



City Research Online

City, University of London Institutional Repository

Citation: Thommessen, Sara (2016). Exploring the experiences and needs of asylum-seeking and refugee individuals through qualitative and Personal Construct methods. (Unpublished Doctoral thesis, City, University of London)

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/17244/>

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online:

<http://openaccess.city.ac.uk/>

publications@city.ac.uk



Exploring the experiences and needs of asylum-
seeking and refugee individuals through
qualitative and Personal Construct methods

Sara Amalie O'Toole Thommessen

A thesis submitted for the degree of Doctor of Philosophy

City, University of London
Department of Psychology - School of Arts and Social Sciences

November 2015

Table of Contents

<u>LIST OF TABLES</u>	<u>11</u>
<u>ACKNOWLEDGEMENTS.....</u>	<u>13</u>
<u>ABSTRACT</u>	<u>15</u>
<u>PUBLISHED WORK</u>	<u>17</u>
<u>CHAPTER ONE - INTRODUCTION</u>	<u>19</u>
TERMS AND DEFINITIONS	20
EFFECTS OF TRAUMA ON INDIVIDUAL FUNCTIONING AND WELL-BEING.....	22
INTERGENERATIONAL TRANSMISSION OF TRAUMA	24
MECHANISMS OF TRANSMISSION	25
INTERGENERATIONAL TRANSMISSION OF REFUGEE TRAUMA.....	26
PARENTAL SENSITIVITY.....	27
ROLE-REVERSALS	29
UNACCOMPANIED MINORS	30
CHALLENGES RELATED TO LANGUAGE.....	32
CULTURAL IMPLICATIONS WHEN WORKING WITH THE CHOSEN GROUPS	34
RESILIENCE IN ASYLUM-SEEKING AND REFUGEE INDIVIDUALS	37
CONTEXTUAL INFLUENCES ON RESILIENCE	38
RESEARCH QUESTIONS	40
THE CURRENT RESEARCH PROGRAMME	41
OUTLINE OF THE STUDIES COMPRISING THIS PROGRAMME.....	43
<u>CHAPTER TWO – METHODOLOGY</u>	<u>47</u>
QUANTITATIVE METHODS	48
QUALITATIVE METHODS.....	50
MIXED-METHODS.....	54
PRAGMATISM	56
GEORGE KELLY’S PERSONAL CONSTRUCT THEORY.....	57

THE ROLE CONSTRUCT REPERTORY TEST	58
APPLICATIONS OF REPERTORY BASED METHODS	60
THE MAIN STRENGTHS OF THE PCT METHOD	63
MIXED-METHODS IN THIS PRESENT CONTEXT	65
FURTHER RATIONALE FOR THE PRIMARILY QUALITATIVE APPROACH	66
EPISTEMOLOGICAL STANDPOINT	68
RATIONALE FOR THE SPECIFIC METHODS CHOSEN	69
THE TWO METHODS OF THE RESEARCH PROGRAMME	70
THE IPA METHOD AS APPLIED IN CHAPTERS THREE AND SIX.....	71
Data analysis	71
THE PCT METHODS AS APPLIED IN CHAPTERS FOUR, FIVE AND SEVEN	72
Data Analysis	73
ETHICAL REFLECTIONS RELATED TO RESEARCH WITH REFUGEE GROUPS	75
TRUST AND RELATIONAL ETHICS.....	76
PROCEDURAL ETHICS IN THE PRESENT CONTEXT	78
CHALLENGES AND LIMITATIONS IN THIS SPECIFIC AREA OF RESEARCH	80
CONCLUDING REMARKS ABOUT THE METHODS.....	82
<u>CHAPTER THREE - EXPERIENCES OF ARRIVING IN SWEDEN AS AN</u>	
<u>UNACCOMPANIED ASYLUM-SEEKING MINOR FROM AFGHANISTAN -</u>	
<u>AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS</u>	85
METHOD	89
PARTICIPANTS	89
PROCEDURE	90
DATA ANALYSIS.....	91
FINDINGS.....	91
FROM CHAOS TO KINDNESS	91
CAUSES OF WORRY.....	94
SOCIAL SUPPORT AND ADJUSTMENT	96
FOCUSING ON THE FUTURE AS MEANING-MAKING	98
DISCUSSION.....	100
FROM CHAOS TO KINDNESS	100
CAUSES OF WORRY.....	101
SOCIAL SUPPORT AND ADJUSTMENT	102

FOCUSING ON THE FUTURE AS MEANING-MAKING	104
CONCLUSIONS	105

CHAPTER FOUR - VOICES RARELY HEARD - CONSTRUCTS RELATED TO THE SOCIAL WORLD OF ASYLUM-SEEKING AND REFUGEE YOUTH IN ENGLAND.....109

GENERAL RISK FACTORS PRIOR TO LEAVING THE COUNTRY OF ORIGIN.....	109
RISK FACTORS DURING THE JOURNEY TO HOST-SOCIETIES	110
RISK FACTORS IN WESTERN SOCIETIES.....	111
RESILIENCE IN CHILDREN AND YOUNG PEOPLE.....	112
RATIONALE FOR THE CHOSEN METHOD AND THEME	114
FURTHER MEASURES INCLUDED IN THE PRESENT STUDY	116
METHOD.....	116
PARTICIPANTS	116
PROCEDURE	116
STRUCTURE OF THE STUDY.....	117
PHASE ONE – PRE INTERVENTION	117
PHASE TWO - THE INTERVENTION	118
PHASE THREE – POST INTERVENTION	120
DATA ANALYSIS	120
FINDINGS.....	121
QUALITATIVE FINDINGS FROM THE GROUP SESSIONS AND INDIVIDUAL PCT METHOD INTERVIEWS	127
FINDINGS FROM PHASE ONE, TWO AND THREE	128
SUPER-ORDINATE THEME: SOCIAL SUPPORT AS A MEANS FOR HOPE (FROM PHASE ONE AND THREE)	128
Relationships that resemble family bonds (from phase one)	128
Friendships as an escape from distress (from phase one and three)	129
LIVING A DOUBLE LIFE; SOCIAL VULNERABILITY AND FEAR OF REJECTION (FROM PHASE TWO)	130
LOOKING AHEAD – HOPE VERSUS DESPAIR (FROM PHASE TWO)	131
PARTICIPANTS’ PERSONAL REFLECTIONS ON THE WORK (FROM PHASE THREE).....	133
QUANTITATIVE ANALYSES	134
DESCRIPTIVE STATISTICS	134

MEANING IN LIFE QUESTIONNAIRE	134
THE GENERAL SELF-EFFICACY SCALE.....	137
DISCUSSION OF FINDINGS	138
THE IMPORTANCE OF SOCIAL SUPPORT	138
THE PCT METHOD.....	140
QUANTITATIVE MEASURES IN RELATION TO THE QUALITATIVE FINDINGS	140
LIMITATIONS AND FUTURE RESEARCH.....	141
CONCLUSIONS.....	142

CHAPTER FIVE - VOICES RARELY HEARD - CONSTRUCTS RELATED TO THE SOCIAL WORLD OF YOUTH BORN IN ENGLAND, WHOSE PARENTS WERE REFUGEES **145**

RATIONALE FOR THE CHOSEN GROUP.....	145
REFUGEE FAMILIES AND TRAUMA.....	145
INTERGENERATIONAL TRANSMISSION OF TRAUMA.....	146
RATIONALE FOR CHOOSING THE PCT METHOD AND TWO DIFFERENT GROUPS	149
METHOD	150
PARTICIPANTS	150
PROCEDURE	151
STRUCTURE OF THE STUDY	151
CONSTRUCTS FROM PCT PRE-INTERVENTION INTERVIEWS (PHASE ONE).....	152
QUALITATIVE ANALYSIS FROM PHASE ONE AND PHASE THREE	157
VALUING MATERNAL GUIDANCE AND SUPPORT (PHASE ONE AND THREE)	158
CULTURE, RELIGION AND IDENTITY CLASHES (FROM PHASE THREE)	159
PARTICIPANTS’ PERSONAL REFLECTIONS ON THE WORK (FROM PHASE THREE)	160
QUANTITATIVE ANALYSES	161
DESCRIPTIVE STATISTICS	161
The General Self-Efficacy Scale.....	164
DISCUSSION OF FINDINGS	164
VALUING MATERNAL GUIDANCE AND SUPPORT.....	164
CULTURE, RELIGION AND IDENTITY CLASHES.....	165
THE PCT METHOD	166
QUANTITATIVE MEASURES IN RELATION TO THE QUALITATIVE FINDINGS	166
LIMITATIONS AND FUTURE RESEARCH	167

CONCLUSIONS	168
<u>CHAPTER SIX - ADULTS' RECOLLECTIONS OF THEIR EXPERIENCES OF ARRIVING TO ENGLAND OR DENMARK AS AN ACCOMPANIED CHILD</u> <u>.....</u>	171
METHOD.....	171
PARTICIPANTS	171
PROCEDURE	172
DATA ANALYSIS	173
FINDINGS FROM DATA COLLECTED IN ENGLAND	173
LANGUAGE-BASED CHALLENGES EXTENDING TO FURTHER DIFFICULTIES	173
CHOOSING TO SUCCEED.....	175
GAINING STRENGTH THROUGH SOCIAL SUPPORT AND ENCOURAGEMENT	178
DISCUSSION OF THEMES FOR PARTICIPANTS IN ENGLAND.....	180
LANGUAGE-RELATED CHALLENGES EXTENDING TO FURTHER DIFFICULTIES	180
CHOOSING TO SUCCEED.....	180
GAINING STRENGTH THROUGH SOCIAL SUPPORT AND ENCOURAGEMENT	181
FINDINGS FROM PARTICIPANTS IN DENMARK	182
LANGUAGE-BASED CHALLENGES EXTENDING TO FURTHER DIFFICULTIES	182
INTEGRATING TWO SEPARATE WORLDS INTO ONE	183
GAINING STRENGTH THROUGH SOCIAL SUPPORT AND ENCOURAGEMENT	185
SEEING, HEARING AND UNDERSTANDING CHILDREN'S NEEDS.....	187
DISCUSSION OF THEMES FOR DANISH PARTICIPANTS	190
LANGUAGE-BASED CHALLENGES EXTENDING TO FURTHER DIFFICULTIES	190
INTEGRATING TWO SEPARATE WORLDS INTO ONE	190
GAINING STRENGTH THROUGH SOCIAL SUPPORT AND ENCOURAGEMENT	191
UNDERSTANDING, SEEING AND HEARING CHILDREN'S NEEDS	193
SUMMARY OF FINDINGS FROM ENGLAND AND DENMARK	194
CONCLUDING REMARKS AND REFLECTIONS	195
<u>CHAPTER SEVEN - CHILDREN'S EXPERIENCES OF THEIR SOCIAL WORLD - AN EXPLORATION OF PERSONAL CONSTRUCTS IN REFUGEE AND DANISH CHILDREN</u> <u>.....</u>	199

REFUGEE CHILDREN AND SUPPORT FROM THEIR IMMEDIATE ENVIRONMENT	199
PARENTS’ AND CHILDREN’S COPING STRATEGIES	200
SCHOOL SETTINGS	201
RESEARCH IN SCHOOL SETTINGS	202
PERSONAL CONSTRUCT THEORY AND METHOD.....	204
PCT COUNSELLING AND METHODS WITH CHILDREN AND YOUTHS	206
PILOT OF THE PCT METHOD WITH CHILDREN	207
THE PRESENT STUDY	207
THE INTERVENTION – NUSSA	208
EVALUATION MEASURES	209
METHOD	209
PARTICIPANTS	209
PROCEDURE	210
PCT MEASURE.....	211
RESULTS.....	212
QUALITATIVE FINDINGS	212
Personal constructs - intervention group (refugee children)	212
Extracts from PCT method assessments – pre-intervention	218
Showing Support and Care for others through Friendships	219
Having Fun with Friends and Fitting in	220
Family Bonds and Connections	220
Extracts from the PCT method assessment – post- intervention	221
Having Fun and Helping Friends	222
Family as Most Important	222
Summary of the qualitative findings	223
Constructs from native Danish children.....	225
DISCUSSION.....	228
POTENTIAL PROTECTIVE FACTORS.....	228
REFLECTIONS ON THE PCT MEASURE.....	229
THE PCT METHOD IN THIS CONTEXT	230
THE IMPORTANCE OF FRIENDSHIPS	232
PRAGMATIC CHALLENGES THAT AFFECTED THE RESEARCH.....	232
CONCLUSION.....	233
<u>CHAPTER EIGHT - GENERAL DISCUSSION</u>	<u>235</u>

SUMMARY OF THE STUDIES	237
STUDIES ABOUT ADULTS' EXPERIENCES	237
STUDIES ABOUT CHILDREN'S EXPERIENCES	239
STRENGTHS OF THE PRESENT RESEARCH PROGRAMME.....	243
SOCIAL SUPPORT.....	243
A DESIRE TO FIT IN	245
NORMALISATION AND STABILITY.....	247
MOVING FORWARD AND A DESIRE TO CONTRIBUTE POSITIVELY TO SOCIETY	247
STRENGTHS AND LIMITATIONS OF THE PCT METHOD	249
VARIATIONS IN THE ADAPTED PCT METHOD ACROSS GROUPS	251
THE PCT METHOD AND CHILD PARTICIPANTS	253
FLEXIBILITY OF THE PCT METHOD AND CULTURAL VARIATIONS	254
REFLECTIONS ON THE VALUE OF THE TWO METHODS APPLIED.....	255
CHALLENGES AND BARRIERS ENCOUNTERED.....	258
THEORETICAL UNDERPINNINGS AND INFLUENCES	262
IMPLICATIONS FOR POLICYMAKING	264
IMPLICATIONS FOR SOCIETY	265
PERSONAL REFLECTIONS ON THE WORK AS A WHOLE	266
<u>REFERENCES.....</u>	<u>271</u>
<u>APPENDIX A</u>	<u>285</u>
<u>APPENDIX B</u>	<u>287</u>
<u>APPENDIX C</u>	<u>288</u>
<u>APPENDIX D</u>	<u>292</u>
<u>APPENDIX E</u>	<u>293</u>
<u>APPENDIX F.....</u>	<u>297</u>
<u>APPENDIX G</u>	<u>299</u>

List of Tables

Table 1 - Illustration of the studies	44
Table 2 - Participants' PCT constructs elicited pre-intervention (phase one).....	121
Table 3 - Participants' PCT constructs elicited post-intervention (phase three).....	124
Table 4 - Means and Standard Deviations for the Meaning in Life Questionnaire	134
Table 5 - Individual Scores on the Sub-scales of the Meaning in Life Questionnaire.....	135
Table 6 - Means and Standard Deviations for the General Self-Efficacy Scale	137
Table 7 - Participants' PCT Constructs elicited pre-intervention (phase one).....	152
Table 8 - Participants' PCT Constructs elicited post-intervention assessment (phase three) ...	154
Table 9 - Means and Standard Deviations for the Meaning in Life Questionnaire	161
Table 10 - Individual scores on the Meaning in Life Questionnaire.....	162
Table 11 - Means and Standard Deviations for the General Self-Efficacy Scale	164
Table 12 - Pre-intervention PCT constructs - refugee children	212
Table 13 - Post-intervention PCT constructs - refugee children.....	215
Table 14 - Native Danish group's PCT constructs.....	225

Acknowledgements

Firstly, I would like to thank my principal supervisor, Dr Brenda Todd, for her time, advice and support, and for her calm approach and knowledgeable guidance throughout the entire process of this work. Her kind and thoughtful supervision was invaluable for the completion of this research and thesis write-up. Thank you, Brenda, for always being there when I needed you.

Here, too, I would like to thank my second supervisor, Dr Paula Corcoran, for her advice, discussions about the qualitative analyses and for reading previous drafts of chapters. I also thank my mentor, Dr Mina Fazel for helpful discussions and inspiration.

I am grateful for the continuous support provided to me by my family, particularly my husband, who always has faith in me and who listened to my reflections on the work and discussed ideas related to the research and write-up with me.

I thank the following funding bodies - City University London for the PhD bursary, The Jacobs / International Society for the Study of Behavioral Development Fellowship Program, Lottery, Awards for All, and lastly, the Signe & Ane Gyllenberg Foundation, who all helped make this research possible, and the organisations that enabled me to recruit participants.

Last but no means least, I express my heartfelt gratitude to each of the individuals who took part in the studies. I have been saddened by the experiences they had to go through but equally inspired by their commitment to making a new life for themselves and to improving their situation in societies that were not always compassionate or understanding.

Abstract

This thesis is concerned with first-person accounts of the needs and experiences of asylum-seeking and refugee individuals in European asylum countries. The aim of the research programme was twofold. Firstly, to explore how participating asylum-seeking and refugee individuals understand and make sense of their experiences and how societies can best support them through qualitative methods. Secondly, to determine the value of using a method based on George Kelly's Personal Construct Theory (PCT) as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals in European countries. An inherent goal throughout the research was to give voice to asylum-seeking and refugee children, youths and adults, whose voices are rarely heard.

The research programme included two types of studies. There were two exploratory studies based on Interpretative Phenomenological Analysis, and three studies that examined the value of applying a method based on Kelly's PCT method, where the resulting data were analysed using a thematic analysis. Overall, the studies focus on first-person accounts and personal constructs of asylum-seeking and refugee children, youth and adults, and highlight aspects of the social world that are perceived to be critical to these individuals. In all of the studies, the immense importance of social support and social relationships were found to be main themes, in addition to possibilities related to education, work and being able to make a positive contribution to the resettlement country. Furthermore, challenges related to language difficulties, isolation, stigmatisation and cultural clashes were identified as central themes. It is hoped that these findings may be implemented in theoretical and practical work, when seeking to develop intervention and support strategies for these groups. Additionally, it is hoped that the participants' willingness to share their perspectives will lead to an increased understanding of the complexity of asylum-seeking and refugee experiences.

Published work

The study presented in Chapter Three has been published in the following journal:

Thommessen, S. A. O., Corcoran, P., & Todd, B. K. (2015). Experiences of Arriving to Sweden as an Unaccompanied Asylum-Seeking Minor from Afghanistan: An Interpretative Phenomenological Analysis. *Psychology of Violence, 5*, 374-383.

Chapter One - Introduction

The word *trauma*, from Greek, means ‘injury’ or ‘wound’ and in psychological terms, trauma could be defined as an emotional wound, leading to distress that affects an individual’s mental health or well-being (Papadopoulos, 2007). When defining trauma, most psychologists refer to symptoms and deficits based on various assessment scales or to the current diagnostic criteria such as those found in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) or the International Classification of Diseases (World Health Organization, 1992). Trauma, however, may also be conceptualised as an individual’s construction of an event, rather than a disorder (Burstow, 2003). Similarly, whereas the conceptualisation offered by diagnostic tools focuses on the individual and symptoms, traumatising events may affect individuals across generations, or even communities, societies or nations collectively (Burstow, 2003; Danieli, 1998; Papadopoulos, 2007; Somasundaram, 2007). It can thus be argued that defining trauma based on the presence or absence of an individual’s specific symptoms is inadequate, and that it may be more meaningful to view trauma reactions on a continuum including how individual constructions of an event, and an individual’s views, can be transmitted to others, for example to family members and through close relationships.

Although trauma is not exclusively an individual concern, it is nevertheless important to emphasise the devastating consequences traumatising experiences can have on individuals, and to acknowledge that trauma is also a concrete, cognitive, physical and affective response. People who experience and survive traumatising events have often been wounded physically and emotionally, and the consequences can be detrimental, which has been exemplified through an abundance of research throughout the last three decades (e.g. Carswell, Blackburn & Barker, 2011; Fazel, Wheeler & Danesh, 2005; Fazel, Reed, Panter-Brick & Stein, 2012; Gorst-Unsworth & Goldberg, 1998; Laban, Gernaat, Komproe, Schreuders, De Jong, 2004; Lie, 2002; Steel, Momartin, Bateman, Hafshejani & Silove, 2004; Sultan & O’Sullivan, 2001).

The definition of trauma as a wound in physical or psychological terms might include a variety of different forms of traumatising events, such as natural disasters, road traffic accidents, childhood abuse or political conflicts. In this present context however, the focus is on refugee individuals. More specifically, this thesis aims to assess the

experiences and needs of asylum-seeking and refugee individuals in European countries.

Terms and Definitions

The method based on Personal Construct Theory: According to George Kelly's Personal Construct Theory (1955/1991) individuals develop personal constructs of the world and these constructs guide the individuals' meaning-making, understanding and anticipation of events. These constructs, developed based on personal experiences, are not necessarily shared by others. Kelly (1955) developed a tool for assessing meaning-making, which can be described as a measure of individual understanding and representations. An adaptation of Kelly's original tool was applied in this present research programme. Further details are presented in Chapter Two.

Refugee: The term 'refugee' defines an individual who has sought refuge in a foreign country "*owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...*" (United Nations Convention Relating to the Status of Refugees, 1951: Article 1A (2)).

Thus, a refugee is a person who has already sought asylum based on a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, and who has received a positive decision based on the asylum application in the asylum country.

Asylum-seeker: An asylum-seeker defines an individual who is outside the borders of his or her country of origin in search of refuge and safety; but who has not yet been granted asylum in the host country, and is therefore not a refugee in a legal sense. In order to obtain refugee status in the UK, an investigation is carried out by the Home Office, a process which may last months or even years (Pitman, 2010), before a final decision is made. This difference in status does not only affect asylum-seeking individuals in a legal sense, but is also likely to influence social functioning and psychological well-being (e.g. Carswell et al., 2011; Iversen & Morken, 2004).

Unaccompanied minor: Unaccompanied minors have been defined in the following way: *Unaccompanied children are those who are separated from both parents and are not being cared for by an adult who, by law or custom, is responsible to do so.*

(UNHCR, 1994: 121). This lack of protection from parents, and their young age, increases the vulnerability of unaccompanied minors considerably (Goodman, 2004; Mels, Derluyn, Broekaert, & Rosseel, 2010; Wernesjö, 2012) compared to adults or children accompanied by their parents.

The majority of refugees in the UK and European societies have sought refuge on their own initiative due to conflicts, persecution or war in their country of origin. This group of refugees is referred to as ‘spontaneous’ refugees, as opposed to ‘programmes of refugees’ where large groups of individuals are brought to safety in resettlement countries (Lynch & Cunningham, 2000), as was the case with the wars and conflicts in Vietnam or Kosovo that resulted in programmes of refugees. The larger group, spontaneous refugees, including families with children and separated or unaccompanied minors, have typically been exposed to more severe threats and dangers on their journey, before arriving to an asylum country, as these journeys are likely to have been longer in duration and to have involved higher risks to the individuals’ safety. In the research presented in this current thesis, participants were all spontaneous refugees, unless otherwise stated.

To focus on the *individuals* who volunteered to take part in this research programme, and made the work possible, ‘*asylum-seeking and refugee individuals*’ or ‘*asylum-seeking and refugee participants*’ will primarily be used throughout, rather than ‘*asylum-seekers*’ or ‘*refugees*’. This distinction is judged to be important as it emphasises that these individuals’ identities are not restricted to their status, thereby highlighting that they are multi-dimensional people (Kohli, 2006b).

In contrast to asylum-seeking and refugee individuals, *migrants* have not sought refuge in an asylum country based on fear of persecution. Instead, migrants tend to move voluntarily in order to find work or better living conditions. The distinctions between migrant and refugee individuals, thus whether people have *chosen* to migrate or been forced to do so, may sometimes be blurred, and crude divisions may be inappropriate (Kirmayer, 2014).

The studies comprising this research programme did not include migrant participants, but focused exclusively on asylum-seeking and refugee individuals as well as refugee children (born outside the resettlement country) and children of refugee parents (born in the resettlement country). Some of the literature that is reviewed, however, includes research involving migrants. In the remaining sections of this chapter, an introduction to

the broad topic of refugee trauma and cultural challenges is presented before moving on to a description of, and justification for, the methods applied (Chapter Two).

Effects of trauma on individual functioning and well-being

Refugees affected by war and human rights violations have been found to have experienced a large number of traumatising events, with examples specifying as many as seven to fifteen traumatic experiences (Carswell et al., 2011; Marshall, Schnell, Elliot, Berthold & Chun, 2005; Mollica et al., 1999). Alarming, research by Sinnerbrink, Silove, Field, Steel and Manicavasager (1997) indicated that 78 per cent of their asylum-seeking sample reported at least one traumatic event, with the majority having endured multiple traumas. Within groups of refugees, experiences of torture have been reported by as many as 74 per cent (Keller et al., 2003) and 54 per cent (Marshall et al., 2005), depending on the context of research and the country of origin of participants. The traumatising experiences causing individuals to flee their country of origin lead to a high prevalence of post-traumatic stress disorder (PTSD), depression and anxiety in asylum-seeking and refugee populations (Turner, Bowie, Dunn, Shapo & Yule, 2003; Fazel, Wheeler & Danesh, 2005). Post-traumatic stress disorder (PTSD) is a disorder that an individual may develop after experiencing a traumatic event, such as combat, a crime, an accident or a natural disaster. The most common symptoms include reliving the traumatising event or experience via intrusive memories, flashbacks and nightmares, and avoidance of anything that could remind the individual of the trauma experienced, as well as intense feelings of anxiety (APA, 2015).

Indeed, a systematic review of the literature concerning refugees in high-income societies found that refugees could be up to ten times more likely to suffer from PTSD compared to an age-matched general population in America (Fazel et al., 2005). These figures are particularly worrying in the light of the finding that individuals who suffer the most are less likely to participate in research (Carswell et al., 2011), thereby leaving the distress of the most vulnerable individuals undocumented. Seeking to shed light on asylum-seeking individuals' experiences and needs, by involving individuals from smaller organisations, may be a way to increase the current knowledge. The ethical concerns when working with smaller organisations, that may also offer therapy, mean that researchers must emphasise that the research is separate from the practice of the organisation and make sure that participants do not feel forced to take part in any way. At the same time, including participants from smaller organisations may mean that

voices and perspectives from individuals, who are not otherwise heard, can be brought forward, as was the case in this present research programme.

In addition to the distress associated with forced migration and potentially traumatising experiences, asylum-seeking and refugee individuals frequently face cultural and language barriers, financial and housing difficulties, ineligibility to work as well as isolation and discrimination in host-societies (Pitman, 2010; Montgomery, 2008; Montgomery & Foldspang, 2008). Studies conducted within the UK, US, Australia and Denmark have found that risk factors experienced in host-societies contribute to, and exacerbate, effects on poor mental health when compared to the trauma experienced pre-migration (Carswell et al., 2011; Gorst-Unsworth & Goldberg, 1998; Laban, Gernaat, Komproe, Schreuders, De Jong, 2004; Lie, 2002; Steel et al., 2004; Montgomery, 2008; Sultan & O'Sullivan, 2001). These findings suggest an urgent need for asylum procedures and preventive- and intervention programmes to focus on reducing stress and anxiety, by increasing support and facilitating adaptation and integration. Post-migration stressors that negatively affect mental health include worrying about being sent home, delays in the asylum-application process, loss of liberty, social isolation and feelings of hopelessness and sadness (e.g., Dow, 2011; Fazel & Silove, 2006; Gorst-Unsworth & Goldberg, 1998; Keller et al., 2003; Morantz, Rousseau & Heymann, 2012; Robjant et al., 2009; Sinnerbrink et al., 1997; Steel et al., 2004).

As indicated above, refugees can face adversity and potential trauma at various stages, including extreme violence and persecution pre-migration, difficult journeys and challenges in host countries. Research involving refugee individuals continues to be of immense importance for developing and evaluating services to make these effective and to create a solid foundation from which to advocate for refugee needs (Ellis, Kia-Keating, Yusuf, Lincoln and Nur, 2007).

Despite findings illustrating the violence and trauma that are part of many refugee individuals' backgrounds and experiences, including mental health difficulties and scattered social worlds, most of these individuals nevertheless arrive in host countries with optimism, hope and are determined to make a new life (Block, Warr, Gibbs & Riggs, 2012). However, refugees are frequently met by a new set of difficulties, such as housing problems, challenges related to learning the new language and taking part in education or work, as well as discrimination (Block et al., 2012). The risk factors faced

by refugees in European and Western host-societies, as well as their possibilities for positive adjustment, are greatly influenced by societal discourses and governmental policy. In recent years, debates in high-income European and Western host-societies have become increasingly hostile and aggressive, adding further distress to asylum-seeking and refugee populations (Esses & Medianu, 2013; Greenslade, 2005; Shakya et al., 2014). Public debates in European societies are primarily dominated by third party accounts, and individuals affected by forced migration, traumatic experiences and discrimination are rarely provided with an opportunity to respond to these negative and often aggressive and stereotypical statements. One of the main aims, implicit throughout this current research programme, was therefore to offer asylum-seeking and refugee children, youth and adults an opportunity to express their opinions, experiences and perspectives with minimal imposition or assumptions from my part.

The consequences of parental trauma may lead to adverse effects on subsequent generations. Adults who have suffered trauma may experience an inability to cope with their children's emotional needs, or in some cases may be emotionally unavailable or unable to provide the safety and support that their children need (Schlechter et al., 2005). However, studies investigating the intergenerational transmission of trauma have reported complex, and at times contradicting findings (Danieli, 1998; Rousseau & Drapeau, 1998) and not all individuals affected by traumatising experiences have been found to have compromised parenting skills. Thus, in addition to assessing experiences and needs in individuals affected directly by forced migration and potentially traumatising events, children of refugees were included in three of the studies in this thesis. Morantz, Rousseau and Heymann (2012) argue that there is less knowledge about the children of refugees compared to research about adults, and it was hoped that the research comprising this thesis would contribute with insights relating to adults, young people and children.

Intergenerational transmission of trauma

The Second World War and the aftermath of the Holocaust atrocities led to research into the intergenerational transmission of trauma. Investigations into the psychological effects of the Holocaust on the individuals who survived, and the transmission of trauma and psychological residuals in subsequent generations have led to extensive research (Danieli, 1998). Clinical observations by psychotherapists have more often described manifestations of mental distress compared to researchers (Kellermann,

2001b). Two opposite coping strategies have been adopted by Holocaust survivors; either keeping silent about the distressing experiences or expressing a need to tell one's story, thereby bearing witness to the horrors and honouring those who did not survive (Danieli, 1998).

Intergenerational effects of parental experiences of trauma, violence and conflict have been reported in numerous other contexts. These include the Vietnam War (e.g. Rosenheck & Fontana, 1998) and more recently, refugees in European and Western countries who have fled their country of origin due to persecution or conflict (e.g. Dalgaard, Todd, Daniel & Montgomery, 2015; Daud, & Rydelius, 2008; Daud, Skoglund, & Rydelius, 2005; Montgomery, Krogh, Jacobsen & Lukman, 1992). Together this research sheds light on a range of challenges and difficulties for subsequent generations, although the evidence for specific psychopathology has not always been found, and the implications for further generations seem to include a complex mix of both resilience and vulnerability factors (Kellermann, 2001b).

Mechanisms of transmission

As part of documenting the challenges faced by children of refugee parents who have survived traumatising experiences, research has sought to shed light on the mechanisms whereby symptoms or other adverse effects of trauma are transferred through generations. The mechanisms involved in the intergenerational transmission of trauma, however, are still not fully understood.

In an attempt to explain such mechanisms, Kellermann (2001a) presented a model of four potential approaches that provide different explanations: a psychodynamic, a socio-cultural, a family systems and a biological perspective. The psychodynamic approach focuses on interpersonal relationships and the unconscious displacement of emotions as the main mechanisms for intergenerational transmission, whereas socio-cultural perspectives consider socialisation, parental modelling and children learning from their parents' behaviours as the main contributors. Biological approaches favour explanations based on genes, stress hormones and on the heritability of vulnerability to PTSD, whereas the family systems perspective considers communication and enmeshment to be the key mechanisms of transmission (Kellermann, 2001a). In support of a biological contribution, Yehuda and colleagues (2000) demonstrated a psychological and biological vulnerability factor in children of Holocaust survivors through lower cortisol levels, leading to a greater risk of stress as well as PTSD symptoms in response to

hearing about the Holocaust. According to Kellermann (2001a) none of the factors or areas outlined above produce the effect of intergenerational transmission of trauma independently; instead, a combination of several components may interact. The various contributing vulnerability factors are therefore unlikely to be mutually exclusive, and rather, seem to interact and overlap (Danieli, 1998).

Intergenerational transmission of refugee trauma

Efforts to explain the mechanisms involved in the intergenerational transmission of trauma within refugee families are complicated further by the range of challenges faced by refugees in Western societies. The effects of parental refugee trauma on their children's development include more vulnerability factors than those which can be attributed to the traumatising events. Asylum-seeking and refugee individuals may experience a range of other difficulties, including loss of culture, loss of social support systems, financial losses, and loss of status (Carswell et al., 2011; Dow, 2011; Gorst-Unsworth & Goldberg, 1998; Laban et al., 2004; Lie, 2002; Steel et al., 2004; Sultan & O'Sullivan, 2001). On a broader level, the social transmission of trauma-related adversity can affect social structures such as poverty, isolation or unemployment, which may lead to insecurity or ongoing threats to the well-being and safety of children and their parents. Hereby, wider disadvantageous effects of forced migration may affect the general well-being of refugees' children as well as their ability to achieve their potential. Likewise, it is possible that maladaptive parental constructs, ways of creating meaning and general attitudes, can be transmitted to their children.

The multifaceted effects of trauma were emphasised by Ibrahim (2001), who highlighted five main areas of functioning that affect an individual as: attachment, autonomy, interdependence, achievement and survival. Trauma may disturb the development of a healthy attachment bond between the primary caregivers and child, thereby influencing the child's emotional and social development. Further consequences may include feelings of inadequacy, incompetence, loss of control and isolation; thereby impairing the development of identity and autonomy. Traumatic experiences may also threaten social interactions, for instance in cases where families are forced to flee their home country (Ibrahim, 2001).

In summary, although psychological distress has been observed in children of survivors of traumatising experiences, cultural, social and structural factors are also important contributing factors. Disentangling the adverse effects of parental trauma and the effects

of forced migration, language and cultural barriers, and having to adapt to a new society, remains a difficult task. Understanding the specific contribution of inter-generational transmission of trauma is complicated further by factors such as discrimination, stigmatisation, isolation, racism and breaking down of culture in asylum countries (Carswell et al., 2011; Gorst-Unsworth & Goldberg, 1998; Laban et al., 2004; Lie, 2002; Steel et al., 2004; Sultan & O'Sullivan, 2001). Simply exploring clinical symptoms may therefore be inadequate in identifying potential challenges experienced by refugee and asylum-seeking children. The methods that were applied in the present research may be able to capture broader meaning-making.

Parental sensitivity

The notion that early social relationships influence infants' and children's development, and provide the foundation for further development, can be traced back to the work of psychoanalysts such as Sigmund Freud, Anna Freud and Melanie Klein, and later to John Bowlby and Mary Ainsworth's theory of attachment (Ainsworth & Bell, 1970; Bowlby, 1969). According to Attachment Theory, children's experiences of how caregivers meet their emotional needs influence their general development and provide the templates for future relationships. Children, whose expectations for care and affection are not continuously met, may become *rootless* (Bowlby, 1977, p. 204) and may develop an insecure attachment relationship to their caregivers (Bowlby, 1977).

The importance of primary attachment relationships is now well-established and caregiver mental health is known to be an important predictor of children's mental health (Dybdahl, 2001; Miller, 1996; Betancourt & Khan, 2008). In Bosnia and Herzegovina, Dybdahl (2001) evaluated an intervention program focusing mainly on mothers, or the primary caregiver. This study illustrated how a positive effect on mothers' mental health also provided an indirect positive influence on their children, who were between five and six years of age. Mothers in the intervention group received psycho-social care, aiming to support the women in their child-caring roles. The intervention consisted of weekly two-hour therapeutic discussion groups for five months, where the women were given the opportunity to discuss their concerns and problems and were provided with information concerning childhood trauma and coping strategies, as well as medical health care. A control group was provided with the same medical health care only. After five months, mothers in the intervention group improved significantly in overall life-satisfaction and trauma symptom reduction, rating their

children as more intelligent, active, happy and less restless, clingy, distractible and emotionally unstable. Further indirect effects on the children included increased weight gain and increased cognitive performance. Similar findings have been found in Guatemalan Mayan Indian children (Miller, 1996), where children's mental health was positively correlated to their mothers' psychological state.

Insecurity can be transmitted from both parents to their child (Fonagy et al., 1994), which may explain some of the mechanisms involved in the intergenerational transmission of trauma. Parents, who have suffered traumatising experiences that have not been resolved, may in some cases be unable to care for their children in attentive, loving and caring ways, and parents' own insecurities and vulnerabilities may be transmitted to their children. However, even children who grow up in neglectful or abusive environments may nevertheless develop a secure internal working model of relationships if there is an alternative stable and responsive figure in the child's life (Fonagy et al., 1994), highlighting the importance of social support of a more general nature in children's development.

