcome of their asylum claim, on the state and on others generally. This may have been particularly threatening to their identities given that they had grown up within a culture where males were expected to always provide for others (Mhloyi, 1998).

Adam talked of his dependency on the Home Office and about having to tolerate

errors made in processing his claim:

"Then in err, January, January I've got... a letter from the Home Office... saying, err, there've been problems. Err, there was communication breakdown because, the lady who interviewed me left and [ ] everything had been misplaced. And the new guy who took over, there'd been problems and that." (Adam: 1088- 1092).

Adam felt unable to challenge the mistakes for fear that it would jeopardise his asylum claim:

"If I am to say anything, fight with the Home Office... Then I lose my case." (Adam: 1054-1057).

The sense of helpless dependency conveyed in these quotations was shared by other participants, who felt frustrated and yet powerless to do anything about it. Some spoke about the way in which the infrastructure in the UK seemed designed to induce dependency and to prevent them from finding their own means of surviving, as outlined here by Dumisani:

"Because you will find that is the problem in this country. You cannot manoeuvre to get yourself umm, sustainable, or to say, 'Ok fine, now I'm, these days I'm not working... Let me try to do umm... some [ ] vegetable vending or... shoe making.' You can't do that in this country. That is not there in the infrastructure." (Dumisani: 809-812).

Being forced to rely on the state or on others led many participants not only to feel helpless but also to feel guilty about being unable to contribute to society, as expressed here by Tenny:

"You still feel guilty... You still want to be part of society. You still want to, you know, to, to, to pay your ways, you know what I mean... You still feel guilty. How do you... you know, how do you live with that?" (P1: 1552-1557).

All other participants also described examples of their attempts to regain some control over their lives and a positive identity being frustrated. Gecas and Schwalbe (1983) proposed that self-esteem derives from individual actions that are perceived to be effective and hence provide evidence of personal agency. Whilst many participants described ways in which they had attempted to regain a sense of agency, these attempts had generally been in vain due to the limitations imposed by their status as asylum seekers. From an IPT perspective, the legal restrictions placed upon participants served to reinforce threats to their self-efficacy, their self-esteem and hence to their personal identities. Furthermore, they limited their capacity to cope with these threats (Breakwell, 1986).

4.5.3.   The impact of having no control.

The powerlessness induced by having no agency over their own lives and identities was experienced as almost too much to bear for some participants. All of them described feeling so low that it had a significant impact on their psychological well-being, as described here by Farai:

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"It's [the most] stressful umm... experience I'd ever, encountered in my life,

honestly... The most stressful... Yeh. The whole experience. Really depressing."

(Farai: 672-677).

The majority of participants recalled reaching a point where they were so low that

they contemplated ending their own lives as was the case for Lloyd:

"I had, I had suicidal thoughts before. Thinking, you know, 'What's the purpose of

living?'" (Lloyd: 789-790, 2).

This finding was consistent with evidence suggesting that suicide rates are high

amongst asylum seekers in the UK (Cohen, 2008) and might be understood as a

consequence of having exhausted all available strategies to cope with the threats to their

identities. Consequently, the only remaining option was to manage the threats by

accepting them into the identity structure resulting in 'fundamental change' (Breakwell,

1986). Whilst this strategy serves to alleviate the anxiety associated with the threat, the

down side is a negative shift in the individual's sense of self; in this case a shift that was

significant enough to induce severe psychological distress.

4.5.4. *Desperation to find meaning.*

It seemed that in the absence of any freedom to change their circumstances,

participants had no practical means of alleviating the threats to their sense of self caused

by seeking asylum. As a consequence, they could only try and counter them by

investing mental effort in trying to locate the blame for their current situation outside of

themselves and hence to avoid it threatening their identity structure. This process was

made difficult by the ongoing evidence of the lived realities of their daily lives, as was

the case for Johnson:

 "I have had time to, to question my... myself and say err... 'Have I made the right

decisions?' Err, but then you will say, 'But, did I have my choice?' And err... then

you'll say, 'But is this the, best way?' Then again come back to the same point, and

say, 'What could I have done better?... Or differently?'." (Johnson: 1010-1013).

Like the asylum seekers and refugees from the former Yugoslavia in Timotijevic &

Breakwell's (2000) study, participants were forced to manage an ongoing internal battle

with chronic threats to their identities.

4.6.   Theme 5: Identifying as an 'Asylum Seeker'

All but two participants talked about how the experience of being labelled as an

asylum seeker impacted upon their sense of self. It seemed that they had come to

internalise negative social representations of asylum seekers. Tenny described himself

as feeling,

"Cheap. Because, because [ ] there's this, image... pu-, err, that's put on people

who don't work, who, and just claim, expenses. You know what I mean. Ahh and

even worse than that, I-, I-, I'm an Asylum Seeker. You know. A word. That

word's a lot." (Tenny: 1199-1202).

Moscovici (1981; 2001) proposed the notion of 'social representations', which are

shared concepts or explanations that enable the categorisation and interpretation of

social phenomena. In the UK, current social representations of asylum seekers are

predominantly negative. Via promotion through the mass media, they portray asylum seekers as, for example, scroungers (Refugee Action, 2007) and terrorists (Refugee Action, 2009). Citing Tajfel (1981), Breakwell (1986) noted that individuals cannot avoid internalising social values and hence threats to identity will arise when an individual recognises that negative social representations are attached to the group to which they belong. This will lead to negative distinctiveness and reduced self-esteem. This was manifested by participants in the current study who talked about feeling as if the label 'asylum seeker' meant that they were somehow less human than other members of society. This is illustrated here by Lloyd and Johnson:

"I don't like err, the term Asylum Seeker, you know... It umm... discriminates, people, from people... Yeh. You see... So you're like, half people." (Lloyd: 587-594, 2).

"I-, it's like you have gone through another tier in terms of you being a, a... err, human... Err, so... you look at yourself as a second class, citizen." (Johnson: 1349-1352).

This sense of shame about themselves led individuals to try and hide the fact that they were seeking asylum from others, as illustrated by Michael:

"I would even sometimes err... not say that I'm asylum seeker to some people. Because, I felt very low, because err... some [ ] feel, an asylum seeker is someone who is intruding a place." (Michael: 1011-1014).

As well as trying to hide this label from others, participants also talked about their unsuccessful struggles to try and *resist* the label and its negative connotations. Tenny said of the label 'asylum seeker':

"You can't run away from it... Every day it's, it's in your face. You've got to accept it." (Tenny: 1215-1217).

According to IPT, an individual might counter the threat induced by a negative social representation in a number of ways, such as moving out of the negatively evaluated group, placing greater personal emphasis on other group memberships or aspects of their identity, or focusing on more positive representations that exist about their group in order to override the dominant and negative social representation (Breakwell, 1986). In the case of individuals seeking asylum however, these strategies are not readily available. They have no choice but to remain as 'asylum seekers' until their claims are processed. Furthermore, due to their dependency on the state, they are not in a position to engage in actions, such as seeking employment, that would demonstrate to themselves or others that the dominant representation of 'scrounger' does not apply to them as individuals (Breakwell, 2001).

4.7.   *Theme 6: Renegotiating the Self*

Amidst their struggles, all participants described ways in which they had managed to regain or retain something of a positive sense of self and to feel that this was worth living for.

4.7.1. *Reconnecting with the remembered self.*

Family, and in some cases friends, seemed to play a particularly important role in

helping people to reconnect with their former self and to recover aspects of their familial roles. Michael described how he had felt since regaining contact with his relatives and being consulted again as head of the family:

"It reminds me of the old days, yeh... Yeh, I feel good." (Michael: 825-827).

From an IPT perspective, the reestablishment of social roles would have reinstated a sense of continuity, positive distinctiveness, self-esteem and self-efficacy and hence have had a positive impact on identity (Breakwell, 1986). Participants also talked about the importance of feeling emotionally supported by family as described here by Lloyd:

"Yeh, family is very important. Yeh... Yeh, my, my... brother lives here, [ ] So, I, I'm always with him, all the time... You know, they give me support." (Lloyd: 293-298, 2).

Access to emotional support has frequently been identified as an important factor in promoting coping at times of stress (Bloom, 1990) and a lack of it has been linked to psychological distress in forced migrant populations (Gorst-Unsworth & Goldenberg, 1998; Schweitzer, Melville, Steel & Lacherez, 2006).