Despite findings suggesting the influence of parental factors, it is important to acknowledge that the parent-child relationship is bidirectional and that children affect their parents just as parents affect their children. For instance, Iranian parents whose children suffered from mental health difficulties were found to have less hope for the future and greater difficulties maintaining optimism, compared to parents of children who were not experiencing mental distress in the asylum country (Almqvist & Hwang, 1999). Therefore, improving refugee children's experiences and well-being in asylum countries should be of high importance, as improvements could be beneficial to the whole family, just as supporting parents can be beneficial to the whole family.

Several studies have found that communication within refugee families is characterised by parents' desire to protect their children by focussing on the present (Almqvist & Hwang, 1999) and not revealing details about their background (Bek-Pedersen & Montgomery, 2006; Montgomery, 2004), although children may know more about their parents' traumatic experiences than parents' believe or admit (Montgomery, 2004). A systematic review of the literature on patterns of communication style in refugee families (Dalgaard & Montgomery, 2015) concluded that a modulated approach to the disclosure of refugee parents' traumatic experiences from the past was associated with positive adjustment in their children. The modulated approach was characterised as

emphasising the timing and manner in which traumatising experiences were disclosed to children, rather than simply focussing on disclosure versus silencing (Dalgaard & Montgomery, 2015). Based on these findings it seems that the method based on Personal Construct Theory (PCT), as applied in this research programme, might be a valuable tool in assessing social constructs in refugee children, due to the less direct way in which questions are asked and the individualised nature of the method.

Role-reversals

As will be discussed in relation to findings in Chapters Five and Six, children of refugee parents who have experienced trauma may face a variety of challenges. In families affected by forced migration, children have in some cases been found to adapt to the new culture and society sooner than their parents, learning the new language and about the new society's rules and norms more quickly than their parents (Morantz et al., 2012). This may lead to a *role-reversal* in which parents are 'infantilised' and children take on aspects of the parenting role, a shift which can lead to changes in identities, power, authority, and relationships (Dow, 2011; Papadopoulos, 1999), and which can also impact on the care children receive from their parents. Children's new roles may include interpreting for their parents, explaining customs and norms, or in some cases, taking over roles such as food shopping or reading official letters.

Cultural norms in the host-society may impact differently on refugee mothers and fathers and expectations in the new society may lead parents to adopt new parenting strategies. Mothers in modern Western European societies, including refugee mothers, are typically expected to be active in their children's school activities and development in general. This can leave refugee fathers with new roles, and fewer responsibilities, less authority and lower perceived status than previously accustomed to (Hodes, 2000; Montgomery, 1998). These shifts within the family structure or role-reversals may increase the stress experienced by refugee families during the adjustment period. Schools and teachers can potentially have important roles to play. For instance, teachers can make an effort to explain to parents what the norm for parental involvement is in the respective country, and how the teachers would like parents to engage with the school. Similarly, teachers can help refugee children by making it clear to them that they do not need to act as interpreters for their parents, but can instead invite professional interpreters to meetings when necessary.

Unaccompanied Minors

Forced migration is frequently divided into three stages; while in their country of origin, *pre-migration*, during the journey to safety, *flight*, and finally, in the host country, *post-migration* (e.g. Derluyn & Broekaert, 2008; Fazel & Stein, 2002; Fazel et al., 2012). At each stage the severity of risk is heightened for unaccompanied minors (Nardone & Correa-Velez, 2015) who experience the uncertainty and insecurity of their situation without parental support, which may lead to feelings of powerlessness and distress (Groark et al., 2011).

Derluyn and Broekaert (2008) discuss how unaccompanied minors are typically exposed to enduring stressors that can be traumatising, rather than a single traumatic event. After a short period of relief after reaching the host country, these young people are often met with a new set of obstacles, ranging from language barriers and unfamiliarity with the norms, rules and customs in the new culture, as well as discrimination, racism and a range of difficulties associated with the asylum-process. These many challenges, in addition to their young age and the turmoil of being an adolescent, leave unaccompanied minors highly vulnerable. After reaching the age of majority, individuals who do not receive a permanent refugee status may choose to stay in the host country undocumented, leading to further risks. The authors conclude that a view on unaccompanied minors as *refugees* rather than as *children*, thus a focus on legal rather than psychological aspects, disregards their specific needs for support and protection. This group thus risks being viewed as having the right to attain temporary protection rather than appropriate care, with standards of support that do not match native children's rights in host countries (Derluyn & Broekaert, 2008).

In a qualitative study, based on a thematic analysis, Nardone and Correa-Velez (2015) examined unaccompanied minors' journeys to Australia. Participants included seventeen male individuals from Afghanistan, Pakistan and Iran. In addition to reporting experiences of risk and adversity at all three stages outlined above, the authors moreover found that the participants' *mental journey*, did not end when the physical journey had been completed. The individuals left their country of origin due to persecution, violence and discrimination and sought a "*better life*" (Nardone & Correa-Velez, 2015, p. 8), free from such adversity. When reflecting on the journey, the *stage of flight*, participants recalled experiences of danger and distress. They expressed a responsibility to support families back home as well as pressure to succeed in the

resettlement country. Their felt responsibilities towards family members left behind were difficult to live up to, due to the complex situations they found themselves in. Although strategies for protecting unaccompanied minors during their journeys are not easy to plan and conduct, the research by Nardone and Correa-Velez (2015) highlights the need for such initiatives.

Unaccompanied minors have been found to suffer from psychiatric disorders and depressive symptoms more often than accompanied refugee children (Wiese & Burhorst, 2007) because of the increased risk. In a study in Belgium, 63% of the unaccompanied minors had experienced four or more than four traumatic events, compared to 16% of the children accompanied by parents. Similarly, whereas 21% of the accompanied children had not experienced any traumatic events, only 2% of the unaccompanied minors did not report any traumatising experiences. This led Wiese and Burhorst (2007) to advocate for the importance of early mental health programmes and supportive and protective initiatives for unaccompanied minors.

Trust is generally seen as essential for any relationship; however, the specific challenges that asylum-seeking and refugee individuals face complicate matters relating to trust (Ní Raghallaigh, 2014). Specifically, refugees and asylum-seeking individuals' experiences, including unaccompanied minors, may lead them to mistrust others individuals, as well as leading to a lack of trust in societies and institutions. Indeed, the lives of refugees can be said to be strongly affected by both mistrusting others and being mistrusted, thereby influencing future relationships by making it difficult to establish strong relationships in host countries. Mistrusting others may act as a protective strategy (Ní Raghallaigh, 2014) in order to avoid rejection and disappointment. In a qualitative exploration of trust and mistrust with 32 participants who had arrived in the Republic of Ireland as unaccompanied minors, five categories relating to trust were developed (Ní Raghallaigh, 2014): *Past Experiences* included experiences of betrayal and trauma leading to forced migration, *Being Accustomed to Mistrust*, indicated having learnt not to trust institutions or governments back home – a mistrust that continued in Ireland. *Being Mistrusted by Others* arose as a theme based on participants' experiences of not being believed in the host-society as well as perceived racism, and *Not Knowing People Well* included extracts of participants' confusion about who to trust due to cultural, ethnic and religious factors, as well as the time needed to get to know people. Finally, *Concerns about Truth-telling* included not feeling able to tell the truth due to mistrust in

others, thereby leading to a vicious circle of mistrusting and being mistrusted (Ní Raghallaigh, 2014). These findings have implications for how professionals interact with unaccompanied minors in research and therapeutic contexts, by acknowledging the many facets that may underlie mistrusting attitudes. In summary, unaccompanied minors are at high risk of exposure to traumatising events pre-flight, during the journey as well as post-migration, and initiatives seeking to support these young individuals are therefore vital.

Challenges related to language

Non-shared language and non-shared culture may lead to challenges in interpretation and understanding in research contexts. Potential communication difficulties can arise, and questions about experiences are likely to be influenced by implicit cultural discourses that a participant may not voice directly, and that the researcher may not be fully aware of.

The use of interpreters and translation of interviews also present challenges in research as well as in therapeutic contexts involving refugee and asylum-seeking individuals. Clients may choose not to have an interpreter present, as they may not trust individuals from their own culture due to worries about confidentiality and stigmatisation (Hodes, 2000; Ní Raghallaigh, 2014), and may thus prefer the slower pace without interpreters. However, not using an interpreter may result in language use at a basic level, thus missing or misrepresenting subtleties of meaning. In addition, shame and guilt are strong powers that influence whether or not asylum-seeking and refugee clients trust an interpreter.

Children may present an especially sensitive case because their language skills are still developing and because adult interpreters may feel a need to supplement their accounts. In a study carried out by Keselman, Cederborg and Linell (2010), interpreter-mediated asylum hearings of asylum-seeking children in Sweden were analysed, and the interpreters' skills, professional training and their individual understandings of their role as interpreters varied considerably. This led to serious inaccuracies such as excluding, distorting, discrediting and guiding the children's explanations and statements (Keselman et al., 2010). Interpretation and choice of interpreters is therefore a potential barrier to research and intervention, and it is important to discuss the use of interpreters, as well as potential concerns with participants to ensure that participants feel safe and

supported in the research context. In this present research, it was hoped that the PCT method would reduce the risk of distorting or guiding participants' responses.

In both quantitative and qualitative research, there is a danger that participants do not share the same understanding of the language, concepts or constructs used, which may lead to misunderstandings, which compromise the authenticity of the findings. In qualitative research, the researcher may be able to explore the individuals' understanding of the topic under investigation, based on culture and personal experiences, more fully than is possible in quantitative and standardised assessments. The 'working tool' based on PCT sought to avoid complex language, as well as letting the participant determine the depth of the conversation. This was an attempt to avoid making assumptions about participants, which is of particular importance when working with individuals from varied cultural backgrounds, who have experienced extraordinary adversity.

Although complex use of language was not required in the PCT 'working tool' as applied in the present research programme, communication between myself (the interviewer) and participants was still an essential requirement, and professional interpretation was necessary in the study presented in Chapter Three. When working with interpreters, it is important to be aware of the influence that they may have on participants' comfort in taking part in the interviews. Steps might help to ensure that the interpreter does not hinder the participants' willingness to speak openly and freely, including asking participants if they would prefer to work with a male or female interpreter, someone from the same or different national background as their own, or through telephone or Skype interpretation, so that their identity remains anonymous. Because the present research focused on experiences, needs, constructs and meaning-making, through a primary focus on a qualitative application of the PCT 'working tool', the resulting data were analysed with a main focus on content rather than detailed examination of the specific language usage.

The adapted PCT method that was applied in the present context does not require complex use of language and can be adapted to individual cultures, understandings and beliefs, as the interviewer does not lead the interviewee in any pre-chosen direction. This was judged to be essential in the present context, which involved working with individuals from diverse backgrounds and nationalities, who did not necessarily share the same understanding of the world as me, the interviewer and researcher.

Cultural implications when working with the chosen groups

The implications of potentially traumatising experiences and forced migration are extensive, complex and can affect several generations, and the interaction between culture, trauma and individual experiences in asylum countries is likely to influence individual coping. Understanding the immense influence of culture on the aftermath of traumatising events, and the construction and expression of accounts, as well as potential cultural clashes, are important factors to consider when seeking to gain a better understanding of how to support asylum-seeking and refugee individuals.

Davies and Webb (2000), who discussed the influence of culture and individual backgrounds when working with refugee children from Somalia in the UK, reported an example of cultural influences and cultural clashes. Many of the boys who arrived in the UK from Somalia in the early 1990s had experienced the civil war that broke out in 1989, and their development was influenced by these surroundings. Prior to arriving in the UK, their responsibilities had involved protecting family members, and some had carried weapons and acted as child soldiers. These roles and responsibilities had led to a feeling of increased status in the boys, some of whom had distanced themselves from children of their own age who were not child soldiers. Due to their pre-flight experiences, the boys had accelerated their development in some aspects, but not in others, and in the UK the situation was very different from what they had been accustomed to pre-flight. The school environment in the UK was alien to these children, who were overwhelmed and confused by the new rules and expectations. Likewise, teachers and other professionals were ill-equipped to understand the needs of the children and their background (Davies & Webb, 2000).

In contrast to the perception and construction of mental difficulties in Western cultures, the authors argued that Somali culture conceptualises mental illness differently, without the concept of developmentally originating emotional or psychologically based disorders, thereby leading to clashes between Somali families and British individuals' understanding of the children's behaviour (Davies & Webb, 2000). Similarly, the authors argued that talking to therapists is not common in the Somali culture and words used to describe emotions differ significantly from English. For instance, women in refugee clinics were found to present with physical pains that were later found to be somatisation symptoms based on depression and anxiety (Davies & Webb, 2000).

These examples illustrate the critical importance of clinicians acquiring an understanding of the influence of the specific cultural beliefs and background of the refugee groups with whom they are working. Failing to provide culturally sensitive interventions and interaction with refugees may increase the risk of replacing one challenge with another, which could lead to increased adversity (Davies & Webb, 2000). The influence of culture on experiences of mental distress is explored in the studies presented in Chapters Four and Five, where culture and identity were investigated in two groups, one consisting of young adults who were asylum-seekers or refugees, and the other comprising young adults whose parents were refugees.

Another way, in which cultural differences may be seen in relation to working with individuals affected by trauma, is how therapy is viewed differently depending on culture, and which forms of therapy or intervention are thought to be beneficial. In families who have experienced forced migration, loss and up-rootedness, education has been found to be perceived as vital for improving ones chances in the asylum country. Refugee parents may therefore have high aspirations for their children's education, and may place great value on education (O'Shea, Hodes, Down & Bremley, 2000). Similarly, refugee children's and youths' own high aspirations concerning education have been reported in the literature (e.g. Goodman, 2004; Hopkins & Hill, 2010).

Some refugee groups may therefore not want therapy for their children, or may not wish for their children to be taken out of the classroom for therapy, away from learning opportunities (Hodes, 2000) even if therapy is offered with the best intentions. Likewise, there may be perceived stigmatisation associated with mental health care, and expressed symptoms may be somatic rather than psychological in nature (Durà-Vilà, Klasen, Makatini, Rahimi & Hodes, 2012). Within refugee groups, there may also be a tendency to choose to focus on the future, rather than dwelling on the past, in some cases due to poor mental health in parents as well as children, making it hard for parents to acknowledge that their child is in need of support (Hodes, 2000).

Valuing two separate cultures and finding pride in one's roots can be an important way in which refugee individuals can come to terms with the new situation (Schwartz & Melzak, 2005). Professionals working with asylum-seeking and refugee individuals may find that encouraging and facilitating resilience and strength, may help to enable these individuals to contribute positively to the host-society (Papadopoulos, 1999). For children, this may involve learning to make sense of their own life story, and to

integrate past experiences into life in the new culture (Davies & Webb, 2000). Therefore, it is important to remain open to views originating in the person's culture during assessments and when analysing interview material with refugee and asylum-seeking individuals. Integrating and valuing cultural aspects when developing interventions and supporting refugee groups is therefore an important task (Rousseau & Drapeau, 1998). Where possible, elements of refugees' traditional culture could be highlighted and implemented in therapeutic work and interventions. Encouraging the continuation of cultural practices seems to create stability, and may moreover enable new ways of creating meaning (Koch & Weidinger-von der Recke, 2009; Schwartz & Melzak, 2005). This is discussed further in the studies in Chapters Four and Five, in which concepts such as culture and identity were explored in group settings.

A potential challenge that may arise with research with participants from a variety of cultures and backgrounds, involves the danger of misinterpretations that may arise based on culturally specific coping strategies or manifestations of resilience. Explicit expression of psychological distress may not be acceptable in all cultures, and some individuals may restrain their negative emotions, or respond based on perceived cultural expectations or ideas about what the researcher wants to hear (Miller, 1996). In the present context, it was hoped that the adapted application of the PCT method would counter such difficulties, due to the flexibility of the approach, and the fact that I sought to let the participant lead the conversation, and because the participant was perceived as the *knower*. The adapted PCT method was judged to be suitable in this context because it provides a way of accessing personal constructs and patterns of meaning-making. In addition, Kelly's constructivist approach implies that individuals have the ability to create positive changes by developing new constructs or by altering how they construe experiences and events, which was seen as beneficial in the present context. Specifically, this was tested in the studies in Chapters Four, Five and Seven.

Research that aims to report the effects of trauma on children and families and evaluate interventions that seek to minimise the adverse effects of these experiences, are small ways in which researchers can contribute to acknowledging the horrific events these refugees have survived (Dyregrov et al., 2002). While the present research did not aim to shed light on traumatising experiences as such, one of the objectives was to provide asylum-seeking and refugee individuals with a voice. It was hoped that these voices would provide a contribution to the acknowledgement of asylum-seeking and refugees'

needs and experiences, therefore hopefully leading to improvements, and to explore if changes of understanding after an intervention might be seen.

Resilience in asylum-seeking and refugee individuals

Despite the severe adversity experienced by many asylum-seeking and refugee individuals, it is also important to emphasise the strengths and resilience in many of these people. Researchers working with refugees and asylum-seeking individuals should aim to focus on strengths, as well as assessing difficulties and challenges, in order to best support these groups in European asylum countries.

Some authors have argued that the effect of trauma on children worldwide has largely been ignored and neglected. This may partly be due to the unbearable nature of the acts of violence that occur during war, and because of the collective guilt at societal levels (Dyregrov, Gupta, Gjestad & Raundalen, 2002). Furthermore, Dyregrov and colleagues (2002) argued that focusing too heavily on resilience may undermine the severe trauma experienced by individuals, and may thereby fail to report and recognise its effects and thereby fail to legitimise individual experiences and constructs of violence and human rights violations (Dyregrov et al., 2002).

While definitions of resilience vary, they share the assumption that resilience is closely related to risk; individuals cannot be considered resilient unless they have been faced with severe threats to their development (Masten, 2001). Furthermore, resilience depends on how individuals respond to adversity (Cicchetti, 2010; Masten, 2014, Fletcher & Sarkar, 2013). Resilience can therefore be defined broadly as positive adaptation or development despite significant risk, threat or adversity (Fernando & Ferrari, 2013; Rutter, 2012; Tol et al., 2013).

“Resilience is normal development under difficult conditions.” (Fonagy, Steele, Steele, Higgitt & Target, 1994, p.233)

“The attainment of desirable social outcomes and emotional adjustment, despite exposure to considerable risk” (Betancourt & Khan, 2008, p.317)

Traditionally, resilience has been viewed as a unique individual quality (Betancourt & Khan, 2008), and at the individual level, resilience research has found evidence to support the contribution of several personal characteristics; a review by Fonagy and colleagues (1994) highlighted self-efficacy, autonomy, a positive sense of self-worth,

empathy, the ability to make plans, high IQ, general problem-solving skills and humour. Similarly, evidence supports the role of positive emotions and extraversion (Fletcher & Sarkar, 2013). A relatively recent review of resilience in children affected by war found evidence for the value of self-esteem, intelligence and creativity, and cognitive resources, personal strength, agency and optimism (Tol et al., 2013). The variety of the qualities and characteristics outlined above illustrate the difficulty in determining the precise components that lead to resilience, and it seems likely that a combination of factors interact. Furthermore, there seem to be problems involved in holding an individual, who has faced severe adversity or trauma, and who is unable to respond in a resilient way, responsible for his or her lack of resilience. As highlighted by Masten (2014), no child is invulnerable and the resilience of children depends on the resilience of other systems, in particular the family and the social environment. This is likely to be the same for youths and adults as well.

Contextual influences on resilience

Rather than viewing resilience as an individual quality, resilience has recently been defined as a dynamic developmental process (e.g. Betancourt & Khan, 2008; Cicchetti, 2010; Rutter, 2012; Rutter, 2013; Tol et al., 2013). From a social ecology perspective, environmental influences that may facilitate or hinder resilience processes extend beyond individual characteristics by taking multiple levels of the individuals' social ecology into account (Tol et al., 2013). These levels consist of family members, peer-groups, the community, as well as cultural and political systems (Bronfenbrenner, 1979; 1986; Betancourt & Khan, 2008; Fernando & Ferrari, 2013; Ungar, 2013), all affecting developmental trajectories and possibilities for development and adaptation.

Betancourt and Khan (2008) argued that resilience research should focus on coping and meaning-making, and on how attachment relationships, resources and social support influence resilience, not only within the family, but in peer relations and larger social networks. These authors reviewed studies of children affected by armed conflict, focusing on resilience and argued that research focusing on symptoms and pathology may neglect factors that lead to resilience, and that this perspective needs to be extended to family, community and policy making levels, in order to gain a better understanding of how to support refugee groups (Betancourt & Khan, 2008). According to Bronfenbrenner's ecological systems theory (1979; 1986), the child's family is the main system in which development takes place, and Bronfenbrenner also highlighted the bidirectional influences of systems within the social ecology. Numerous social factors

have been found to facilitate and influence resilience, such as maternal and sibling warmth, a positive atmosphere in the family and the availability of mentorship schemes (Rutter, 2013). Findings based on orphaned children in Sri Lanka have highlighted the positive effects of supportive adults and mentors within the social environment in relation to the children's resilience (Fernando & Ferrari, 2013).

Moreover, caregiver mental health has been found to affect their children's well-being during times of adversity (Dybdahl, 2001; Miller, 1996; Betancourt & Khan, 2008). Punamäki, Qouta and El-Sarraj (2001) found that Palestinian children who perceived receiving equal love and care from both parents presented with lower levels of PTSD compared to children who expressed receiving love and care from their mother only. Furthermore, in a systematic review of resilience in children affected by armed conflict, Tol and colleagues (2013) argued that a supportive socio-ecological context is at least as important, if not more, than any individual characteristics. Summarising the findings above, social support seems to play a key role in relation to resilient development and adaptation.

In addition to social support, cultural aspects have been found to contribute to resilience in children and youth. Fernando and Ferrari (2013) summarised findings based on orphaned children in Sri Lanka, and identified that Buddhist practices promoted well-being and encouraged positive coping. It was argued that these practices helped children to accept their circumstances, gave structure and meaning to their lives and that rituals and religious practices promoted the children's integration into their community (Fernando & Ferrari, 2011; 2013). Culture and associated religions, may also become a source of risk, which may be the case for some asylum-seeking and refugee individuals, who face discrimination, stigmatisation as well as the consequences of negative stereotypes (Masten, 2014). Cultural clashes and learning to navigate between different cultures may moreover lead to tensions and difficulties in asylum-seeking and refugee individuals. Furthermore, behaviour that appears to be maladaptive from the perspective of one observer, may in fact exemplify situations where more acceptable paths are not available to the individual. One such example could be gang involvement by minority youth, which, in some cases, could be an adaptive strategy to avoid risks or threats from majority youth (Ungar, 2013). This highlights the need for researchers to engage with the participants they are working with, in order to explore their constructs and personal meaning-making in an attempt to avoid making false assumptions (Ungar, 2013).

Masten (2001) argued that resilience appears to be a common phenomenon rather than an extraordinary talent. She claimed that resilience arises from basic protective factors and healthy adaptive systems such as relationships with caring adults, schools and communities that foster the child's positive development (Masten, 2014). From this perspective, it could be argued that the greatest risks to positive development are those that jeopardize adaptive processes, and an example might be the shattered support systems of many asylum-seeking and refugee individuals. Efforts that seek to facilitate or to restore adaptive systems may therefore be ways of promoting and assisting resilience (Masten, 2001; Montgomery, 2008).

This perspective proposed by Masten (2001), creates optimistic opportunities for working with asylum-seeking and refugee individuals, through focusing on competences, empowerment, and developmental possibilities. However, there is also the danger that this perspective dismisses suffering and degrades individuals who are unable to respond resiliently after having faced severe adversity or trauma. Just as traumatising experiences, coping strategies and recovery are affected by both internal and external factors, including societal structures and cultural influences; resilient adaptation in asylum countries is an equally complex process. External, cultural and structural processes influence the possibility for the individual to respond to life circumstances resiliently. In summary, the way in which individuals cope with stressors, risk and adversity varies, and does not only depend on individual characteristic, but also on the context, support provided and possibilities available. Resilience at the individual level and wider social, cultural and contextual processes that affect resilience are explored further in Chapters Four and Five.

Research questions

The primary research question addressed in this thesis was, '*How do asylum-seeking and refugee individuals understand and make sense of their experiences in European societies and how can these societies best support asylum-seeking and refugee individuals*'? A secondary aim was to determine the value of using a method based on George Kelly's Personal Construct Theory when exploring the needs and experiences of asylum-seeking and refugee individuals in European asylum countries. The second research question was therefore, '*Can George Kelly's Personal Construct Theory (PCT) be used effectively as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals*'? An inherent goal

throughout the research was to give voice to asylum-seeking and refugee children, youth and adults, as these voices are rarely heard.

“Kelly suggested that psychologists should start their work not with theories, but with involvement in the life situation of the people they have chosen to study.” (Banister, Burman, Parker, Taylor, & Tindall, 1994, p. 74).

Based on George Kelly’s invitation, the first study of this thesis, presented in Chapter Three, formed a basis for the whole research programme in that it sought to determine the needs and experiences of young refugees, who had arrived to Sweden as unaccompanied asylum-seeking minors. The aim of this initial exploratory Interpretative Phenomenological Analysis (IPA) study was to examine the individual experiences of arriving to a European asylum country, including questions about what was found to be challenging and/or accommodating. The aim of the first exploratory study was to determine the focus of the PCT method that was to be the primary method used in the subsequent studies with young adults (Chapters Four and Five).

Although the PCT method was chosen in advance to determine its effectiveness in addressing the research questions, the exploratory study (Chapter Three) was designed to determine and select the concerns that were most relevant to participants, and to allow these findings to guide the focus of the remaining research programme. This group of individuals was chosen for the first exploratory study because they entered the asylum country as minors but were young adults at the time of the interviews, and were therefore able to reflect on their experiences. A second exploratory study was included in Chapter Six to determine the needs of children, as the subsequent study involved refugee children. In this way, findings from two exploratory studies, in addition to previous research in the field, determined the content and details of the PCT method that was to be carried out with young adults and children. The findings from these two exploratory studies were analysed based on Interpretive Phenomenological Analysis (IPA), because the focus in these studies was on the individual experience of arriving to the host country, and the method was judged to best support that aim. In the following section, the present research programme is described.

The current research programme

After conducting the exploratory studies, the research programme involved three research studies with a primary focus on an adaptation of George Kelly’s PCT

procedure (please see Chapter Two) which was applied qualitatively. The data resulting from the adapted PCT method was analysed using a thematic analysis (Braun & Clarke, 2006; 2012). Two studies (Chapters Four and Five) also included quantitative measures in order to assess how these findings corresponded to those from the PCT method.

The adapted PCT method was employed to access participants' meaning-making with the aim of determining its suitability across a range of asylum-seeking and refugee participant groups. This choice was based on perceived strengths of the method, namely, that it could provide *structured prompts* and concise simply worded questions, which could access the individuals' constructs and meaning-making. Thereby, the PCT method was applied with the aim of accessing the essence of participants' constructions of events and their implications, without the requirement of complex use of language, whilst also minimising the impact of prior expectations, misunderstanding, or biases. Furthermore, the studies which included the PCT method for evaluation were planned to test the flexibility of the method, and to assess whether or not it allowed the participant, rather than me - the researcher - to take the lead in the interview. In addition, these studies were planned to examine if the PCT method would enable participants to elaborate on their replies and to provide rich and detailed responses to questions, when appropriate or desirable to the participant. The method was thus chosen to evaluate whether or not it would permit a type of assessment that could be suitable for work with participants of varying ages and from a variety of countries and cultures. Similarly, the method was chosen to evaluate its usefulness where the participants and I did not speak the same native language, and did not share the same cultural or national background, which is typically the case when working with refugee and asylum-seeking participants.

Asylum-seeking and refugee individuals' experiences are likely to vary depending on their age, background and their personal situation. Therefore, individuals of various different ages, from different communities and in different countries were included in the research, in order to provide answers to the research questions. Furthermore, refugee children and youths who were born in the resettlement countries, who could be affected by their parents' potentially traumatising experiences, were included in two of the studies. In this way, the strengths and limitations of the adaptation of the PCT method were assessed in groups of children, youth and adults, as well as in different contexts and countries. Overall, the research aimed to generate knowledge about asylum-seeking and refugee individuals' experiences, over and above exploring their symptoms and their practical or material needs. Needs and experiences at different stages of the

lifespan were explored, with the wider aim of contributing to knowledge that could guide policymaking, interventions and support programs.

Outline of the studies comprising this programme

In the next chapter (Chapter Two), the underlying methods used in the present research programme are presented. Thereafter, the first exploratory IPA study that contributed to the identification of the overall themes to be included in the studies based on the adapted PCT method is presented in Chapter Three. The fourth chapter presents the first study including the PCT method. This study assessed constructs and meaning-making before and after a brief intervention of psychodrama and peer group discussions, focusing on culture, identity and resilience. Two groups of young people took part, individuals who had arrived in the UK as unaccompanied minors (Chapter Four) and another group of children of refugees, born in the UK (Chapter Five).

The sixth chapter presents the second exploratory IPA study, which assessed the experiences of adults who had arrived in Denmark or the UK as children accompanied by family or relatives. As with the first exploratory study, the findings from this study, in addition to previous research findings in the field, determined the content of the PCT method in the subsequent study involving children. Based on a pilot study, Chapter Seven presents findings from the PCT method carried out with a group of refugee children between the ages of six to twelve years in school settings.

In the final chapter (Chapter Eight), a discussion of the overall findings, the limitations and strengths of the methods applied, and the lessons learnt from the research programme, will be presented, as well as conclusions and implications for research, practice and policymaking.

Table 1: Illustration of the studies

Chapter number	Type of chapter	Participant group	Interpretative phenomenological analysis	Personal Construct Method analysed based on a thematic analysis
1	Introduction Chapter			
2	Methodology Chapter			
3	Exploratory Chapter	Adults who were previously Unaccompanied minors	X	
4	Pre and post assessments	Adults who were previously Unaccompanied minors		X
5	Pre and post assessments	Adult participants who are children of refugees		X
6	Exploratory Chapter	Adult participants who were refugee children	X	
7	Pre and post assessments	Children of refugees		X
8	General Discussion			

To reiterate the aims of this research, the present programme sought to explore how asylum-seeking and refugee individuals understand and make sense of their experiences in European countries, and to examine how Western societies can support these individuals. Secondly, the research aimed to assess the value of the adapted PCT method as a ‘working tool’ in a range of settings involving asylum-seeking and refugee participants. Finally, an aim that was implicit throughout was to give voice to individuals whose experiences, views and perspectives are rarely heard.

As each of the empirical chapters comprising the thesis includes different age groups and nationalities, a brief literature review for each of the respective groups is presented in subsequent chapters.

Chapter Two – Methodology

Traditionally, researchers working with refugees who have experienced potentially traumatising events and have resettled in Western asylum countries have focused on symptom exploration and symptom reduction. More recently however, research involving mixed-methods and purely qualitative methods has extended this area by exploring refugee experiences, suffering and resilience, through individual accounts and personal experiences of the journey to the asylum country or aspects of life in the host-society or resettlement country (e.g. de Anstiss & Ziaian, 2010; Goodman, 2004; Miller, Muzurovic, Tipping & Goldman, 2002; Strijk, van Meijel, & Gamel, 2010). As part of exploring asylum-seeking and refugee individuals' experiences more broadly, research seeking to assess which methods work best for particular research questions, and for individuals in particular situations, remains an important task. Research must continue to explore various methodological approaches that can best capture aspects of challenging individual experiences and meaning-making.

In the current chapter, the methods that were used to collect the data comprising this research programme are discussed and a rationale for the choices is presented. Two different methods were incorporated into the research programme. Firstly, semi-structured interviews that were analysed based on Smith, Flowers and Larkin's (2009) guidelines for Interpretative Phenomenological Analysis (IPA) were chosen for the two exploratory studies (Chapters Three and Six). Secondly, a qualitative 'working tool' based on George Kelly's Personal Construct Theory (PCT), where the resulting data were analysed based on a thematic analysis (Braun & Clarke, 2006; 2012) was applied in the remaining studies. Finally, Chapters Four and Five used mixed methods and incorporated quantitative questionnaires in addition to the qualitative adaptation of the PCT method.

The 'working tool' based on PCT was chosen based on the expectation that it would shed light on aspects of human experiences, conditions, constructs and meaning-making which quantitative measures generally overlook. Moreover, it was hoped that a qualitative application of the original method and the resulting data would provide asylum-seeking and refugee individuals with a voice - voices that have largely been absent in political debates concerning these groups - or indeed in research about refugees and forced migration. Although sharing several aspects with some other qualitative methods, such as being semi-structured and focusing on idiographic

experiences and contexts, this qualitative PCT ‘working tool’ and its resulting data differs from other, more traditional qualitative methods such as IPA. The PCT method seeks to access participants’ personal constructs that guide their individual meaning-making and understanding of themselves and their environment. In addition to the individual constructs that participants used to describe their meaning-making processes, which could be described as condensed or concentrated data, some participants chose to elaborate on their chosen constructs, thereby providing data that resembles the kind of data resulting from semi-structured interviews. Importantly, however, the adapted PCT method aimed to access constructs originating from internally produced constructions, with minimal influence from my direct questioning. As the proceeding chapters will illustrate, the qualitative application of the PCT measure varied depending on participants’ ages, maturity, context and willingness to discuss their personal constructs with me.

Quantitative methods

Since Post-traumatic Stress Disorder (PTSD) was added to the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980, measures of PTSD and related problems such as depression and anxiety have been assessed through a range of scales and questionnaires. Examples include the *Clinician-Administered PTSD Scale* (CAPS; Blake et al., 1995), developed based on the PTSD symptoms as described in the DSM-IV (American Psychiatric Association, 1994), the *Harvard Trauma Questionnaire* (HTQ; Mollica et al., 1992), the *Impact of Event Scale* (IES; Horowitz, Wilner & Alvarez, 1979), *Reactions of Adolescents to Traumatic Stress*, (RATS, Bean, Eurelings-Bontekoe, Derluyn & Spinhoven, 2004), The *Child Behavior Checklist* (CBCL; Achenbach & Rescorla, 2001), *Beck's Depression Inventory* (BDI; Beck, Ward, Mendelson, Mock & Erbaugh, 1961) and the *State-Trait Anxiety Inventory-Trait Scale* (STAI-T; Spielberger, Gorsuch, & Lushene, 1970). Research based on a wide range of standardised measures such as these, in addition to many more, has enabled researchers to explore symptoms arising from traumatising events. Such studies have involved individuals in various contexts, not restricted to refugee populations, and have examined symptoms in populations from diverse nationalities within and across countries. Moreover, the relationship and associations between, for instance, post-traumatic stress disorder and depression, has been explored. Although the awareness of, and interest in, the effects of potentially traumatising events on refugees’ mental health is relatively new, research over the last three decades has developed a

solid foundation of knowledge that has led to a better understanding of trauma reactions and symptoms. This development has without doubt been fruitful for researchers working with refugee and asylum-seeking individuals, as it has helped professionals to develop therapeutic interventions that alleviate symptoms and has created a broader understanding of the severe difficulties that individuals who have suffered traumatising events face.

Quantitative research, and the scientific method, is based on a positivist or post-positivist world view, that is, one influenced by logical thinkers such as Comte, Mill, Durkheim, Newton and Locke (Creswell, 2014). This deterministic epistemology seeks to explain cause-and-effect outcomes and could be described as reductionist, due to its emphasis on comprising, organising and categorising variables into measurable components (Creswell, 2014). Positivism has now largely been replaced by empiricism because of the acknowledgement that perceptions and observations are partial rather than direct representations of reality, and because of a general agreement that experiences of the world inevitably influences knowledge to some extent (Willig, 2008). It is now commonly accepted that human perception can rarely access direct and pure facts, as some element of selection or interpretation is always present. However, it remains that quantitative research is based on measurable observations, behaviours, utterances or reactions, which have been transformed into numerical representations that can be analysed statistically. Within this approach, the researcher sets out to test a theory or a specific hypothesis, collects data under controlled conditions, and then analyses the data (Willig, 2008). Karl Popper's hypothetico-deductivism explains why researchers look for evidence which suggests disconfirmation or falsification of the null hypothesis, rather than seeking to confirm a hypothesis' or theory's claim, due to the problem of *induction*; that is, we cannot be certain that the same observation will necessarily be made repeatedly on a series of trials, as exceptions are always possible (Willig, 2008).

Quantitative methods have a number of strengths when used in research contexts. The fact that quantitative measures can easily be validated, standardised, and analysed statistically based on numerical results, means that findings can be compared directly over time and between groups. Quantitative measures can easily be translated into a wide range of languages whereby populations from diverse nationalities can be compared. The researcher becomes less reliant on interpretation, and results are in the form of numbers, graphs and statistics, which do not need translation to the same extent

as qualitative data does. For these reasons, research using quantitative methods is cost-effective in terms of time and resources compared to qualitative research methods. Despite the numerous advantages of carrying out research based on quantitative measures, there are limitations as well.