Aside from contact with family, it seemed that being able to talk to people generally about their experiences was important to participants, as illustrated here by Farai:

"Yeh... at least if you talk it's... take it out, like, as I've said before, you, taking a lot of your, at least talking, err, having someone listen to you... It helps. I think it's a good, good experience." (Farai: 1459-1462).

It seemed that being able to share their stories helped to bolster people's sense of self-esteem. One way of explaining this is that by disclosing personal information to others and receiving acceptance and empathy, participants received validation about central aspects of themselves, as was the case for the Hmong refugees studied by Goodkind (2006). Blackwell (1997) also discussed the healing value for refugees of having someone 'bear witness' to their stories.

Participants reported particular value in having discovered others with whom they had shared similar experiences, as outlined by Adam:

"We shared our problems, and then it would be that, 'Ah, even though I coming from Zimbabwe, [ ] people got worse problems than me... Mine is not a problem'." (Adam: 1206-1210).

Like the young unemployed studied by Breakwell (1984), it may have been the case that contact with other individuals in the same situation as themselves helped participants to recognise and accept the external factors that had contributed to their situations rather than attributing them to their own faults or failures. Additionally, participants may have gained a positive sense of individual distinctiveness within a social group of other asylum seekers. This is in contrast to being 'lumped together' with all other asylum seekers and hence having no sense of themselves as unique, as found in Timotejevic and Breakwell's (2000) sample of Eastern European immigrants. Several participants talked about ways in which they attempted to share their unique identities with others. For example Tenny, whose sense of self was very much tied up with Zimbabwe, found a way to share Zimbabwean culture with others:

"We've got this err, programme where we, we, we call it 'Eaten It'. Where we cook our stuff. Our food... And we invite people around... And we actually ask people not to, judge the food. You know what I mean... Try it... You know what I mean. And then, ask questions." (Tenny: 1897-1906).

Others found that they could reconnect with a positive sense of themselves through pursuing previous interests and applying formerly acquired skills and knowledge, as was the case for Johnson:

"I have found News AS err, providing me with that kind of avenue, that kind of platform... To, do the things that I thought I could have done if I had finished my, my studies, and... err, went back home... To do, the things that I had planned to do." (Johnson: 1285-1291).

There was a real value for people in having access to activities that enabled them to exercise their skills, talents and interests and in doing so, to reconnect with aspects of themselves that they felt good about. From an IPT perspective this presumably acted to alleviate threats to their identities by providing a valuable source of self-esteem and continuity.

4.7.2. *Finding inner strength.*

Given the constraints of participants' situations, opportunities for demonstrating their abilities were few and far between. However, many participants also made use of intra-psychic coping strategies to bolster their sense of self-esteem, such as conceptualising themselves as strong. This was captured in the following quotation from Dumisani's interview:

"Like I said to you earlier on, if it was not a question of umm... experiencing hard life back home before the independence... If I had err, umm... err, come into this country, wanting it easily, [I might have] committed suicide. Because things will be so tough for you." (Dumisani: 805-807).

Participants also talked about finding strength through identifying positives in their experiences. Michael talked about his self-development whilst seeking asylum in England. He said,

"I have learnt a lot of things in this country." (Michael: 1206).

For Michael, having the opportunity to help out on a friend's farm gave him experience that he hoped to transfer back onto his family's farm in Zimbabwe, thus giving him hope of accessing a more positive sense of self in the future. Several other participants also spoke of holding hope for their future identities, as illustrated here by Lloyd:

"I want to enjoy life to the fullest... With no restrictions, I want to, travel... You know. I want, that's my dream you know, I want to see the world, before I die... Yeh. Umm... so I wanna have a career as well, get married... Have children. You know... err... have a nice house." (P5: 707-716, 2).

Porter, Markus & Nurius (1984; as cited in Markus & Nurius, 1986) demonstrated a link between recovery from a life trauma and having access to positive *possible* self representations even when *current* self representations were still negative. Therefore

one might deduce that even whilst participants' current identities were still under threat, being able to access the possibility that their lives might look different in the future served to improve their psychological well-being.

4.7.3. *Finding meaning beyond the self.*

Finally, participants described how the hardships that they had endured had resulted in them moving beyond themselves as individuals and finding meaning in something bigger. They described how this had a positive impact on their psychological well-being and ability to endure the process of seeking asylum. For some this was about surviving for the sake of family, as expressed by Tenny:

"...sometimes maybe because I've got a kid, I've got to be strong... It has to [keep me going]... I've got to be strong, you know. It-, it's nice." (Tenny: 1933-1937).

Participants also talked about attaining a sense of purpose and positive identity through being able to help and support others, as described by Johnson:

"If I can do something that has a direct impact to somebody, in a positive way... Then I feel, I feel, umm... there is this err... feel good factor about... about that." (Johnson: 1281-1285).

The 'feel good factor' that Johnson described might be understood with reference to Garland, Hume and Majid's (2002) recognition that being able to support others engendered a sense of personal agency in refugees in a group therapy setting, and hence reduced their sense of helplessness.

Other participants described attaining positive feelings about themselves as a result

of a process of inner change, whereby they came to have a different view of their place within the world and of what was important to them. Adam, who had previously been quite materialistic, came to value the importance of relationships, as expressed here:

"I woke up and started having a different view to life. I said, "Money is not, all your life. Relationships. Started having relationships." (P2: 1202-1204).

Adam also found support through religion and belonging to a religious community, as did Lloyd:

"I can [feel] a change, you know, in my life, like, you know. Even though I've got, I don't have papers... And... I've gone through... ups and downs... Yeh. Umm... umm... I feel... comfort, in God." (Lloyd: 187-192, 2).

Religion can play an important role in promoting well-being through the social support mechanisms and sense of belonging that many religious communities offer (Levin, 1994). Additionally, religious beliefs may have played an important function for participants in helping them to attain a sense of meaning and purpose, as has been found elsewhere amongst refugee populations (Pavlish, 2005; Shoeb, Weinstein & Halpern, 2007). Given the restrictions imposed upon their lives due to their status as asylum seekers, opportunities for them to access a sense of meaning and purpose elsewhere were few and far between.

All participants in the current study talked about ways in which they were managing to survive the experience of seeking asylum. For some, they were not only surviving, but had developed a sense of personal growth as a result of the hardships they had faced

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and continued to experience. This fitted with Papadopoulos' (2007) notion of

Adversity-Activated Development (AAD), which proposes that the adversity

experienced by asylum seekers and refugees can potentially be an opportunity for

positive personal development.

5. Discussion

5.1. *Summary of findings.*

All participants in the current study spoke about experiencing a wide range of

threats to their identity that resulted in significant psychological distress. This was

consistent with findings that psychological difficulties are common amongst forced

migrant populations (Porter & Haslam, 2005).

Events prior to migration from Zimbabwe had caused disruption to participants'

identities, and the processes of migrating and of seeking asylum generally served to

exacerbate this. Legislative restrictions imposed upon participants whilst seeking

asylum in the UK, particularly being denied the right to seek employment, limited the

range of coping strategies available to them in managing the threats to their identity.

Consequently they were engaged in a constant struggle to manage chronic threats,

which had negative consequences for their psychological well-being. Whilst all

participants described strategies or resources that enabled them to continue in their

struggles, there were individual differences in the extent to which they were managing

to cope with the threats posed to their identity.

Such individual variation would be expected within an IPT framework, as each

individual would have had access to different intra- and inter-personal resources

(Breakwell, 1986; 2001). Findings from previous studies have suggested that age

(Miller et al., 2002; Westermeyer & Uecker, 1997), social capital prior to migration

(Carlsson, Mortensen & Kastrup, 2006; Fenta, Hyman & Noh, 2004) and length of time seeking asylum (Lie, Sveaass & Eilertsen, 2004; Beiser & Hou, 2001) may play a role in individuals' abilities to adapt following migration. The sample size in the current study was such that it was not possible to draw any conclusions regarding these factors. However, there was sufficient evidence to conclude that factors related to the post-migratory environment, including access to employment, availability of social support and the social meaning of being an asylum seeker, had significant impacts on how effectively individuals managed to negotiate their identities following forced migration.

Interestingly, previous studies have found that separation from family and friends was more highly correlated with psychological distress for female asylum seekers and refugees than for males (Fenta et al., 2004; Westermeyer & Uecker, 1997). However, a clear link was apparent for the males in the current study between loss of contact with family and psychological ill health. This seemed to be at least partially explicable in terms of the importance of Zimbabwean males' role within the family (Mhloyi, 1998). The loss of their families also meant the loss of an important role and hence threats to their self-esteem, positive distinctiveness, self-efficacy and self-esteem.

Consistent with findings elsewhere (Djuretic, Crawford & Weaver, 2007; Marshall, Schnell, Ellioott, Berthold & Chun, 2005), participants' cited unemployment whilst seeking asylum as a major contributory factor to their distress. This restriction prevented them from rebuilding their 'breadwinner' identity, an important identity for males within Zimbabwean culture (Mhloyi, 1998), and from being able to pursue their life goals. Furthermore, it left them dependent upon the state and with little power to counter the negative social representations that were imposed upon them as asylum seekers. Consequently, the range of coping strategies available for managing the threats that had been posed to their identities prior to migration was limited and further threats

were posed by the restrictions placed upon them. The emotional implications of this included feelings of shame, helplessness and hopelessness, which had led, for all, to significant psychological distress.

5.2.   *Methodological Considerations and Suggestions for Future Research*

5.2.1.   *Value of findings.*

A criticism often levelled at qualitative research is that findings cannot be generalised (see Willig, 2008 for discussion). This was true of the current study; the whole of the Zimbabwean asylum seeking population in the UK cannot be represented by the accounts of seven individuals. The small sample size also meant that it was not possible to explore the ways in which factors such as age, pre-migratory social capital or length of time seeking asylum interacted with identity and psychological well-being. However, the study was not intended to be representative, but rather to begin exploring, in depth, the ways in which identity issues affect the psychological health of individuals seeking asylum. Given the limited scope of the literature in this area to date, the current study can be seen as generating some valuable insights that are worthy of further exploration in other samples of asylum seekers. If more research is conducted along these lines, then hopefully a more comprehensive understanding of the psychological and social challenges affecting individuals seeking asylum can begin to be constructed.

5.2.2.   *Putting the findings in context*

Another methodological issue in the current study worthy of note related to the way in which the sample was recruited. Participants were approached via the local Zimbabwean Association, which may have meant that the sample was skewed in favour of those for whom their national identity was particularly salient. Additionally, the fact that all those who took part in the study were already in touch with their local national

community organisation made it likely that participants were less socially isolated than is the case for many asylum seekers (Silove, Steel, McGorry & Mohan, 1998). The fact that English was their first language would also have put them at a social advantage in comparison with many other asylum seekers (Tribe, 1999). Additionally, the hands-off approach used by the researcher meant that only those who actively chose to respond were pursued and included in the final sample. Consequently, participants were all actively interested in the research project and happy to reflect upon their experiences with a stranger, suggesting a reasonable degree of psychological health. Given the high levels of distrust often reported amongst asylum seekers (Silove et al., 2000) and the severity of psychological distress found amongst forced migrant populations (Porter & Haslam, 2005), it seemed reasonable to conclude that those who chose to take part in the current study may have been among the better-adjusted in the local asylum seeking population.

This has interesting implications when considering how the findings from the current study might relate to the wider population seeking asylum in the UK. Breakwell (1986) noted that, 'Psychiatric breakdown occurs only where the marginal position generates threats to identity which overwhelm the available coping strategies.' (pp.107). Although those in the current study had managed to avoid, or survive 'psychiatric breakdown', the processes of migrating and seeking asylum certainly generated threats to their identity and minimised their ability to cope with these threats. If one were to follow the above arguments and to assume that the participants in the current study had reasonably good psychological health in comparison with other individuals seeking asylum, then one reaches the conclusion that asylum seekers represent a high-risk group for psychiatric breakdown. Reliable statistics regarding the prevalence of psychiatric breakdown and suicide rates amongst asylum seekers in the UK are unavailable (Cohen,

2008), although there is certainly evidence that levels of serious mental illness are high amongst asylum seeking populations in western nations (Silove et al., 2000). Further research into the prevalence of psychiatric breakdown amongst asylum seekers in the UK and its relationship to identity threats and coping resources would be of value.

5.3.   Clinical Implications

In general terms, the findings of the current study suggested that the role of mental health professionals working with asylum seekers should be to minimise the threats caused to their identity by migrating and seeking asylum and to help them access as many effective strategies as possible for managing these threats (Breakwell, 1986).

At an individual psychotherapeutic level, providing asylum seekers with an environment in which they can begin to feel safe enough to tell their stories and to receive validation about their identities could be a particularly valuable use of therapists' time, as has been identified elsewhere (Blackwell, 1997). Across the course of therapy, work might focus upon helping individuals to reconnect with positive aspects of their identities and to generate hope by identifying positive future possible selves.

Although individual models of therapy potentially have a lot to offer in promoting psychological well-being in asylum seekers, many psychologists have also highlighted the value of employing group or community-based approaches in working with this client group (Miller, 1999; Tribe & Patel, 2007). Holland's (1988) Psychotherapy and Social Action Model (PSAM) provides a useful framework for thinking about how individual and community interventions might be used in conjunction with one another to benefit the psychological well-being of individuals seeking asylum. The application

of this model has proved valuable in promoting psychological health in other socially disadvantaged groups (Fenner, 1999; Melluish & Bulmer, 1999).

In brief, the PSAM suggests that a course of individual therapy might be followed by enabling people to come together in group settings in which they can recognise the social and cultural factors that have contributed to their difficulties. From here, groups might then be empowered to take social action to counter the impacts of such factors. The formation of such groups could also provide an arena in which people can receive social support and gain a sense of meaning and personal agency through helping and supporting others (Garland et al., 2002). By bringing people together around a shared interest, professionals can also help individuals to demonstrate their skills and to provide them with access to identities other than, 'asylum seeker'.

Given the evidence that the restrictions imposed upon asylum seekers by immigration legislation are damaging to their psychological well-being, one might argue that healthcare professionals have a duty to engage with immigration politics. The PSAM provides a framework which enables professionals to do just this, by helping to give voice to a group for whom organised social action to protect their identities might otherwise be a practical impossibility.

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Section D

Critical Appraisal

Submitted April 2010

By

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To the University of Leicester, School of Psychology, Clinical Section

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Doctorate in Clinical Psychology

1. Introduction

Given the interpretative and reflexive nature of qualitative research, it is widely acknowledged that researchers working within a qualitative methodology should reflect upon their personal influence on the research process and make these reflections available to their readers (Henwood & Pidgeon, 1992; Elliott, Fischer & Rennie, 1999; Mays & Pope, 2006). This paper is an account of my reflections on designing, conducting and writing up my doctoral thesis and is based upon notes kept in my personal research journal throughout the process.

2. Selection of Research Topic

2.1. Choosing to Conduct Research with Asylum Seekers

2.1.1. Interest in human rights

Alongside psychology, the promotion of human rights has long been a passion of mine and I regarded the doctoral thesis as an opportunity to combine these two interests. My interest in human rights developed during my adolescence and in 2001 I became an active member of Amnesty International. Across the course of my local voluntary work campaigning to raise awareness of human rights issues and via my attendance at Amnesty International UK Section conferences, I was exposed to knowledge about the plight facing many asylum seekers both prior to, and following, their migration to the UK. The stories I had heard and cases I had come across evoked strong emotional responses in me, including sadness, shame, guilt and perhaps most of all, anger.

2.2.2. Experience of working with asylum seekers.

The emotional responses that had been evoked in me through the knowledge I had gained as an Amnesty International member were intensified by my experience of direct clinical work with asylum seekers during one of my first year clinical psychology

training placements. A key aspect of my role in this post was to deliver a sign-posting service for individuals who were seeking asylum and who wanted some assistance in accessing local services.

Across the course of this work I was struck by the enormity of the daily struggles that people were facing in trying to navigate the asylum system, to survive on a meagre, or even non-existent, income and to manage the emotional impact of the situation they found themselves in. I was, at times, overawed by individuals' capacity to continue in a new and unfamiliar environment after having lost their homes and in many cases, their families. Most of all I was impressed that people could cope with a daily existence that often involved no opportunities, no structure and no human contact. It seemed to me to be inevitable that people would develop serious mental health problems in such a situation and yet for many this was not the case.

As well as feeling angry and ashamed that our country was treating people like this, I also wanted to achieve a better understanding of what enabled people to survive these experiences and to explore factors that might account for individual differences in resilience throughout the process of seeking asylum. In particular I wanted to understand how being an asylum seeker and being unable to work or pursue other opportunities affected individuals' sense of self and hence their psychological well-being.

2.2.3. *Deepening my understanding.*

As noted by Stiles (1993), it is common for qualitative researchers to choose topics that have personal significance for them and it is important that they reflect upon this and its implications for the research process and findings. It was not initially apparent to me that the topic I had chosen had personal resonance for me, however this changed

when I began to engage in some once-weekly personal therapy from a psychodynamic orientation.