Common for the majority of the questionnaires that focus on symptoms, or that aim to prescribe diagnoses, is that they only shed light on aspects of human conditions that can be captured based on pre-determined questions. Consequently, such measures do not leave scope for aspects of human development, experiences or needs that are not set *a priori*. This is likely to lead to an omission of personal experiences or other important elements which are not included in the questionnaire, and which may be surprising or unimaginable to the researcher. Standardised assessment measures are inevitably developed with certain expectations, and are based on some specific knowledge and ways of understanding the phenomenon under investigation. This may lead to cultural biases and expectations when working cross-culturally. Furthermore, quantitative data most often seeks to predict and explain human phenomena through large samples and to generalise findings to wider populations. In cases where the research involves working with very specific and often small groups, qualitative research can contribute by shedding light on specific experiences, needs or perceptions, rather than general ones (Smith et al., 2009), such as the experience of forced migration or the process of seeking asylum.

Qualitative methods

Qualitative inquiries have evolved during the past decade (Creswell, 2014), including work concerning refugee experiences (e.g. Goodman, 2004; Miller et al., 2002; Strijk, van Meijel, & Gamel, 2010), although qualitative examples still remain relatively limited compared to research employing quantitative methods. Qualitative research methods, in contrast to pre-determined questions and standardised measures, enable researchers to tailor specific questions to the individual person or group, thereby potentially tapping into areas that quantitative measures would not cover. Questions are generally not restricted in form or content, and it is possible to explore individual experiences of risk, resilience and individual effects of traumatising events, and to thereby establish a more holistic and personal picture of the multi-dimensional stressors and buffers of each individual's meaning-making and experience of trauma (Miller et al., 2002). Within the field of forced migration, research that aims to give refugees and

asylum-seeking individuals the opportunity to express their personal experience of potentially traumatising events, recovery or conditions in the asylum country, remain relatively limited. Yet these individuals are the experts on their own lives and circumstances (Dávila, 2014), and it should therefore be in the interest of researchers to ask them about their views and perspectives when developing novel assessment measures, therapeutic interventions or when seeking to better understand the lived experiences.

In contrast to empiricism, the positivist or the post-positivist approach underlying quantitative research, qualitative research is based on a constructionist view of the world, in which people are seen as active agents in constructing their view of reality (Creswell, 2014) or social constructionism, in which social norms and discourses shape and influence the way we perceive the world (Burr, 2003, Willig, 2012). Questions asked by qualitative researchers tend to explore the specific rather than the general, thus personal rather than common and shared experiences and beliefs, and focus on individual voices and personal accounts without seeking to generalise results to wider populations. Methods of data collection may include semi-structured interviews, focus groups, or written accounts in the form of diaries, published data such as newspapers, or data from the internet, thus, data that occurred in a natural setting (Merriam, 2009; Willig, 2012). Qualitative data seeks to access subjective, detailed, personal, rich and contextualised data, which is later analysed in relation to the social and cultural context of the participant, and in relation to the situation, context and culture in which it was collected (Willig, 2008; 2012). Therefore, qualitative research tends to be carried out in naturalistic settings where participants feel comfortable and at ease, such as their home, their workspace, or the school they attend. Conversely, quantitative research is usually conducted in the researcher's laboratory (Creswell, 2014), although questionnaires may be used in the public domain, workplace or other location relevant to the content of the questionnaire.

Whereas quantitative research seeks to achieve internal and external validity and systematic procedures to establish rigorous research which can be replicated, qualitative research has other methods for achieving high standards and validity (Creswell, 2014). These include triangulation of data sources, investigator triangulation, method triangulation, member checking where the researcher introduces the initial interpretation to participants for their feedback or comments, peer debriefing, peer support and peer discussions about interpretations of findings. Further possibilities include keeping an

audit trail about the research methods and analysis, and providing rich extracts and data examples so that readers can make their own judgements about the quality of the interpretations (Merriam, 2009; Padget, 2009). Similarly, rather than replication, focus in qualitative research remains on consistency, thus whether or not interpretations are consistent with the data, thereby focusing on uniqueness (Merriam, 2009; Padget, 2009; Willig, 2008). Another strategy which could be employed to increase integrity of the research is a section on reflexivity or the researcher's position, where potential biases, assumptions and the researcher's worldviews may be expressed and discussed. This could help the reader understand how and why the researcher analysed and interpreted the data as they did (Merriam, 2009). It could be argued that relying too heavily on diagnostic tools and quantitative measures may lead to researchers and professionals neglecting the full scope of human consequences and experiences of trauma, and how these may differ from one individual to another (Miller et al., 2002).

Firstly, profound crises relating to an individual's experience of their life's meaning, identity or faith, which may arise after undergoing traumatising experiences, may not be apparent in symptom checklists. Consequently, a combination of well-known, standardised measures in addition to more inductive and personalised assessment measures may help to shed light on individual situations, circumstances and problems. Quantitative questionnaires inevitably include prior assumptions about the topic being investigated, which are less useful when exploring an area of research where the evidence-base is limited (Miller et al., 2002). Secondly, qualitative methods in this area of research may lead to more effective assessments of the effects of traumatising events, by taking both the individual's pre- and post-migration life into consideration, thereby capturing both temporal and sequential life experiences, rather than purely temporal (Goodman, 2004; Miller et al., 2002; Strijk et al., 2010).

Taking a wider perspective on assessments of refugees and asylum-seeking individuals, including personal perspectives and experiences, may enable researchers to ask questions related to pre-trauma experiences. This could provide a broader perspective, for instance in relation to attachment figures, resilience, beliefs and norms taught in childhood, or the individual's general development. Individuals who have been forced to migrate are likely to have experienced very different lives in their country of origin compared to life in the host country, and qualitative methods have the possibility of exploring these past events and life stages (Miller et al., 2002; Strijk et al., 2010). Researchers might ask questions specifically about memories from the participants'

native country, or participants may choose to answer a question by comparing their situation before and after migration, without explicitly being prompted to do so. Such information could be crucial to understanding how individuals experience their situation, and might never have presented itself through quantitative research methods. Thirdly, it could be argued that quantitative measures portray a reductionist explanation of the consequences of potentially traumatising events, whereas qualitative interviews and methods may provide more complex and rich data, for instance by taking resilience and positive coping into account, while at the same time exploring trauma and suffering (Miller et al., 2002; Thommessen et al., 2013).

Although qualitative methods could contribute to filling some missing gaps in the existing work on refugee experiences and needs, there are nonetheless limitations to qualitative inquiries. For instance, research questions that aim to answer questions about cause-and-effect, the relationship between variables, questions about probabilities of occurrences or broad generalisations across groups, do not tend to be suitable questions to ask of designs based on qualitative research (Willig, 2012). Instead, qualitative research seeks to gain an understanding of lived experiences, and the aim of the research is to try to see the world through the eyes of the participants (Merriam, 2009; Willig, 2008). Qualitative research is limited by being dependent on each participating individual's ability and willingness to verbalise experiences and subjective beliefs, which may not necessarily be shared or indeed understood by the researcher. The subjective element is similarly present during interpretation, where the researcher reads the data set with some degree of prior knowledge, experience and assumptions about the topic. Although researchers may try to bracket all previous knowledge about the research question, researchers, like all individuals, are products of their culture and education, and interpretation necessarily becomes a dynamic interaction between the data, the researcher and the cultural context. The qualitative researcher's aim should not be to try to reject his or her subjective influence on the research process, but rather, to be curious, open and honest about how this could have affected the research and findings (Merriam, 2009).

Additionally, qualitative methods may be limited by the researchers' interpretation and choices about what to include in the findings presented (Braun & Clarke, 2012). As the material is interpreted by a researcher, not participants, findings may not fully capture the meaning-making of participants. It is therefore necessary to keep in mind that the researcher's interpretation and understanding of participants and their data will

influence findings to some extent. While remaining aware of this general limitation, it is nevertheless important to explore new methods that seek to access personal meaning-making, needs and experiences of individuals who differ from the researchers'. In addition to the more traditional qualitative method of IPA, a 'working tool' based on George Kelly's Personal Construct Theory (PCT) was therefore incorporated into the present research programme. The chosen methods are discussed in further detail later in this chapter.

It is evident that qualitative and quantitative methods have different goals and provide answers to different questions, which, when combined, could lead to a deeper understanding of the research questions explored.

Mixed-methods

The combination of methods, known as mixed-methods, could lead to a broader picture of the human experience, individual differences and meaning-making of individuals, who have experienced forced migration. Despite debates about the superiority of quantitative research over qualitative methods, and vice versa (Padgett, 2009), and despite discussions about the incompatibility of the combination of qualitative and quantitative methods from purists (Padgett, 2009), the goal of mixed-methods is not to replace either of the two main paradigms in their pure form. Rather, the aim of mixed-methods research designs should be to acknowledge that both approaches have strengths and limitations, and that for some research studies, a combination of both methods provides better answers to the research question than one method alone (Johnson & Onwuegbuzie, 2004; Padgett, 2009). Specifically, this could occur when mixed-methods are used in a way where the two methods each provide a check for the other, known as method triangulation, to increase the rigour of findings. Recent advances in research have become increasingly interdisciplinary, dynamic and pluralistic, and a number of researchers have come to the conclusion that mixed, compatibilist approaches enable them to design and conduct studies which provide optimal possibilities for answering their chosen research questions. This, ultimately, should be the main criteria for choosing mixed-methods over any other paradigm (Johnson & Onwuegbuzie, 2004; Johnson, Onwuegbuzie & Turner, 2007).

Although mixed-methods, or the earliest foundations of this paradigm, are not new, the approach has developed considerably in the past decade (Creswell, 2014). Mixed-methods research was initiated more than fifty years ago when Campbell and Fiske

(1959) combined quantitative methods or “*multiple operationalism*” (Campbell & Fiske, 1959, p. 101) as a way of validating their investigation of psychological traits. Seven years later, Webb, Campbell, Schwartz and Sechrest (1966) were the first to use the term *triangulation*, and they claimed that, “*Once a proposition has been confirmed by two or more independent measurement processes, the uncertainty of its interpretation is greatly reduced*” (Webb et al., 1966 p. 3).

Developing the idea of triangulation further, Denzin (1978) outlined four different methods of triangulation - *data triangulation* using several sources within the same study, *investigator triangulation* including more than one researcher, *theory triangulation* which describes the use of various theories or perspectives to analyse or interpret results, and finally, *methodological triangulation*, where different methods are incorporated.

Denzin (1978) went on to categorise two further approaches to triangulation, namely *within-methods* triangulation, that is, multiple approaches of either qualitative or quantitative approaches versus *between-methods* triangulation, which defines multiple measures including both qualitative and quantitative methods. Denzin suggested that employing *between-methods* triangulation meant that: “*The bias inherent in any particular data source, investigators, and particular method will be cancelled out when used in conjunction with other data sources, investigators and methods*” (Denzin, 1978, p. 14).

As stated by Denzin, results based on triangulation would be of value to the researcher regardless of whether results led to convergence, inconsistency or contradiction. If quantitative and qualitative findings do not show the same pattern, a researcher might be inspired to carry out further investigation of the research question. More recently, researchers have distinguished between simultaneous/concurrent and sequential triangulation (Johnson et al., 2007; Morse, 1991; Padgett, 2009), the former representing the simultaneous use of qualitative and quantitative methods during data collection and comparing the interpretations and results during stages of analysis and report writing. In contrast, sequential triangulation describes the process of using one single method first, and later building on these results with the other yet unused approach (Johnson et al., 2007). For instance, researchers might choose a small scale qualitative study to explore a specific phenomenon in a certain group, before undertaking a larger-scale study intended to predict the same phenomenon in the general population. Alternatively, the

reverse pattern would be possible if a research team conducted a large quantitative study, and later chose a sub-sample to test in further depth through a qualitative method. Incorporating a greater focus on qualitative and mixed-methods into research with refugee and asylum-seeking individuals may be one way that could lead to a better understanding of their experiences. Furthermore, the exploration of new methods, such as the adaptation of a PCT ‘working tool’ to new groups, may lead to new triangulation possibilities and new knowledge.

Pragmatism

Qualitative and quantitative methods have different epistemological underpinnings, which influence the kind of questions asked by the researchers employing those methods and the theorising behind their analyses and interpretations. An epistemological stance which has been described as suitable for mixed-methods (Creswell, 2014; Johnson & Onwuegbuzie, 2004) is known as pragmatism. Pragmatism provides the researcher with the freedom of choice in terms of methodology, and does not prescribe one approach as superior to another. Instead, researchers working within the pragmatic approach consider the question under investigation to be of primary importance, whilst agreeing that any research is necessarily carried out within a certain social, political and historical context. The openness of this approach enables researchers to combine methods of data collection, data analysis and world views, which they judge to be suitable for answering their research questions (Creswell, 2014).

The following quote gives a helpful definition for the underlying rationale for choosing a mixed methods design: *Mixed-methods research is the type of research in which a researcher or a team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purpose of breadth and depth of understanding and corroboration.* (Johnson et al., 2007, p. 123).

Mixed-methods research enables creative research and the development of designs that seek to maximise strengths and minimise weaknesses of each separate approach (Johnson & Onwuegbuzie, 2004). When working with very specific groups, however, where samples and previous research are limited, the research methods may be proscribed by practical and external factors, as real life phenomena cannot always be transformed into neat categories suitable for research.

George Kelly's Personal Construct Theory

"If you do not know what is wrong with a person, ask him; he may tell you" (Kelly, 1991, vol. 1, p. 241).

In the following, George Kelly's Personal Construct Theory will be discussed before presenting the rationale for applying the PCT method in this research.

According to George Kelly's Personal Construct Theory (1955/1991) individuals develop personal constructs of the world in order to make sense of their surroundings and to anticipate events. Constructs represent an individual's conceptualisations, which are not necessarily shared by others. This is highlighted in cross-cultural research where researchers and participants do not always share the same cultural traditions, leading to different understandings of the event being investigated. Each personal construct consists of two poles, together forming the whole construct (Kelly, 1991), and any given construct only carries meaning because of these two different poles. For instance, one cannot understand what happiness is without also having an experience of sadness, and light is understood in relation to its opposite pole, darkness (Banister et al., 1994). Importantly, however, each individual creates their own constructs of the world, and so for example, the opposite pole of *funny* for one person might be *serious*, while it could be *boring* for another (please see the findings in Chapter Seven). In this way, personal constructs provide a window into how people experience the world (Banister et al., 1994; Kelly, 1955/1991), and are thereby an indirect way of accessing patterns of meaning-making, without being led or influenced by the person asking the questions. Kelly's constructivist approach implies that individuals have the ability to create change through the way in which they construe experiences and events, thereby incorporating a level of empowerment (Banister et al., 1994), which is a particularly important element of his theory in relation to working with refugee and asylum-seeking individuals who have suffered potentially traumatising events.

"People are neither prisoners of their environment nor victims of their biographies but active individuals struggling to make sense of their experiencing and acting in accordance with the meaning they impose on those experiences" (Kelly, 1955, p. 15).

Kelly defined the construing process as *"placing an interpretation"* upon what is construed (Kelly, 1955, p.35). A key component of the theory is the notion of constructive alternativism, and the belief that there is no direct access to reality;

experiences and interpretations of events are influenced by personal constructs. Constructs can be modified and developed through experiences, learning and gaining further knowledge; exemplified in Kelly's definition of the person as a scientist. The individual framework of constructs is hierarchical, so that core constructs influence meaning-making, anticipations and actions, and each core construct includes a cluster of subordinate constructs, which again subsume to further subordinate constructs (Tindall, 2011).

Researchers and professionals within the field of refugee work could have profound roles to play in facilitating positive change, through the way in which they interact with individuals who have experienced forced migration. The way in which refugees construe their reality and surroundings is affected by how they are met by clinicians, researchers and professionals, for instance through the work of research, therapeutic interventions and conversations. To fully understand another individual requires a *credulous approach*, according to Kelly, which involves the acceptance that each individual's experience is valid. The *credulous approach* is similar to what has previously been referred to as an "*accepting approach*" or "*learning the language of the patient*", but was coined the "*credulous approach*" by Kelly (Kelly, 1955/1991, vol.1, p.121). This understanding of interpersonal communication and interaction is particularly important when working with refugee and asylum-seeking individuals where cultural norms, beliefs and traditions are not necessarily shared. Accordingly, each individual construction is a personal truth (Kelly, 1955) and to understand other individuals, one must empathise (Banister et al., 1994), which fits well with the underlying epistemological stance of this present research programme.

The Role Construct Repertory Test

The Role Construct Repertory Test, a tool for assessing individual meaning-making, was originally developed by Kelly (1955) and has since been developed further, and used in various contexts. The original repertory test can be described as a measure of sets of representations, and how these are related to each other, for instance, how experiences or events are constructed and perceived by the participant. Elements may consist of any topic which the individual finds meaningful, and might vary widely depending on the context in which the assessment is made. Constructs are the bipolar dimensions used to investigate the elements, for instance, characteristics of the chosen elements. The elements and constructs can furthermore be 'fixed' or 'elicited'

depending on whether they were pre-supplied by the researcher or therapist, or whether the individual chose them freely (Kelly, 1955/1991; Walker & Winter, 2007).

In the original repertory test, Kelly asked clients to choose elements relating to the area of interest, such as work, health, relationships, or any topic that was being examined. Next, three of the elements would be selected at random before Kelly would ask the individual how two of the elements were alike but different from the third. The responses described bipolar constructs that were seen as significant to the client's meaning-making and construing process. Repeating this procedure with all of the chosen elements revealed constructs that the individual may not have been explicitly aware of, and these constructs could subsequently be examined through further elaboration in a therapeutic setting (Walker & Winter, 2007).

Common to applications based on Kelly's Personal Construct Theory (PCT) is the phenomenological principle, and the primary focus on subjectivity. In research settings using methods based on PCT, the researcher seeks to gain an understanding, or an insiders' perspective, on individual constructs and meaning-making. According to the principles of PCT, researchers must be open and curious when asking questions of the experts (Tindall, 2011), in this case the asylum-seeking and refugee participants. Similarly, no judgements as to which constructs are good or bad are made, contrary to more common questionnaire ratings which may be more prone to leading participants to reply in ways that are based on social desirability or perceived normative expectations.

Based on findings from the two exploratory studies (Chapters Three and Six) as well as previous literature (e.g. Berthold, 2000; Carswell et al., 2011; Goodman, 2004; Montgomery, 2008), the overall topic to be explored through the PCT method in this present research was the participants' social world. More specifically, the variation of the qualitative PCT 'working tool' that was adapted for this research involved asking participants to write down important people from their social world (elements) and to describe how two elements differed from a third. The rationale, based on Kelly's work, was that this assessment would give access to participants' individual constructs and meaning-making processes. This method was also chosen based on the expectation that it would enable the researcher to make a flexible and a personalised investigation of individual participants' experiences and life situations (Feixas, Erazo-Caicedo, Harter & Bach, 2008; Moran, 2006; Moran, Pathak & Sharma, 2009). This is particularly

important when working with refugees and asylum-seeking individuals from a range of cultures and countries where norms and values may differ.

The flexibility of this particular method and the fact that it can be tailored to diverse groups and nationalities is a huge advantage when working with asylum-seeking and refugee populations. The method does not rely on complex language use, although the complexity and richness of the data obtained does rely on the participating individuals' openness, willingness and ability to share personal information and individual meaning-making with the researcher, which is discussed in further depth in later chapters. Researchers relying on fast data collection where consent forms are handed out on the first visit, may therefore be unlikely to get rich or truthful data, if any data at all (Farooq & Abbas, 2013). Time and patience are required from the researcher, as is also the case with other research methods involving migrants, refugees or vulnerable groups (Dekovic, Stoltz, Schuiringa, Manders & Asscher, 2012; Farooq & Abbas, 2013).

Applications of repertory based methods

Personal construct psychology has been applied in varied fields such as clinical, educational and organisational settings, and elements may range from relationships, parental or professional roles, body parts, life events, video clips or pictures. Data collected based on PCT methods can be analysed in a range of different ways, including quantitative and qualitative analyses (Walker & Winter, 2007; Winter, 1992). PCT methods can be broadly categorised into grid based and non-grid based methods. Methods that include ranking and ordering elements in a grid format are referred to as *Repertory Grid* methods, which usually results in a matrix with numbers (Walker & Winter, 2007).

Buckley-Walker and Crowe (2010) conducted a study in which present, ideal and future selves were explored in individuals with severe mental illnesses, using a fixed format repertory grid and a cross-sectional design. In addition to the repertory grid, a range of other measures of meaning-making, self-responsibility and hopefulness were correlated to the grid. The main purpose of the study was to examine the degree of similarity and difference between the elements of the grid and *recovery* constructs. Hereby, Buckley-Walker and Crowe (2010) provided an example of how the repertory grid could be used in a clinical setting to assess potential changes in self-perceptions and identity, components that are also most relevant to this present research, involving work with refugee and asylum-seeking children, youths and families.

Non-grid-based methods could be described as ways of structuring an interview or a conversation as well as involving a level of intervention (Walker & Winter, 2007). The techniques in this category include *Laddering*, where the interviewer asks the participant about their preference and why this is so each time the participant elicits a construct about an element. Reflections based on such preferences have been used extensively in marketing, and applications have varied from food preferences to consumer recycling goals (Walker & Winter, 2007). The *Pyramiding* technique, also a non-grid based method, involves eliciting sub-ordinate constructs by asking questions such as “*How would you be able to tell if someone was X?*” or “*How would they be? What would they do?*” Further applications include *self categorisation* and text analyses based on written autobiographical accounts written in the third person. Analyses of such data focus on the constructs provided in the texts. Personal construct psychotherapy for clinical issues, and interviews and questionnaires based on PCT have also been developed (Walker & Winter, 2007).

Furthermore, PCT methods have been adapted to explore identities. Weinreich (2009) examined the use of Identity Structure Analysis, a methodological tool based on a variety of theoretical frameworks and theories including psycho-dynamic theory, cognitive-affective consistency theory and personal construct theory, to explore the ethnic identity processes of migrant youth. In this study, participants were presented with an identity instrument consisting of pre-determined questions which included bipolar constructs to explore their views and orientations towards identity and acculturation.

The application described by Weinreich (2009), differed significantly from the use of the PCT ‘working tool’ in this present research programme. First, questions in this current context were not pre-determined or based on a questionnaire, which enabled greater freedom for participants as well as more flexibility in how participants chose to explore personal constructs and meaning-making. Secondly, because the present research did not rely on a fixed questionnaire, I had greater opportunity to tailor questions to the individual, by following the participant’s lead, and therefore avoided forcing participants to consider a bipolar statement that may not have applied to their personal situation. Thirdly, participants were free to explore numerous aspects of their social world. Finally, findings in the present context were analysed qualitatively, rather than quantitatively by a computer programme as in Weinreich’s (2009) study.

To summarise, although some research has previously incorporated aspects of Kelly's PCT in work with migrant youth, it differed considerably from the application of the method in this research programme. As far as we are aware, the application of Kelly's theory and assessment measure that is presented in this current research programme has not previously been used in qualitative work with asylum-seeking and refugee individuals.

The chosen qualitative adaptation of the PCT 'working tool', where participants spoke about their social world, was seen as particularly suitable for this current research because it is free from pre-determined values or expectations. Furthermore, it can be tailored to diverse populations by letting participants lead the tempo and level of detail, which is essential when working with refugee and asylum-seeking people. At the same time, the method seeks to minimise the power hierarchy between researcher and participant, or adult and child. The researcher does not take the role of an expert, but rather, the individual participant is seen as the expert in their understanding and perception of the topic under investigation (Fransella, 1995). This has important ethical implications regarding the power hierarchy between researcher and participant, or interviewer and interviewee. This aspect of the method is seen as advantageous when working with asylum-seeking and refugee individuals, who may have experienced meetings with immigration officials and other representatives where their voices may not have been heard, or where their opinion may not have been perceived as valuable. Overall, asylum-seeking and refugee individuals are likely to have been exposed to situations where their experiences and views may not have been believed or respected, and where they were met with scepticism and disbelief. This present research aimed to meet participants with empathy and openness rather than suspicion.

The PCT 'working tool' that was applied in this research was accessible to people of diverse ages and cognitive abilities, due to the focus on *constructive alternatism* (Kelly, 1955/1991; Trunekova & Viney, 2006). The individuals assessed were encouraged to express their own views about situations, issues or experiences in a non-leading and non-threatening format. In addition, assessment and intervention are closely related within this paradigm, as exploring and evaluating one's own constructs can be enlightening and helpful to participants. Previous research based on narrative approaches has indicated how refugee groups experienced a therapeutic value in telling their own stories and in communicating the difficulties they had suffered to an empathic listener (De Haene, Grietens & Verschueren, 2010; Groleau, Zerkowitz & Cabral,

2009). For instance, positive benefits arising from research participation were obtained by Groleau and colleagues (2009), who found a group of women to express their appreciation for simply being listened to. However, some authors have also stressed the potential danger of causing additional distress or harm in research contexts, for instance through reactivating distress or disempowerment (De Haene et al., 2010). De Haene and colleagues (2010) therefore argued that participation in research should ideally lead to some benefits to the individuals, for instance that the research should aim to improve policy or intervention for these groups, or to promote well-being and autonomy in the respondents.

The main strengths of the PCT method

The adapted PCT method was chosen as a ‘working tool’ for this present research programme, focusing on individual experience, meaning-making and personal construing. Refugees who have been forced to flee their country of origin have been found to have experienced potentially traumatising events, and each individual will inevitably have experienced these situations in their own way. As a potentially traumatising event could lead to a range of different reactions and ways of creating meaning, research methods need to be able to take into account such variability, and the adaptation of the PCT method was seen as suitable in this endeavour. Participants were provided with the opportunity to express their individual construing processes and ways of experiencing the world. The PCT ‘working tool’ was chosen based on the expectation that it could shed light on individual participants’ idiographic contexts, while also offering an empowering element (Block et al., 2012; De Haene et al., 2010).

The chosen ‘working tool’ had several strengths that made it suitable for research seeking to overcome the difficulties involved in accessing the meaning-making of participants whose experiences are very different from the researchers’ social world and experiences. As this research included children, youth and young adults, it was necessary to choose straightforward methods that were applicable to varied age groups, situations and contexts. The experience of being an asylum-seeking or refugee child or youth in an asylum country, in addition to numerous challenges linked to these life circumstances, was explored through the PCT and IPA methods. The qualitative application of the PCT method was adjusted and tailored to the individual participant, regardless of whether the person being assessed was a child, an adolescent or an adult, by allowing the individual to determine the tempo of the assessment, the precise focus of interest, as well as the detail and depth of the elements and constructs.

Whereas the majority of the standardised questionnaires developed to assess individuals who have survived potentially traumatising events ask direct questions about the trauma experienced and the aftermath thereof, such as flashbacks, nightmares and triggers, this was not the aim of the present research. Rather, the aim here was to gain a deeper understanding of asylum-seeking and refugee individuals' personal constructs, in order to gain further knowledge about how best to support such groups. The 'working tool' based on PCT was judged to provide a good foundation for such exploration, as it could be applied flexibly and could thus vary from being quite descriptive to being more reflective and analytical, depending on the individual participant. In contrast to a range of more traditional measures within the field of trauma and refugee work, this method was furthermore judged to be able to provide new ways of gaining insight into refugee and asylum-seeking individuals' lived experiences, in an open and honest way that was non-judgemental and respectful of diversity.

In the studies in the following chapters, the value of the chosen PCT 'working tool' and this approach will be assessed in various contexts. Each study was done with a different age group and in different contexts in order to explore the strengths as well as limitations of the method. In summary, the adaption of the PCT method, used as a 'working tool', was based on the expectation that it would address the two main research questions:

How do asylum seeking and refugee individuals understand and make sense of their experiences in European asylum countries and how can these societies best support asylum-seeking and refugee individuals?

Can George Kelly's Personal Construct Theory (PCT) be used effectively as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals?

As mentioned earlier, according to our knowledge, a qualitative adaptation of the PCT method has not previously been used with asylum-seeking and refugee individuals. An additional novel aspect of this research was the focus on asylum-seeking and refugee children and young people's voices, as the method accesses their personal meaning-making rather than being restrained by externally designed questions about experience or impressions. The data resulting from the PCT assessments were examined through a thematic analysis (Braun & Clarke, 2006; 2012) which is described later in this chapter.

Mixed-methods in this present context

The studies comprising this research programme consist of two exploratory studies that were purely qualitative, based on IPA, a study that applied the PCT method with child participants and two studies using the PCT ‘working tool’ as the primary method. These two latter studies (Chapters Four and Five) also incorporated some quantitative measures. The rationale for the chosen methods is provided in the respective chapters. The mixed-methods research combined quantitative and qualitative measures simultaneously rather than sequentially, and the studies were planned so that resulting data from the two perspectives complemented one another during the stages of interpretation and during the discussion of findings. The triangulation of methods is discussed in further detail in the relevant chapters.

Ellis and colleagues (2007) argue that relying purely on quantitative measures from Western cultures may not capture the complexities of refugee experiences and needs, and may not be valid in other contexts, although such measures can be important in terms of producing quick results that can facilitate the mental health of refugees. On the other hand, developing qualitative methods is time-consuming and costly, and may thus delay the opportunity for supporting refugees; however, such methods can lead to new insights and create the foundation for further research. For these reasons, the authors (Ellis et al., 2007) argue that mixed-methods may be particularly valuable when working with refugee groups.

Importantly, as the overall research question was, *‘How do asylum seeking and refugee individuals understand and make sense of their experiences in European host-societies and how can these host-societies best support asylum-seeking and refugee individuals’*, and because of the nature of the specific groups studied, the research programme was primarily qualitative, or qualitative-dominant (Padget, 2009) based on the adapted PCT method. Quantitative measures were incorporated in to the two studies (Chapter Four and Five) to support the main qualitative PCT measure, and to explore whether the findings from the qualitative and quantitative measures would indicate similar results or if they would deviate. The quantitative measures, which are described in the respective studies, were therefore secondary to the main qualitative PCT method.

The specific data resulting from the PCT method, exemplified in later chapters, provided me with an opportunity to access the participants’ worldview and personal construing process. The method accesses individual constructs with two opposite poles,

which shed light on the way individuals construe and make sense of the world, as well as how they understand experiences and anticipate events. The resulting data is condensed based on the elicited constructs, which cut directly to the meaning-making process and the constructs used by the individual. It was anticipated that richer and more detailed data would be elicited through an interview in connection with the discussion about the PCT constructs.

Further rationale for the primarily qualitative approach

Although research focusing on children's rights has increased in recent years (Morgan, Gibbs, Maxwell, & Britten, 2002), qualitative research with young people and children remains relatively limited when compared to qualitative work with adults. There are various potential explanations for why research has primarily involved adult's views on children's and young people's lives. These may include theoretical conceptions about childhood, beliefs about adults knowing what is best for children, adults' concerns about children's abilities to voice their opinions in a reliable and competent way (Barker & Weller, 2003; Darbyshire, MacDougall, & Schiller 2005; Morgan et al., 2002; Sommer, Samuelsson & Hundeide, 2010) and practical and ethical issues (Barker & Weller, 2003). Some researchers, however, have argued that enabling children and youth to participate in, and voice their thoughts about matters that are important in their lives, promotes social, cognitive and moral development (de Winter, Baerveldt, & Koistra, 1999). Similarly, previous research has found that concerns raised by parents and children may not be the same (Morgan et al., 2002). Providing children and youth with a voice, and viewing them with respect and as citizens with important social roles, is thus one way in which research can facilitate and promote well-being in children and youth (de Winter, Baerveldt, & Koistra, 1999) in both typical and atypical situations.

As the present research involved individuals from a range of different cultures and countries, it was considered important to focus on individual meaning-making rather than Western assumptions. As highlighted by Hassan and colleagues (2015), standard instruments do not usually assess local or cultural understandings or expressions of psychological distress, and likewise, measures are rarely validated in the specific contexts in which they are applied. In their review of Syrian refugees, Hassan and colleagues (2015) distinguished between *cultural idioms*, which refer to common modes of expressing distress within a certain culture and *explanatory models* which are the ways in which individuals explain and make sense of illnesses and symptoms.

According to these authors, explanatory models impact coping, help-seeking behaviour, treatment expectations and ways of understanding illness (Hassan et al., 2015), which highlights the importance of culturally sensitive assessments and treatment. This corresponds to Kelly's assumption that individual constructs influence our interpretation of events.

When working with asylum-seeking and refugee individuals, it is vital to acknowledge that cultural norms and values affect ideas about the causality, appropriate treatment and likely outcome of treatments for psychological disorders (Hassan et al., 2015) and that individuals from different cultural backgrounds may not share the same views on such matters. As an example, Hassan and colleagues (2015) discussed how concepts such as 'psychological state', 'psychological well-being', or 'mental health' are not commonly understood by Syrians in the same way that these concepts are interpreted by Western individuals and moreover, that such descriptions often carry negative connotations in Syria. Instead, references to mental distress or relationship difficulties may include statements such as 'I am tired' or 'My psyche is tired'. As a further example, Hassan and colleagues (2015) described how Syrian individuals may in some cases attribute obsessive rumination to satanic temptations. These expressions would most likely be understood and interpreted quite differently by a Western researcher. As these examples illustrate, the way in which emotional distress is articulated varies considerably as a consequence of culture, traditions and context, which corresponds to Kelly's notion of how individuals create personal constructs about the world, based on their experiences, and how these constructs guide meaning-making and anticipation of future events.

The points made by Hassan and colleagues (2015) highlight some of the main strengths of the qualitative adaptation of the PCT method, and illustrate why this measure was chosen. Importantly, the PCT method was judged suitable because it avoids preconceptions about the ways in which people from different cultural backgrounds - and different life experiences - conceptualise and respond to their situations.

The studies presented in the subsequent chapters include a range of different contexts and age groups, varying from children aged six years to young adults aged eighteen to 25 years. These varying age ranges and contexts enabled me to explore experiences and meaning-making, and to assess the value of the PCT method in refugee and asylum-seeking individuals at various stages of participants' lives and development. The

flexibility of the PCT ‘working tool’ made it possible to adapt the assessment to each participant.

Epistemological standpoint

An epistemological position relates to the researchers assumptions about knowledge (Willig, 2012), how one studies knowledge, as well as the relationship between the expert, the participant, and the investigator, the researcher (Ponterotto, 2005). Therefore, the epistemological stance adopted influences the research design and completion throughout the entire research process. Despite the importance of acknowledging one’s epistemological stance as a researcher, Willig (2012) argued that our assumptions about knowledge and knowing are often implicit and difficult to verbalise explicitly. In order to access these underlying assumptions, she invites researchers to reflect on questions relating to what kind of knowledge they are hoping to obtain, and the assumptions made about the world one has chosen to study. Furthermore, Willig urges researchers to reflect on how they understand their own role in the research process, and how researchers views their relationship with the data and the knowledge generated (Willig, 2012).

Asylum-seeking and refugee individuals, who have been forced to flee their country of origin, home and family, have been found to have experienced extreme and adverse events (e.g., Carswell et al., 2011; Marshall et al., 2005; Mollica et al., 1999) which are far from typical for most researchers working in high income Western countries. Furthermore, asylum-seeking and refugee individuals may have experienced suspicion and insensitive treatment during the journey to the host country, or while applying for asylum, as well as broader risk factors in the host-society (e.g., Carswell et al., 2011; Gorst-Unsworth & Goldberg, 1998; Laban et al., 2004; Lie, 2002; Steel et al., 2004; Sultan & O’Sullivan, 2001). The aim of this current research project was to meet participants with open-mindedness and empathy. Overall, I was interested in individual meaning-making and personal constructs about the needs and experiences of asylum-seeking and refugee individuals in European host-societies. The research therefore sought to generate phenomenological knowledge about asylum-seeking and refugee individuals’ experiences (Smith et al., 2009).

Phenomenological approaches vary from being descriptive, focusing on representing participants’ accounts as closely as possible and not moving beyond the text, to being more interpretative, where the researcher offers his or her personal interpretation of the

data (Willig, 2012). A *realist* position would assume that participants' responses were descriptions of actual events that take place in the real world, rather than being perspectives or constructions of the world, which would correspond to a *relativist* position (Willig, 2012). This current research intended to interpret the data in context, that is, taking into account the cultural, social and contextual world in which the data was collected as well as the existing literature, and to thereby add an interpretation and further meaning to the analysis (Willig, 2012). Furthermore, the research was planned to explore the meaning that participants attributed to their experiences and their social world; and the underlying epistemological stance of the research can thus be described as interpretive-constructivist (Merriam, 2009) or constructivism-interpretivism (Ponterotto, 2005). Although one of the implicit aims throughout the research was to provide participants with a voice, it is important to emphasise that 'giving voice' to participants in the present context was not independent from my voice because of the interpretation that was involved. Rather than presenting pure descriptive extracts, all of the studies involved interpretation of the findings. That is, I gained access to participants' idiographic contexts through IPA and the PCT 'working tool', and interpreted these findings in their respective context by drawing connections to previous literature in the field.

Rationale for the specific methods chosen

Two different methods were used in this research, although both approaches shared some important underlying assumptions, including the epistemological position. For the initial exploratory study with young adults who had arrived in Sweden as unaccompanied minors (Chapter Three) as well as the exploratory study with adults who had arrived as young children accompanied by adults (Chapter Six) an Interpretative Phenomenological Analysis (IPA) was carried out. In the remaining studies, the method adopted was based on PCT and the resulting data were analysed using a thematic analysis (Braun & Clarke, 2006; 2012). The PCT 'working tool' was therefore also qualitative. Two of the studies (Chapters Four and Five) included some quantitative measures and so these studies were mixed-methods, although the main focus was on the qualitative aspects.

Interpretative Phenomenological Analysis (IPA) is dedicated to the examination of personal and real life experiences, thus it is phenomenological, whilst also being influenced by hermeneutics, thereby being interpretative (Smith et al., 2009).

Furthermore, IPA is idiographic as it explores the individual and personal experience of each participant, which was found to be appealing to this research programme with asylum-seeking and refugee individuals, who came from diverse backgrounds. Smith and colleagues (2009) argued that IPA consists of a double hermeneutic process, whereby the researcher interprets participants' interpretation of an event. This perspective, in addition to the idiographic focus, is theoretically consistent with George Kelly's Personal Construct Theory and corresponding method. The compatibility of these perspectives and methods made IPA particularly suitable for the two exploratory studies that informed the subsequent studies.

In contrast to the two exploratory studies based on IPA, where the aim was to explore the individual and personal *experience* of arriving and adjusting to the asylum country as an unaccompanied minor or as a child accompanied by family or relatives, the remaining studies were not focussed on *an experience* as such. Rather, the remaining studies sought to explore the meaning-making process and constructs used by participants to understand their social world. Furthermore, data differed in these studies (Chapter Four, Five and Seven), as the assessments were based on the PCT 'working tool' rather than semi-structured interviews as in the exploratory IPA studies. Participants' constructs and meaning-making from the PCT assessments were examined through data analysis that followed a thematic analysis (Braun & Clarke, 2006; 2012) based on an interpretive-constructivist epistemological perspective. This perspective is suitable for research committed to understanding how participants interpret experiences, how they construct the world and the contexts in which they engage, and the meaning they attribute to these experiences (Merriam, 2009) rather than examining the *essence* and the underlying structure of a particular experience or phenomenon as in IPA.

The two methods of the research programme

Having now discussed the epistemological influences and foundations of the research, the two methods applied will be presented, before moving on to overall challenges and limitations of the research.

The IPA method as applied in Chapters Three and Six

Data analysis

Interpretative Phenomenological Analysis (Smith et al., 2009) is particularly apt for research questions concerned with the exploration of lived human experiences (Smith et al., 2009) and is suitable for studies that focus on a topic that is under-researched, or studies that seek to give a voice to individuals who are not usually heard. Phenomenological perspectives are appropriate for providing answers to research questions that aim to examine individual experience, and that try to understand the world through the eyes of each participating individual (Willig, 2012). Within this approach, the researcher assumes and accepts that personal constructions and interpretations of experiences are highly individual, and the researchers' role is to be an empathic listener without pre-determined expectations (Hansen, 2004; Willig, 2012).

In order to enable participants to voice their experiences, feelings or views in a personal way, the interview schedule was made up of open-ended questions. Further sub-questions were included, designed to invite the participant to elaborate or explain the point in more detail (Smith et al., 2009). The initial questions were more descriptive in nature than the questions towards the end of the interview, so that later questions required more reflection and explanation. The aim of this structure of the interview questions was to open up the interview in a non-threatening manner, and to enable rapport to develop (Smith & Shinebourne, 2012). I sought to meet all participants with open-mindedness, empathy, flexibility and patience (Smith et al., 2009).

Having transcribed the audio recorded interviews, the transcripts were analysed following Smith and colleagues' (2009) guidelines. The interpretations focused on content rather than temporal referents or repetitions of words, as it was decided that putting analytical weight on language details such as the use of tenses could lead to misrepresentations of the participating individuals. Challenges related to language when doing research with refugee and asylum-seeking participants is a general difficulty in research settings, particularly for qualitative research.

Having prepared the interview schedule and held and transcribed all the interviews, I was already familiar with the content before the formal process of analysis was initiated. Nevertheless, listening to audio-recordings while reading and re-reading transcripts was helpful as it brought back memories of each interview situation, such as the atmosphere

or a participant's emotional expressions. Audio-recordings were therefore not destroyed until the data analysis had been fully completed, as suggested by Smith and colleagues (2009). Each transcript was provided with numbers (per interview) as well as numbers for each line of the transcript so that later coding and emerging themes could be easily found in the original transcripts. The next stage involved writing initial thoughts and notes on the transcripts line by line, highlighting words, sentences or phrases that seemed to be significant, as well as spontaneous reactions and reflections. This was done for the first interview and some emerging themes were developed. Next, I sought to draw connections between the emerging themes that had been developed within the first transcript. When turning to the next transcripts, these were dealt with as the first, starting with preliminary notes, thoughts and associations before moving on to emerging themes and exploring the connections between emerging themes within each transcript. An effort was made to consider each transcript as if it were the first, which also meant that new themes were developed as more transcripts were analysed because of their distinct content. Finally, when emerging themes and clusters of themes had been developed for each separate transcript, the next stage of the analysis involved looking for patterns across all the transcripts in the dataset (Smith et al., 2009).

Interpretative phenomenological research aims to explore the underlying structures and the essence of the phenomenon under investigation, which was found to be suitable for the research assessing the experiences of participants in Chapters Three and Six. Whereas IPA is particularly suitable for explorations of individual understandings and the *core* of lived experiences, the kind of data resulting from the adapted PCT method that formed a substantial part of this present research were judged to be more suitably analysed based on a thematic analysis, as the aim was to examine the reoccurring patterns and themes across the group. Please see Appendix C for examples of the method.

The PCT methods as applied in Chapters Four, Five and Seven

To begin the PCT assessment, participants were given the following instructions: *“I would like to invite you to talk about some people you know, who you feel are important to you. These people do not necessarily need to be in this country, they can be anywhere in the world. Can you think of anyone who you find important in your life?”* Participants were encouraged individually to choose as many important people (elements) as they wanted.

No instructions as to which categories the elements should be from were made, such as ‘a good friend’, ‘someone you admire’ or ‘someone you have difficulties getting along with’, unless specified in the individual chapter, although this was originally suggested by Kelly (1955). This decision was made as to avoid influencing participants’ choices and to avoid diverting their attention by trying to recall people who fulfilled specific roles. Similarly, asking participants to recall specific roles could potentially have led them to feel distressed, for instance by thinking of family members (Block et al., 2012). In addition to the elements chosen by participants, they were also asked to write their own name on two cards, one representing ‘myself at present’ and one representing ‘myself in the future’.

After choosing the elements, participants wrote the elements on coloured cards that were turned over, names facing the table, and shuffled before being asked to choose three cards. In Kelly’s original version of the method, participants are asked to choose three elements, and are then asked how two out of the three elements are similar, but different from the third. This procedure was attempted, however, keeping three elements in mind at the same time, and stating how two were similar but different from the third, was found to be too demanding for some participants. If the observation was made that eliciting constructs between three elements simultaneously was too difficult, an immediate adjustment was made so that only two randomly chosen elements were considered before moving on to the next two elements, following the procedure of Walker and Winter (2007). This adjustment was made when necessary, in all the studies. All of the participants were able to compare two elements.

Importantly, participants were free to choose any elements they wanted, and I did not interfere with such choices. Participants were therefore not prompted in any way apart from asking the question described above. For instance, individuals could have chosen to include people from their pre-flight environment only or people from the asylum country only. I did, however, prompt participants to think about their social world, as this overall topic was chosen in advance based on findings from the exploratory studies described in Chapter Three and Chapter Six as well as previous research.

Data Analysis

Braun and Clarke (2006; 2012) presented a thematic analysis method for identifying, analysing and interpreting patterns and themes in a data set. These researchers outline an inductive method of analysis where the researcher does not seek to fit data into a pre-

existing coding frame, instead, the analysis is data-driven. However, the researchers' interpretation of the data is never analysed in an epistemological vacuum. A thematic analysis at the latent level, as outlined by Braun and Clarke (2006) seeks to examine the underlying assumptions, conceptualisations and ideas of the data and to identify reoccurring patterns across the data set as a whole. As highlighted by Braun and Clarke (2012), the researcher is active in generating and constructing themes based on the data set in a thematic analysis, themes do not simply *emerge*.

The data from the PCT method in the present study were analysed based on guidelines provided by Braun and Clarke (2006; 2012) and included detailed familiarisation with the data set, generating codes, identifying themes, reviewing and defining themes before naming the final themes. Having held and transcribed the assessment interviews and sessions with the participants, I was already familiar with the content before the formal process of analysis was initiated. Nonetheless, listening to audio-recordings while reading and re-reading transcripts was helpful as it brought back memories from the individual assessments and the audio-recordings were therefore not destroyed until data analysis had been fully completed.

The transcripts were given numbers for each line of the transcript as well as for each individual, so that later coding and themes could easily be found in the original transcripts. Next, initial notes were written based on what I identified as interesting and important in the raw data. The next stage involved coding the data line by line. Having coded the data set, the next stage involved identifying themes based on the codes before refining these themes by re-reading the data again. In this way, the themes that best reflected the whole dataset were determined. After having defined and decided which themes best represented the data, final names for these themes were developed. Importantly, the process of analysis was a flexible rather than following a strict and linear course (Braun & Clarke, 2006). Please see Appendix D for an example.

It has been argued that research methods and ethics are fundamentally related and that the success and usefulness of one depends on the other (Ellis et al., 2007). Specific standardised questionnaires may be accepted as valid research tools; however, their usefulness may diminish in the context of other cultures or with varied participant groups. Likewise, it is possible that the constructs in a given questionnaire do not exist, or are not valuable, in a different cultural context (Ellis et al., 2007). The PCT method

was chosen because it avoids prior assumptions and because it does not depend on complex language use. In the section below, ethical reflections will be presented.

Ethical reflections related to research with refugee groups

It can be argued that research with refugee individuals has the potential to contribute to the welfare and ethical treatment of these people, which was also part of my personal motivation for doing this research. When carrying out research with refugee groups, it is essential to consider the greater good of the research project (Ellis, 2007, p. 24). The importance of advocating refugee individuals' rights in research contexts has been highlighted elsewhere (Rousseau & Kirmayer, 2010; Vervliet, Rousseau, Broekaert & Derluyn, 2015), as has the view that research should be of value to participants (Block et al., 2012; De Haene et al., 2010). Based on the experience of working with unaccompanied minors, Vervliet and colleagues (2015) conclude that it is necessary for researchers to advocate for improvements for refugee groups on a macro-level as well as conducting ethical research on a micro-level, that is, considering wider socio-political levels as well as taking responsibility for the direct research activities. The present thesis was carried out with the hope that findings could contribute to knowledge about how best to support asylum-seeking and refugee individuals in host countries.

Given the lengthy and bureaucratic procedure of the asylum process in the UK (Pitman, 2010) and other European countries (e.g. Montgomery, 2004; Montgomery, 2008), as well as the particular experiences leading to forced migration and challenges in host countries, it is understandable that research involving interviews and questionnaires can lead to additional worry, anxiety and mistrust in asylum-seeking and refugee populations (Dow, 2011; Hodes, 2000; Hopkins, 2008) as well as suspicion about the agenda of professionals (Kohli, 2006a; Kohli, 2006b). Some refugee individuals may not fully understand the difference between voluntary research and official interviews carried out to determine their status (Ellis et al., 2007). For these reasons, reflections concerning ethics are central when conducting research asylum-seeking and refugee individuals (Ellis et al., 2007; Dávila, 2014; Kabranian-Melkonian, 2015).

It is imperative for researchers and interviewers to facilitate an empathic and warm approach towards participants and to be open to hearing the participants' experiences and views. Such concerns are intrinsic to ethical conduct in the research process. Focussing on building rapport through patience, rather than relying on fast but relatively superficial or minimalist data collection procedures may yield more valuable data

(Block et al., 2012). As highlighted by Block and colleagues (2012) ethics and the methods chosen are interconnected, and we considered the qualitative PCT ‘working tool’, the primary method in this present research programme, to be especially beneficial for research questions seeking to better understand the needs and experiences of asylum-seeking and refugee groups, without requiring a very lengthy interview procedure. Ethical reflexivity is considered particularly important when working with individuals from very different backgrounds to the researcher where shared understanding cannot be assumed (Block et al., 2012; Pain, Kanagaratnam & Payne, 2014) and the ethics of working with these groups was considered throughout each of the stages of the research comprising the thesis.

Trust and relational ethics

Because of the experiences that led them to flee their country of origin, as well as mistrust experienced in asylum countries (Ní Raghallaigh, 2014), refugee and asylum-seeking individuals may experience difficulties with trust in the research process. Inspiring trust, assuring confidentiality, and obtaining informed consent in addition to making a strong commitment not to do harm is therefore especially necessary. In order to ensure this happens, utilising supervision and self-reflection have been recommended in qualitative research with refugee groups (Vervliet et al., 2015). Working with vulnerable participants such as unaccompanied minors, asylum-seeking individuals and refugee may lead to strong feelings of worry, concern, anger and powerlessness in the researchers, and the feeling of responsibility can be intensified by knowledge about certain participants’ particular vulnerability, for example, as part of being young and without family protection (Vervliet et al., 2015).

Ellis (2007) discusses *relational ethics* that go beyond ethical approvals from research ethics committees and boards. *Relational ethics* (Ellis, 2007) or *ethics in practice* (Guillemin & Gillam, 2004) may include reflections on being friendly versus being friends with participants, carrying out research with underprivileged groups, dilemmas related to how researchers portray participants, and the personal responsibility involved in such situations. Ellis argues that researchers should make ethical research decisions about the research process in similar ways to making ethical decisions in other aspects of their life. Furthermore, she recommends that researchers continue to reflect on ethics after the approval to carry out the research has been granted, and, as a check, to write as if assuming that participants will read the research report.

Vervliet and colleagues (2015) also discuss *relational ethics* with respect to their longitudinal work with Afghan unaccompanied minors in Belgium. Based on the study, lasting 18 months, which aimed to shed light on the aspirations and lives, mental health, and agency in the youth, the researchers discuss various ethical considerations. Reflecting on the research journey, the authors highlight themes relating to decisions about participation and confidentiality and developing trust. More specifically, the researchers reflect on their own feelings of anger, injustice, powerlessness and indignation when hearing about the participants' struggles, as well as their thoughts about seeking to avoid 'rushing in' and 'rushing out' of the relationships based in research. This latter point is considered to be particularly important for young individuals who have experienced loss and separation (Vervliet et al., 2015). Working with unaccompanied minors in research contexts may involve difficult decisions about boundaries; deciding whether, when or how to help, or feeling the urge to help in areas that extend beyond the research relationship. For instance, the researchers discuss their thoughts about not taking over actions that could lead to dependency, as well as encouraging participants to carry out actions that could lead to increased self-esteem. Related to such dilemmas, Vervliet and colleagues (2015) moreover discuss challenges that may arise if participants perceive the researcher as an authority in the respective society who has the power to intervene in order to alleviate participants' personal difficulties.

In the research presented in this thesis, an effort was made to communicate clearly that I did not have the political power to change policies regarding asylum-seeking and refugee individuals, however, that my aim was to disseminate the findings in order to contribute towards an understanding of the individuals concerned and their situations. As recommended by Ellis (2007), decisions in relation to the research were made in similar ways to other aspects of life, with a focus on participants' best interest. Further ethical reflections are presented below, including the steps taken to ensure appropriate ethics procedures.

Procedural ethics in the present context

Procedural ethics have been defined as the requirement for “(...) *seeking approval from a relevant ethics committee to undertake research involving humans*” (Guillemin & Gillam, 2004, p. 263).

Guillemin and Gillam (2004) argue that the procedure of applying for ethics approval is fruitful for researchers in terms of reflecting on fundamental ethical principles, which was found to be the case in this present thesis. Through writing the applications, and through conversations and meetings with collaboration partners and my thesis supervisors, ethical considerations were carefully discussed. Issues relating to informed consent, protecting participants’ identity, and establishing trust were central themes that were discussed in the planning stages and when carrying out this research.

In the studies involving adults, information was sent to the collaboration partners and potential participants in advance of the research to enable participants to consider whether or not they were interested in taking part. When possible, meetings with participants were offered and arranged to explain research aims prior to initiating the research, and when participants were interested in such meeting, as discussed in the individual chapters. A check was made that appropriate and sufficient information was provided in order for participants to give informed consent, which was written consent for young adults and parents and verbal consent for children. Details are provided in the separate chapters. Please see Appendix A for examples of the consent forms.

Parents of children were visited by teachers and interpreters in their home where parents gave informed written consent (please see details in Chapter Seven). The children who took part were initially approached by a familiar teacher or professional, who told them about the assessments before they met me. Prior to the individual assessments, I also spent some time in the classrooms so that children became familiar with me. During the PCT interviews, non-directive questions and statements were made and children were reminded that they could end the interview at any time if they preferred (Hopkins, 2008). As children may have seen me as an authority figure, careful attention was paid to their mood and well-being during the assessments, and they were reminded that they could choose to go back to the classroom whenever they wanted, phrased in a non-directive way. Likewise, the PCT method (Please see Chapter Two for details) involved eliciting constructs and comparing elements in a way that avoided influencing or directing their responses.

Throughout the research process, participants and participants' parents were encouraged to ask questions and to voice any concerns they may have had, as suggested by researchers in this field (Block et al., 2012; Hopkins, 2008). Furthermore, careful attention was paid to signs that might indicate that participants were uncertain about any parts of the research by monitoring their demeanour and continuing to ensure that they were comfortable taking part. Participants were reminded that they could end the interview at any time if they wished to do so. This was seen as critical due to the specific experiences of refugees, such as previous experiences with authorities that may not have considered the best interest of the refugee individual, or potential cultural differences (Ellis et al., 2007).

All participants were asked to give consent to being audio-recorded and one participant (Chapter Three) asked not to be recorded, and I therefore wrote down his replies by hand instead. Despite being reminded that participants could withdraw from the research at any time without any consequences, none of the participants from any of the studies dropped out, which indicates that participation was not burdensome to them, and in fact, several participants indicated satisfaction about making their voices heard. Although it is possible that participants may have seen me as an authority figure (Block et al., 2012; Hopkins, 2008), the voluntary nature of participation was emphasised, participants were informed that the research was separate from the work of the organisations from which they were recruited, and that whether or not they chose to take part would not influence their relationship to the respective organisations. There was no reason to believe that participants felt any pressure to take part. Other issues relating to ethics involved the topics discussed (Hopkins, 2008); for instance, in the IPA studies (Chapters Three and Six), focus remained on experiences in the host country rather than the country of origin, to reduce the risk of upsetting participants. In order to avoid that finance prevented participants who wished to take part to do so, and to thank participants for their time, a modest amount of money, or a voucher, was given to adult participants, but not to children, as this study was part of a larger school intervention. The payments, or vouchers - when there were no travel expenses, were agreed on by collaboration partners and were approved by the ethics committees. Finally, ongoing supervision of the research that comprises this thesis enabled me to discuss ethical issues with my supervisors throughout the process.

Ethics approval was granted separately for each of the studies presented in the thesis, including the pilot study mentioned in Chapter Seven, however, a combined ethics

application was approved for the studies in Chapters Four and Five, because of the specific designs of these studies. As vulnerable individuals were involved in this research, the central University Senate Research Ethics Committee reviewed and approved all of the applications. Moreover, ethical approval was also granted from collaboration partners, that is, the external organisations from which participants were recruited as well as national ethics boards in Denmark and Sweden.

Each of the subsequent chapters involves separate participant groups and therefore different ethical procedures. Please see the individual chapters for further details.

Challenges and limitations in this specific area of research

Although it has been argued that both quantitative and qualitative methods within mixed-method research must always be used on their own merits, in terms of recruiting participants, randomisation, sample size, effect size and validation of results (Morse, 1991) this is not always possible when working with very specific groups of individuals where concerns regarding over-research and vulnerability are crucial factors. When conducting research with potentially traumatised and vulnerable refugees and asylum-seeking children, youth and adults, groups that could hardly be more disadvantaged and at risk, there are a number of real-life obstacles and ethical concerns that inevitably hinder an ideal research design.

Challenges with this particular group of individuals include difficulties in finding suitable control groups, obtaining ethical approvals to recruit asylum-seeking and refugee participants, as well as challenges in finding collaboration partners or co-operation from charities and organisations working with these individuals. When seeking permission to recruit participants from mental health organisations, clinical settings and charities, the staff were frequently found to value therapy higher than research. Staff often refused to advertise or inform potential participants about the research, due to the indirect pressure individuals might feel from the therapist or organisation. Building trust between researchers and protective gate-keepers is thus important when working with refugee and asylum-seeking individuals (Hopkins, 2008). This involved meeting with potential collaboration partners on numerous occasions to discuss the research.

Having found suitable collaboration partners who were open to allowing their clients to be introduced to information about the research, further difficulties were encountered.

These included how to implement rigorous and scientific research designs in charitable or clinical settings with small numbers of clients, and the time needed to develop the necessary rapport and trust. Categorising individuals based on personal characteristics, such as socio-economic status, nationality or education in research contexts such as this one became less valuable and relevant as individual experiences, backgrounds and needs varied to a degree that appeared to overshadow any of these measurable variables. Moreover, asylum-seeking and refugee individuals may have encountered hostility and disbelief in European asylum countries, including official immigration interviews as part of applying for asylum. Some participants in this research programme were thus, understandably, sceptical about the aims and motives of the researchers, the consent forms and the research in general.

The uncertainty of some of the asylum-seeking individuals' living conditions resulted in the constant possibility of being moved or deported at short notice. This could have added further difficulties for the research context in terms of retaining participants over prolonged periods. Of course, this uncertainty had much greater implications for the individuals who lived under such difficult conditions than to the researcher. Finally, a strong understating of, and commitment to, the participants' best interest was required, with a particular focus on not causing distress or harm. In this research programme, it was judged to be essential to protect participants from over-research and to not cause distress, due to the adversity many of the individuals had already experienced. Because of the barriers and challenges involved in recruiting individuals for the research, decisions were, in some cases, made based on pragmatic reasons, rather than what might ideally have been designed on the researcher's drawing board.

The challenges and limitations discussed above apply to all research involving asylum-seeking individuals and refugee populations, but particularly so to mixed-methods and qualitative research, which require a different kind of participation compared to more traditional standardised questionnaires and quantitative research. Nevertheless, there is both a humanitarian and an economic need for the evaluation of asylum-seeking and refugee individuals' needs and experiences in European host-societies. It is hoped that such knowledge could contribute to informing the development of assessment measures, asylum-procedures, and an increase in support provided during the process of seeking asylum, as well as during adaption and integration to the new culture.

Finally, research seeking to give voice to refugee populations, and seeking to enable these individuals to express what kind of support systems they need, remains scarce. Exploring the experiences and needs of refugees needs to be investigated in further depth, and professionals and researchers must collaborate to do the best work possible, despite the numerous difficulties and challenges this entails. It is imperative to develop further research programmes which seek to facilitate the well-being and adaptation of refugees in European societies, especially in the light of the numerous current and ongoing political conflicts and human rights violations that force increasingly large numbers of individuals to flee their country of origin in search of safety. Although there are challenges involved in working with such vulnerable groups, the work is greatly needed.

Quantitative methods have provided researchers and clinicians with a thorough knowledge-base about refugee trauma, symptoms and the adverse effects of traumatising experiences and qualitative research studies have explored the lived experiences of trauma and forced migration. Nevertheless, there is still a need for researchers and professionals to understand how to support and help refugee populations in European asylum countries. Refugee voices have been relatively scarce in research contexts thus far, which is particularly true of refugee children and youths. Yet providing these groups with a voice could lead not only to empowerment for the individuals, but also to valuable information for researchers, policy makers and clinicians. Similarly, research within this field could be improved by gaining a better understanding of how asylum-seeking and refugee individuals perceive the society in which they live, and the support systems available to them. Finally, evaluating assessment measures, and exploring the strengths and limitations of measures that are new in this context, could lead to valuable information, which would be helpful for researchers as well as practitioners working in this area. This research aims to contribute to filling the gaps identified.

Concluding remarks about the methods

Kelly's personal construct theory and most methods based on this perspective are explicitly focused on the participant's subjective perspective. Researchers working within this framework set out to gain an insight into participants' construing processes, meaning-making and thinking about themselves, their situation and the world they live in. In contrast to positivist approaches, the participant's account, regardless of whether

or not it can be verified, is what the researcher is interested in accessing (Banister et al., 1994). As with all research, but within qualitative methods in particular, the researcher adds further subjectivity to the findings and analysis, through his or her own previous experiences, training, theorising about the social and cultural context, and the decisions made about which research questions to explore. This is also the case for the studies comprising this research programme, the exploratory studies based on IPA as well as the studies based on the PCT ‘working tool’, analysed using thematic analyses (Braun & Clarke, 2006; 2012). Similarly, in the IPA as well as PCT studies, the interaction between the individual participant and myself inevitably influenced the interview process. Finally, during the stages of interpretation and analysis, my understanding of the phenomenon under investigation, my background and the social and cultural context in which the research was done, influenced the findings and choices made (Banister et al., 1994). This echoes the double hermeneutic process (Smith et al., 2009) discussed previously. However, as the aim of the adapted PCT method was to uncover participants’ constructs of the social world, without direct questioning, this was hoped to minimise researcher effects. That is, although it can be argued that any research is influenced by the researcher’s interest and the questions they ask (Johnson & Onwuegbuzie, 2004), the application of the PCT method was judged to be suitable for accessing refugee and asylum-seeking individuals’ constructs, whilst minimising the risk of the researcher leading individuals in any predetermined directions.

“Kelly suggested that psychologists should start their work not with theories, but with involvement in the life situation of the people they have chosen to study.” (Banister et al., 1994, p. 74).

Based on this invitation from George Kelly, the first study, presented in the next chapter, sought to explore the needs and experiences of refugees, who had arrived as unaccompanied minors in Sweden. The aim of this initial and exploratory IPA study was to examine the individual experiences of arriving to and adjusting in the host-society, including questions about what was found to be challenging and accommodating, with a view to integrating the findings into the adapted PCT method. The aim of the first investigation was therefore to explore what these individuals perceived as particularly important when arriving in, and adjusting to, the European society, in order to incorporate these themes into the further research.

This approach corresponds to the suggestions made by Ellis and colleagues (2007) in relation to ethics and methods, as Western researchers may falsely assume that they know what is important to refugee groups and choose methods accordingly. In the present research, I sought to let participants determine the overall theme to be incorporated into the subsequent PCT studies.

Chapter Three - Experiences of Arriving in Sweden as an Unaccompanied Asylum-seeking Minor from Afghanistan - An Interpretative Phenomenological Analysis

“It is precisely the power of refugees’ stories which have the capacity for guiding the moral compass of our futures towards a more holistic world.”

(Saniotis & Sobhanian, 2008 p.7)

The global report published by the United Nations High Commissioner for Refugees (UNHCR) in the summer of 2015, illustrated that there were 59.5 million individuals who were forcibly displaced worldwide because of political or armed conflicts, persecution and other human rights violations in 2014. Alarmingly, this was 8.3 million individuals more than the previous year (51.2 million in 2013). Out of the 59.5 million individuals displaced worldwide, 86 per cent were found to be hosted by developing regions and countries, meaning that less than fifteen per cent were living in industrialised countries (UNHCR, 2015b). In industrialised countries, the number of individuals seeking safety and refuge in 2014 was 45 per cent higher than in 2013. With an estimated number of 866,000 asylum applications made during 2014 in the 44 industrialised countries included in the UNHCR report, this was the fourth consecutive annual increase reported by the UNHCR. Moreover, this number was the second highest annual level reported since a systematic collection of data was initiated in the early 1980s, and so the 2014 figure was close to the highest ever number of asylum applications recorded in industrialised countries, which was 900,000 in 1992 (UNHCR, 2015a).

Unaccompanied or separated minors comprised 34,300 of the asylum applications that were made in 82 countries in 2014, which was the highest number of unaccompanied or separated children ever recorded since UNHCR began to collect and record such data in 2006. The majority of these children were from Afghanistan, Eritrea, Syria and Somalia. In 2014, 7,000 unaccompanied or separated minors sought asylum in Sweden, and 1,500 of these were from Afghanistan (UNHCR, 2015b). Due to the increased risks unaccompanied and separated children face, compared to children and youths accompanied by parents or relatives, there is a general consensus that this group is the most vulnerable group of individuals seeking safety in foreign regions and countries (e.g. Goodman, 2004; Halvorsen, 2002; Mels et al., 2010; Wernesjö, 2012).

As with most research concerning asylum-seeking and refugee populations, attention has predominantly been focused on exploring symptoms, for instance, by examining the prevalence of post-traumatic stress disorder, anxiety or depression in groups of unaccompanied minors (Bronstein, Montgomery & Dobrowolski, 2012, Miller et al., 2002; Thommessen, Laghi, Cerrone, Baiocco & Todd, 2013, Wernesjö, 2012). In the UK, Bronstein and colleagues (2012) found that more than one third of 222 unaccompanied minors from Afghanistan indicated a high risk of post-traumatic stress disorder on a self-report measure of the Reactions of Adolescents to Traumatic Stress (RATS), developed specifically for unaccompanied asylum-seeking minors, and which has been found to have good validity and consistency. Even higher proportions of risk of post-traumatic stress disorder have been obtained by Hodes, Jagdev, Chandra and Cunniff (2008) in the UK, where 61.5 per cent of the male sample and 73.1 per cent of the female unaccompanied asylum-seeking youth were found to be at risk. In a study comparing the prevalence of both emotional and behavioural symptoms in unaccompanied refugee youth living in Italy and their native Italian peers, Thommessen and colleagues (2013) found that the unaccompanied refugee group showed significantly more problems on all components of the *Child Behaviour Checklist* compared to the native Italian control group. Although diagnostic measures have contributed to a wealth of knowledge about the damaging consequences traumatising experiences can have on individuals, the primary reliance on quantitative measures may have contributed to a one-sided focus and may thereby have limited our understanding of refugee trauma and individual experience thereof.

The adverse clinical effects of political conflicts and human rights violations are well documented; however, the stressors encountered by refugees during the journey to exile and when arriving to the host country, have been explored less frequently (Miller et al., 2002). Incorporating qualitative or mixed-methods methodologies into trauma research, may lead to a better understanding of the multi-dimensional stressors experienced by asylum-seeking and refugee individuals. In regards to research on refugee mental health, adaptation in host-societies or general well-being, relatively few studies have enabled asylum-seeking and refugees individuals, and children and youth with refugee backgrounds in particular, to identify and voice their personal difficulties (Goodman, 2004; Miller et al., 2002; Thommessen et al., 2013), although important contributions have been made (e.g. Bek-Pedersen & Montgomery, 2006; Goodman, 2004, Groark et al., 2011).

As discussed in the previous chapter, qualitative methodologies have unique possibilities for exploring how individuals who have experienced refugee trauma perceive their situation in the host-society, and inductive methods could lead to novel, rich and multifaceted perspectives on trauma and the consequences of having survived traumatising experiences. Furthermore, qualitative assessment situations could be particularly suitable for conversations with children and youth, who might have specific difficulties with very direct symptom checklists and trauma questionnaires. As illustrated by Goodman (2004) qualitative methods could provide an insight into young refugee individuals' cultural understandings, belief systems, coping strategies and meaning-making. Expanding an evidence base from which to develop novel intervention programmes that seek to facilitate the recovery of survivors of trauma and new assessment measures is an important task for the future.

Where qualitative methods have been used to explore the experience of refugee populations in various contexts, they have yielded important information about human conditions. In a qualitative study by Miller and colleagues (2002), eighteen women and ten men, all of whom were Bosnian clients attending a mental Health Programme in Chicago, took part in a semi-structured interview where the main focus was on individual exile-related stressors. The interview covered three main topics; life prior to the war in Bosnia, the journey to exile, and life in the host-society, Chicago. Individuals were asked to describe a typical day of their life in exile, which in many cases spontaneously led participants to compare their current lives to what they had been like before the war and prior to forced migration. Audio-recordings were transcribed using the qualitative management programme QSR NUD'IST by four separate raters, and the analysis led to seven main themes - *Social Isolation and Loss of Community*, *The Loss of Life Projects*, *A Lack of Environmental Mastery*, *The Loss of Social Roles and Meaningful Activities*, *Lack of Sufficient Income*, *Lack of Adequate Housing and Basic Necessities* and lastly, *Health Problems not Previously Experienced in Bosnia*. Using a narrative methodology to explore which stressors were perceived as most salient to participants, the researchers were able to identify critical variables that have previously been overlooked when relying purely on deductive quantitative methodologies and assessment measures with *a priori* assumptions. Thus, examples of the importance of the changes in social roles, social integrity and social connectedness as well as forced abandonment of life projects and personal goals and dreams were found to be prominent themes across individuals.

Participants told stories of active social and work lives in pre-war Bosnia, in stark contrast to their post-migration conditions. The majority of the participating individuals said they now felt socially isolated and lonely in addition to experiencing a lack of emotional support, and these were found to be critical stressors in the host-society. Several participants explicitly stated that they longed for the social support which had previously been an integral part of their daily lives. Although the authors argued that a number of participants seemed to use isolation as an active coping mechanism against difficult reminders of memories which could arise if they were to interact with individuals who shared their background, the majority of individual spoke with longing and nostalgia of the active social lives they had lost. In summary, this qualitative study led to knowledge which is critical for a deeper understanding of the human experience of forced migration. Similarly, the results are vital for researchers intending to design and implement novel interventions for refugee populations (Miller et al., 2002).

Another important qualitative research contribution was provided by Goodman (2004), who conducted a study exploring the coping strategies of young unaccompanied male minors from Sudan. By using a case-centred, comparative, narrative approach, Goodman (2004) analysed the narratives of fourteen male youths after asking them to tell the story of their lives. The narratives were analysed according to content, themes and structure, and told stories of horror and suffering, such as killings, starvation, thirst and extreme distances travelled by foot. Four main themes emerged - *Collectivity and the Communal Self*, *Suppression and Distraction*, *Making Meaning about their Personal Situation and Suffering* and finally, *Emerging from Hopelessness to Hope*. Consistent across the young peoples' narratives was the focus on collectivity and sense of community. The youth expressed how they would not have survived without the help of others, how they were connected with their people in Sudan through blood, and similarly, how suffering was collective.

Coping strategies were found to include distraction and keeping one's mind busy, which, as stated by the author, may be effective in the short-term rather than long-term. Meaning-making was expressed largely through culture, and coping strategies were found to be culturally specific, for instance, believing that God had a purpose with their suffering. Despite the suffering and violence these young boys had survived, all but one stated that the hardship they had endured had a greater meaning, attributing this to God's will, historical or cultural reasons, or that they were chosen to carry on their

family's legacy. Another key theme was education and striving for a better future, as the youth emphasised education as a personal capital that could never be taken away.

Overall, the results from Goodman's research (2004) told stories of resilience, will and courage, which were largely made possible through the social connectedness and social support within the group. As the boys had travelled and lived together for many years, strong bonds had developed. The importance of meaningful social relationships in the qualitative studies above resonate with findings from a range of studies suggesting that the perception of social support contributes to well-being in refugee youth (Montgomery, 2008) and similarly, that the lack of social support is associated with increased mental health difficulties (Berthold, 2000; Carswell et al., 2011; Gorst-Unsworth & Goldenberg, 1998; Kovacev & Shute, 2004).

This present study aimed to explore how male unaccompanied youth from Afghanistan experienced arriving to the Swedish host-society in order to determine a basis for adapting the method based on Kelly's PCT in subsequent studies. Thus, the aim was to examine which overall topic would be most important to include in the PCT assessment measure that was going to be applied in a range of contexts, including refugee children, youth and adults. Additionally, the study aimed to examine what kind of support was available to them on arrival, as well as which support systems they had experienced as most helpful, difficult or challenging during the initial months and years in the asylum country. Another main purpose was to give a voice to this group of refugees from Afghanistan, who had arrived in Sweden as unaccompanied minors. None of the interview questions asked about trauma experienced pre-migration or during the journey to Sweden, but rather, focus was on the asylum country and how the youth had been, or had not felt, supported in the new environment. The main research questions were - *How do unaccompanied refugee minors experience arriving to a European host-society and what do they find particularly helpful and challenging after their arrival?*

Method

Participants

Potentially interested participants were initially sent information about the purpose of the study, before a group meeting was arranged with participants, myself and staff at a refugee centre in Sweden. The research was completely separate from the organisation providing support to participants, and the staff and I emphasised that participation was

voluntary and that whether or not the youth took part would not have any consequences for their relationship with staff. An interpreter was present during the meeting and participants were encouraged to ask questions and voice potential concerns. All participants were eighteen years of age or above and were asked to give written and verbal informed consent before participating in the interview. The participants were selected purposively and because of the specific topic that was being explored, the sample was homogeneous. The final sample included six eighteen to nineteen year old male refugee individuals from Afghanistan, who had arrived in Sweden as unaccompanied minors when they were between the ages of fifteen to sixteen. The group of individuals had all had their asylum applications approved in Sweden and had permanent residence. This minimised the risk of participants not feeling free to speak about their experiences, due to pending cases, and at the same time meant that all the individuals had experienced waiting for the outcome of their application, as well as receiving a positive decision.