This course of therapy, which lasted for 10 months during my first year of clinical psychology training, greatly deepened my self-awareness and as a consequence I was able to reflect in a more profound way on why I had chosen to conduct my research with asylum seekers. I came to realise that one lasting impact of my early experiences was a tendency to tune-in to situations that induced a sense of powerlessness and lack of control in people. It seemed to be these particular aspects of the asylum-seeking experience that evoked the most powerful emotional reactions within me. Having come to this emotional realisation I was then able to attend to the way in which I responded to these particular aspects of participants' accounts, both during the interviews and at the analysis and interpretation stages. In the latter stages of the research process, I was particularly careful, where I saw evidence of themes related to control and power, to ensure that I stayed close to participants' accounts and that the interpretations I made were grounded in psychological theory.

2.2. Selection of a Qualitative Methodology

When I first began to think about conducting my doctoral thesis, I felt inclined toward selecting a research question that would best be addressed using a quantitative methodology. I had conducted quantitative research as an undergraduate psychologist and felt confident that I could manage another quantitative project. I also believed that I would find the process of using qualitative methodologies overwhelming due to my somewhat perfectionist nature.

However, the literature review that I conducted during my first year of clinical psychology training clearly suggested to me that the research questions I wanted to ask

would require the use of a qualitative design. At the same time, the clinical work I was engaging in on placement was a daily reminder to me of my interest in the richness and complexity of individual experience. I became aware that I may potentially enjoy and value the process of conducting qualitative research. However, my initial fears remained and it was therefore with a mixture of excitement and apprehension that I embarked upon a qualitative project.

3. Preparing to Conduct the Research

Previous experience of having conducted research, for example as an undergraduate student, had left me with an awareness of the need to plan and design a project carefully given the potential hurdles that can arise. I was therefore keen to give consideration to various aspects of my research prior to embarking on the 'action' stages of the project.

Having identified an academic supervisor who had previously supervised research with asylum seekers and refugees, my first step was to seek his advice regarding potential problems I might come across during the research process and things to consider when planning my project. Amongst other suggestions, he encouraged me to speak to previous trainees who had conducted research in similar areas and to ask them about their experiences. As a consequence I spoke to three individuals who had conducted doctoral level research with asylum seekers and refugees, using both qualitative and quantitative methodologies. Particular considerations that these conversations raised for me were:

- The importance of ensuring that local agencies working with asylum seekers and refugees are aware of, and on board with the research process;
- The importance of considering methodological and ethical issues related to conducting research with ethnic minorities;

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- The importance of recognising that a wealth of expertise exists within the local community in relation to working with these client groups and the potential value of tapping into this as a resource.

Having identified these areas of consideration, I took the following steps:

- I identified and read publications pertaining to the process of conducting research with ethnic minorities (Alasuutari, 1995; Patel, 1999) and with asylum seekers specifically (Silove et al., 2002).

- I contacted the local Multi-Agency Forum (MAF), which meets monthly and comprises a number of local organisations working with asylum seekers and refugees. I arranged to go along to one of their meetings and to speak to them about my research project. This meeting took place in June 2008 and served the function of communicating my research plans to the MAF members and addressing any questions and concerns that arose. Additionally, as a result of the meeting, I was able to secure the informal backing of the MAF for my research project. Following on from the meeting, a local charitable organisation for asylum seekers and refugees offered their support in the recruitment process and in providing premises that would hopefully be viewed as 'safe' by asylum seekers where I could conduct my research interviews. Practice therapists from a local NHS service for asylum seekers offered to provide therapeutic intervention should any participants experience distress as a result of taking part in the interviews.

- Once the research had the backing of the MAF, I began to prepare to submit my ideas to an NHS ethics committee. Part of this preparation involved designing my research materials. Based on the advice of Patel (1999), these materials, including a participant information sheet and the research schedule, were shared with a staff member at the local charity and with a local Zimbabwean community leader, who

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also had personal experience of conducting post-graduate qualitative research. Amendments were made based on their recommendations.

4. The Research Process

4.1. Recruitment of Participants

Perhaps as a result of having devoted a significant amount of time to planning the research, gaining ethical approval for the current study was a relatively smooth process, as was obtaining support from the local NHS Research and Development department. Therefore, I was able to begin the recruitment process according to my research timetable. Unfortunately however, this part of the process did not go quite so smoothly.

Initially it had been intended to recruit participants through the local charitable organisation. Staff members at this service were therefore asked to identify clients who met the inclusion criteria for the study and to give each of them written and verbal information about the research at their next routine appointment. Interested individuals could then contact me by returning an expression of interest form in a stamped-addressed envelope.

Despite the fact that research packs had been distributed to all clients at the charity who met the study's inclusion criteria, I had received no responses by the time the deadline for returns arrived. Consequently, I realised I was going to have to rethink my recruitment strategy.

Fortunately, local contacts that I had made during the planning process helped me to quickly identify the leader of the local branch of the Zimbabwean Association. Through this organisation, and by repeating the recruitment strategy that had been tried out at the charity, I was successful this time in recruiting a sufficient number of participants to conduct my research interviews.

4.2. Conducting the Interviews

The first interview that was conducted was treated as a pilot interview. However, this interview went well and only very slight alterations were made to the interview schedule before conducting the remaining interviews. Consequently, the pilot interview was treated in the same way as the other interviews and was included in the final analysis.

When approaching the interviews, I was keen to bear in mind that mistrust, of myself and of the research, might be an issue for participants (Silove, Steel, McGorry & Mohan, 1998). Establishing rapport and an environment in which people felt comfortable to talk freely were therefore priorities for me. Alongside this however, my experience was that the majority of participants were eager to tell me their stories, to talk about their lives in Zimbabwe and to explain their frustrations with the asylum process. Many expressed an appreciation of having someone who was willing to listen to them sympathetically as this had been something they said they'd rarely experienced since arriving in the UK.

In attempting to balance these factors I allowed participants, during the interviews, to spend some time talking about aspects of their experience that were not immediately relevant to my research questions. As a result, the interviews were long and I was left with a large amount of data to 'wade through', much of which, at first, glance, appeared to be redundant (although see *'Data Analysis'* below).

Despite these costs, it was my perception that a good working relationship was established with each of the participants and this has been supported by the fact that several research participants have actively made efforts to stay in touch with me via email since the interviews took place. There was just one participant who I experienced as relatively hostile during the interview and whose answers seemed somewhat

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'guarded'. However, by the end of the interview he seemed to have relaxed enough to enable him to talk about this with me and to explain his lack of mistrust, all of which proved to be fruitful material for analysis.

4.3. *Inter-cultural Considerations*

Patel (1999) emphasises the need for researchers to pay attention to the impact of power differentials throughout the process of conducting research with ethnic minorities. During the interviews I felt acutely aware of a power imbalance between myself and interviewees and whilst aspects of this undoubtedly related to racial issues, I was more aware of it being to do with our differing immigration statuses. However, it seems important to give consideration to both areas and my reflections on these factors and how they may have impacted on the data collection are outlined below.

4.3.1. *White British female meets black Zimbabwean male.*

Zimbabwe has traditionally been a patriarchal society in which women have tended to play a central role within the family, rather than to pursue academic or vocational careers. Whilst this has begun to change within the last couple of decades due to the influence of western values through the mass media, academic and vocational pursuits continue to be more the domain of men than of women in Zimbabwe (Mhloyi, 1998). Prior to conducting the interviews I wondered how this would impact upon the dynamic between myself and participants. How would they view me? Would they take me seriously? Would they feel patronised by me? At the outset of each interview these questions added to a general sense of anxiety about my ability to successfully manage the interview situation and to help participants feel sufficiently at ease to share their stories with me. With the benefit of hindsight I can see that I was keen to create an interview environment in which participants felt empowered and I perhaps achieved this

by somewhat disempowering myself and taking a more subservient position. As a consequence I was perhaps less directive with participants than I might otherwise have been, and used my interview schedules in a very flexible way. Fortunately however, this approach seemed to enable participants to talk freely and I was able to use the schedule enough to keep within the realms of the research questions. Hence although interviews were long, they generated some valuable data.

Another factor of which I was conscious prior to conducting the interviews related to the history of the relationship between black Africans and white Europeans in the context of colonialism. Zimbabwe gained independence from Britain in 1980, which was the year that I was born but an event that many participants could remember. Whilst I was not aware during the interviews of this having a significant impact upon the relationship between myself and any of the research participants, I think it may have been a further motivation to me in trying to even out the power dynamic between us.