Procedure

Ethical approval was granted from City University London as well as the relevant Swedish ethical review board (EPN) before initiating the research. The interviews took place at the refugee centre in a southern district of Sweden where all six participants lived, as this was a familiar place for them. A male interpreter who spoke the two main languages of the group, Farsi and Dari, translated all of the interviews in person. All participants were offered the opportunity to have the interview held with screen translation where the interpreter was not physically present. This offer was made to protect the participants' identity; however, all of the participants chose to have the interview with the interpreter present in the room. I, the interviewer (PhD researcher) spoke Danish and Swedish with the interpreter, who translated from Danish and Swedish into Dari or Farsi. The majority of the participants spoke very good Swedish, and would sometimes speak directly to me in Swedish. Each interview lasted between thirty to fifty minutes. Five out of six interviews were audio-recorded and transcribed *verbatim*. One individual chose not to be audio-recorded, and I therefore wrote down this participant's replies by hand, with his informed consent.

Participants were invited to speak about their recollections of arriving in Sweden, including their first memories and impressions. Furthermore, questions were asked about the challenges they faced, if they felt supported, and if so, how. Participants were moreover given the opportunity to express any messages or concerns they had,

including what they felt young people in their situations needed first and foremost. I emphasised that I did not have political power to make these changes, but expressed that my intention was to present their voices in written work, in the form of quotes and extracts.

Data analysis

This study was designed and conducted based on Interpretative Phenomenological Analysis (Smith et al., 2009) as outlined in Chapter Two (please see p. 71-72).

Findings

Based on the analysis, four main themes remained, which were - *From chaos to kindness, Causes of worry, Social support and adjustment; and Focusing on the future as meaning-making and coping*. Overall, the participants told stories of young boys who had been forced into adulthood and independence at very early stages of their development. They had travelled on their own, without the protection of adults, and had learnt to survive on the long journey from Afghanistan to Sweden, which had taken up to six months. The voices and experiences of these participants were judged to be particularly valuable, as they had recently experienced arriving in Sweden as minors, yet had also had some time to reflect on their situation. In the following, extracts exemplifying the four main themes are presented.

From chaos to kindness

Although the participants were not encouraged to speak about their pre-migration experiences or asked any questions about the journey to Sweden, four out of six participants mentioned the hardship survived prior to coming to Sweden, in some cases as a way of comparing life in Sweden to what they had previously experienced. For these participants, it seemed they were telling the beginning of their story of being forced to flee their home country.

One of the young men, Participant One, gave a short and factual summary of his journey to Sweden:

I was with my family in Iran for six to seven years, with my mum and my younger brother. I can't remember exactly how many years we were there for, but I think it was six or seven years in Iran. From Iran I travelled alone to Greece and from Greece to Italy and from Italy to Sweden. I was hiding underneath a car.

Similarly, Participant Three gave a brief explanation of his journey:

I was sixteen when I left Iran – then I travelled for about six months to get to Sweden, so I was about sixteen years and six months when I got here and now I am eighteen years and six months. There were many countries along the way: First I went through Turkey and Greece and then I was in Italy and then France and finally Sweden. It was tough shit. You don't have any passport, no papers, no nothing – it was difficult shit.

Participant Six elaborated and gave the following account of his journey;

It was a long journey to come here, I travelled from Afghanistan to Iran and from there to Turkey and on to Greece and Italy and then through many other countries to get to Sweden. This journey took five months. I was caught in Denmark by the police. They had very aggressive dogs and they said they were going to take me to the police station. When I told them I wasn't planning on staying in Denmark, but that I wanted to go to Sweden, they dragged me to the main train station in Copenhagen and let me go. When I got to Malmo it was past midnight and I didn't know where I could go to apply for asylum, I thought I would have to do that in Stockholm, so on the next day I got on a train to Stockholm but I didn't have a ticket. The tickets were checked and I didn't have one, so I got a fine of 50 Euro. Those were the very last 50 Euro I had left; I had nothing, absolutely nothing after that. In Stockholm I slept two nights in the snow outside, it was so cold. I later found out I could have gone to a Migration Office in Malmo but I didn't know that then.

After a short pause he added,

My life was in danger, and then I didn't have any papers or passport, my life could easily have been destroyed. If you want to experience what we have been through, if you want to understand my situation, you should try to live as an illegal immigrant in Greece and try to travel like I did. I was hiding underneath a truck, just next to the wheels, without food, without water for up to 40-50 hours in one go. The journey from Greece to Italy cost me 2500 dollars – for that journey.

When asked about the first impressions and memories from Sweden, the young men spoke of their arrival in the country in positive terms.

Participant One explained,

The main difference was that I experienced friendliness here, contrary to my situation in Iran where I didn't have any papers and I was in constant fear that the police would catch me. People from Afghanistan are not treated kindly in Iran. But in this country, I was met with kindness and friendliness and I got the temporary legal papers until I received the decision and my refugee status, and I felt safe while I was waiting for the outcome of my asylum application.

Participant Three recalled a similar experience,

When I first came to this country I went to the police. They were friendly and helpful and they showed me the address where I had to go to apply for asylum: The Swedish Migration Board. At the Migration Board people were also friendly to me and I was treated nicely.

Participant Six explained how different the way he had been met by officials in Sweden was compared to his previous experiences,

When I got a place in the refugee centre, the thing I remember was that it was the first time in five months that I could relax. It had been a five month journey and I was exhausted and ill, I had been travelling under very difficult conditions, but when I got here it was the first time in five months that I could relax. It was also the first time I was met with friendliness. Before, everything had been chaos – just chaos – but now there were people listening to me.

One of the examples Participant Six gave towards the end of the interview, illustrates the stark contrast between how he was treated in Sweden in comparison other places during the long journey from Afghanistan.

I was abused and beaten by gangs and by the police in (country X). I have experienced enough in my life. One time I was beaten so badly by the police in (country X) that I couldn't walk. My friends had to carry me. We were three boys, all from Afghanistan, and one time I didn't make it. The other two boys got away but I didn't make it. The three police men used me as a personal punch bag and I couldn't walk when they had finished.

The participants were treated the way one would hope unaccompanied minors who had escaped war would be met by professionals in a wealthy European country - with friendliness. The extracts do not tell stories of extraordinary compassion or care, the words that were used to describe officials and professionals involved in initial stages of arrival and the asylum process in Sweden were *kindness* and *friendliness*. Compared to

the violence and abuse the participants expressed having experienced in Afghanistan, Iran as well as southern European countries the youth had travelled through and stayed in, this was clearly worth emphasising, when recalling their first impressions of Sweden.

Causes of worry

Although all of the participants had received their refugee status at the time of the interview, the anxiety, loneliness and concern they had experienced during the initial months in Sweden, while waiting for the outcome, was a prominent theme across the interviews. This illustrates the dilemma of having reached a goal, and having sacrificed so much along the way, only to be met by another set of challenges in the host-society. Participant Three recalls the initial months in Sweden in the following way -

The most difficult thing for me was the loneliness – being so lonely was very difficult for me. And waiting for the asylum decision was really difficult. The nine months I waited were hard because of the uncertainty. (After a short pause, he added) Having the outcome of my asylum application was just one small problem solved, thinking about the future and all the thoughts were still there. For me it was important to start thinking about education, to keep myself busy and to try to improve my chances of having a future. When you're a child, you don't have a lot of problems or things to worry about, but after you grow up a little bit, even after the decision (referring to his asylum application) was made, there were still lots of problems to be solved and lots of difficulties. Things like thinking about having your own family and children, and being able to provide food for them.

Participant Three, in this passage, talks about his experiences as a child, where he did not worry about asylum applications or the future. He compares the life he once had without concerns, with a sense of longing, with his current situation. In the same passage he talks about having children of his own, and his worries about whether he will be able to provide for them. The participant also mentioned the distress he experienced whilst waiting for the asylum application, and the concerns that followed,

The first nine months were hard because I was waiting for my asylum application to be processed. Other Afghan boys around me were getting their result but I didn't get my reply for nine months. I had problems because I kept thinking about what had happened to me in Afghanistan and about the Taliban. I was really worried about my family who are in Pakistan because it is not safe

for them there. No-one in Sweden could understand what I've been through or the problems and worries I have. My family converted to Christianity and that's why we had a lot of problems, because of religion. My father was killed because we converted to Christianity. The rest of my family are living in Pakistan. I tried to get in touch with them through the Red Cross, but they were unable to find them.

During those first nine months I was under a lot of pressure. I cried a lot because of my family. They said they were going to burn down our house because of our religion. During the first months I had two main problems, or one double problem. The first thing was thinking about Afghanistan and my family and worrying about them, and the second thing was the uncertainty of what was going to happen to me, worrying that I would be deported and that I would land in the hands of the enemy.

And he later summarised,

The two most important things young asylum-seeking individuals need are, first of all, for asylum applications to be dealt with quicker and secondly, to have some kind of psychological support and help. I couldn't focus, I couldn't concentrate. You can try to imagine how the young people who don't have papers and who don't have status feel.

These extracts reveal the isolation, loneliness, lack of social support and fears experienced by the young individuals during the asylum process. Apart from their own personal distress, many of the participants spoke of their longing for family members who were still in Afghanistan or neighbouring countries, and about how they worried about their family's safety and well-being. This demonstrates the burden of not knowing if their families were still alive or not – in a sense experiencing both a very real and all-encompassing loss of what was familiar to them in the past, as well as an ambiguous loss of their families. Participant Two voiced his concern about his family in the following extract,

The most difficult thing was waiting for the outcome of my asylum application, and worrying about that – and about whether or not I could go to school here. And also thinking about my family – my mother and my younger brother, they are still in Iran, and I was worrying about whether or not I could bring them here.

Similarly, the young men spoke about other individuals from Afghanistan who had been through the same journey and similar suffering, who were still waiting or who had been refused asylum. As Participant Five said,

The people who are still waiting for the outcome of their asylum application are living in limbo. They can attend school but they are not in a position to really learn anything because they don't know what is going to happen or if they will have to leave the country.

Participant Two also voiced his concern for other young men, who were living in an even less fortunate situation than himself,

What I think is really problematic and very difficult and negative is that so many young people go through so much to make it this far, they use all their resources and money to come to this country, they sacrifice so much, and then they are just deported or denied asylum here. Many young people are deported. I know people who have been sent home.

Social support and adjustment

One of the young men explained how he had been on his own from the age of ten, and all of the participants had travelled long and dangerous distances without the support or protection of parents or carers. Having been forced to leave their families and friends behind, and having lost family members due to the conflicts in Afghanistan, the young men emphasised the importance of social support and positive encouragement from staff, their Goodman (mentor scheme provided by the Swedish state) and friendships with other youth who had experienced similar difficulties. The participants all spoke of their mentor, some very fondly, who in these cases had provided considerable support. The mentor scheme had clearly played an important part in Participant One's experience of arriving to Sweden, and he spoke warmly of his Goodman, an elderly woman with whom he was still in contact, although he was no longer a minor.

There was an Iranian woman who was appointed to be my Goodman (mentor), and in addition to the fact that we spoke the same language, she also helped me with more personal advice and helped me with things that had to do with life in Sweden, more than what would be expected of her, more than the norm. That was the friendliness and kindness or humanity she provided. She helped me with all kinds of things – more things than she would have been expected to do as her role as my Goodman.

Later in the interview, he explained why the support and encouragement had meant so much,

The most important thing is the support from immediate people around the young person. For instance, encouraging the young people to go to school and to take part in education - not just to turn up every day so that you get your allowance – but to get the advice and guidance needed to actually learn for the sake of learning – to become something and make something of yourself. I think the most important thing is to be surrounded by friends and people who can guide you and encourage you to develop.

In this case, the mentor seemed to have taken the role of a supportive carer, who was willing to provide personal advice and guidance, rather than administrative or practical help only. Participant Four also emphasised the importance of having guidance and mentorship as a means of support,

It is important to have one person to talk to, and to have someone to guide you. It is important that someone tells you how important is to get an education, because there is nothing to do, they (asylum-seeking youth) are just waiting, there is no job to do, so young people are doing nothing and wasting their time. But if someone can talk to the young people in their own language, and tell them that they must have an education, because that's the only way to move forward to do something with their life. That's what I think is really important: Someone to show them the way, and provide support and guidance – like a mentor.

P2: It was the staff and my Goodman who were helpful to me. Everyone who arrives to this country on their own, who is younger than 18 years of age, is provided with a Goodman, like a guardian. They help with practical and administrative issues and things. After coming to this country, the most important thing is the asylum process and being granted status. Then if that happens, it is important to have something to do, like school or work. And what is also important is being introduced to this society, so for instance, learning how to deal with practical things.

Later, whilst talking about the importance of having social support, Participant Two added,

It is always good to speak to someone now and then. Just like you (referring to me, the interviewer) need to speak to someone when you have a problem, I too

need to speak to someone when I have a problem. It is good to have someone to speak to.

This last extract emphasised Participant Two's experience of social support as a universal human need. Advice and caring adults seemed especially important to these participants who had been forced to stand on their own from a very young age. Despite their strength and resilience, however, they needed adult protection and support.

Focusing on the future as meaning-making

Having survived extreme hardship in Afghanistan and during the journey to Sweden, participants expressed a strong desire to utilise the educational opportunities and to *become someone*. When speaking about the importance of social support in the previous section, both participants emphasised educational guidance and advice as an important part of social support. This relates to the extracts below, where participants talk more specifically about education.

P1: While I was in Iran, I had to pay money to go to school – that was if I was lucky enough to be accepted into a school at all, because not all schools will allow refugees from Afghanistan – but if so, we had to pay money. Here in Sweden everyone said to me: “You can go to school for free”.

When I lived in Iran, it was very difficult to go to school or to learn and develop at all, because of the circumstances and the situation - how refugees from Afghanistan are treated there, and also because of the financial aspects, it wasn't free. But while I was living there, I read a book about a diplomat and this book inspired me. It's my dream to become a diplomat.

P2: I hope to study and get a job and to have a home and a car. I also hope to be able to see my family. I tried to get them here, when I got my refugee status, but it was not possible. Now I hope it might be possible for them to visit sometime in the future, if they can get their visa. They live in Iran.

My younger brother is mentally disabled – he was born that way – so it is very difficult for them. My mother is a (profession) but they are paper-less in Iran (he calls it living black) and that is very difficult. They have absolutely no rights at all. I can't help them financially now that I'm at school.

Participant Two, in this statement, implies that he hopes one day to be able to provide support to his mother and brother, who are living under difficult circumstances in Iran.

Participant Five emphasised the importance of education as a way of adapting into society.

I want to attend school and get an education and then get a job, just like anyone else. I am in high school now. I would like to work on a construction site.

In the extract above, he makes an important social comparison in his desire to be ‘just like anyone else’. Although he is aware that he has been through much more than his peers in Sweden, he expresses a desire to be like everyone else, and education and work to him are important components in that process.

This relates to a point Participant One made about fitting into society and learning about rules and norms in the country of asylum,

P1: It is important that we – or I – or we as refugees accept society as it is and not the other way around. We have to adapt and make sure we fit into society here; people in my situation have to do that. We have to accept this society, not the other way around. It is important that we accept society’s norms and rules in order to be able to interact in this country.

P3: Other people can’t do anything to help you, like if you’re lonely; it’s your own responsibility to get out of the (refugee) centre. You shouldn’t just sit and do nothing. You have to get out and to keep busy. You have to help yourself.

It’s important not just to sit at home and do nothing. It’s important to go out and meet people and to keep active. If you want to learn, you have to go out and meet people. If you just sit at home, nothing will happen. I do spend time with other people here at the centre, but you have to have some kind of contact with the outside world as well, not just the others living here.

The extracts above focus on using every possibility that presents itself, indicate social comparisons made by the participants, and reveal a strong sense of responsibility not to waste the opportunities provided in the asylum country. They also demonstrate an awareness and recognition of the fact that many others had not been able to reach their destination, exemplified through stories of friends and brothers who died along the way, or stories of other Afghan boys who experienced similar journeys and difficulties only to be refused asylum or deported from Sweden, or families who were still living back home. Similarly, the extracts exemplify their way of making sense of what they have gone through, and that the sacrifices and suffering have not all been in vain if they can

lead a better life and get an education in Sweden. Finally, many of the participants spoke of their families in Afghanistan, of fathers who had been killed, and of their aim to be able to support their mother and siblings in the future.

Discussion

The aim of this study was to explore six young men's experience of arriving in Sweden as unaccompanied asylum-seeking minors, and what they had perceived as supportive and challenging following their arrival. Further, the aim was to use findings from this exploratory study, in addition to previous findings in the literature, to determine the theme to be included in the PCT method that was planned for use in the wider research programme. Based on an Interpretative Phenomenological Analysis, the four main themes in these interviews were found to be: *From chaos to kindness*; *Causes of worry*; *Social support and Adjustment*, and *Focusing on the future as meaning-making*.

From chaos to kindness

Unaccompanied minors are frequently referred to as the most vulnerable group of individuals seeking refuge and safety, and the dangers and risks involved in travelling without protection from adults are well-documented (Derluyn & Broekaert, 2007; Fazel, Reed, Panter-Brick & Stein, 2012; Hodes, Jagdev, Chandra & Cunniff, 2008). The participants in this study had endured much suffering on their journey to Sweden, and this was therefore a common theme across interviews. Although the participants were not asked any questions referring to their pre-migration experiences or the journey, several of the individuals chose to give an account of either of these, most often as a means of contrasting their lives pre- and post-migration. The kindness participants had come across in Sweden did not seem extraordinary, yet, to these individuals, it felt like arriving *from chaos to kindness*, which indicates their prior suffering.

Trying to disregard or discount the kindness that the unaccompanied minors were met with in Sweden is by no means the agenda of this analysis, and the participants' positive perspective on the asylum country, developed in the initial stage after arrival, may have created a foundation for their further adaptation in the asylum society. This is supported by an extract where a participant mentions how he felt safe while waiting for the asylum application to be processed, contrary to the extracts where several of the individuals speak of the dangers of being caught without legal documents in other countries, or by one of the participants' experience of people in Sweden listening to him, and that it was the first time in five months he could allow himself to relax. The participants

undoubtedly felt that they had come to a safe place. Research from other European countries has previously demonstrated that post-migration stressors negatively affect mental health in refugee and asylum-seeking populations (e.g. Carswell, Blackburn, & Barker, 2011; Fazel et al., 2012; Gorst-Unsworth & Goldenberg, 1998; Lie, 2002; Silove, Sinnerbrink, Field, Manicavasagar & Steel, 1997). If unaccompanied minors experience openness and hospitality in the host-society, this is likely to have a positive effect on further adaptation.

Causes of worry

Adaptation in an asylum country is often a long and gradual process (Fazel et al., 2012) and is impeded further by the complex and lengthy asylum process, which is often far from logical for the asylum-seeking youth. Indeed, the asylum process was one of the main causes of concern for the participants in this study and they expressed that waiting for the decision, including the uncertainty and loneliness of that period, had been the most challenging and difficult experience in Sweden. A number of the participants moreover said that the most important change that could be made would be for this process to be prompt and fair, which they did not experience it to be at present. Previous research has found a number of additional adverse factors associated with the uncertainty of waiting for a decision of the asylum application and living in a host-society due to forced migration, such as fear of being sent back, loneliness, isolation, discrimination, anxiety and loss of culture and social support (Carswell et al., 2011; Silove et al., 1997). In the present study, the individuals were found to have experienced loneliness, anxiety and fear of being sent back, although it was encouraging that factors which have previously been described in the literature, for instance conflicts with immigration officials and poor access to healthcare (Carswell et al., 2011; Silove et al., 1997) were not found.

In addition to worrying about their personal situation and future, the participants were concerned about the safety and well-being of their family members who remained in Afghanistan, or were displaced in neighbouring countries. Ambiguous loss defines this form of loss, that is, the participants not knowing the details of their family's whereabouts, safety or whether or not they were still alive (Boss, 2004). Ambiguous loss can in some cases be even worse than the devastating news of a family member's death, because of the lack of clarity and because there is no opportunity to perform mourning rituals which would otherwise be an important part of grieving and coming to terms with the loss (Boss, 2004). Luster, Qin, Bates, Johnson and Rana (2008)

interviewed ten boys who were brought to the USA as unaccompanied minors after several years of suffering in Sudan, Ethiopia and Kenya (the 'Lost Boys of Sudan'). The researchers' aim was to explore the youths' experience of ambiguous loss and later reunification with family members. Although these young boys told stories of sadness and longing for their parents throughout the many years of separation, the authors argued that the thought of one day being able to see their families once again may also have provided some of the boys with a sense of hope and encouragement (Luster et al., 2008). The participants in Luster and colleagues' study had been living without their families from very early ages, but had instead developed strong social bonds to each other, which was found to be an important contributing factor to their resilience and survival. In this present study with young participants from Afghanistan, social support and a social awareness for others was similarly found, which appears to be a major factor in positive adaptation.

Social support and adjustment

In this study, participants spoke of their worries and concerns for family members, and of their dreams of being reunited, being able to bring family members to Sweden, or to help support their families in the future. Furthermore, they spoke compassionately about their Afghan peers who had been refused asylum or deported, only to be sent back to the *hands of the enemy*, as one of the participants said. One of the important factors in facilitating adaption and well-being in the asylum country has been found to be close, meaningful social relationships. Evidence suggests that the perception of social support contributes to well-being in refugee youth (Montgomery, 2008) and similarly, the lack of social support is associated with increased mental health difficulties (Berthold, 2000; Carswell et al., 2011). In the UK, Hodes and colleagues (2008) found that unaccompanied asylum-seeking youths who received less support through their living arrangements, such as independent accommodation, were found to show increased symptoms compared to unaccompanied asylum-seeking adolescents with higher levels of support, such as living with a foster family. This finding highlights the importance of social support in the host-society.

In Australia, Kovacev and Shute, (2004) found a positive relationship between perceived social support from friends and family and adjustment to the host country in a study of adolescent refugees from the former Yugoslavia. In a follow-up study of refugee children and youth in Denmark, Montgomery (2008) found that the number of Danish friends predicted lower internalising behaviour whereas perceived

discrimination in the asylum country predicted more internalising behaviour. Similarly, Gorst-Unsworth and Goldenberg (1998) found poor social support in the host country, the UK, to be a stronger predictor of depressive morbidity than the trauma experienced. Likewise, Lie (2002) carried out a longitudinal study in Norway, in which a group of refugees were followed for a period of three years. Alarming, trauma symptoms increased over time in the host-society. Unemployment and lack of social contact were found to be especially important factors influencing stress in the host country (Lie, 2002). The studies above, however, were based on standardised questionnaires, and relatively few studies have explored individual experiences in the country of asylum using qualitative methods. Research aiming to give asylum-seeking or refugee children or youth a voice to express their personal experience and views is therefore important.

A qualitative study conducted in Belgium by Mels, Derluyn and Broekaert (2008), indicated that unaccompanied asylum-seeking boys perceived receiving very little social support from their peers, despite their effort and desire to interact with, and make friends with, youth from the majority population. This was attributed to a perception of being disliked by their Belgian peers because they were refugees, because they did not speak the language fluently, and because of their specific backgrounds. In summary, both quantitative and qualitative findings have highlighted the importance of social support for asylum-seeking and refugee individuals in European host-societies.

The participants in this present study said that they had been *hardened and had learnt to be resilient* as a consequence of their experiences in their home country and through the journey to Sweden (please see the quote at the very end of this chapter). At the same time, they expressed a need for adult support, advice and encouragement in the host-society. The need for adult support was both for practical and personal reasons, exemplified by Participant One's account of the importance of his mentor, or Participant Four who expressed a sense of longing for guidance and advice on decisions regarding education and other important choices in life. This echoes the findings from Luster and colleagues (2008), and the interviews with the 'Lost Boys of Sudan', where unaccompanied youth also emphasised the importance of social support and positive encouragement from peers and adults as one of the most essential factors for finding the strength to continue. The Sudanese boys created family-like bonds with each other, and in addition mentioned mentors, teachers and support workers who they had met in the refugee camps and the host-society as key contributing factors to overcoming hardship (Luster et al., 2008).

In the present study, the importance of having a mentor, having someone to speak to about personal difficulties and being surrounded by people who could encourage the participants to develop and *become someone* were mentioned as particularly helpful.

Focusing on the future as meaning-making

Across interviews, participants focused on the future, on education and on development as ways of coping and making sense of their situations. After having survived extreme hardship in Afghanistan and during the journey to the asylum country, focusing on the future and on getting an education to create a better life, would mean the hardship endured in the past had not been completely worthless. The individuals were mindful of the fact that the asylum country could provide educational opportunities which they would not have had in Afghanistan, and it seemed that they felt a sense of duty to use this chance. They expressed that education, as a means of *becoming someone*, was imperative to their future progress.

For Participant Two, education was important as he hoped to be able to provide support to his mother and his disabled brother, who he knew were living under very difficult circumstances. Participant Four, on the other hand, spoke of education as a way of becoming *just like anyone else*. Having come from a very different culture, and with a past that was far from the norm of his peers in Sweden, education was an important component of integration, moving on, and focusing on the future. The focus on education and the future was similarly found in a qualitative study exploring the needs and strengths of male and female unaccompanied minors, between sixteen and seventeen years of age, from Africa, Asia and Eastern Europe, conducted by Hopkins and Hill (2010) in Scotland. These authors interviewed the youths as well as service providers about the needs and strengths of unaccompanied refugee minors. Participants also expressed the importance of practical, legal and social support (Hopkins & Hill, 2010). A focus on education was furthermore found by Goodman (2004) based on qualitative interviews with unaccompanied minors from Sudan.

Another common theme relating to the future and coping, was a strong sense of personal responsibility in the asylum country. Although participants expressed that they valued and longed for social support, encouragement and advice, they simultaneously spoke of the importance of their own responsibility to *make it* in Sweden. This included actively seeking company when feeling lonely and isolated, and trying to get to know Swedish peers as a way of learning about society and becoming integrated, rather than

simply waiting for things to happen. Due to the independence and coping abilities required to make it all the way from Afghanistan to Sweden on their own, participants may have become accustomed to focusing on the future, in order to manage the difficulties encountered on the way, and this strategy persisted in the asylum country. One of the participants, while talking about the resilience and strength that all asylum-seeking individuals have demonstrated if they manage to make it as far as Sweden, said the following,

P4: There is no one who can help you – you have to help yourself. If you don't get a reply from your asylum application, who do you think can help you? No-one! You have to be able to take care of yourself. I know that not everyone is able to find the strength to survive. You can either choose to help yourself to survive – or you can kill yourself. Those are the two options. When you've come this far, and when you've survived so much, that means you are very strong and that you have been very strong.

Conclusions

A relatively limited number of studies have previously given voice to unaccompanied minors. The findings from the present study highlight the importance of complementing the currently predominantly quantitative and experimental research body with qualitative findings that represent personal experiences. The four main themes, *From chaos to kindness*, *Causes of worry*, *Social support and adjustment*, and *Focusing on the future as meaning-making* led to knowledge which could inform the literature in this field as well as practice when seeking to facilitate adaptation in European host-societies, or when developing assessment measures and intervention programmes for asylum-seeking and refugee youth.

One of the main findings is the need for prompt and fair asylum-application processing, which has been advocated by researchers in the past (Fazel et al., 2012; Morantz et al., 2012, Silove & Ekblad, 2002). The current findings, however, present a perspective less frequently presented, namely the individual distress experienced by asylum-seeking youth during the months and years of waiting for the decision. Moreover, it is important to emphasise that this group had received their refugee status, and the data does not include information about the experience of the youth who are refused asylum, or how the support available is perceived by the individuals who receive a negative reply on their applications. The fate of the families, children and youth who are sent back to

Afghanistan is very uncertain. In general, very little is known about young individuals whose asylum cases are refused and who are therefore sent back to their country of origin (Kohli, 2011), and this topic remains to be explored in greater depth in the future.

The present study provided some answers to the primary research question - *How do asylum seeking and refugee individuals understand and make sense of their experiences in European societies and how can these societies best support asylum-seeking and refugee individuals?*

In particular, the findings draw attention to the crucial importance of social support, which corresponds to previous qualitative (e.g. Goodman, 2004; Luster et al., 2008; Mels et al., 2008, Wallin & Ahlström, 2005) and quantitative research (Berthold, 2000; Carswell et al., 2011; Daud et al., 2008; Gorst-Unsworth & Goldenberg, 1998; Lie, 2002; Kovacev & Shute, 2004). Based on these results, mentoring programmes seem an effective way of assisting adaptation and adjustment in the asylum country. In combination with educational advice and support, which would incorporate two of the main findings from this study, asylum-seeking and refugee youth could potentially benefit a great deal from intervention programmes focused on mentoring and social support.

As there were only six participants in this study, and because all participants were from Afghanistan, findings cannot be generalised to all asylum-seeking and refugee individuals. However, despite the different themes that were developed based on these interviews, the importance of social support came through in several of the themes, not just restricted to the theme *Social Support and Adjustment*. Moreover, based on the existing literature in the field, social support has been found to be protective in asylum-seeking and refugee groups, and likewise, isolation and lack of social support have been found to lead to severe difficulties. Based on the findings from this exploratory study, the overall theme of social support and the social world was chosen for the PCT assessment in the studies that follow. Other themes arising from this initial study were also considered, however, because the importance of social relationships was a concern that was present in several of the themes arising from the analysis, and because this finding corresponded to previous research in the field, the social world was chosen as the theme to include in the subsequent studies based on the adapted PCT method.

Together these findings offer an interpretation of interviews with a group of six Afghan male refugees living in Sweden. Interviews may well have differed if they had been

conducted by another researcher, or if the context had been different. Inevitably, the youth will have chosen to reveal some experiences whilst withholding others. The analysis included the themes judged to be the most prominent, and consequently, the full data set was not presented. Nevertheless, the experiences of these participants resemble the refugee experiences and difficulties faced by unaccompanied children and youth in other countries, not restricted to Afghan boys whose journey ended in Sweden. This is evident in the similarities between these present findings and the qualitative findings of Goodman (2004) and the 'Lost Boys of Sudan', as well as a number of quantitative findings cited above. Future researchers should continue to listen to the voices of asylum-seeking and refugee children, youth and adults as part of the effort to facilitate adaption and improve conditions, experiences and well-being in one of the most vulnerable groups in society. The final conclusion, which is seen as particularly important in relation to the main research question, is an extract from one of the participants,

When we say something, people should believe us

When we try to explain, people should listen to us and believe our word

They shouldn't be suspicious of us all the time, they should believe us

And really listen to us, just listen to us

It's been a very long journey to come here and we've experienced many things:

People dying during the journey here, people drowning on the way from Greece

I wish people would listen to us and what we've experienced, and that they'd believe us

What we've been through during the journey from Turkey and all the way here, it was a long way

We have experienced many things and we have learnt many things

Many languages and many cultures

We've been hardened

We've learnt to be strong and we've become resilient

Chapter Four - Voices Rarely Heard - Constructs related to the social world of asylum-seeking and refugee youth in England

“*Recovery can take place only within the context of relationships; it cannot occur in isolation.*” Judith Herman (1992, p. 113)

As the preceding chapter and previous literature in the field has illustrated, unaccompanied and separated children and adolescents are particularly vulnerable compared to children and youth who are accompanied by family members or relatives (Derluyn & Broekaert, 2007; Fazel et al., 2012; Groark et al., 2011; Sourander, 1998; Wiese & Burhorst, 2007). Special attention should therefore be provided to this group on arrival to the asylum country. Individuals who seek refuge in European and Western host countries comprise only a small percentage of the people affected by armed conflicts and human rights violations worldwide. An estimated 86 per cent of refugees are displaced in neighbouring regions and countries to that of their origin, and consequently, remain in developing countries (UNHCR, 2015b). In the present chapter, the participants comprised individuals from the fourteen per cent who had undertaken the journey to a European host-society as unaccompanied minors. Each participant took part in interview sessions which included an adapted PCT method as well as two quantitative measures of *Self-efficacy* and *Meaning in life* (please see Appendix B).

It was hoped that the adapted PCT method would have efficacy in identifying central constructs related to meaning-making and the social world, in order to gain knowledge about how best to support these individuals in European asylum countries. Secondly, it was hoped that applying the adapted PCT method to various different groups in this research programme, including asylum-seeking and refugee children, youth and adults, as well as children of refugee parents, would lead to an evaluation of the strengths and limitations of this method with these specific groups. In this present study, the assessments were made before and after group sessions consisting of storytelling and psycho-drama.

General risk factors prior to leaving the country of origin

Although refugee groups vary considerably with regard to the specific traumatising events they may have been exposed to, their country of origin, age and whether they travelled to near or more distant destinations, either alone or with others, the effects of human rights violations affect all individuals exposed to such atrocities. Individuals

who have fled from their country of origin due to war, political conflicts or persecution have typically survived numerous traumatising and life-threatening events.

In a sample of Bosnian refugees who had resettled in Croatia, the average number of potentially traumatising experiences survived before and after leaving their home was found to be seven (Mollica et al., 1999). In line with these findings, a group of Cambodian refugees in the United States reported having survived a mean of fifteen different potentially traumatising experiences pre-migration, while seventy per cent reported having been exposed to violence in the host country (Marshall et al., 2005). Comparable results have been obtained with refugee samples in host-societies such as the UK and US, where 54 per cent (Marshall et al., 2005), 74 per cent (Keller et al., 2003) and 81 per cent (Carswell et al., 2011) of the refugee samples assessed reported having experienced torture. Similarly, 98 per cent of a group of refugee adolescents in the USA were found to have survived direct violence, with the average experience of different kinds of violence being alarmingly high at 44 per cent (Berthold, 2000). These findings illustrate the urgent need to support accompanied and unaccompanied refugees, both children and adults. The present study involved young adults, who had made the journey to the UK as unaccompanied or separated minors without the protection of family members, and the study aimed to provide knowledge about how best to help such groups in the future.

Risk factors during the journey to host-societies

The risk of exposure to traumatising situations during the long journey to asylum countries poses severe threats to the individual's safety, including exploitation, abuse and trafficking (Derluyn & Broekaert, 2007; Fazel et al., 2012; Moynihan, 2006; Zimmerman et al., 2006), and this is especially true for unaccompanied minors. The age at which minors undertake such journeys varies considerably, but studies in asylum countries such as the UK (Bronstein et al., 2012) and Australia (De Anstiss & Ziaian, 2010) have included participants aged as young as thirteen.

In a study conducted in Finland, the sample included unaccompanied children as young as six years of age on arrival in the asylum country (Sourander, 1998) and children younger than five have been recorded in Belgium (Derluyn & Broekaert, 2008). In Finland, the average length of the children's journey was found to be fourteen months, with individual journey lengths ranging from two weeks to 42 months (Sourander, 1998). As the journeys unaccompanied minors undertake are often long and difficult

(please see the examples described in Chapter Three) these children will have been even younger when they left their homes. The dangers involved in travelling the long distance unaccompanied are therefore exacerbated by the duration of the flight to the asylum country.

Risk factors in Western societies

The disadvantages of being an unaccompanied minor also extend to conditions within Western asylum countries. Alarming, some evidence indicates that the post-migration environment can be more predictive of psychological morbidity compared to traumatising events pre-migration (Gorst-Unsworth & Goldenberg, 1998) and that trauma symptoms can increase over time in the host-society (Lie, 2002). In particular, high levels of stress have been found in unaccompanied minors during the period of waiting for the asylum outcome, which is made worse by low levels of social support (Sourander, 1998). In addition, unaccompanied asylum-seeking minors have been found to experience a great deal of emotional distress caused by feelings of powerlessness, uncertainty, insecurity and mourning the loss of families and communities (Derluyn & Broekaert, 2008; Groark et al., 2011). As a result, this group of individuals has been found to suffer from psychiatric disorders and depressive symptoms more often than accompanied refugee children (Wiese & Burhorst, 2007).