Throughout the interview process, I also endeavoured to keep an open mind regarding the language that people were using and the ways in which they were conceptualising different aspects of their experience. For example, as recommended by Fernando (1995), I aimed to give consideration to how Zimbabweans' constructions of psychological health difficulties might differ to those I have been exposed to within a western culture. I believe that taking a naive and curious position also served the purpose of further empowering participants, such that they were experts teaching me about their experiences. I would like to think that this stance further enabled participants to talk more freely during the interviews.

4.3.2. The impact of immigration status.

The advantage in my daily life that I had over participants due to our differing immigration statuses was something of which I was painfully aware throughout the

interview process. I was involving them in a project that I hoped would eventually

contribute to my qualification as a clinical psychologist, whilst many participants had

been forced to abandon their studies and all were unable to work or to progress with

their life plans. This engendered feelings of guilt and unworthiness within me, as well

as anger at the injustice of it. I suspect that their encounter with me may also have been

painful for participants in some ways; many of them asked me about my career and

expressed their regret at being currently unable to pursue their goals.

I attempted to manage these issues, or perhaps more specifically my own

discomfort, by 'coming alongside' participants. For example, I openly stated my

feelings about UK immigration policy, expressed empathy for the difficulties they had

faced and anger about the way in which they had been treated by 'the system' in the

UK. Whilst my primary motivation in taking this approach was almost certainly to

alleviate my guilt at being a legal British citizen, I suspect that it also served to facilitate

rapport between myself and participants.

4.4. *Data Analysis*

4.4.1. *Familiarisation with qualitative methodologies and IPA.*

Being previously unfamiliar with conducting qualitative research and with the

application of Interpretative Phenomenological Analysis (IPA) to understanding

research data, I recognised a need to prepare for the data analysis phase of the project.

With this in mind I attended a two-day IPA conference in September 2008, which

included an introductory IPA workshop led by Dr. Richard de Visser, Clinical

Psychologist, and a discussion group in which I was able to seek advice regarding the

design of my research project from professionals experienced in conducting applied

research using IPA (including Prof. Jonathan Smith, Clinical Psychologist and Dr.

Elena Gil-Rodriguez, Counselling Psychologist). As well as being an extremely useful experience from a practical point of view, my attendance at this conference also served to fuel my enthusiasm for using IPA as a methodology in my research design.

Following on from the IPA conference I became a member of the IPA Yahoo discussion group and was subsequently able to benefit from reading regular discussion points raised by other IPA researchers and to request and receive further advice regarding my own project. Regular contributors to the forum include Prof. Jonathan Smith, Dr. Michael Larkin, Prof. Paul Flowers and Dr. Rachel Shaw.

A further piece of preparation involved attending a one-day workshop entitled, 'Reflective and Reflexive Practice' led by Prof. Rudi Dallos and Dr. Jacqui Stedmon in May 2009. This workshop enhanced my understanding of concepts such as 'hermeneutics' and exercises through the day gave me an opportunity to think reflexively about my involvement in the research process up to that point.

4.4.2. *The process of conducting the data analysis.*

Smith, Flowers and Larkin (2009) recommend that an IPA analysis should begin with the researcher immersing themselves in their data. For this reason, I decided to transcribe all the interviews myself. By the time the transcripts had all been typed up, I was therefore already familiar with the data and had begun to develop ideas about the themes that were arising both within and across the interviews. I was then able to commence a process of going through each interview, one at a time and line by line, making descriptive, linguistic and interpretative notes about the data.

Initially, upon beginning to analyse the transcripts, I had concerns that a lot of the data I had collected was redundant and did not relate to the questions I wanted to answer. 'Where were all the references to identity and psychological health?', I wondered. However, as I began to look at the data in more detail, it quickly became

apparent that the data was actually incredibly rich. For example, I found that passages that had initially appeared to be simply descriptive accounts of the political situation in Zimbabwe, actually contained detailed information about participants' identities. Such extracts provided insight into participants' political views, about what it meant to them to be Zimbabwean, about how they related to their country and about their understanding of where they were positioned in relation to others. I began to realise what a huge amount of valuable data I had gathered and whilst this was very exciting I was also aware that a vast challenge lay before me in doing justice to its analysis on a line-by-line basis.

Extracts from my research journal at this stage in the process convey feelings of being overwhelmed by the amount of data I had collected and of despair at the amount of time it was taking me to analyse it all. It felt like I had a huge mountain of rock to get through and that all I could do was to tap away at it day by day with a small chisel! I knew that eventually I would see progress but at times it felt as if I wasn't getting anywhere with it all. This was, for me, perhaps the low point of the whole project although it was at this time that I realised I had definitely done the right thing by choosing a research topic that enthused me and which I felt passionate about. Despite the enormity of the task, I was excited about the data I had collected and the colourful ways in which participants had described their experiences and brought them to life through their language. This kept me going, as did a determination to produce a piece of work that would represent their experiences and tell their stories. To paraphrase one participant, I felt that, 'People need to know the truth'.

Eventually I completed the analysis of each individual interview and having identified and recorded themes from each in an excel spreadsheet, I was able to begin looking at the similarities and differences across interviews. At this stage I began to

feel a real discomfort with moving away from participants' individual accounts and from the detail I had gone into in the initial stages of analysis. Supervision was invaluable at this stage in helping me to think through how I could capture the essence of participants' accounts whilst still simultaneously condensing them into a form that could eventually be communicated in the write-up. Finally I reached a point where I felt comfortable with the themes that I had generated, the ways in which they were labelled and the quotes I had selected to represent them.

5. Personal and Professional Development

5.1. Personal Development

Perhaps the most important lesson I have learned throughout the process of conducting my doctoral thesis relates to the expectations I place upon myself and my ability to manage stress. Academically, I have tended to be a high-achiever and to place myself under a lot of pressure to produce work of a high standard. Alongside this I have lacked confidence and often under-estimated my abilities. Whilst this has had its benefits in terms of my academic achievements, it has also had significant costs, at times compromising my health. The doctoral thesis, which I undertook alongside ongoing and emotionally demanding clinical work on placements, therefore represented a huge personal challenge for me.

Determined to look after myself throughout the process, I made concerted efforts both to minimise the stress that the thesis would evoke and to improve my strategies for managing stress at times when it was unavoidable. The former of these objectives was largely achieved by carefully planning the research before embarking upon it and ensuring that I had adequate time for each phase of the project.

In terms of my stress management strategies, I took the key approach of placing my practice of Nichiren Buddhism firmly in the centre of my life. I began to practice Buddhism approximately four years ago and have found it to be an increasingly positive force in my life. My daily practice involves morning and evening mindfulness exercises via the process of chanting, which enables me to stay focused on the things that are most important to me and hence to prioritise the way in which I manage the challenges of daily life. Buddhist study and involvement in local activities are also key aspects of my practice.

As a consequence of using this central strategy I have been able to make better use of other stress management techniques. For example, I have had more confidence in listening to my body and knowing when I need to take time out; it has surprised me how much more productive I am after having had a break! Similarly, I have recognised the value of keeping a good work-life balance in order to maintain my energy and enthusiasm for the work aspect of this package and have learnt to manage my time accordingly. Overall, these lessons have been invaluable to me; I am now happier, more able to enjoy my work and, I believe, better equipped to handle a potentially stressful career as a clinical psychologist upon qualification.

5.2. *Development of Research Skills and Implications for Clinical Practice*

Being a novice to conducting research at this level and to qualitative research, this piece of work has enabled me to develop skills in the following areas:

- Conducting research with a 'hard-to-reach' group;
- Undertaking 'action research', in the sense of involving local organisations and relevant ethnic minority groups in the design of a piece of research;

- Designing and conducting interviews in order to answer a predefined research question;

- Transcribing, analysing and interpreting interview data from within an IPA framework and with reference to psychological theory;

- Balancing the demands of a research project alongside the demands of ongoing clinical work.

I have genuinely enjoyed the process of conducting this piece of research and hope that my future career will provide me with opportunities to further develop the skills I have outlined here. I have come to appreciate the value that qualitative research can have in deepening our understanding of human experience and would be keen to employ and promote qualitative methodologies in the future. In particular I hope to link up with other psychologists who have conducted research with individuals affected by the process of seeking asylum and to consider further research needs and opportunities in this area.

In terms of implications for the future of my clinical work, my involvement in this piece of research has fuelled my enthusiasm for working with disadvantaged and socially marginalised groups. Although the current study focused on a sample of asylum seekers, I became aware that some of the identity processes and psychological responses they were describing might be applicable to many minority groups, for example the unemployed, the homeless, those with chronic health conditions or individuals diagnosed with mental health problems. I therefore feel that the skills and knowledge I have obtained through conducting the current study could be invaluable in a variety of clinical settings. As well as potentially enhancing my direct clinical work, the process of conducting this piece of research has led me to think about the broader role that clinical psychologists can play in reducing psychological distress. I therefore

envisage taking a critical approach to the application of psychological theory in my future career. This might include consideration of community-based interventions where possible and appropriate, liaison with other relevant agencies outside the healthcare sector and political engagement with the wider social issues affecting the groups with whom I am working.

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Section E

Appendices

Submitted April 2010

by

Helen Miller

To the University of Leicester, School of Psychology, Clinical Section

In partial fulfilment of the degree of,

Doctorate in Clinical Psychology

Appendix A:

Guidelines to authors for journal targeted for literature review

Appendix B:

Literature Search Strategies

LITERATURE SEARCH STRATEGIES

Step 1: Consultation with mental health professionals and researchers
Discussions served to identify relevant books, journal articles, authors and
UK web-based resources for further exploration.

Step 2: Web-based resources searched
Amnesty International UK: www.amnesty.org.uk
European Centre for the Study of Migration and Social Care: www.kent.ac.uk/masc
HARP Social Inclusion Research Programme: www.harpweb.org.uk
The Home Office: www.homeoffice.gov.uk
Refugee Action: www.refugee-action.org.uk
The Refugee Studies Centre, Oxford: www.rsc.ox.ac.uk
UNHCR: www.unhcr.org

Step 3: Initial database searches
Searches were conducted in PsycINFO and Scopus databases using various combinations of
the following terms:
asylum seeker, refugee, stress, trauma, psych*, mental health, mental illness, post-migrat*,
role, identity

Step 4: Final database search strategies
Keywords were collated from relevant articles identified at step 3 in order to identify
appropriate terms for a thorough & systematic literature search of 3 databases.

	Search Terms (1, 2, 3 & 4 combined with 'AND' syntax)
1	'asylum seeker' or 'refugee' or 'migrant'
2	'stress*' or 'mental health' or 'well-being' or psychiatric disorder' or 'adaptation'
3	'post-migrat*' or 'postmigrat*' or 'exile'
4	'role' or 'identity' or 'status'

Database	Criteria / limiters	Articles returned
PsycINFO	English language, peer reviewed, exclude dissertations	42
SCOPUS	Search terms set as 'keywords', English language	76
Web of Science	English language	39

Total articles	157
Total articles after including those from hand searches of relevant book chapters (n=16)	173
Total articles after duplicates removed	132

Appendix C:

Scoring criteria for quantitative and qualitative papers

SCORING CRITERIA FOR QUANTITATIVE AND QUALITATIVE PAPERS

Quantitative Papers

	Criteria	Scoring
Design	Is the study design cross-sectional (CS), cohort (C) or longitudinal (L)?	CS=1, C=2, L=3
Sample	Explicit that sample size adequate for analyses used	N=0, Y=1
	Is just one nationality used, or analyses conducted according to separate nationalities?	N=0, Y=1
	Is the sampling process sufficient to ensure isolated/ marginalised individuals not missed? Uses a sampling frame Random selection	N=0, Y=1 N=0, Y=1
	Is the sample a community sample (as opposed to clinical)?	N=0, Y=1
Measurements/ Analysis	Are measures validated for cross-cultural use (VCC), or for the specific sample (VSS) or not at all/not specified (N)?	N=0, VCC=1, VSS=2
	Are measures appropriately back-translated?	N=0, Y=1
	Are mental health measures self-report (SR) or is a diagnostic interview (DI) used?	SR=0, DI=1
	Are pre-migration factors measured and considered in analysis?	N=0, Y=1
Further considerations specific to research with immigrants	Does the study distinguish between legal statuses (e.g. asylum seeker vs. Refugee)?	N=0, Y=1
	Is time since migration considered?	N=0, Y=1
Total possible score		**15**

Qualitative Papers

	Criteria	Scoring
Sample	Is just one nationality used, or clear that separate nationalities considered at analysis stage?	N=0, Y=1
	Is the sampling process sufficient to ensure isolated/ marginalised individuals not missed & made explicit?	N=0, Y=1
	Is the sample a community sample (as opposed to clinical)?	N=0, Y=1
Interview Schedule	Is detail given of how the interview schedule was developed?	N=0, Y=1
	Is the schedule itself described and is it sufficiently open to allow full exploration of the issues addressed?	N=0, Y=1
	Was the interview schedule back-translated?	N=0, Y=1
Analysis	Is the data analysis approach chosen appropriate to the question and is it made explicit?	N=0, Y=1
	Is there any evidence of 'outliers' being taken into consideration in analysis?	N=0, Y=1
	Is there any evidence of triangulation?	N=0, Y=1
Further considerations specific to research with immigrants	Is it clear that efforts have been made to ensure participants are comfortable to talk freely (e.g. relationship development, confidentiality assured, appropriate interview settings)?	N=0, Y=1
	Are participants interviewed in their own language?	N=0, Y=1
Total possible score		**11**

Appendix D:

Trainee's statement of epistemological position

The trainee's beliefs in relation to the nature of reality might best be described as 'critical realist'. That is to say, she held a belief that there *is* an objective reality, but that individuals' experience of that reality is constructed (Willig, 2008). Hence, in terms of data collection in the current study, the trainee did not believe that conducting one-to-one interviews would give her direct access to participants' lived experiences and life events. Rather she believed that she would gain access to their individual constructions and unique attempts to make sense of themselves and their experiences (Lund, 2005). She took the perspective that the way in which participants attached meaning to their experiences would be influenced by the discourses and explanations that were available to them within their social and cultural context. Each individual participant's unique life experiences would have played an additional role in determining which discourses were meaningful to them in constructing a view of themselves and their place within the world.

The qualitative methodologies whose underlying theoretical positions are most closely aligned to a critical realist stance are Interpretative Phenomenological Analysis (IPA) and Grounded Theory (GT) (Charmaz, 1995; Willig, 2008). The trainee considered both approaches as potential means of analysing the interview data before ultimately deciding to use IPA. This choice was influenced by IPA's specific focus on seeking to access the sense individuals make of the phenomena they encounter and how they construe their experiences, without imposing any predefined structure on their accounts (Smith, Flowers & Larkin, 2009). This is in contrast to grounded theory's concern with understanding social processes and how phenomena come about (Willig, 2008).

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The trainee felt that IPA would offer a means to attaining greater depth of insight into participants' unique psychological constructions of the phenomena under investigation when compared with GT, which might be better suited to coming to an understanding of why they were experiencing phenomena in such a way. Given that the intended aim of the current study was to inform current understandings of the psychological health of asylum seekers, with a long-term view to potentially informing psychological interventions for this client group, IPA's focus on understanding the individual's psychological experiences seemed the ideal approach to achieve this aim.

In discussing the theoretical underpinnings of IPA, it is also important to note the notion of the 'double hermeneutic' (Smith & Osbourne, 2003). The phenomenological approach taken by IPA acknowledges that alongside each individual participant engaging in a dynamic process of interpreting their own experiences, the researcher also then engages in his or her own dynamic process of interpreting each individual's account. So whilst it is important to consider the factors influencing participants' ways of making sense of their experiences, it is also important for the researcher to reflect upon factors that may impact upon his or her own ways of making sense of participants' accounts (Smith, Flowers & Larkin, 2009).

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Appendix E:

Research pack

Comprising:

    1) introductory letter;

    2) summary information sheet;

    3) expression of interest form.

c/o. Refugee Action, Leicester
Chancery House
7 Millstone Lane
Leicester
LE1 5JN

(Date)

Identity and psychological well-being:

Experiences of Zimbabwean males seeking asylum in the UK

Dear (Participant's name)

My name is Helen Miller and I am writing to you to tell you about a research project that I am doing here in Leicester as part of my training to become a Clinical Psychologist.

The research project title is: Identity and Psychological Well-being: Experiences of Asylum Seekers in the UK. I would like to hear from you if you would be prepared to talk to me about your experiences, or if you wish to find out more about the project.

I have included some information about the research; if you are interested, please take the time to read this and feel free to discuss it with others if you wish to do so.