One factor that may affect the well-being, safety and mental health of adult and child asylum-seekers in the asylum country, includes the uncertainty of waiting for a decision on the asylum application. This may last months or even years in countries such as the UK (Carswell et al., 2011; Robbins et al., 2005), USA (Keller et al., 2003) and Finland (Sourander, 1998). Further post-migration problems for asylum-seeking and refugee individuals, include fear of being sent back, conflicts with immigration officials, lack of permission to work, poor access to healthcare, loneliness, isolation, discrimination and loss of culture and social support, are similarly associated with poor mental health (Carswell et al., 2011; Fazel et al., 2012; Lie, 2002; Silove et al., 1997; Sultan & O'Sullivan, 2001). It is hardly surprising that these conditions and circumstances exacerbate mental health difficulties.

It could be argued that such findings are influenced by the potentially traumatised individuals' existing depression and anxiety, which could bias their ability to cope or the way they experience the host-society in general (Silove et al., 1997). Nevertheless, the abovementioned research examples illustrate that high-income asylum countries do

not always succeed in providing a safe and supportive environment for individuals who have experienced war and conflicts. Rather than being provided with safety and stability, it seems that some asylum-seeking and refugee individuals in European and Western societies may be at risk of further adversity and increased symptoms (e.g. Gorst-Unsworth & Goldenberg, 1998; Lie, 2002). In order to begin the recovery process, and to reach stability, a 'secure space' must be established before individuals can start to reconnect and integrate into the new society (Herman, 1997; Koch & Weidinger-von der Recke, 2009). In the future, it may therefore be beneficial to assess asylum-seekers' and refugee's subjective well-being, in addition to measures of symptoms, in order to assess individual adaptation and potential progress or development in the asylum country.

The present study included a group of individuals who had arrived in the UK as unaccompanied or separated minors, and who were likely to have experienced adversity. The present study sought to understand their meaning-making and constructs related to the social world, in order to gain knowledge about how best to help similar groups in the future. If researchers and practitioners understand how best to support children, youth and adult refugees, additional risk factors in the new country could potentially be minimised. Successful support systems could thereby have long lasting effects, not only for the individuals who have arrived as asylum seekers, but also for their children born in the new country.

Resilience in children and young people

As outlined in the Introduction Chapter (Chapter One), research into resilience processes may lead to knowledge that can help to support refugee and asylum-seeking individuals in European asylum countries. In particular, research examining how various levels of the social ecology may impede or facilitate resilient development and adaptation (Betancourt & Khan, 2008) may prove to be beneficial when seeking to support asylum-seeking and refugee individuals in host-societies. Related to the main research question of this present programme, aimed at gaining knowledge about how best to help refugee and asylum-seeking individuals in European asylum countries, it was hoped that the present study would shed light on participants' resilience and positive adaptation, as well as their struggles. Likewise, the intervention in this present study sought to promote further resilience by learning from peer discussions.

It is important to keep in mind that the individuals who make the journey to Western and European host-societies may be resilient, despite having experienced adversity. In recent years, research in asylum-countries has sought to explore the protective factors and buffers that lead to resilience, positive adjustment and successful coping (e.g. Almqvist & Hwang, 1999; Groark et al., 2011). Protective factors and coping strategies for refugee children have been found to include positive thinking, fighting back against racism or bullying, as well as daydreaming or social withdrawal (Almqvist & Hwang, 1999). A systematic review of resilience in children affected by war found evidence for the promoting effect of qualities such as self-esteem, intelligence and creativity, as well as protective effects of cognitive resources, personal strength, agency and optimism (Tol et al., 2013). This illustrates the difficulty involved in determining specific protective factors, and it seems likely that a combination of factors interact. Rather than viewing resilience as a single quality, some researchers have therefore argued that various processes contribute to resilience (Betancourt & Khan, 2008).

According to this view, resilience should be seen in the context of dynamic processes from a social ecology perspective, taking numerous social contexts into account, rather than simply examining individual characteristic or traits. Betancourt and Khan (2008) proposed that resilience research would benefit from an increased focus on coping and meaning-making, and on how attachment relationships, resources and social support influence resilience, not only within the family, but also in peer relations and wider social networks. Moreover, as discussed in Chapter One, the influence of culture and community, values, attitudes and beliefs about trauma and healing should be considered when seeking to understand resilience in asylum-seeking and refugee individuals.

"Resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative resources in the minds, brains, and bodies of children, in their families, and in their relationships, and in their communities". (Masten, 2001, p.235)

It was hoped that the intervention in this present study would highlight some of the 'everyday magic' that participants already possessed, and that peer discussions would encourage further resilience by learning from others' strategies and coping. Further, it was speculated that the constructs and extracts from the adapted PCT measure pre- and post intervention might reflect potential changes in views related to resilience, if the experience of taking part in this relatively intense intervention with peers had provided some degree of social support, or had filled a part of the social gap in participants' lives.

Rationale for the chosen method and theme

Findings from the first exploratory study (Chapter Three) illustrated how young refugees, who had arrived to Sweden as unaccompanied minors from Afghanistan, emphasised the importance of social support and social relationships, for instance through support from their mentors. This corresponds to qualitative (e.g. Goodman, 2004; Luster et al., 2008; Mels et al., 2008, Wallin & Ahlström, 2005) and quantitative (e.g. Daud et al., 2008; Berthold, 2000; Carswell et al., 2011; Gorst-Unsworth & Goldenberg, 1998; Kovacev & Shute, 2004; Lie, 2002; Montgomery, 2008; Sourander, 1998) findings previously reported in the field. It does not seem surprising that young individuals who have been forced to flee their home on their own at an early age, experience a need for care and social support. However, the lived experiences of asylum-seeking and refugees individuals, and their own voices about social support, have not previously been explored in much depth, although some important contributions have been made (e.g. Bek-Pedersen & Montgomery, 2006; Goodman, 2004, Groark et al., 2011).

The importance of the social world was one out of several themes reported in the preceding exploratory chapter and it was considered a particularly important theme based on its prevalence across the dataset as a whole. Similarly, the *meaning* and *keyness* participants ascribed to this overall theme, was highlighted in the findings. Although the topic of social support has been emphasised in previous research, this present research aimed to contribute with a novel perspective by presenting voices about individuals' constructs as they relate to experiences and perceived needs in the asylum country, as described by asylum-seeking and refugee individuals themselves.

As outlined in Chapter Two, George Kelly's Personal Construct Theory (1955/1991) claimed that individuals develop personal constructs of the world in order to make sense of their surroundings and to anticipate events. Constructs represent an individual's conceptualisations, which are not necessarily shared by others and are thus personal to each individual. When working with individuals from a range of different nationalities, as in this research programme, researchers and participants do not always share the same cultural heritage, which may lead to different understandings of the topic under investigation. In such cases, there is a danger that the researcher may make erroneous assumptions about the participants. The present study sought to explore meaning-

making before and after a brief intervention and the adapted PCT was believed to be suitable for this purpose.

Personal constructs provide a window into how people experience the world (Banister et al., 1994; Kelly, 1955/1991), and are thereby an indirect way of accessing patterns of meaning-making. Importantly, the participant is seen as the *knower* and as an *active agent* in construing the meaning placed in his or her life. Consequently, this approach implies that individuals have the ability to make changes through the way in which they construe experiences and events, thereby incorporating a level of empowerment (Banister et al., 1994), which has been highlighted as vital by researchers in the field (Block et al., 2012). This also implies that interventions have the potential to modify the way in which current and past situations are understood, which was seen as particularly important in the work with this present group of participants.

The assumptions outlined above are particularly important elements of Kelly's theory in relation to working with refugee and asylum-seeking individuals, who have experienced difficult events, and who continue to meet challenges in the asylum country. Based on the hypothesis that construing and meaning-making can change, the present study was designed to include pre and post- intervention assessments before and after taking part in a group intervention, described below. The intervention aimed to explore alternative narratives or different ways of creating meaning of the situation the participants found themselves in. Due to this focus, potential changes in construing and meaning-making were expected to be observed through the adapted PCT method. The aim was not primarily to explore changes as such, but rather to assess meaning-making and constructs at each time point.

The research questions in this study were - *How do individuals who arrived to the host-society as unaccompanied or separated asylum-seeking minors construe and make sense of their social world? Which challenges do these individuals face? Finally, how can the knowledge gained from individual interviews and group sessions help professionals to better support such groups in European and Western asylum countries?*

The method based on PCT was chosen because of an expectation that it would provide answers to these research questions and lead to findings that could help fill gaps in the literature.

Further measures included in the present study

In addition to the adapted PCT method, two quantitative measures were included in the present study; *The General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) and the *Meaning in Life Questionnaire* (Steger, Frazier, Oishi, & Kaler, 2006). The research programme was planned and designed to be primarily qualitative, as it aimed to identify idiographic constructs and so to gain a better understanding of how meaning-making was construed. The quantitative measures were included to explore whether the results from these various measures would correspond to a greater or lesser degree. Although the sample size was small and unlikely to provide meaningful statistical analyses, the quantitative measures were included for their descriptive value. The questionnaires will be described in further detail in the method section below. Overall, it was hoped that the resulting findings would contribute to knowledge about how best to support these groups in asylum countries.

Method

Participants

Participants were six asylum-seeking and refugee individuals from sub-Saharan Africa who had arrived in the UK as unaccompanied or separated minors. There were five male and one female participant aged between eighteen and 28 years. The ages at which the participants had left their home country were not known to me but all of the participants entered the UK as unaccompanied minors. As some individuals in this group were still seeking asylum, personal details were avoided as it might have provoked anxiety. The participants were therefore not asked to disclose whether or not their status was currently asylum-seeking or refugee, to avoid seeming confrontational or distrustful. However, some individuals chose to disclose this either directly or indirectly through themes considered during group discussions. The majority of individuals had received refugee status, although I did not know the precise number in each category (refugee or asylum-seeker). Because all the participants had mastered a good level of the English language, the study was carried out in English without interpreters.

Procedure

Ethical approval was granted from City University London as well as from the organisation from which participants were recruited. After sending information to the

organisation involved, a meeting was set up with staff at this organisation to discuss the study. Following this meeting, a second meeting was held with all potentially interested participants from the organisation so that potential participants could ask me any questions they might have and to give them an opportunity to voice concerns and get answers to any queries. During this meeting, the meaning of confidentiality was discussed as well as my intention to audio-record sessions.

Structure of the study

This study included three phases. In phase one, I met each of the participants for an individual assessment where the adapted PCT and the two quantitative measures were completed. In phase two, the group met with the storytelling and psychodrama therapist for group work lasting four days. Finally, in phase three, I met with each of the participants once again after they had finished the group sessions and they completed the same measures as in phase one. Phase one was carried out within a week before the group intervention took place and phase three was carried out within a week after the group sessions (phase two) had been completed. The phase one and phase three assessments took place in a seminar room at a university, and likewise, the group intervention sessions also took place in a larger room in a university. In addition to conducting the assessments, I was also present throughout all of the group sessions and made the audio-recordings of these sessions. I did not, however, have an active role in the planning or undertaking of the intervention carried out by the therapist, and I did not influence the topics included in, or any content of, the group sessions.

The value of flagging up the overall topic of the social world, and then working in the group sessions with themes that were relevant to the individuals' lives, was to allow movement from description to elaboration of the constructs relating to the social world in order to provide answers to the two main research questions.

Phase One – pre intervention

During Phase One and Three, the PCT assessment was carried out individually. Please see Chapter Two (p. 72) for details about, and instructions for, the PCT method.

In addition to the adapted PCT method, two quantitative measures were included: *The General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) and the *Meaning in Life Questionnaire* (Steger et al., 2006). The three measures were carried out in randomised order. As discussed in Chapter Two, combining several methods can lead to deeper and

richer knowledge about the topic being investigated. Although I was aware that the sample size would be small during the design stage of this study, the decision to include two quantitative measures was made nevertheless, as these results were expected to have descriptive value when examined in combination with the PCT findings.

The *Meaning in Life Questionnaire* (MLQ) measures two dimensions of meaning in life: The *Presence of Meaning* and *Search for Meaning*. These two subscales, which involve ten items rated on a seven-point scale, measure respondents' current level of meaning in life as well as how motivated and engaged respondents are to search for, and obtain, further or deeper meaning in their life. Each outcome is described with broad guidelines and characteristics (Steger et al., 2006). The MLQ has been found to show excellent reliability, test-retest stability, convergence among informants and a stable factor structure.

The *General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) includes ten questions which measure general self-efficacy on a four-point scale (1=Not at all true, 2=Hardly true, 3=Moderately true, 4 =Exactly true). There are no cut-off scores for normal versus abnormal ranges and the authors do not encourage researchers to categorise participants as 'high' or 'low' on self-efficacy based on the scale. When scores are added up, they will fall within the range of ten to forty, with higher scores indicating higher self-efficacy (Schwarzer & Jerusalem, 1995).

Phase Two - the intervention

Surviving traumatising experiences, violence and human rights violations can lead to unbearable memories and emotions, fragmented inner worlds (Herman, 1997), and difficulties in distinguishing between the past and present due to flashbacks and intrusive thoughts (Koch & Weidinger-von der Recke, 2009). Painful memories of traumatising experiences survived in the country of origin or during the journey to the asylum country may force asylum-seeking and refugee individuals to deride traditions and the cultural heritage from their country of origin as a strategy to try to forget the past, and to cope in, and integrate into, the new society (Schwartz & Melzak, 2005).

Through facilitated storytelling in group settings, difficult and painful themes from the past and present can be explored indirectly in a supportive environment, guided by the therapist. Similarly, traditional stories and folktales may encourage cultural empowerment, dignity and pride, by reminding refugee participants of family members who once told these stories, or of traditional and cultural values from their communities,

which may provide support in the new society (Schwartz & Melzak, 2005). This is considered particularly useful when working with groups of individuals from cultures and traditions in which storytelling and folktales are seen as important sources of giving advice, and as a way of passing on knowledge and wisdom (Masten, 2014; Schwartz & Melzak, 2005). At the same time, however, stories may also evoke strong emotions and reactions, when reminded of the loss of family members, or when recalling childhood memories (Schwartz & Melzak, 2005), and the therapist's role is therefore to guide and facilitate sessions with a balance between exploration and keeping participants safe.

Group work based on storytelling and exploration of themes from folktales can moreover provide a means for establishing connections from the past and the present, a task which is also considered key in other art-based interventions for refugees affected by trauma, using movement, dance and relaxation. (Koch & Weidinger-von der Recke, 2009). The goal of such work is to establish a connection between the roots from the individuals' native culture to the host-society's culture. Interventions based on psychodrama, storytelling and group discussions are deemed therapeutic because participants are able to work on some of the difficulties they are experiencing in both direct and indirect ways, for instance through drawing connections to the meaning of stories and their own lives. Through storytelling and explorations of symbols and meaning, previously suppressed feelings may surface and become more manageable to handle and explore. Finally, touching on difficult themes in a safe group setting, guided and facilitated by the storytelling therapist, may also lead to the opening up of new thoughts and alternative ways of creating meaning (Schwartz & Melzak, 2005) which accords with George Kelly's Personal Constructs Theory discussed in Chapter Two.

The group sessions were planned and carried out by an experienced storytelling and psychodrama therapist with more than ten years experience of working with asylum-seeking and refugee children, youth and adults, as well as having long-term general expertise in group work. The focus of the group sessions was to enable the young people to discuss the individual challenges and difficulties they were currently experiencing in a supportive group setting amongst peers. The group sessions, therefore, did not seek to address specific traumatising events directly; however, themes related to participants' experiences were explored indirectly and in some cases, directly. In the sessions, participants were encouraged to reflect on their resources and strengths and to share the coping strategies they found useful. Finally, the participants' views on culture, values, attitudes and beliefs were incorporated, to explore how their cultural heritage

and traditions might provide a foundation for further development within the current context. The specific activities included reflecting on symbols and meaning in traditional tales and stories told by the therapist, sharing thoughts and ideas about coping and resilience, and drawing connections to participants' own experiences. More specifically, this was done through role-playing to explore the underlying potential meanings of these stories and participants' feelings and reactions to the stories, as well as art-therapeutic activities such as drawing and painting based on reflection and discussions. Through the group sessions, themes such as discrimination, injustice, isolation, dreams and hopes for the future, identity and gender roles were explored. The sessions took place on four consecutive days and sessions lasted two hours each day. All of the group sessions were audio-recorded for the purpose of analysis.

Phase Three – post intervention

After taking part in the group intervention, participants were assessed once again using the same three measures as described under 'Phase One'. Phase Three took place within one week of having completed the group intervention.

Data analysis

As outlined in Chapter Two, there are a variety of ways in which data resulting from PCT methods can be analysed, including qualitative and quantitative methods of analysis. For this research programme, a decision was made to focus primarily on qualitative analyses of the resulting data, in order to answer the specific research questions stated earlier. More specifically, the data resulting from the adapted PCT method were analysed following a thematic analysis (Braun & Clarke, 2006; 2012). The reason why a thematic analysis, was chosen rather than IPA (as in the exploratory study in Chapter Three), was because the focus in this present study was on constructs and meaning-making, rather than *personal experiences* of a particular event. Further, thematic analysis does not prescribe a specific approach to carrying out qualitative research, but is only a method of analysis (Braun & Clarke, 2012) making it suitable in this present context.

Details about the thematic method of analysis were presented in Chapter Two (please see p.73-74).

Findings

As the main focus of the present study was on the qualitative data and analyses, findings from the PCT method are presented first. The constructs from the PCT method, followed by the themes and examples of extracts from the individual pre and post PCT assessments and some group sessions, are presented below. Finally, quantitative results from the two questionnaires, *The General Self-Efficacy Scale* and the *Meaning in Life*, are presented before summarising the overall results.

Based on the instructions outlined in Chapter Two (p. 72), participants chose personal elements (important people from their life). These elements were then compared for similarities and differences, either stating how two elements were similar but different from a third, or how two elements were similar and different, depending on the capabilities of the individual participant. The constructs in Table One below represent all of the constructs from all of the six participants in this group.

Table 2 - Participants' PCT Constructs elicited pre-intervention (phase one)

1	Like a mum	Feeling insecure
2	Family	Friends
3	Feel at home	Feeling insecure
4	This person opened doors for me (opportunities)	I have to open the doors (to create opportunities) for these people
5	This one is "my heart" most special one	This person makes me happy, laugh, have fun
6	I can be honest and talk about my past	I cannot tell personal things to these people
7	Relationships	Locked up (detention)
8	Support	Alone / isolation
9	Good advice	Wrong decisions
10	I've known them for a long time	I have not known this person very long

11	I can rely / depend on this person	Being on my own
12	Takes care of me	Trying to get on, on my own
13	Love	Scary
14	This person reminds me of my friends and past	These people help and give me advice
15	Praying and going to church	Stop believing
16	Hope	Suicidal thoughts
17	Hope	Pressure / stress
18	Happy and confident	Feeling that all is lost (my past)
19	I can joke and play or have fun with this person	I can be serious and talk about difficulties with this person
20	Resemblance to me	Judgemental towards me
21	Integrity	Undermines my integrity
22	Patience	Stubbornness
23	Freedom	Responsibilities

All of the participants contributed to the constructs presented in Table One, and the complete data set (constructs) is presented here for clarity. Participants chose elements (people) from the past and present, including people from their home country as well as the asylum country. The constructs focused on the support and security gained from caring individuals versus isolation, loneliness, insecurity and adversity (constructs 1-14), on hope versus distress (constructs 15-17) and on the characteristics of individuals who had been helpful versus unsupportive (constructs 20-23).

The constructs illustrate themes of despair and distress experienced in the UK (*pressure, stress, detention, isolation, suicidal thoughts, feeling insecure, and being on my own*) as well as the personal opposites to those constructs (*hope, relationships, support, like a mum, like a home, people I can rely and depend on*). The context of these constructs, for

instance, if they related to participants' past or present situation and whether they described their native country or their situation in the UK, became evident through the context in which participants expressed these constructs. As the PCT method was applied flexibly, and because I aimed to let participants' lead the conversation, some participants provided rich and detailed descriptions and rationales for the constructs they chose. Referring back to the main research question of how asylum-seeking and refugee individuals understand and make sense of their experiences in European societies, the constructs indicate distress and adversities experienced in this specific context. When considering the question relating to how these societies can support asylum-seeking and refugee individuals, the constructs also give an indication of possible areas, for instance the importance of hope, social relationships and opportunities to have fun - perhaps as a break from stress and adversity.

In the PCT assessments before the group sessions, five out of six individuals in this study focused on trust and people who provided them with emotional support. In some cases, this was contrasted to people who made them laugh and forget about their difficulties. Trusting and supportive individuals were contrasted to individuals who they were not able to be completely honest with, as participants did not know if they could trust them. The constructs elicited from these participants highlight the appreciation of having some people, though few, who they felt able to share emotional and difficult issues and thoughts with, and who may have provided the kind of support, care and love that their families previously had. Examples can be seen above in Table One - e.g. *Family, like a mum and feel at home.*

Through the constructs seen in Table One, participants also emphasised a desire to enjoy life, laugh and distract themselves from the sadness, loneliness, and longing for their families, which was a part of their meaning-making. This can be seen in constructs such as *happy and confident, I can joke and play or have fun with this person, or this person reminds me of my friends and past.* In relation to the research question aiming to assess how asylum countries and societies can support asylum-seeking and refugee individuals, these constructs emphasise the importance of hope, and of providing opportunities for social relationships to develop. The constructs also highlight participants' desire to have fun and to enjoy themselves, wishes that could be described as typical for any group of young individuals. Further details about the constructs became apparent when analysing the extracts (rather than constructs) from the

individual PCT assessments and the group sessions, which are presented after the constructs from phase three below.

Table 3 - Participants' PCT constructs elicited post-intervention (phase three)

1	My new family	Being alone
2	Like a Dad to me (although we are not related)	These are my actual siblings, but I feel like we're strangers, because we were separated so long
3	Makes me feel like I felt when I was a child: loved This person can handle anything I tell her	Solitude and loneliness Can't handle all the things I can tell the other person
5	Feeling secure	Feeling lonely, no one to support you
6	Siblings	Like a mother
7	With me all the time (nearby)	Not with me all the time (far away)
8	Friend	Like family
9	Opening up and to explaining to people	Dealing with everything inside me
10	I am not the only one in this situation	Blaming myself: why me?
11	I'm not the only one with these difficulties (detention etc)	Dealing with it all on my own
12	They give me courage because they taught me that I am not the only one with these problems	Thought I was the only one with these problems

13	Opening up	Suffering inside
14	I trust them	I don't know them well enough to trust them
15	Learning to trust others	Difficulty trusting others
16	Feeling comfortable and talking a lot	Being quiet and not talking
17	Comfort	Feeling locked up and isolated
18	Helps me	Doesn't help me at all
19	Supports and comforts me	Feeling down
20	Supportive	Doesn't care
21	Learning to concentrate and focus	Feeling confused, feeling down
22	Someone to talk to	Being alone and being bored
23	Getting advice	Struggling
24	Gives me love	Troubles me
25	Helpful	Not ready to help me
26	Helps me concentrate	Disturbs me / distracts me
27	Ready for life	Not having a purpose in life
28	Only wants to play sweet	Don't care if you have problems
29	Older	Younger
30	Kind	Rude and unkind
31	Mature and responsible	Not thinking about consequences of actions
32	I see them all the time	I see this person once in a while

33	Inspirational	Problematic
34	Reminds me of myself as a child – makes me forget my problems	Thinking about psychological issues (negative)
35	Good	Bad
36	Feeling full of joy, full of laughter and sunshine	Feeling empty
37	Having good times, forgetting about the bad things	Thinking about bad things, feeling pressure / stress
38	Joke around with this person and have fun	Doesn't like to joke around and have fun
39	Talk about fun things	Talk about more serious things / emotional support
40	Makes me feel happy and confident	Thinking about problems and difficulties
41	Have fun together	Emotional support
42	Stupid and funny	Collected, serious and straight
43	Having a laugh	Big issues and emotions
44	Happy	Sad

The number of constructs elicited in phase three was much larger, about twice as many, compared to phase one. This may in part be due to the participants' familiarity with the PCT method and with me. However, as can be seen from the content of the constructs, some of the constructs appear to be qualitatively different from those elicited prior to the group intervention in phase one. In particular, the constructs in phase three show evidence of increased reflection on the group support provided by the peer group, and on feeling understood and accepted. Having had the experience of the group intervention seemed to intensify constructs relating to feeling full of joy and the need for friendships that were characterised by laughter, fun and joking around more so than what was seen in phase one. This may have been a coping strategy chosen to escape

difficulties. Alternatively, this change may have been because participants valued the group experience that the intervention provided. The constructs elicited in phase three highlight participants' perceived importance of social support, help, advice and trust. The constructs relating to these themes seemed to be more prominent in phase three compared to phase one.

In summary, participants' post-intervention constructs (phase three) focused on themes such as gaining courage and support from others who had gone through similar difficulties, and how that made them feel understood and less alone in their difficulties (constructs 9-16) versus feeling alone and isolated. Examples included: *Opening up and explaining to people, I am not the only one in this situation, I am not the only one with these difficulties, learning to trust others, opening up, feeling secure, comfort, helpful, and kind.*

Moreover, the constructs in phase three contained more links to participants' childhood and their families (constructs 1-8) Examples included: *makes me feel like I felt when I was a child: loved, like a dad to me, my new family, feeling full of joy, full of laughter and sunshine, reminds me of myself as a child – makes me forget my problems.* There was also a focus on characteristics of helpful and supportive relationships (constructs 17-33) versus the negative opposite of positive relationships. This focus was stronger in phase three compared to phase one. It therefore seemed that the group sessions and assessments led to increased reflection on the past and current social connectedness and social support. Finally there was an emphasis on having fun, laughing (constructs 34-44) as opposed to feeling sad and thinking about problems.

Qualitative findings from the group sessions and individual PCT method interviews

In addition to the descriptive changes in the participants' constructs about their social world, a thematic analysis was carried out based on the four group sessions and the individual interviews combined. Derived from this combined data, the following three main themes were developed: Firstly, *social support as a means for hope* with two subthemes: *relationships that resemble family bonds* and *friendships as an escape from distress*, secondly, *living a double life; social vulnerability and fear of rejection* and finally, *looking ahead – hope versus despair.*

The objective here was not to measure changes as such, but rather to gain an understanding of the individual's construction and perception of their social world at each time point and across time points. The theme that was found to be most prominent across all assessments was the importance of meaningful relationships and social connectedness. In the following, examples of extracts are presented.

Findings from phase one, two and three

In the following sections, qualitative findings from phase one, two and three will be presented.

Super-ordinate theme: Social support as a means for hope (from phase one and three)

Below, two sub-ordinate themes that were part of the super-ordinate theme: *Social support as a means for hope*, will be presented.

Relationships that resemble family bonds (from phase one)

P1 (male): *I trust her as well. Yes, I've known her since I was 15, as a young refugee in the country, so she's been like a mother. Oh, she, she's done a lot. When you are new in the country, and you can't find your way - she kind of - that's why I call her like a mother - because she kind of showed me the way. And she tried to make it happen, you know. If it wasn't for people like her, maybe I wouldn't go to University, or maybe I was just going to forget about my dreams and forget about my goals and - cause I've been through a lot - that's why I call her like a mother.*

P5 (male): *If I think about my partner, I would say that even though we are encountering some kind of problems now, she has also played a very significant role in my life, because she gave a son to me, who I love very much, and whenever I'm with my son I feel very comfortable, I feel good about myself, and that has helped me to be able to put my past aside, and to put my past away, and that gives me courage; that gives me more courage for the future. And because of that, my partner is really a very important person to me. This makes her a very, very important person to me.*

P6 (female): *They make me feel safe and welcome all the time and I get to understand like, if I had had a mum, what it would have felt like. Because I just see her, like, what she does for my friend and how she is with my friend and I just feel like maybe that would be what I would have, if I had my mum as well...*

and it's good for me to understand what it would feel like to have a family. So when I see them, I know it makes me sad but then I learn...

In addition to relationships that either resembled bonds to lost family members or new families in the host country, such as partners and children, the participants spoke about the importance of friends, and how friends provided a positive distraction from their difficulties:

Friendships as an escape from distress (from phase one and three)

P2 (male): *This friend is like, we do something together; do something – happy and whatever - he doesn't get angry or upset. He likes to play with young people, and to make them happy, you know, and to do something different with them and to try to help them. You can laugh, you can tickle him or whatever – it doesn't mind – he doesn't get angry or something like that. These two people are more about help; family, mum, dad, brother, sister... and this one is more like doing something, playing football or doing something – and it makes me remember when I was back home, and I would normally do something with my friends, like we would be riding bicycles or playing football or playing together or doing something together, you know... that was nice.*

P1 (male): *Yes, someone who understands you and you understand him as well, because a friendship is about you two people helping each other, you know, nobody is selfish – so that's why we're friends. Because before choosing a friend, we need to go through somehow, then I can learn if that's a good friend or not – because you can't just take anyone in your life and say "that's my friend" because you need to know if you're in need, if that friend will be there. A friendship always needs to go through a road; a long road, a long road that we have been through and that's why I can call him a friend.*

In relation to the main research question, seeking to understand how asylum-seeking and refugee individuals understand and make sense of their experiences in European societies and how these societies can support asylum-seeking and refugee individuals, the findings above highlight areas that could be supported. The super-ordinate theme *Social support as a means for hope* with the two sub-themes, *Relationships that resemble family bonds* and *Friendships as an escape from distress*, in addition to the constructs elicited, indicate that these two types of social support may facilitate well-being, adjustment and development in asylum countries. The findings suggest that young asylum-seeking and refugee individuals need social support that focuses on

providing security to talk about difficulties in a trusting and safe environment, as well as opportunities to engage with other young people in more cheerful and playful settings.

Living a double life; Social vulnerability and fear of rejection (from phase two)

While discussing friendships and relationships in the group sessions, participants voiced how they felt forced to keep secrets about their backgrounds and what they had gone through; secrets that they did not share with their partner or friends out of fear that people close to them would abandon them. These individuals experienced a fear of losing their new friends and new family if they were to learn about their past, which leads on to the second theme of *Living a double-life; social vulnerability and fear of rejection*. Out of fear of rejection and abandonment, several of the participants did not disclose the fact that they were asylum-seekers to anyone, not even the people closest to them. One participant explained why he could not tell friends at college about his background, due to their negative comments about asylum-seeking individuals:

P1 (male): *Like at college, after hearing everything what they've been saying about asylum seekers, "they are here to get our jobs", bla bla bla, and then you're just like, "oh yes, and I'm one of them"...*

Another participant explained the same issue, of not disclosing his status and the details about his past, in the following way,

P5 (male): *At this moment I prefer to leave it like that because I don't want to face another obstacle again. Now the relationship has reached a point that if I lose her then it might affect me, if I bring it back again maybe just to square one. Because now I would say I have no family here but they are my family now, right, so if I happen to lose them again - I lost my family once and I found another family again. So I cannot afford to lose this family again. If I happen to lose again this family for the second time then I don't know what my situation will be.*

And another participant added,

P1 (male): *Yes, like, because I have been in relationships with British girls and sometimes you can't... sometimes they just want to know so much about you, and in my head I'm just like, maybe after telling them my problem they might switch – they might change - our relationship might change and stuff like that.*

So you're just trying to keep everything in you, it's not easy; it's not an easy situation.

(...) I even feel scared when I go for a job interview and I take my refugee passport to present. And I'm just thinking; the manager will already put me in another group. And then they always see, oh, he has a background of coming from war; he is from a dangerous country. Why do you have to mention that? It's just your background. You want to establish yourself but I don't think it's possible. Even in 100 years, you will never escape it. Are you going to pretend for the rest of your life?

The extracts above illustrate fear and distress about their current situations, and the secrets participants felt forced to keep from their social environment in order to avoid further rejection, discrimination, isolation, loss or stigmatisation. In addition to the day-to-day stress and hassle experienced, such as problems with the Home Office, difficulties with accommodation, financial hardship as well as mental health issues, participants told stories of an additional and constant strain of having to safeguard their secret of being an asylum-seeker or details about their past. The participants expressed a need to keep silent about the circumstances that had led them to flee their home country, even from people who were close to them. Kohli (2006b) discusses asylum-seeking youth's maintenance of silence and secrets as part of their healing process as well as a way in which to manage and conceal their suffering. As such, a strategy involving secrets and silence may involve both protective and burdensome aspects for the individual (Kohli, 2002; 2006b). Similarly, Ní Raghallaigh (2014) discusses the difficulties involved in unaccompanied minors mistrusting others and being mistrusted, and how mistrusting others, and not telling ones true story, may be part of a self protection strategy.

Looking ahead – Hope versus despair (from phase two)

Despite the severe adversities faced by participants in this group at young ages, they expressed a strong desire to develop, to work towards a better future and make the most of their lives. Establishing a new family was a goal for several participants, and perhaps this was seen as a way to create stability in their lives, and a sign that they had resettled and integrated in the asylum country. The participants also focused on education and as the extracts below illustrate, there was a remarkable amount of hope in the expressions of some, though not all, participants.

P5 (male): *I want to be able to look after my family and look after myself and achieve my goals. I can live like anyone; I can do this or that. Yes, you can't automatically say that everything will be fine, but you will find a way of minimising it, you will find a solution for how to get rid of it. Find a way of living a better way. Because there will be a barrier between you and your monster, a big barrier. And there will be a point when your children grow up, that you can sit them down and explain yourself to them, it's another way of getting rid of it. You'll feel good about yourself, you will feel like you have achieved. Yes, you will feel like a man. Yes, you came from a long way, I was there and I thought I couldn't make it. But I made it.*

In the final session, this participant, who was the oldest in the in the group offered his advice to the rest of the group, as words of encouragement:

P5 (male): *But if you get fed up because of your problems, you cannot focus, you will not get an education, you will not make a family. Daytime - my problem, night-time - my problem, daytime - my problem. There comes a time that your problem will never go, or even if you find a solution to let it go. It will go and come back again, because you have no way of getting rid of it. If you really work hard – you will get rid of it! Now we are finding it hard, but in the next five to ten years – there will be big changes. If we focus, if we work hard, if we are determined, trust me; we will see big changes in our lives.*

One of the group members replied that this participant should be a politician because of the eloquence with which he gave this advice, which made the rest of the group smile and laugh, and consequently led to a light and cheerful ending to the work, despite the difficult themes that had been discussed previously in the session. In this way, and in many other examples, participants showed care for one another, in actively seeking to help, encourage and give each other advice. One might speculate that the group members were showing the kind of support, care and concern for one another, which their families might previously have provided, and which they expressed lacking and missing in the asylum country.

Some similarities were observed in the findings from the exploratory study (Chapter Three) and the present study. Despite the differences in the participants' background, and the fact that the exploratory study was carried out in Sweden while the present study took place in England, some commonalities were nevertheless observed. These common themes included an appreciation of, and need for, social support and social

connectedness, hope and willingness to move forward despite tremendous hardship survived, as well as a desire to achieve ones' goals, to get an education, and to thrive in the asylum country. These findings indicate that young asylum-seekers and refugees can have positive futures ahead, if they are provided with appropriate support, encouragement and possibilities in the new society.

In the final part of the individual assessment in phase three, participants were encouraged to reflect on the experience of taking part in the research study as a whole, and to express if there had been any positive or negative experiences or consequences of their participation.

Participants' personal reflections on the work (from phase three)

The following extracts illustrate how the participants reflected on the experience of taking part in the research as a whole:

P6 (female): Yes, I did learn. Because the story about having secrets that you can't tell other people because you are scared of their reactions – that is everyone's story.

P4 (male): I learnt from the situation with the person from the group and his partner and their baby, about arguing and listening to each other. I learnt a lot from that – and from that explanation. Because I could be in that situation as well, and now, already before I'm in that situation, I know how I have to handle it, and what I have to do. Because I know I'm going to be in that situation one day.

P1 (male): The work was wonderful and it opened my eyes. Yes, even though when I first came, I didn't know how we were going to do this work, but I kind of enjoyed myself and it kind of opened my eyes as well. And it showed me new way, I learned new skills, how to handle and tackle my goals in my life, yes, hearing the others talking about what they were talking about, hearing sad things, all of that was kind of a new... I've learned a lot. The work was quite good and interesting for me. Yes, I'm really pleased that I did it myself.

(...) As I said earlier, to see the others brought up ideas, ways of how to handle own problems, or any problems that might come in the future – and solutions. Like when we did the storytelling and drama and put it into practice – and that brings ideas for solutions.

As these extracts illustrate, in spite of the short duration of the intervention provided in phase two, participants developed a sense of cohesion in the group and a feeling that they could share their experiences and thoughts in a group that was able to understand what they had been through. Despite the severity of their loss and suffering, some participants were also able to reflect on others in the group as well as the wider world, and offered their compassion through acknowledging that other people suffer, too.

P5 (male): *And also I've learnt that I'm not the only one who is suffering, I'm not the only one going through a hard time, there are people who are getting through an even harder time than me – that's the big thing I've learnt. Yes, seeing things through the eyes of other people. Actually everyone has problems – we are all suffering - it's a part of our life. Yes, that's what I've learnt.*

Quantitative analyses

In the sections below, results from the quantitative measures will be presented. Please see Appendix F for details.

Descriptive statistics

As the sample size was quite small, limiting the value of inferential statistics, the descriptive statistics are presented first and links are drawn from them to the qualitative findings. Some inferential results are also included, for clarification. There are no cut-off scores or ranges that indicate normal compared to abnormal functioning on the *Meaning in Life Questionnaire*, but the minimum score on each of the two dimensions is five while 35 is the highest obtainable score, and the authors (Steger et al., 2006) provided guidelines for ranges based on scores falling below or above 24. Four potential outcomes can arise from the measure. Participants may score A) above 24 on Presence and above 24 on Search, B) below 24 on Presence and below 24 on Search, C) above 24 on Presence and below 24 on Search, or finally, D) below 24 on Presence and above 24 on Search.

Meaning in Life Questionnaire

Table 4 – Means and Standard Deviations for the Meaning in Life Questionnaire

N	Measure	Mean	SD
6	Presence Pre	19.50	6.25

6	Presence Post	22.17	5.34
6	Search Pre	31.83	2.92
6	Search Post	31.00	3.22

As the descriptive statistics indicate, there was a small increase in participants' score for the *Presence of Meaning in Life* after the group sessions (M=22.17) compared to before (M=19.50). The scores for *Search of Meaning in Life* were similar both before (31.83) and after (31.00) the group sessions. As a group, participants scored below 24 on the *Presence* subscale both before and after the group sessions, but scored above 24 on the *Search* subscale both before and after the group sessions. According to the authors of the measure (Steger et al., 2006), this category of scores (below 24 on the *Presence* subscale and above 24 on the *Search* subscale) indicates individuals who do not experience meaning and purpose in their life at present, and may also indicate individuals who feel lost, in distress, anxious, sad, nervous or dissatisfied with life. At the same time, individuals in this category are characterised by actively searching for meaning and purpose (Steger et al., 2006), due to higher scores on *Search* compared to *Presence*.

Two individuals (Participants One and Five) scored particularly low on the *Presence of meaning in life* sub-scale (11 and 13 pre intervention, and 16 and 17 post intervention, respectively) whereas the remaining participants all scored between 21 and 30. These two lower scores are likely to have contributed to the lower mean score for the *Presence of meaning in life* sub-scale pre-intervention compared to post-intervention, as well as the higher variability (SD) in the *Presence* compared to *Search* sub-scale.

Table 5 - Individual Scores on the Sub-scales of the Meaning in Life Questionnaire

P	Measure	Score	Measure	Score
1	Presence Pre	11	Search Pre	35
	Presence Post	16	Search Post	34
2	Presence Pre	21	Search Pre	32
	Presence Post	21	Search Post	32

3	Presence Pre	21	Search Pre	35
	Presence Post	26	Search Post	33
4	Presence Pre	24	Search Pre	32
	Presence Post	30	Search Post	25
5	Presence Pre	13	Search Pre	28
	Presence Post	17	Search Post	30
6	Presence Pre	27	Search Pre	29
	Presence Post	23	Search Post	32

Despite the very small changes observed in the descriptive statistics, which meant that a statistically significant difference was unlikely to be obtained, paired samples t-tests were conducted to compare the scores pre- and post- group sessions. Unsurprisingly, there was not a significant difference in the scores on *Search* for meaning in life pre group sessions (M= 31.83, SD=2.92) compared to post group sessions (M=31.00, SD=3.22): $t(5) = .576, p = .590$. There was no significant difference in the *Presence* of meaning in life pre (M=19.50, SD=6.25) compared to post (M = 22.17, SD = 5.34) group sessions: $t(5) = -1.683, p = .153$.

Although no statistically significant differences were observed, it was encouraging to observe that the *Presence of meaning in life* increased, for the group overall, after the intervention, compared to before the intervention. One might speculate that the discussions about resilience and cultural strengths, as well as an increased perception of social support, trust and feeling understood by peers in the group (as seen in the qualitative analysis) contributed to this higher mean score after the group intervention. A larger group may have yielded a significant finding for *Presence of meaning in life*. Individual differences in groups of refugee and asylum-seeking individuals may generally lead to high variability due to different experiences, backgrounds and contexts, indicating the relevance of qualitative methods.

The General Self-Efficacy Scale

As stated previously, the quantitative measures were included based on an expectation that their descriptive outcomes might provide valuable information in combination with participants' constructs and the qualitative analysis. The scores from The General-Efficacy scale are presented below.

Table 6 - Means and Standard Deviations for the General Self-Efficacy Scale

N	Measure	Mean	SD
6	Self Efficacy Pre	29.00	6.41
6	Self Efficacy Post	29.17	4.75

As mentioned above, the authors of this measure do not provide cut-off scores for normal or abnormally high or low scores, but with a maximum possible score of 40 on this measure, the group was not scoring at the highest end of the measure, as they scored around 30 both before and after the group intervention. A table with individual scores for the *Self-Efficacy* scale is not presented, as this scale did not lead to as much variability in scores as the *Meaning in Life* scale did.

A paired-samples t-test was conducted to compare the scores on *Self-Efficacy* pre and post group sessions. As expected after examining the descriptive statistics, there was no significant difference in the scores for *Self-Efficacy* pre group sessions (M= 29.00, SD=6.41) compared to post (M=29.17, SD=4.75) group sessions; $t(5) = -.119$ $p = .910$.

The results observed from the two above-mentioned measures highlight the importance and value of applying qualitative research when working with such groups, due to the richness and level of detail that can be obtained through qualitative methods. It may be particularly challenging to conduct research based on quantitative designs with highly specific groups such as these, because of individual differences as well as the difficulties involved in recruiting participants, ethical concerns and small sample sizes. As outlined in Chapter Two, there are specific challenges involved in working with asylum-seeking and refugee participants, and qualitative research methods may provide valuable information in areas that have thus far been limited in this field.

In the following section, the findings are summarised and discussed. As the main focus of the research was on qualitative analyses and the adapted PCT method, these findings will be presented first, and the quantitative results will be reviewed in relation to the qualitative findings.

Discussion of findings

This group of young asylum-seeking and refugee individuals had moved away from everything that was familiar to them, including family and friends. Through conversations in group sessions and individual interviews, and as seen in the chosen constructs, the importance of social support and social connectedness was a recurring theme, which corresponds to previous research in this field of work. Evidence from previous research, both qualitative and quantitative, has illustrated how the perception of social support contributes to well-being in refugee populations from a range of different cultures and nationalities, and similarly, that the lack of social support is associated with increased mental health difficulties (e.g. Berthold, 2000; Carswell et al., 2011; Montgomery, 2008). For instance, in a group of adolescents from the former Yugoslavia who had resettled in Australia, a positive relationship between perceived social support from friends and family and adjustment to the host country was found (Kovacev & Shute, 2004). Likewise, poor social support in London, UK, was found to be a stronger predictor of depressive morbidity in a group of adult male Iraqi individuals than the trauma experienced pre-migration (Gorst-Unsworth & Goldenberg, 1998).

“Traumatic events destroy the sustaining bonds between the individual and community. Those who have survived learn that their sense of self of worth, of humanity, depends upon a feeling of connection to others. The solidarity of a group provides the strongest protection against terror and despair, and the strongest antidote to traumatic experience. Trauma isolates; the group re-creates a sense of belonging. Trauma shames and stigmatises; the group bears witness and affirms. Trauma degrades the victim; the group exalts her. Trauma dehumanizes the victim; the group restores her humanity.” (Herman, 1997, p. 214)

The importance of social support

When talking about strategies used when bad memories filled his mind, one participant, during one of the group sessions, said: *“I think of this group”*. As the extracts under the

qualitative findings above illustrate, these young people had experienced great losses and feared losing everything once again. The anxiety related to telling people about their status or details about their past led to another main theme for this group, that of trust. Understandably, the young individuals, who had experienced so much suffering, and who expressed being met with distrust in the asylum country, had difficulties trusting others. Related to this finding, Ní Raghallaigh (2014) discussed how mistrust in asylum-seeking minors is often influenced by experiences that led to forced migration, and that post-migration environments can intensify mistrust. One participant said:

P4 (male): *Some people expect you to just trust them straight away, like they are your mum or dad or your blood – they expect you to trust them right away. It's not possible.*

Although the group sessions were not trauma-focused, the group seemed to provide a sense of security and support. In line with previous research indicating how isolation, loneliness and discrimination have been found to adversely affect the mental health of asylum-seeking and refugee groups, this present study found social support, social connectedness and meaningful social relationships to be the main theme when discussing challenges and the participants' social world. One individual expressed how he had enjoyed having something to get up for each day of the week when the research took place, while another person expressed that he felt like he had a job for this week, which to him was a positive experience. For some of these individuals, meeting every day for a week seemed to make them feel part of a group, and provided structure and meaning, which again exemplifies the importance of having meaningful social relationships, and also emphasises the importance of enabling asylum-seeking and refugee groups to take part in activities which they find meaningful.

According to Herman (1997), the stages of recovery following traumatising events are firstly *stability*, secondly *remembrance and mourning*, and finally, *regaining connections to the social world*. From the findings in this present study, it seems that providing opportunities for meaningful social relationships to develop is one of the major contributors to well-being and stability in the asylum country. This finding echoes findings from the exploratory study in Chapter Three, despite the fact that participants in these two studies were from different countries of origin, and had resettled in different European countries. The former group, in Sweden, had not experienced any intervention, yet similar themes were obtained from the data. The

importance of social support, therefore, seems to be a common factor across nationalities and borders.

Based on the expressed need for social support and social connectedness it seems that there is an important gap for the asylum country to fill, particularly for young individuals who find themselves without their families in a foreign country. This finding seems important in terms of theory, practice and policymaking, when providing care and support for asylum-seekers and refugees. Young asylum-seeking and refugee individuals are likely to benefit from programmes and initiatives that focus on providing opportunities for social relationships to develop as soon after their arrival to the asylum country as possible. This is a key finding relating to the first part of the present research question of exploring asylum-seeking and refugee individuals' meaning-making in European societies and how best to support these groups.

The PCT method

Considering the second part of the research question, aiming to assess if the PCT method could be used effectively as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals, the method did prove to be a valuable tool. Based on findings from this study, the method seemed to be successful in accessing the participants' meaning-making, constructions and perceptions of their social world.

Participants in this group were found to be highly skilled at reflecting on their experiences, the asylum country and the difficult situations they found themselves in. The constructs elicited provided a window into their struggles and strengths, which participants were able to elaborate on in the individual assessments and through the group sessions. It seemed that the PCT questions provided a prompt for further reflection and the resulting rich and complex data benefitted greatly from participants willingness and ability to share these with me.

Quantitative measures in relation to the qualitative findings

In summary, the quantitative results (for most participants) did not change much pre versus post-group sessions, which may be due to the brief duration of the intervention. Nevertheless, some changes were observed. It is possible that the content and discussions within the group sessions led to increased reflections and consideration

about the participants' social world and situations, which may not yet have transformed into measurable results on the scale.

When considering the qualitative and quantitative findings together, it becomes clear that this group was experiencing considerable distress, as seen through the low score on the *Presence of Meaning in Life* and especially through the qualitative extracts. However, the *Search for Meaning of Life* was relatively high, which may be interpreted as a sign of resilience. This could also correspond to the findings from the qualitative interviews, where participants expressed a desire to look ahead and achieve their goals in the asylum country. Although the work in the group sessions touched on challenging themes such as isolation, rejection, fear, secrets, trust and mistrust, at the same time, the group work also seemed to provide a bit of fun, which became evident through their constructs and in subsequent conversations.

It was encouraging to observe that the mean score for *Presence of Meaning in Life* increased after the intervention compared to before the intervention. This corresponded to the changes in constructs and findings from the qualitative analysis where participants expressed a greater feeling of support, trust and understanding from others in the group who had undergone similar difficulties, as well as their expressed compassion for others' suffering. The relatively high scores on the *Search for Meaning in life*, however, do not give much information about the details about these respective meanings, and what it meant to participants, indicating the value of applying qualitative methods. Scoring high or low on a particular measure may give researchers an indication of where an individual is doing well or poorly, however, qualitative methods enable more detailed investigations and individualised assessments that may contribute to better support. For instance, individual constructs and potential changes in constructs may give an indication of the potential intervention needed, and extracts can contribute to an in-depth understanding of individual meaning-making. Constructs elicited in phase three emphasised participants' focus on the importance of social support, help, advice and trust, which were more prominent in phase three compared to phase one.

Limitations and future research

A limitation of this study is the difficulty involved in generalising findings to further refugee contexts, because of the small sample and because all participants were living in England. It is therefore possible that findings relate specifically to this context. However, as mentioned above, the findings echo those found in the exploratory study

(Chapter Three). Whilst it might have seemed desirable to include a control group, it was decided that such data would not contribute in a meaningful way, as one of the main aims of this present study was to provide the participants with voices to share their experiences and needs, focussing on the qualitative data. The quantitative aspects and comparisons were therefore only of secondary importance in this context. Further reasons why a control group was not included was due to the challenge involved in selecting appropriate groups, as asylum-seeking and refugee youth vary greatly in their backgrounds and experiences, making it difficult to match participants. Consequently, personal experiences may overshadow other factors, such as nationality, age, gender or years in the asylum country.

When using the adapted PCT method, comparing the similarities between two elements and stating how they differed from a third element was found to be a complex and sometimes too demanding task for some participants. As English was not their first language, it is possible that language provided a barrier, although all of the participants spoke a high level of English, and the adapted PCT method relies less on complex language use compared to other qualitative methods such as IPA. The challenge observed in comparing elements may alternatively have been because the task was highly unfamiliar to participants in this group.

The present study might have benefited from further tests using the same measures at a later time in order to assess potential continuity of improved outlooks or other possible changes. Future research would benefit from longitudinal evaluations of refugee and asylum-seeking individuals' experiences and needs, for instance using PCT in combination with other measures, in order to assess their adjustment in the asylum country and potential changes over time.

Conclusions

Despite the tremendous hardship experienced at very early stages of life by the participants in this group, the findings illustrate remarkable strength and a desire to move forward. Participants expressed a desire to contribute to society, to complete an education and to establish new families. Although the extracts illustrate that the asylum-seeking and refugee individuals typically demonstrated personal strengths and determination, their experiences portray a picture of a society which does not always facilitate these goals, and which does not provide the necessary foundation to enable the participants to accomplish their goals. Unaccompanied or separated children and youth

should be provided with an opportunity to meet and engage in meaningful activities with peers and adults, and initiatives that seek to prevent discrimination should be implemented in schools across host-societies.

This chapter concludes with a quote from one of the young individuals:

I didn't even choose to come here

It wasn't my choice to wake up as a teenager here

It changed everything in my life

I didn't want to do it

Who would, if you had asked them?

Not many of us

To wake up as a teenager in a different country and to have to adapt

And everything changed in life

Everything!

Chapter Five - Voices Rarely Heard - Constructs related to the social world of youth born in England, whose parents were refugees

The participants who took part in this study were a group of youth born in England, whose parents were refugees. Apart from the difference in this participant group (youth of refugee parents compared to young adults who arrived in the UK as unaccompanied or separated minors in the previous chapter) the general procedure was the same as described in the preceding chapter. That is, the participants in this present study took part in the same three phases; pre-intervention interviews, the intervention lasting four days, and finally, post-intervention interviews. The assessment sessions (phases one and three) included exactly the same measures as described in the previous chapter, namely, the adapted PCT measure as well as the two questionnaires, *The General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) and the *Meaning in Life Questionnaire* (Steger, Frazier, Oishi, & Kaler, 2006). Similarly, the intervention provided in phase two was of the same duration, was carried out by the same therapist and took place at the same premises during the same week as the intervention described in the previous chapter. Due to the particular characteristics and family situations of the present participant group, the intervention was tailored to their specific challenges.

Rationale for the chosen group

Children and youth of refugees, born in resettlement countries, have not made the journey to the asylum country, but their parents have. Some children whose parents have experienced traumatic events have been found to be adversely affected by their parents' past (e.g. Daud et al., 2005; Daud et al., 2008, Montgomery et al., 1992). Studies have found that experiencing trauma may compromise parenting skills (Schlechter et al., 2005; Van Ee, Kleber & Mooren, 2012). Minority youth may moreover face challenges related to cultural and traditional clashes, racism or negative stereotypes (Papadopoulos, 1999; Ungar, 2013), despite not having experienced direct trauma. Therefore, there is a need to explore the needs and experiences of children of refugees, as well as investigating how best to support them.

Refugee families and trauma

The consequences of forced migration and lack of appropriate support in asylum-countries may not only effect individuals who have made the journey to seek asylum, but may also be transmitted to further generations (e.g. Daud et al., 2006; Daud et al.,

2008; Montgomery et al., 1992). Numerous studies have found subsequent generations to be negatively affected by parental trauma and mental distress. More specifically, the influence of parental trauma on children's mental health has been found to include higher risks of personality disorders, disruptive behaviour, overdependence on parents and greater risk of post-traumatic stress disorder (Kellerman, 2001), high levels of self-criticism (Felsen & Erlich, 1990) and inadequate coping behaviours (Sigal, Silver, Rakoff & Ellin, 1973).

During the past decades, researchers have investigated the intergenerational effects of trauma in refugees resettled in Europe (e.g. Daud et al., 2005; Daud et al., 2008; Montgomery et al., 1992). These studies have demonstrated that children of refugee parents with PTSD show greater anxiety, somatisation, depression, sleep disorders, restlessness, concentration difficulties and learning disabilities compared to refugee children of parents who do not suffer from PTSD (Daud et al., 2005; Daud et al., 2008; Montgomery, et al., 1992).

Intergenerational transmission of trauma

As the number of individuals seeking refuge in European host-societies has increased in recent years (UNHCR, 2015a), so has the need to explore how best to support these groups. In a qualitative investigation of refugee children, Montgomery and colleagues (1992) interviewed and carried out assessments of children of torture victims' mental reactions and coping strategies. The sample consisted of eleven children, three boys and eight girls, aged between five and fifteen years, who had been living in Denmark between 2.5 and ten years. Participating children were found to present with psychosomatic symptoms, sleep disorders, difficulties in school and family life as well as depressive, anxious and regressive symptoms. The authors moreover found that parental openness regarding their traumatic experiences was a crucial factor relating to children's symptoms. In the two families where traumatic experiences had been openly discussed, children presented with fewer symptoms of emotional instability (Montgomery et al., 1992). These findings illustrate some of the difficulties that children of torture victims and traumatised parents may experience. Montgomery and colleagues' (1992) findings indicated that talking about traumatic experiences may reduce negative effects. Similarly, children may experience difficulties when discussing traumatising memories or events with their family is uncommon (Dyregrov et al., 2002). The importance of schools, teachers and other individuals in relation to promoting

positive development and adjustment of refugee children will be discussed in further detail in Chapter Seven.

In some cases, children of refugees have indicated that they do not wish to cause further distress to their parents by talking about the negative events of the past. A similar reluctance is illustrated by extracts in Chapter Six, where adults were interviewed about their experiences of arriving to the asylum country as children. Other examples involve parents who advise their children to forget about the past, or who discourage their children from talking about trauma related memories, worries and anxieties directly and indirectly (Almqvist & Hwang, 1999; Dyregrov et al., 2002). This again corresponds to the findings presented in Chapter Six, where a reluctance to cause further distress to parents by asking questions about the past was expressed.

Further evidence for the adverse effects of parental trauma on their children's development was provided by Daud, Skoglund, and Rydelius (2005), who studied the intergenerational transmission of PTSD in fifteen Iraqi refugee families, in which at least one of the parents had experienced torture prior to seeking asylum in Sweden. Daud and colleagues (2005) assessed the association between parental trauma and their children's psychopathology. The 30 parents and their children (45 children aged between six and seventeen years) were recruited through the Swedish Red Cross Centre for Torture Victims, and were compared to a control group, consisting of fifteen Arab refugee families (26 parents and 31 children, who were also between six and seventeen years of age) but where parents had not experienced torture. Parents in both groups were examined using the *Karolinska Scales of Personality* (KSP) and the *Harvard/Uppsala Trauma Questionnaire* (H/UTQ) and a semi-structured interview covering socio-economic status and history of potential trauma and torture, while children in both groups were assessed using the *Diagnostic Interview for Children and Adolescents* according to the DSM-IV (DICA-IV).

When comparing the parents and children in the two groups, several differences were observed. Out of the parents who had experienced torture, 93 per cent were found to have a diagnosis of PTSD, and this group differed significantly from the non-traumatised parents on measures of PTSD, anxiety, psychosocial stress symptoms, somatisation and depression, indicating the severity of their mental distress. In the experimental group, the adverse effects of parental trauma were similarly evident in the children's behaviour and symptoms. Children in this group showed more symptoms of

PTSD, anxiety, behavioural disturbances, adjustment problems with signs of depression, somatisation and psychosocial stress factors compared to children in the control group. In fact, out of the children in the traumatised-parents group, 38 per cent of the boys and 71 per cent of the girls presented with PTSD symptoms, 69 per cent of the boys and 71 per cent of the girls showed symptoms of anxiety, while 46 per cent of the boys and 43 per cent of the girls were found to have symptoms of somatisation. Although the children in the traumatised-parents group were found to exhibit fewer post-traumatic stress symptoms compared to their parents, they did however, score higher than their parents on anxiety, depression and psychosocial stress factors. These findings illustrate severe risk factors and challenges faced by children of traumatised parents and highlight the need to consider the family as a whole when supporting refugee families affected by traumatising experiences. Accordingly, it is not enough to support adults affected by trauma, initiatives focussing on the children are equally important.

A further study aiming to explore resilience and vulnerability in relation to intergenerational transmission of PTSD, was carried out by Daud, Klinteberg and Rydelius (2008). The 80 participating children were the same as the sample in Daud, Skoglund, and Rydelius' (2005) study, that is 40 children whose parents were refugees, where one or both parents had experienced torture and who were currently receiving psychiatric treatment, and 40 children whose parents were refugees, but had not suffered torture. Participants were examined using the *Diagnostic Interview for Children and Adolescents* (DICA-R), *I-think-I-am* (ITIA) test, *Wechsler Intelligence Scales for Children* (WISC-III), the *Post-traumatic Stress Symptoms Checklist*, and teachers' ratings based on the *Strengths and Difficulties Questionnaire*. In the group of children whose parents had experienced torture, seventeen boys and fourteen girls showed PTSD-related symptoms according to DICA-R, whereas three boys and six girls in this group did not present with these symptoms. In the comparison group, none of the forty children showed PTSD-related symptoms.

When comparing the children of traumatised parents who had developed PTSD-related symptoms with those who had not, several significant differences were found. Children of traumatised parents who had *not* developed PTSD-related symptoms, scored significantly higher on *emotionality*, *pro-social behaviour* and *psychological well-being* compared to the children who had developed PTSD symptoms. These findings seem related to social skills, or may have been an indication that social support and positive

social relationships were protective factors, which would correspond to findings from this present research programme.

As children in the traumatised-parent group who showed PTSD-related symptoms also scored significantly lower on the pro-social subscale of the SDQ, Daud and colleagues (2008) argued that environmental factors that support and facilitate children's social competences may be a protective factor. Not all children whose parents were traumatised showed intergenerational effects of parental trauma, some seemed more resilient than others, or had perhaps received the necessary support to overcome potential challenge. These findings indicated that a supportive environment and social competences were important factors in the differences observed. Consequently, promoting resilience through such support may be an area in which prevention and intervention initiatives could contribute to the well-being of refugee children and youth.

As the research above has illustrated, children of refugees may be at risk because of their parents' traumatising experiences. Some refugee children, therefore, may need support from other adults in their immediate environment, in cases where these children are unable to discuss their worries, anxieties and concerns with their parents. The present study sought to explore constructs related to the social world and the meaning-making in a group of young adults whose parents were refugees.

Rationale for choosing the PCT method and two different groups

As described in the previous chapter, the social world was chosen as the main topic for the PCT method based on the exploratory study (Chapter Three) and previous research in this field. The overall aim of the present study was to give voice to participants, and to explore the participants' construing and meaning-making before and after taking part in a brief intervention, with the aim of contributing to further knowledge about how best to support such groups in European countries. Therefore, the research questions in this study were: *How does this group of young individuals, whose parents are refugees, construe and make sense of their social world? Which challenges do they face?* Finally, *How can the knowledge gained from individual interviews and group sessions help professionals to better support such groups in European countries?* The method based on PCT was chosen because of the expectation that it would provide answers to these research questions and lead to findings that could help fill gaps in the literature.

Further, by applying the adapted PCT method, the research aimed to determine the value of using a method based on George Kelly's Personal Construct Theory as a 'working tool' to elicit constructs that guide meaning-making and understanding with a focus on social experience in asylum-seeking and refugee individuals in various contexts and of different ages. It was expected that the research questions would apply differently to the group of participants who arrived to the UK as unaccompanied and separated minors (previous chapter) and this group of young individuals whose parents were refugees, who took part in the same study as a separate group. Because the backgrounds, support systems and legal rights of the two groups differed so substantially, the findings are presented in separate chapters for clarity.

Including two separate groups with different backgrounds allowed for an investigation of the constructs relating to needs and experiences in two different contexts. It was expected that constructs would differ between the groups. The first group was likely to have endured suffering and adversities, and were lacking family and social networks in the asylum country. The latter group (in the present chapter) on the other hand, had families and extended families in England, in addition to the many rights and privileges that were a natural part of being born in England. However, as the research presented previously in this chapter indicated, children of refugee parents may be at risk because of their parents' potentially traumatising experiences, and may therefore also be in need of support. Exploring meaning-making and constructs about the social world in this group was therefore considered to be relevant and important. It was hoped that findings would inform the two separate research areas, that pertaining to the unaccompanied minors and that relating to children of refugees who may be exposed to parental trauma and specific challenges in the country in which their parents had resettled.

Method

Participants

Participants consisted of eight individuals, who were all born in England but who had refugee parents originating from sub-Saharan African. There were five male and three female participants in the group, and all participating individuals were aged between eighteen and 21 years of age. Although the precise details of the participants' parents' histories and reasons for fleeing their home country was not known, all participants indicated that their parents came to England because of civil war in their parents'

country of origin during the early 1990s, indicating the likelihood that their parents may have experienced war-related adversity.

Procedure

Ethical approval was granted from City University London (a combined approval was for granted for the studies presented in Chapters Four and Five) as well as the director of the community centre from which participants were recruited. After sending information to the community centre, a meeting was set up with staff to discuss the study. A group meeting was not held with this participant group, because the group did not choose this option, as they expressed that they were satisfied with the written information they had been sent. Participating individuals had the opportunity to meet me (the researcher) at the centre from which they were recruited if they wished to do so. None of the participants opted for this.

Structure of the Study

This study included three phases that were identical to the ones described in the previous chapter. In phase one, I met each of the participants for an individual assessment where the adapted PCT and two quantitative measures were completed (please see Chapter Two, p. 72 for the PCT instructions). Secondly, in phase two, the group met with the therapist for the group work lasting four days. Finally, in phase three, I met with each of the participants once again after they had completed the group sessions. During this final meeting, each participant completed the same measures as in phase one. Phase one was carried out within a week before the group intervention took place and phase three was carried out within a week after the group sessions (phase two) had been completed. All three phases were carried out in a seminar room at a university. The same therapist who ran the group intervention described in the previous chapter also ran this group. I was present throughout all of the group sessions, but did not have an active role in the planning or completion of the intervention.

This present group worked separately from the group presented in the previous chapter. Group sessions took place on four consecutive days with sessions lasting two hours each day. All of the group sessions were audio-recorded for the purpose of analysis. Because of the different experiences of participants in the previous chapter and those in present study, the discussions and themes that arose differed. This is discussed in further detail in the *Results* section.

Constructs from PCT Pre-intervention interviews (phase one)

The constructs elicited during phase one are presented in the table below.

Table 7 - Participants' PCT Constructs elicited pre-intervention (phase one)

1	Someone I can trust	Not someone I can trust
2	I can have really emotional talks with these lot	I cannot have emotional talks with this person
3	I can talk very openly with this person	I cannot talk openly with this person
4	I can share everything with this person	I cannot share everything with this person
5	I can be myself completely around these two	I cannot be myself completely around this person
6	If I have a problem with my boyfriend, I can tell these two	If I have a problem with my boyfriend, I cannot tell this person
7	I spend a lot of time with these two people	This person lives in a different country and I haven't seen him in years
8	These are my friends, they are not strict with me	Is strict with me and will tell me off
9	We have a really good relationship, she looked after me and I always loved her	We have a good relationship too, not bad, but not as good as the one to my nan
10	This is a relationship	This is an acquaintance
11	Notices how I'm feeling, if I'm in a bad mood	Doesn't notice how I'm feeling

12	Provides emotional support	Provides educational guidance
13	They will always respond (humans) to you	God will not always respond
14	I worship him	I don't worship them
15	We have fun together	We have limited fun together
16	Jokey	Strict
17	Positive	Negative
18	Very funny	Not very funny (but not boring)
19	Stubborn	Open-minded
20	Very loud (always chatting, shouting, laughing)	Normal, quiet
21	Always gives the best advice	Rushes with his advice and doesn't consider the issue carefully
22	Humble and very giving	Self-interested
23	Careless and easy-going	Gets a lot done
24	Takes care of others (caring)	Heartless
25	Close to me	Distant
26	Get on with each other	Don't get on with each other
27	Comfort	Feeling down
28	This is a guy	These two are girls
29	Honest	Dishonest
30	Honest	Dishonest
31	Gives me good advice and good guidance	Guides me in the wrong direction

32	Good influence	Bad influence
33	Calm	Short-tempered
34	Very calm	Gets irritated really easily
35	Help me to stay calm and help me deal with situations, help me through difficult times (helpful)	Not willing to help others (unhelpful)

Before the group sessions, participants focused on constructs related to relationships, family, trust, honesty, support and individuals who they could rely on (constructs 1-12), religion (constructs 13-14), and individuals who were positive as opposed to negative (constructs 15-18). Participants also focused on people who wanted the best for them, and who had positive personal qualities and characteristics (19-35), such as giving *good advice*, being *humble*, being *calm* and *taking care of others*. These constructs paint a picture of a highly community- and family oriented group, who value and rely on support from the immediate environment.

Table 8 - Participants' PCT Constructs elicited post-intervention (phase three)

The constructs elicited during phase three are presented in the table below:

1	She is the only one I can rely on	I don't rely on them
2	If I have a problem I can tell her everything	I cannot tell them everything
3	Family	Friendship
4	Family	Friends
5	Love	Enemy
6	I can tell her important secrets	I cannot tell them important secrets
7	Supportive	Neglecting
8	Always there for me	Selfish

9	Comforting	Scary
10	Obeys God	Atheist
11	Somali	British
12	Very religious	Not very religious
13	Traditional – sexist	Not traditional
14	Somali girls will just be the wife	Boys can just be whatever they want
15	Somali friend	English friend
16	Respectful	Disrespectful
17	Respectful	Rude
18	Forgiving	Mean
19	Never gives up	A quitter
20	Energetic	Straight to the point
21	Carefree	Stressed
22	Mature	Immature
23	Calm	Emotional
24	More experienced and wiser	Inexperienced, younger
25	Trust	Psychological barrier and distrust
26	A good person	A hypocrite
27	I see them a lot (nearby)	I don't see him a lot (far away)
28	Helps others	Stingy
29	Supportive	Unsupportive

30	I've known this person longer	They are still babies, so I haven't known them as long
31	Friendly	Unfriendly
32	Giving people	Not giving, stingy
33	Think alike	Think in opposite ways
34	Wants the best for you	Doesn't care for you
35	Good motivator	Drags you down
36	Optimistic	Pessimistic
37	Happy	Negative
38	Always happy	Sad
39	Funny	Serious
40	Happy	Concerned
41	Cheerful	Sad

After the group sessions, participants' constructs illustrated the perceived importance of people they could be themselves around, who they could trust, rely on, and people who supported them versus less positive relationships (constructs 1-9). The constructs also focussed on positive personal qualities such as *helping others*, *being forgiving*, *respectful*, *supportive*, *a good motivator*, versus negative qualities such as *disrespectful*, *rude*, *stressed*, *immature*, *stingy*, *unsupportive* (constructs 16-35). The positive versus negative characteristics were more apparent in phase three compared to phase one. The participants also focused on positive versus negative influences from individuals in their lives, again focussing on personal characteristics (constructs 36-41) such as *optimistic*, *happy*, *funny* and *cheerful* versus *pessimistic*, *negative*, *serious* and *sad*.

The main difference in the constructs elicited during phase three compared to phase one was that themes relating to religion and traditions were more apparent in the constructs chosen by participants after the group sessions (constructs 10-15). Female participants mentioned constructs such as: *traditional - sexist*, *not traditional*, *Somali girls will just be the wife*; *boys can just be whatever they want*. The male participants' constructs

focused on religion and the importance of obeying God. Male constructs included: *obeys God, atheist, very religious, not very religious*. Overall, the constructs after the group sessions indicated an increased awareness of participants' parents' country of origin, culture and religion, which may have been the result of reflections based on discussions in the group sessions about identity and cultural heritage. The constructs in phase three also showed evidence of participants' heightened awareness of differences between the two cultures they were a part of, the English culture where they were born, and their parents' country of origin. An interesting observation was the gender difference seen in constructs after the group sessions, where male participants seemed to relate more to their parent's culture, whereas female participants seem to distance themselves from that culture.

A general observation was that participants in this present group found the PCT task easier to complete than the group of participants who had arrived to the UK as unaccompanied or separated minors in the previous chapter. Perhaps this was because of the present participants' experiences in the British school system, which may have meant that they were more accustomed to being asked to carry out such tasks and exercises. Moreover, as participants in the present study were born in England, they all spoke completely fluent English, and there were therefore no language barriers that impeded their understanding of the task. However, these participants may have found the intervention in phase two less familiar than participants in the previous chapter, as the group who had arrived to the UK as unaccompanied or separated minors had previously had therapeutic experiences.

Qualitative analysis from phase one and phase three

The qualitative analysis for this present group is based only on phase one and phase three (not including extracts from phase two, the group sessions) as these participants did not contribute as actively to the group sessions as the participants in the previous chapter did. This highlights differences between the groups, and illustrates that research measures and research designs cannot always be applied in the same way to different groups. The thematic analysis was carried out in exactly the same way as in the previous study, based on guidelines by Braun and Clarke (2006; 2012). Please see Chapter Two (p. 73-74) for details about the method.

The themes developed based on participants' transcripts from phase one and phase three were: *Valuing Maternal Guidance and Support*, and *Culture, Religion and Identity*

Clashes. As with participants in the previous chapter, the importance of meaningful and trusting relationships and social connectedness was also one of the main themes in the individual interviews and the discussions in this group.

Valuing maternal guidance and support (phase one and three)

P2 (female): *It's not that I don't trust them it's just, I don't know, I'd rather just not like rely on people. Like if I have problems I'll just tell my mum, just talk about it because I feel like when you tell your friends it just ruins them and I don't like it. Yes, because I think when they have problems and they tell me it's sad so I don't like doing that, my mum is like if there's something wrong she just knows straight away so it's not like I can hide it.*

P5 (male): *My mother is always there for me whenever I need her she is there. Whenever I walk in the house, yes something is wrong today, she will quickly notice. Compared to my father, I doubt he will know much about... He is always there to guide me, he is always there to say 'you have to go to university, you have to do this'... He sets out the barriers for us because he has been there, done that, and now I think he is going to be doing politics and he is in the political stuff in Somalia and stuff that is why he is down there.*

P2 (female): *If it was like a normal secret, just normal, I can tell my friends that, it doesn't matter, it's just if I had a problem or something, like, that I'd just tell my mum.*

P3 (female): *I think my mum has been both parents for me, for a couple of years now. The last 10 years she's been a single parent. My dad lives abroad and she's just been taking care of us herself. I do actually admire her a lot for that. She's taught me to be independent and stuff like that. She's taught me a lot because of how she's been and handled things.*

Despite the fact that participants in this sample were young adults, they were all living at home and the extracts above indicate dependence on and trust in parental - especially maternal - support and guidance. The constructs elicited from this group of participants thus seemed to highlight trust as essential. It is possible that trust in these individuals' meaning-making about the social world was particularly important due to their parents' refugee experiences and potential adverse and distrusting experiences. This indicates protectiveness from the family and community - particularly the mother, as several participants described their father as absent. This social protectiveness was not available

to the asylum-seeking and refugee participants who took part in the same study, as a separate group, presented in the previous chapter.

The focus on maternal guidance and support in the present group may reflect parents', and particularly mothers', wishes to keep their adult children safe in England. One potential interpretation might be that mothers may have been more isolated or uncertain about life in England compared to their native country, and that they may therefore have been fearful of what might happen to their children in the English society, if mothers themselves did not navigate completely competently there. The focus on maternal protectiveness, guidance and support seemed to be essential for females and males.