If you would like to take part, or would like more information, please contact me by (insert date). You can do this either by completing the attached reply slip and sending it to Refugee Action Leicester in the envelope. Alternatively, you can contact me by email: hm103@le.ac.uk, or if you would like to speak to me by telephone then please call me on: 07739 183135 and I will call you back.

Many thanks for taking the time to read this letter. I hope to hear from you soon!

Yours sincerely,

Helen Miller

Trainee Clinical Psychologist

Leicester University

Identity and psychological well-being: Experiences of Zimbabwean males seeking asylum in the UK

Why is the study taking place?
This study will help me to fulfil the requirements of my educational training to become a clinical psychologist.

What is the purpose of this study?
To find out more about how individuals have been personally affected by the experiences of migration and seeking asylum.

Why have I been contacted to take part?
The study will focus on male Zimbabwean asylum seekers. Staff members at Refugee Action identified that you might be interested in taking part.

Do I have to take part in the study?
It is entirely your choice as to whether or not you take part in this study. If you are interested then please return the reply slip to me at the address below, or contact me by telephone so that I can answer any questions you may have. **You are always free to change your mind at any time, without giving a reason, and to withdraw from the study with no consequences for your legal rights.**

What will taking part involve?
If you agree to take part, you will be asked to complete an interview with myself, which will take up to 1½ hours. I will ask you to talk about how you thought and felt about yourself when you lived in Zimbabwe and how this has been affected through your experiences of migrating and seeking asylum here in the UK. After the interviews I would like you to help me with interpreting your results and would also like to share my findings with you. This would involve up to 1½ hours more of your time.

Will I be paid for taking part in the study?
You will be given a £20 voucher to thank you for giving up your time to participate in the study. Also, any travel costs will be refunded.

Are there any potential disadvantages or risks to taking part?
You might feel distressed when talking about your life in Zimbabwe, your experiences of migration and of being an asylum seeker. If this occurs you are free to leave the interview at any time and emotional help will be provided. **Taking part in this interview will have no impact on your asylum claim.**

Will my confidentiality be considered?
The interviews will be conducted in a private room at Refugee Action with just yourself and the researcher present in the room. The interviews will be recorded onto audio tapes and typed up after the interview. Only the researcher and research supervisor will have access to the tapes and typed interviews and they will be kept locked in a filing cabinet and destroyed after the study is completed. The typed interviews will not include your name or any other information which would allow anyone to identify you.

No other participants will know that you took part in the study or have access to your interview or transcript at any stage.

When the study is written up, short quotes from your interview might be included in the text but again it will not be possible to identify you from these quotes. Your confidentiality would only be compromised if you shared something indicating risk to yourself or others. In such a case the researcher might need to contact the relevant authorities, but would discuss this with you at the time wherever possible before doing so.

What will come out of the study?
Findings will be shared with participants, relevant local services and will be distributed to academics and healthcare professionals via publication. It is intended that the study will contribute to a wider research base about the experience of seeking asylum in the UK and may therefore have an indirect bearing on the future experiences of asylum seekers. However, **information recorded during the interviews would not be considered by the Home Office as evidence to support your own individual asylum claim.**

Helen Miller, c/o Refugee Action Leicester, Chancery House, Millstone Lane, Leicester, LE1 5JN. Telephone: 0116 261 6200 / 07739 183135

Identity and psychological well-being:

Experiences of Zimbabwean males seeking asylum in the UK

If you are interested in participating in this study, or would like to find out more about it, then please fill out this form. You can return it in the stamped addressed envelope provided.

Many thanks.

- I am interested in finding out more about, or taking part in, this study and would like Helen Miller to contact me.

- I understand that I do not have to take part in the study and that expressing an interest does not affect my legal rights in any way.

Name:

_____

Address:

_____

_____

Email Address:

_____

Telephone Number:

_____

Preferred Means of Contact (please circle):

Telephone   Letter   Email

Appendix F:

Interview schedule

<u>Identity and psychological well-being: experiences of Zimbabwean males seeking asylum in the UK</u>

Introduce myself and go through information pack about the study (Purpose of study, right to withdraw, risks, confidentiality, etc).

Ask participant if they have any questions, ensure understanding.

Obtain written consent.

Record participant information (age, gender, asylum status / stage in claim process, length of time in the UK).

Interview Introduction:

I am interested in finding out about how the experiences of leaving Zimbabwe and seeking asylum in the UK have affected the way you view yourself. I would like to hear about how you viewed yourself before leaving Zimbabwe, what impact the process of migration had on your view of yourself and how you view yourself now. Do you have any more questions that you would like to ask before we begin?

Start tape recorder

Interview Schedule:

Following our discussion today, I am going to be typing up everything we both say. As explained in the information pack, I will not be using your name or any other information in the written record that would allow anyone to identify you in the write-up. However, I'd like to use a different name for you – would you like to choose one for yourself?!

1. I wonder if you could start by telling me a bit about your life in Zimbabwe, about what was important to you there and how you felt about yourself?

    - What was life like for you there?

    - What / who was important to you? (e.g. work, education, friends, family)

    - How did you feel about and view yourself?

    - How were you seen by other people?

2. What happened to lead you to leave your country?

    - What was that time like for you?

    - How did you feel?

    - What things and people were important to you at that time?

    - (Explore life before and after 'problems' if possible).

3. Can you tell me about the experience of leaving Zimbabwe and coming to the UK?

- How did these experiences affect you?

- How did you feel about yourself during this process?

- What things were important to you?

4. Can you tell me about your life here in the UK?

- How do you view yourself now?

- How do you feel about yourself?

- What things are important to you?

- How do you think others view you now?

5. Are there any other things you want to tell me about how things are for you now compared to how they were for you when you lived in Zimbabwe?

6. I don't have any further questions now but are there any other things you'd like to tell me about?

- Is there anything you wish I'd asked you more about?

- Are there any questions that you wish I'd asked you that I didn't?

- Were there any things that we talked about that you felt were particularly important?

Debrief:

How are you feeling now after that? Are you concerned about anything?

Check for any signs of distress & explore these if present, consider referral to therapist if needed.

Remind participant that they have the right to withdraw from study at any time and ensure they have my contact details.

I am meeting with other people to explore their experiences of leaving Zimbabwe and coming to the UK. When I have finished the interviews, I will be typing them all up and exploring what people have said, to try and find out whether there are similarities and differences between people's experiences. I would like to share my findings with you in a few months and to check out whether you think I've interpreted what you said accurately. Would you be interested in me contacting you regarding this?

If yes, establish how participant would like to be contacted, reiterate right to change their mind at any time. Give them a rough idea of timescales and provide them with written information of roughly what this process will involve.

Turn off tape recorder once participant has left the room.

Appendix G:

Information sheet – full version

Identity and psychological well-being: Experiences of Zimbabwean males seeking asylum in the UK

Before we start the interview, it is important that you understand why I am doing the research and what will be involved for you as a participant. If you have any questions as we go through the information, then please ask.

Why is the study taking place?
I am conducting this study in order to fulfil the requirements of my educational training to become a clinical psychologist. I chose this topic because previous psychological work with asylum seekers has made me want to find out more about individuals' experience of seeking asylum in the UK.

What is the purpose of this study?
Previous research studies with asylum seekers and refugees have suggested that leaving one's home country and seeking asylum elsewhere can affect people's emotional and social well-being. However, little is still really understood about *how* leaving home and seeking asylum affects how migrants feel about and view themselves. The purpose of this research is to find out more about how individuals have been personally affected by the experiences of migration and seeking asylum.

Why have I been contacted to take part?
You have been invited to take part in this study because you are a male Zimbabwean national who is currently seeking asylum in the UK and because staff members working for local community organisations identified that you might be interested in taking part.

Do I have to take part in the study?
It is entirely your choice as to whether or not you take part in this study. You are always free to change your mind at any time, without giving a reason, and to withdraw from the study with no legal consequences. Even if you decide to take part in an interview, you can choose to change your mind afterwards if you wish to and your data will be destroyed.

What will taking part involve?
If you agree to take part, you will be asked to complete an interview with myself. You should allow up to 1½ hours for the whole interview and I will ask you to talk about how you thought and felt about yourself when you lived in Zimbabwe and how this has been affected by your experiences of migrating and seeking asylum here in the UK. I would also like to meet with you again after I have written up and analysed your interview, to get your perspective about whether I have heard you correctly. You may like to meet with me a final time so that I can share the study's results with you. These additional meetings might take up to a maximum of 1½ hours more of your time, meaning an overall total of no more than 3 hours.

Will I be paid for taking part in the study?
You will be given a £20 voucher to thank you for giving up your time to participate in the study. Also, travel costs for each meeting with me will be refunded to you.

Are there any potential disadvantages or risks to taking part?
It is possible that you may become distressed when talking about your life in Zimbabwe, your experiences of migration and of being an asylum seeker. If this occurs you are free to leave the interview at any time and help in seeking further

emotional support will be provided. Taking part in this interview will have no impact on your asylum claim.

Will my confidentiality be considered?
The interviews will be conducted in private rooms in a community facility, with just yourself and the researcher present in the room. The interviews will all be recorded onto audiotapes so that they can be typed up by the researcher after you have given your account of your experiences. Only the researcher and research supervisor will listen to these cassettes and they will be kept locked in a filing cabinet and destroyed after the study is completed.

The typed interview transcripts will not include your name or any other identifying information. You will be entitled to see the transcript of your own interview once it has been typed up to confirm whether you are happy for it to be used in the study. Transcripts will be stored as encrypted documents on a Leicester University computer, to which only the chief investigator and research supervisor will have access.

No other participants will know you took part in the study or have access to your interview or transcript at any stage.

When the study is written up, extracts from your interview might be included in the text but again these will not include any personal identifying information. Your confidentiality would only be compromised if you shared something indicating risk to yourself or others. In such a case the researcher might need to contact the relevant authorities, but would discuss this with you at the time wherever possible before doing so.

What will come out of the study?
Findings will be shared with yourself and other participants and relevant local services before June 2009. Results will also be written up as a doctoral thesis and kept at Leicester University. It is planned that the study will be published in an academic journal and, in conjunction with other researchers, that key findings will be disseminated to wider agencies and the public via the mass media. It is intended that the study will contribute to a wider research base about the experience of seeking asylum in the UK and may therefore have an indirect bearing on the future experiences of asylum seekers. However, information recorded during the interviews would not be considered by the Home Office as evidence to support your own individual asylum claim.

Have ethical issues been considered?
The researcher has given consideration to all foreseen ethical issues associated with conducting this study and written these up for scrutiny by the Local Research Ethics Committee (L-REC). This body has reviewed the current research project and concluded that the potential advantages of the study outweigh any disadvantages to which those involved may be exposed.

I will contact you again when I have analysed your interview. In the meantime please feel free to contact me with any questions or concerns:

Helen Miller, c/o Refugee Action Leicester, Chancery House, Millstone Lane, Leicester, LE1 5JN.
Telephone: 0116 261 6200 / 07739 183135 / hm103@le.ac.uk

Appendix H:

Consent form

<div align="right">
c/o. Refugee Action Leicester
Chancery House
7 Millstone Lane
Leicester
LE1 5JN
</div>

Identity and Psychological Well-being:

Experiences of Zimbabwean Male Asylum Seekers in the UK

I confirm that I have read and understood the information pack for the current study and have had the chance to ask any questions. ☐

I understand that my participation in this study is voluntary and that I am free to withdraw from it at any time throughout the process. If I choose to withdraw, I understand that I do not have to give a reason and that my legal rights will not be affected. ☐

I agree to my interview being tape-recorded and I understand that the tape will be stored securely and destroyed once the project is completed. ☐

I agree to extracts of my interview being used in the write up of the study, which may be published, and understand that any extracts used will be anonymised and not traceable to me. ☐

I agree to take part in the current study. ☐

_____   _____   _____

Name of Participant   Signature   Date

_____   _____   _____

Name of Researcher   Signature   Date

Appendix I:

Table of themes

Superordinate theme	Theme	Sub-theme	Interview 1	Interview 2	Interview 3	Interview 4	Interview 5	Interview 6	Interview 7
Nostaligia for the remembered self	Having a secure base upon which to build the self	Material stability		164	37*		25		102
		Emotional Stability			1139		203*	208	72
		Social Stability	96	212*			10		
	Freedom to create own identity & a positive self-image	Having a sense of potential and the means to fulfil it	160	31	20	4*	154	1567	10
		Successful	144	4	46	4		13	28*
		Respected	133		919*	434	140		154
	Contributing to the greater good – having a sense of meaning and purpose	Fulfilling the male role within the family		170		324*	154	1064	89
		Contributing to society	128*					248	133
Erosion of the self	Being a failure and the meaning of belonging to a country in decline	Country's decline and failure – the 'usual African trend'	79*	329*					
		Self as failure due to economic downturn	452	652*	890			54*	
	Fighting for individual and collective identity	Group action - Engaging in political activity		406		36	816*		221
	Freedom and agency destroyed	A gradual undermining of the self	459	58*	284	102		61	264
		Self & world view halted abruptly	722		270	193	898*		
	Leaving the self behind	Having no choice	717	751	295*	199	1011	109	237*
		Putting physical survival before all else		768	7	205		114	281*

The pain and turmoil of losing oneself	Struggling to survive without past, present & future	Confusion and having no sense of self			486	254*	1019*		
		Pain and devastation	1759*			599		415*	
	Isolation and the pain of lost connections	Separation from family and friends	1787	768	325	213*	1349 / 1547	352	433
		Separation from Zimbabwe	598					1580*	346
	Disconnectedness and the loss of social roles	Loss of social significance	1011	775	572	450*		1100*	953
		Shame, guilt, regret	1757	1149	716*	261		994	
Powerlessness	Feeling trapped and being in limbo	Imprisonment	957	1007		482	896,2		645*
		No opportunities: life on hold	1139	971	767*	1221*	702	410	788
		Living an empty existence	1191*	1003	1230	502	1171	422	691
	Dependency and having no personal agency	Having to put up and shut up		1054* 1088*	496	559		634	1415
		Restricted by the infrastructure	520	1006	809*		1453	762	1095
		Dependency on others: guilt	1552*		703		1425	409	
		Being dependent and feeling not human		1147	698		832	1546*	
	The impact of having no control	Physical and psychological impacts		868 1149	681	753	1202	374	672*
		Contemplating suicide		1293	746		789,2*		
	Desperation to find meaning	An internal battle			523	653		1010*	1396

Theme	Subtheme	Code							
	Identifying as an 'Asylum Seeker'	Internalisation of negative discourses	1199*				781, 2	1348	1296
		Feeling less than human	1333			1024	587*	1349*	1360
		Shame & attempting to deny the label	1559			1011*	612, 2	1343	
		Feeling powerless to resist identity of 'Asylum Seeker'	1215*			1038	596	1546	1346
Renegotiating the self	Reconnecting with the remembered self	Recovering familial roles	503			825*			
		Putting the self into context through relationships	882	1188	1160	694	293*	965	961
		The importance of telling ones story	1889		1285	702		1196	1459*
		The value of sharing experience	1910	1206*	1356	1055	331, 2		682
		Finding a place for skills & learning	1897*			726		1285*	597
	Finding inner strength	Identifying as 'strong'		1265	805*			1315	908
		Finding meaning/ positives from process		1209		1206*	385, 2	1733	
		Holding hope for the future		977	995	1136	707*	1592	1127
	Finding meaning beyond the self	Carrying on for others (family)	1933*	1304		1070		906	
		Investing in others' well-being	503				1263	1281*	
		A shift in values and beliefs		1202*			187*		

Appendix J:

Letters to and from ethics committee

Appendix K:

Chronology of research process

Chronology of Research Process

Jul – Sept 08	Consult with local community and voluntary organisations in Leicester; attend multiagency forum meeting to share research ideas.
Oct – Nov 08	Begin discussing recruitment processes with community organisations. Develop draft interview schedule & other study materials.
Dec 08	Submit proposal for final peer review – make required amendments. Submit ethics form and draft study materials to IRAS. Share drafts of interview schedule and other study materials with community organisations – adapt accordingly.
(Jan – Feb 09)	(Focus on other course deadlines)
Mar 09	(Assuming ethical approval gained) Conduct pilot study – make amendments to interview schedule where necessary & inform ethics.
Apr – May 09	Recruitment of participants via community organisations.
Jun - Aug 09	Meet with participants, discuss study and conduct data collection.
Sept - Nov 09	Transcribe interviews.
Dec 09	Code data.
Jan – Feb 10	Conduct data analysis and interpretation.
Mar 10	Share findings with participants for triangulation of data.
Apr 10	Complete draft thesis write-up. Complete final thesis and hand in.
Jun – Sept 10	Disseminate findings to local organisations in Leicester. Preparation of journal article and poster presentation.