Culture, religion and identity clashes (from phase three)

P5 (male): *There's nothing like compared to my family and God, not even friends, not money, the whole world, nothing. I'd rather have them than everything else.*

P3 (female): *Obviously you have to kind of feel (parental country of origin) and because I live in that environment and grew up in that environment, but I also don't feel as traditional as most people. I call myself British. I used to anyway.*

P1 (female): *I don't know, like... I feel like I am more British than (parental country of origin). Because I don't even speak (parental primary language) to my mum, I speak English to my mum. So I don't know, like my (parental primary language) is very bad. I can't communicate very good. But I don't know, I do, my house is a (parental country of origin) household that, it has elements of British; obviously we have been here for over 20 odd years.*

P2 (female): *Well that type of unique thing where I said that girls from our culture will just be the wife and the boys just be whatever they want. That is true. I think it's true because when I was little and my sister and my brother, because they're older than me, when we were all together my sister would just do everything, if my brother asked for something she would just do it and I didn't understand why she would. But I think when we grew up my brother learned to do things on his own because I wouldn't do it for him. Yes because I don't think it's fair, he's got hands and legs, he should do it, but if my parents ask it's different because they're older, like, it's my parents.*

The extracts illustrate the reflections on, and dilemmas of, living between two different cultures that sometimes clash in terms of values and beliefs. The male participants

stated that keeping traditions alive and practising their parents' religion, was an important way to show respect for their cultural heritage. Females, on the other hand, distanced themselves from their parents' culture, and mentioned the community gossip about girls who acted or dressed 'inappropriately' as a negative attribute of people from their parents' country of origin. This difference in meaning-making about culture seemed to be related to the ways in which male and female participants from this group perceived their upbringing with regards to the dissimilar treatment of girls and boys.

Participants' personal reflections on the work (from phase three)

The participants in this group, as with participants in the previous chapter, were asked how they experienced taking part in the group sessions and research in general. Both male and female participants expressed that they had enjoyed meeting other young people of the opposite sex with whom they could discuss their culture and background, and how that differed from the British society.

P1 (female): *Because we are all roughly the same age, even though we are two different genders, like we do face the same issues if that makes sense, especially being from the same culture. It is like when they were bringing up stuff that happens to them and you are like 'Yes that has happened to me' and stuff like that. So it is kind of like we can relate to each other.*

P3 (female): *I don't think there is anything I didn't like about it; I think I really enjoyed it to be honest. But because obviously we had like a bunch of girls and a bunch of boys who don't know each other and you get to discuss things that we don't usually discuss. And meet with people that we don't know. So it is really eye-opening and always interesting.*

P4 (male): *It was very good talking to other people and hearing their opinions of things and how they think differently to me.*

When asked if the work and discussions had led to any new reflections or thoughts about the future, one of the male participants said,

P8 (male): *Yes more about (parents' country of origin), I'd like to go back to my homeland and just try and help them out in the future.*

Interestingly, the participant above refers to his parents' country of origin as his 'homeland' despite the fact that he was born in England. Culture and cultural heritage had been discussed in the very last group session, where a debate arose about the

political situation in Somalia, due to an election that was planned to take place the next day. During this discussion, a difference in the participants' views about their future could be heard. All of the male participants expressed a desire to return to their parents' country of origin to help rebuild society there, whereas all of the female participants stated that they wished to remain in England, as they experienced their possibilities as more favourable there. Perhaps the prominence of the upcoming election might have influenced their thinking on political events more than what might otherwise have been the case.

Quantitative analyses

As with the group described in the previous chapter, this present group were assessed using the same measures; *The General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) and the *Meaning in Life Questionnaire* (Steger et al., 2006) in addition to the adapted PCT method.

Descriptive statistics

The sample size was quite small, thereby limiting the value of the inferential statistics; however, the quantitative measures were expected to have descriptive value. The descriptive statistics will be presented first and links will be drawn from these descriptive statistics to the qualitative findings. Finally, some inferential results will also be included for the purpose of clarity. Please see Appendix G for details.

Meaning in Life Questionnaire

Table 9 - Means and Standard Deviations for the Meaning in Life Questionnaire

N	Scale	Mean	SD
8	Presence Pre	27.00	3.81
8	Presence Post	29.25	4.83
8	Search Pre	24.63	3.33
8	Search Post	20.88	6.87

Participants in this group scored above 24 on the *Presence of Meaning in Life* subscale both before (mean = 27.00) and after (29.25) the group sessions, thus the opposite of what was seen in the group presented in the previous chapter, who scored below 24 on the *Presence of Meaning in Life* subscale both before and after the group sessions. On the *Search for Meaning in Life* subscale, this present group scored just above 24 before the group sessions (24.36), but below 24 after the group sessions (20.88).

According to Steger and colleagues (2006) the characteristics of individuals scoring above 24 on both *Presence* and *Search* (as this group did before the group intervention) indicates perceived meaning and purpose at present, yet is also a sign of individuals who remain open to exploring life’s meaning and purpose. On the other hand, individuals who score above 24 on *Presence of Meaning in Life* but below 24 on *Search for Meaning in Life* (as was the case with this present group after the group sessions) indicates individuals who feel that life already has meaning and purpose, and are not actively seeking to increase their sense of meaning in life. According to these results, it seemed that participants in this group were more open to exploring life’s meaning, and searching for meaning in their lives, before the group intervention compared to after the group intervention.

Table 10 - Individual scores on the Meaning in Life Questionnaire

P	Gender	Measure	Score	Measure	Score
1	Male	Presence Pre	25	Search Pre	25
		Presence Post	27	Search Post	22
2	Male	Presence Pre	31	Search Pre	26
		Presence Post	31	Search Post	27
3	Male	Presence Pre	29	Search Pre	28
		Presence Post	34	Search Post	19
4	Male	Presence Pre	33	Search Pre	25
		Presence Post	34	Search Post	25
5	Female	Presence Pre	27	Search Pre	27

		Presence Post	26	Search Post	24
6	Female	Presence Pre	23	Search Pre	24
		Presence Post	23	Search Post	21
7	Female	Presence Pre	26	Search Pre	25
		Presence Post	24	Search Post	24
8	Male	Presence Pre	22	Search Pre	17
		Presence Post	35	Search Post	5

One individual (Participant Eight) scored particularly low on the *Search for Meaning in Life* sub-scale post intervention (five post-intervention compared to seventeen pre-intervention) whereas the remaining participants did not show such variability. This participant, therefore, contributed to the lower mean score on the *Search for Meaning in Life* sub-scale after the intervention compared to before, as well as the high variability observed. However, as the table above indicates, there was a general tendency for the group to score lower on this sub-scale after the intervention compared to before, although the change was minimal. Excluding participant number eight would have led to mean score of 25.7 on the *Search for Meaning in Life* sub-scale pre intervention and a mean score of 23.1 post intervention.

The small change observed for the *Presence of Meaning in Life* pre group sessions (M=27.00, SD=3.81) compared to post group sessions (M=29.25, SD=4.83) did not lead to a statistically significant result; $t(7) = -1.317, p = .229$. However, the difference between the score on *Search for Meaning in Life* (including participant number eight) pre group sessions (M=24.63, SD=3.33) compared to post group sessions (M=20.88, SD=6.87) was significantly lower at $t(7) = 2.359, p = 0.05$. This result could be interpreted in that participants from this group experienced life as having meaning and purpose, and thus were no longer actively seeking for increased meaning after the group sessions compared to before the group sessions. It is possible that the reflections and discussions heightened the participants' awareness of their hopes for the future. This would correspond to the qualitative analysis, where participants expressed how the group work had made them reflect on their identity, culture and future.

The General Self-Efficacy Scale

The maximum possible score on the measure is 40, and this group scored around 30 both before and after the group intervention.

Table 11 - Means and Standard Deviations for the General Self-Efficacy Scale

Scale	N	Mean	SD
Self Efficacy Pre	8	31.00	2.33
Self Efficacy Post	8	31.88	2.53

A paired-samples t-test was conducted to compare the scores on Self-efficacy pre and post group sessions for participants in this group. The descriptive statistics were very similar pre and post group sessions - with only slightly higher Self-efficacy scores after the group sessions compared to before. Correspondingly, there was not a significant difference in the scores for Self-Efficacy pre group sessions ($M= 31.00$, $SD=2.33$) compared to post group sessions ($M=31.88$, $SD=2.53$) conditions; $t(7)= -1.825$ $p = .111$.

In the following section, the findings are summarised and discussed. As the main focus of the research was on the qualitative analyses and the adapted PCT method, these findings will be discussed first, and the quantitative results are only reviewed in relation to the qualitative findings.

Discussion of findings

Valuing maternal guidance and support

Close family relationships were found to be important to the participants. As these participants were all born in England, this meant that they had support systems available to them through immediate and extended family. One participant, who was living with his parents, explained how his mother was able to tell from the sound of his footsteps and the way he shut the door, whether he was in a good or a bad mood. Although it is possible that some young people may find this intrusive, the participant seemed to perceive this as positive. The dependence on maternal guidance and support expressed by participants, which was also observed in the constructs elicited, may be seen in relation to Kellerman's (2001) findings of overdependence of parental support in

children of traumatised parents. In the present context, it is possible that the expressed dependence on maternal and family support may have resulted in some level of isolation from wider social networks. However, it may also be an expression of culture, norms and values.

This sense of security of having family members immediately available for support or advice was a privilege that this group enjoyed, contrary to the isolation and loneliness described by participants in the previous chapter. Based on participants' expressed need for social support, and the potentially compromised parental abilities of parents who have survived trauma (e.g. Daud et al., 2005; Daud et al., 2008, Montgomery et al., 1992; Schlechter et al., 2005; Van Ee et al., 2012), this seems to be a key area to engage in, when seeking to support the children of refugees who may have experienced traumatising events.

Finally, trust seemed to be of high importance to this group. It is possible that trust was an influential aspect of participants' meaning-making due to their parents' refugee experiences, which may have included experiences where they were met with mistrust. Alternatively, if parents' had suffered from trauma-reactions following the refugee experience, this may have heightened their children's awareness of trust. Nevertheless, as discussed previously, not all refugee parents who have experienced traumatising events have compromised parenting skills, and it is important not to make assumptions about parenting skills or the well-being, or lack thereof, of children of refugees. Future research may benefit from exploring the general well-being and development in children whose parents are refugees further.

Culture, religion and identity clashes

Although the participants who took part in this study had not experienced refugee trauma themselves, their parents had sought asylum in England in during the early 1990s, due to civil war and conflicts in their country of origin. Based on previous literature in the field focussing on intergenerational transmission of trauma (e.g. Daud, et al., 2005; Daud et al., 2008; Montgomery et al., 1992), it is possible that the participants were affected by their parents' past. As illustrated by the qualitative findings from the individual PCT assessments as well as the constructs elicited, culture and cultural conflicts and clashes were important themes. This can be seen in constructs relating to gender-roles, cultural traditions and religion in particular. Referring back to the main research question, of exploring asylum-seeking and refugee individuals'

meaning-making in European societies and how best to support these groups, it seems that potential conflicts or clashes arising based on culture, is an important topic to be aware of when working with children and youth whose parents arrived in the resettlement country as refugees.

The PCT method

The participants in this group did not engage in phase two (the intervention) to the same degree as participants in the previous chapter did, and similarly, this present group provided somewhat more superficial constructs during the adapted PCT method interviews. It is possible that the reason for this was that these participants were less familiar with therapeutic contexts and less used to discussing personal matters in a group setting, and that the research situation in general was unfamiliar to them. Alternatively, individuals from this group may have chosen, more or less consciously, to not open up and talk about potential challenges or difficulties with an unfamiliar person. Perhaps this way of coping, or this strategy, was learnt from their parents and families. Although this is only a tentative, possible interpretation of the relative lack of engagement, it would correspond to research in the field. Previous research has indicated that refugee parents may choose to focus on the present and the future, rather than dwelling on the past, may avoid talking about difficulties, and may actively discourage their children from doing so (Almqvist & Hwang, 1999; Dyregrov, et al., 2002).

Participants in this group seemed more familiar with the type of questions asked during the PCT assessment compared to the participants in the previous chapter, perhaps because they were used to the British school system, and tasks and assignments that may have resembled the questions asked during the assessments in this study. Although the participants in this group did not provide constructs that gave an indication of intergenerational transmission of trauma from their parents, the findings resulting from the PCT method did show some of the cultural conflicts experienced, as well as constructs related to growing up as a minority group in England, thereby providing answers to the research question about how participants, whose parents are refugees, construe and create meaning of the social world.

Quantitative measures in relation to the qualitative findings

The findings from the qualitative and quantitative analyses seemed to move in the same direction in some areas. The participants increased in their mean score for *Presence of*

Meaning in Life and decreased in their score for *Search for Meaning of Life* after the group intervention, which could be seen to correspond to their increased reflection on their identity and culture, as seen in the constructs and qualitative extracts. Participants scored relatively high on the *Presence of Meaning in Life*, however, this result does not give a great deal of information about the details of this meaning, and what it meant to participants, indicating the value of applying qualitative methods. Scoring high or low on a particular measure may give researchers an indication of where an individual is doing well or poorly, whereas qualitative methods enable more detailed investigations and individualised assessments. The inclusion of qualitative methods may therefore be particularly suitable when seeking to gain knowledge about how best to support vulnerable groups.

Limitations and future research

One of the main limitations of this study relates to the lack of knowledge about the participants' parents' background and potentially traumatising experiences. It was not possible to interview parents about the precise circumstances relating to their journey to England or potentially traumatising experiences they may have had. The interpretations of findings therefore remain tentative and rely on the knowledge obtained from participants about the time and context of which their parents entered the resettlement country in addition to previous research about refugee experiences.

Future research could benefit from exploring alternative ways of conducting studies based on PCT methods, as well as exploring themes that arose based on this study in further depth. How young individuals perceive meaning in their life, and the precise aspects that contribute to perceived meaning, as well as culture, and cultural clashes, seem to be important areas that could be explored in further depth. Examining how meaning changes over time could be an interesting avenue, and one that longitudinal studies, and qualitative research in particular, could help to uncover. Additionally, the gender difference that seemed to be apparent from constructs elicited from participants in this study could be a potential area to assess in greater depth.

Further, in addition to family support, other individuals besides family members may be able to provide supportive and trustworthy relationships, for instance friends, the peer group or professionals such as teachers. If children, whose parents are refugees, experience difficulties because of their parents' trauma reactions or difficulties such social aspects related to the family's refugee background, intervening early and

providing support while children are young, may be beneficial. In Chapter Seven, participants include younger participants, and the school context will be considered.

Conclusions

Participants in this study had not experienced the journey to England, and had not experienced fleeing their parents' home country. However, they could potentially have experienced difficulties early in life due to their parents' potential hardship and adversity whilst adjusting to life in England.

Participants in this study undoubtedly had very different experiences compared to the participants in the previous chapter. The fact that participants in this group were born in England, meant that their educational opportunities, permission to work, and status in the country were not issues to be concerned about. Similarly, these participants had enjoyed the protection and care from their immediate families, and still did, although their parents may possibly have been affected by refugee trauma. The constructs and extracts elicited from participants provided an insight into their meaning-making and understanding of the social world, which focused on community, trust, culture, religion and traditions.

In contrast to the participants in the previous study who longed for family members in their home country, some of the participants in the present study expressed feelings of connection, bonds and longing for their parents' country of origin. After the group sessions, all of the male participants spoke of a desire to return to their parents' country of origin, and to help rebuild societies there. It might be speculated that these young individuals hoped to experience their parents' country of origin as it once was, before the war and conflict. The participants may therefore have held a romanticised idea of their parents' country of origin, based on parental stories. The female participants, contrary to male participants, focused on dissatisfaction with the perceived gender inequalities and different treatment of young men and women after taking part in the group sessions. Contrary to their male peers, the female participants stated that they wished to remain in England. The gender differences observed in these participants could be an interesting avenue to pursue further in future qualitative research.

In a study of Iranian refugees in Sweden, Almqvist and Hwang (1999) found that parents who employed a *separation strategy*, defined as parents who intended to maintain their own cultural identity and values and who did not intend to participate in

the host-society, also expressed a desire to return to their country of origin. This can be seen in relation to the male participants in the present study, who expressed a desire to return to their parents' country of origin, and who also distanced themselves more from the British society compared to their female peers. They may therefore have employed a strategy similar to the *separation* strategy described by Almqvist and Hwang (1999). The girls on the other hand, seemed to employ what was defined by Almqvist and Hwang (1999) as an *integration* or *assimilation* strategy. Finally, the protectiveness of parents, and the participants' focus on parental support and maternal guidance, despite the fact that they were young adults, may indicate that participants' parents did not feel as competent navigating in the British society as their offspring did. This may therefore have made parents anxious about what might happen to their children in the society which was new to them.

In the following chapter, the experiences and needs of refugee children are explored in a different context.

Chapter Six - Adults' recollections of their experiences of arriving to England or Denmark as an accompanied child

"If you do not know what is wrong with someone, ask them, they may tell you"

(Kelly, 1951, p. 241)

In Chapter Three, an exploratory study was carried out with young adults who had arrived from Afghanistan to Sweden as unaccompanied minors, exploring their experiences of the arrival and what they perceived as challenging and helpful during the initial months in the asylum country. Based on the findings presented in Chapter Three, as well as the existing literature, two studies were conducted (Chapters Four and Five) with young adults who were either asylum-seeking or refugee, or whose parents were refugees, exploring how they perceived their social world through the adapted PCT method in addition to two quantitative measures.

In the same way that findings from the study in Chapter Three determined the topic of the PCT method that was carried out in Chapter Four and Five, it was decided to start this next section of the research programme, concerning children, in the same way, with an exploratory study. This present chapter therefore presents findings from an assessment of the needs and experiences of refugee adults who had arrived in one of two asylum countries, Denmark or England, as children, accompanied by relatives or family members. Participants in this study were asked about their first recollections of the new society, about the adjustment process and potential challenges. The aim was to gain an understanding of the needs of younger participants than those presented in Chapters Three, Four and Five.

Method

Participants

The sample consisted of seven refugee adults, who had all arrived in one of two European asylum countries, Denmark or England, as children accompanied by family members and were thus born outside of the country in which they had resettled. Four female participants from Iraq or Bosnia, who had arrived in Denmark when they were eight, nine, ten and twelve years of age, and who were twenty to 22 years of age at the time of the interviews, participated. In addition, two male participants and one female participant from Somalia who had arrived in England when they were four, eight and

thirteen, and who were 22-23 years of age at the time of the interview, took part. The participants were recruited through non-clinical refugee community centres that did not provide therapy.

The participants in both contexts expressed that they either lived with, or lived close to, family members in the resettlement country. All of the participants were either working or studying at university. Two of the female participants in Denmark had arrived there as part of planned refugee programmes due to conflicts in their country of origin, whereas the remaining participants had arrived as spontaneous refugees. The participants who took part in this study differed from participants in Chapters Three and Four, who were unaccompanied as opposed to accompanied by family members, and also differed from the participants in Chapter Five, who were born in the country where their parents had sought asylum.

Procedure

Ethical approval to undertake this research was granted from the Ethics Committee at City University London and permission was obtained from the two refugee community organisations in England and in Denmark from where participants were recruited. Participants were asked to give informed, written consent after having heard about the aims of the research, and after being provided with the chance to ask questions and to voice potential concerns. Most participating individuals were interviewed at the refugee community organisation, apart from two male participants who asked to be interviewed at the university. All participants were given the option to decide where they preferred the interview to take place. As all of the participants in England spoke fluent English, and the participants in Denmark spoke fluent Danish, interpretation was not necessary. I conducted all of the interviews in both countries, and translated the Danish transcripts into English for the purpose of analysis and write-up. Prior to each interview, participants were reminded that they could choose to withdraw at any time without any consequences, and that anything they chose to talk about would be treated as confidential.

After having explained the rationale and aim of the study to participants, and after the consent form had been signed, the interview was initiated. The semi-structured interview consisted of questions relating to the participants' first memories in the new country, initial challenges faced, as well as questions about what was found to be helpful and what they perceived to be most important for the successful adaption and

integration of refugee children. That is, the interviews did not seek to explore conditions in the pre-flight environment, but remained focused on the resettlement country and adaptation to the new environment. The interviews were audio-recorded for the purpose of transcription and analysis and lasted between 40-90 minutes each.

Data analysis

As with the study described in Chapter Three, this study was designed based on IPA (Smith et al., 2009). Please see Chapter Two (p. 71-72) for the rationale for employing this method and well as details about the analysis.

Findings from data collected in England

Overall, the refugee individuals who had resettled in England told stories of young adults who were highly motivated to achieve, and who were willing to work hard to accomplish their goals. The participants focused on supportive networks such as the immediate family, extended family and teachers, as well as culture and religion. The three main themes developed based on the interviews were: *Language-based challenges extending to further difficulties*, *Choosing to succeed*, and *Gaining strength through social support and encouragement*.

Language-based challenges extending to further difficulties

The three participants all mentioned that the initial challenges they had faced in England were related to the English language, however, their focus on why language was a challenge or problem, varied. The first participant describes how communication was hindered at first:

P1 (female): *I came when I was thirteen, and you know, I had to speak English and you know, I had to live with my auntie and I found it hard to communicate with people, I remember. Yeah...*

Another participant also mentioned the initial language difficulties, but then went on to focus on how language and culture, including how educational expectations, differed from what he had been used to.

P2 (male): *English was the problem, I remember (...) but it passed on quickly, because Kenyan education was similar to the British because it was a former British colony so education-wise, we were taught in English. Speaking in English became second nature after a while, but in the beginning it was quite*

difficult because we spoke Swahili and Somali – and now we had to learn English, so it was...

P2 (male): (...) *within 5-6 months we were speaking English, but writing English – the structure of it, grammar...it was a bit difficult for us, because we had learnt in one way, which was more structured, like you knew what the rules were, and then in this school they were like ‘use your imagination, think of something’ so we went from a place where everything was closed, you literally learnt the books word for word, and you were expected to regurgitate that - spit it out. Whereas here, you were taught to think of something, which was quite foreign to me – I was like, ‘no, no, no – you’re telling me to think of something?’ – Rather than saying that this is the way someone else has thought about it...*

In this extract, the participant illustrates how language and culture to him are very closely connected, and that the challenge he faced was cultural as well as being related to language, illustrated by being asked to think creatively and independently about a topic in school, which differed from his previous education.

The third participant emphasised how parental lack of English language abilities led to a challenge for him, as he was expected to translate.

P3 (male): *So I think the biggest barrier was the English – parents not being able to speak – that was the most difficult thing, as a child I remember.*

And later he added,

Probably because mothers, my mum didn’t speak the language it was difficult to communicate between the school and my mum, or for parents, I think. Because obviously, if you don’t speak the language, then how as a parent can you communicate with the school, to see the progress of your child. So that was, I think, the biggest barrier at the time. I think the language barrier first of all, but she learnt English after a few years, but that was the major thing which was difficult, because you had to act as a translator which made you more mature, because obviously, you’re translating everything, reading letters – all letters that come in the house – whether it’s bills, whatever – you’ll read them. Because obviously that’s what you’ll read. So you had that responsibility from a young age.

These extracts illustrate the close connection between language, culture and intergenerational-relationships and processes, such as role-reversals. Language is much more than communication and affects extensive processes and relationships within the family, for instance when children learn the new language quicker than their parents. When children are expected to translate for their parents, this brings responsibilities, as the participant expressed. Children translating for their parents, however, can also mean that children are exposed to information that may cause distress, anxiety and worry in the child, and professionals should therefore be aware of the potential challenges that can arise for children who are asked to interpret during meetings or to translate information. Professional interpreters should be employed whenever possible, and asking children to translate for their parents should be avoided.

Choosing to succeed

Although the participants gave examples of how they had faced challenges related to their background or ethnic group - such as racist comments or stereotypes - they expressed how they chose to use these remarks as motivators, even expressing that such comments had led them to aim higher and to work even harder to achieve their goals.

One of the participants recalled how a teacher had doubted that he could have received such a high grade, and therefore went to check the result.

P2 (male): Again, you're fighting against the system - everyone automatically assumed you are Somali - illiterate, uneducated - probably you're going to flop.

The same participant described how, after completing the first year of the course, the teacher had told him,

'You know what, on the first day I thought you would be the first to leave' and he thought I would take that as a compliment, and I was like 'okay'...

The participant explained how he waited until the second year, when the course had finished, before he responded to the comment made by the teacher. He said:

'Thank you for your help over the past two years, but that comment only drove me further and basically forced me to show you that I can actually do this. So if you did it spitefully, thanks, I've used it as a weapon against you.'

Similarly, he described a situation from a work context as follows,

(...) after University I was the first black person to work in that team, I was the first black person to be a supervisor in that team, I was the first black person to be a manager of that team (...) I've had people say to me, 'oh, you're here to make up the numbers' – someone told me that. I was like, this is not America, this is not South Africa, and this is not a numbers game. If I did not deserve to be here, I would not be here! So yeah... you take it on the chin.

And he added,

(...) I was a project manager when I was at Uni, it was a community programme to get graduates into workplaces, I got that job and I won an award and she (HR manager) was like, 'can we put you in the paper for the local paper?', and I was like 'as what?' 'The first African to win it'. I was like: 'Listen, if I got that position, then my results are outstanding. Say that I was the first person to achieve such and such, but not... (pause) don't attach me to that label, that is the last thing I need. She was like, 'I didn't mean it that way, it's a good thing!' and I was like, 'it's a good thing for you, it will make you look good, other people will be impressed by you, but not for me - I'm not a token.' Do you know what I mean?

(...) basically I brush it aside because if you give it time and you think about it then you fall into this stereotype, the military and black person like "No black rise, black power," that's not for me. I can only look after myself and if my best interest is that I have to put up with you for a little while, while I get ahead, so be it.

In these extracts, the participant illustrates a perception of how his identity and background are related to existing societal stereotypes. However, he also acknowledges that he can challenge those stereotypes, and that he has the strength to voice his opinion. Later in the interview, when speaking about his family background and culture, he said,

P2 (male): There is a high case of mental issues within Somali parents, but that's not to say that should have an impact on what you're capable of. Your mum needs you more than the next guy's mum does, because your mum has a problem and the only way that you can help her is to help yourself and get better, do something with your life. If you fall a victim you will be in the same position as your mum and then your child will fall into that cycle. So the best example I use is the Jewish society, 1945, six million of them were killed, thrown around the whole world with nothing to depend on and look at them now, you don't hear of a victim, it's something you remember that happened, of

course you have to remember them. The concentration camps, you have to remember those, you can't forget your history, but you have to look after your future, you have to look after where you go and you can't play the victim constantly. So if you look at it that way you can see that so many people have done well with their life, as a nation, as a group, even though in the past they've been through such horrible stuff. So it's possible to do it.

This extract exemplifies the participants' awareness of how parental challenges can be passed down to their children, and he expresses a desire to break that cycle, and to help himself and to get better, by doing something with his life, without forgetting about his past in that process.

Similarly, another participant said,

P1 (female): I'm a fighter; I don't give up - even if I get a bad result that will motivate me rather than de-motivate me. So I'll be like 'I did this, I did this, what can I do? Where can I improve? What can I add?' Rather than saying, 'Oh, I did bad, I don't want to do this again'...

And she gave an example,

I remember when I was in year 10 I had an exam, and I didn't get one question right. I think it was Maths, I think. I didn't get one question right. I got like a zero. When I got the results I was like 'what did I get, what did I get?' and she (teacher) was like, she went quiet and she said: 'come, come to me, and I'll tell you one-to-one'. Then at lunch time I went and I was like 'what did I get' and she was like: 'Oh, you did really bad' – and I didn't cry, I didn't feel bad, I was like 'what can I do?'

Later this participant referred back to the challenges she initially faced and summarised,

P1 (female): I think about life, you get something that you don't want but you have to adapt to it. See it, don't take it as a negative, but deal with it as it is.

Another participant expressed how a teacher's advice had been helpful,

P3 (male): One of the most important things I remember, growing up, was in high school when I had an African teacher for Maths, Ghanaian, I was very... emmm, I used to joke around in class a lot and I was known for being a clown, believe it or not, and one day he sat me aside and said... emmm... he goes, 'You're African, you have to work twice as hard as everyone else, so put your

head down'. (...) if you're prepared to work hard, when you're from a certain background and you realise you're here for opportunities, so if you do get opportunities, take it! But then those words I remember, to this day, and I think it did help me a lot in the sense of actually seeing things and probably getting into different places as well, so not wasting time, doing certain things. So yeah, I'm grateful for that teacher's word.

These extracts clearly illustrate how the participants perceive themselves as a minority group. The participants exemplify how they have experienced stereotypes and prejudice because of their background, however, they similarly express a clear choice to face those challenges with a positive attitude. The last extract exemplifies how a teacher was able to provide valuable advice, perhaps because of the teacher's own background. This leads on to the next main theme - *Gaining strength through social support and encouragement*.

Gaining strength through social support and encouragement

The individuals interviewed in England stressed the importance of social support and encouragement from mentors and teachers who provided academic support and personal encouragement. This support proved to influence the participants throughout life in the goals they set for themselves, their willingness to work hard and to believe in themselves. Participants spoke warmly of one or more teachers who had made a difference during their time at school, and who, in various ways had shown them that they were willing to go above and beyond their duties as teachers in order to help the children and youth achieve their potential.

One of the participants spoke of his early memories of coming to England, and how one teacher had been especially important during the initial months,

P2 (male): (...) the first month, because we came around June, we stayed in the primary school, because summer time was coming up, so the school was going to be closed anyway. And what happened was that in that school, there was one good teacher, Miss F, I still remember her. She looked after us. She was black as well. Everyone else was white or Asian. So we sort of looked at her like mum number two – she would help us out... yeah...

Another participant described how a teacher had offered her extra help after realising her difficulties in that subject.

P1 (female): *'Come, come to me every day after lunch' – she said: 'spend your lunch – like 20-25 minutes and then come to me and she was like I'll give you one-to-one support'. So from that day, I used to do that class, and she used to give me one-to-one support. I used to have like a bagged lunch and then have my lunch within 20 minutes and then prepare for five minutes and stand outside the class... at the end I achieved really good. (...) So that showed me, I was like, don't give up: If you want something, work hard, then one day you will achieve something.*

Similarly, the support provided by a formal mentoring scheme was emphasised as particularly meaningful and helpful to this participant,

P1 (female): *And I remember I used to have a mentor, and she used to tell me: 'Don't give up - if you give up, then you're not strong enough'. I used to like, even if I got bad results, I used to be like 'how can I improve this?' Rather than giving up. I used to hate the words 'give up' back in the day, like yeah, it helped a lot.*

Another participants explained how a teacher had provided support and encouragement,

P2 (male): *So I picked history half way through the term and the first month I was quite behind, so I was catching up and this guy was giving me a hard time to begin with and I thought 'Why are you doing this to me?' And we knew each other, he was quite an old guy, lovely guy, but I used to speak with slang, my English wasn't poor but I couldn't transfer it into formal English. If I went to a job interview, like, now I'm talking to you normal – now - but if I had to speak formal I couldn't do it before. So what he used to do was at lunchtimes take me aside to do presentations for him so that my English improved, my pronunciation improved. And he used to give me a reading list to do, he was a nice guy (...)*

(...) he didn't like us being stagnant or ordinary, he said 'No, you don't have time for that, you guys came from a hard place, to get through life you need to do double what other people are doing' (...). So with that it focuses you again into knowing what you want to do and makes it easier for you to say 'Okay well the whole world is not that bad because there's people like him who are there.

These extracts illustrate the importance of teachers' roles and how one teacher can influence and inspire young people to achieve to the best of their abilities. The participants, who were now in their twenties, spoke warmly of these teachers, who had

made a deep impression on them. In several of the interviews, participants mentioned that they were still in contact with these teachers, illustrating the importance of the support and encouragement provided during their time at school.

Discussion of themes for participants in England

Language-related challenges extending to further difficulties

This was a common theme across interviews, although the type of challenge varied from basic language barriers to the connection between language and culture as well as how different English language abilities within the family led to a shift in roles and responsibilities. This was exemplified through the participant who expressed how he perceived having increased responsibilities because of having to translate for his mother. Children in refugee families may learn the language of the asylum country quicker than their parents, because of the children's contact with native peers in school settings and their exposure to norms and traditions through school (Morantz et al., 2012). This may therefore lead to changes within the family structure and roles (Khanlou et al., 2014, McKenzie et al., 2014). Refugee children may function as the link between the two cultures, and children may be given new responsibilities, such as translating meetings or letters for their parents, or taking on other daily tasks (Shakya et al., 2014). Children's younger age may also lead to an advantage in terms of learning the new language, compared to their parents. Adults affected by traumatic experiences and PTSD have been found to show impaired learning abilities, such as concentration- and verbal memory difficulties (Johnsen & Asbjørnsen, 2008). In summary, these various components may contribute to shifts within the family hierarchy and new roles for the children.

Choosing to succeed

Despite the challenges faced by the participants who were interviewed, which included prejudice and stereotypes from the new society, the participating individuals expressed a conscious choice to face such challenges by not falling into those stereotypes, and by succeeding in their educational choices. The participants expressed that it was possible to reach their goals if they worked hard and put in the necessary effort. This confidence may have been influenced by the teachers and mentors, who provided extra support and encouragement, and who showed a professional and personal interest in helping them during their time at school. Furthermore, the participants expressed a desire to aim high and to achieve their goals, and as one participant explained:

P2 (male): *Your mum needs you more than the next guy's mum does, because your mum has a problem and the only way that you can help her is to help yourself and get better, do something with your life.*

Participants seemed to express a drive to be high achievers, to enable themselves and their families to move beyond the difficulties that had led them to leave their home country. This finding was also observed in the qualitative findings resulting from the interviews with unaccompanied minors, who had resettled in Sweden, discussed in Chapter Three. These participants also expressed a desire to move forward with their lives and to take advantage of all opportunities provided, so that their suffering and loss had not been in vain. The results from the qualitative interviews similarly relate to previous research which has illustrated how education is seen as essential for improving ones chances in the asylum country by both children and adults from families who have experienced forced migration, loss and up-rootedness. Consequently, refugee parents may value education particularly highly (O'Shea et al., 2000), a finding that corresponds to views from refugee children and youth (Hopkins & Hill, 2010; Goodman, 2004; Kohli, 2002). It is important to emphasise that the three participants interviewed in England may not be representative of their larger peer group with the same background. Specifically, high-achieving youth may be more willing to participate in research of this nature compared to less motivated youth, and it is therefore important to be mindful of this potential bias when interpreting the findings.

Gaining strength through social support and encouragement

The importance of social support is an area that has been well-documented within refugee research throughout the last decades (e.g Berthold, 2000; Carswell et al., 2011; Gorst-Unsworth & Goldenberg, 1998; Hodes et al., 2008; Kovacev & Shute, 2004; Lie, 2002). Many years after the participants in this present study had left school, they stressed how some teachers had made an impact on their educational choices and had instilled a strong sense of self-belief in them, as well as a desire to aim high and achieve their goals. The participants had all completed university or college, and the support and encouragement provided by teachers at an early stage of their education, may have influenced their further choices. These findings therefore, stress the crucial roles of teachers, who are some of the professionals that refugee children meet at early stages after their arrival in the asylum country, and who also spend many hours a day with the children and youth. Finally, the support provided by these specific teachers and mentors seemed to offer a contrast to the stereotypical encounters that participants also

experienced, thereby giving participants strength and hope, as expressed by one of the participants (P2) who said,

Okay well the whole world is not that bad because there's people like him who are there.

Findings from participants in Denmark

Based on the transcripts from participants who were interviewed in Denmark, the following themes were developed: *Language-based challenges extending to further difficulties; Integrating two separate worlds into one; Gaining strength through social support and guidance*, and finally, *Seeing, hearing and understanding children's needs*.

Language-based challenges extending to further difficulties

The first challenge that came to mind to participants, related to language and the difficulties associated with feeling insecure due to the lack of Danish language skills. Whereas the participants who were interviewed in England expressed that they had been exposed to the English language prior to arriving in England, the participants who had been resettled in Denmark had not previously had any experience with the Danish language, which may have increased the language-related challenges they experienced.

One of the participants expressed this challenge in the following way -

P3 (female): It was the language; of course I didn't speak Danish at the time. We lived in a small village then, and I was in an integration class, it was not easy to learn this language, suddenly we had to say 'I, you, door, chair' - all these strange little words, but slowly we learned. There were lots of people who helped us, so actually that was fine. The language was the most difficult thing, and the fact that we didn't know this society. I'm from a completely different world. People don't know who I am and I don't know who they are either. We didn't quite understand what was going on in society, it is very different. We have different understandings of what is going on, so it has been a bit difficult to figure out what they (Danes) mean and so forth. What's going on, and things like that. So it was the language and our understanding of things.

Another participant had a similar experience -

P2 (female): In the very beginning it was really difficult for me, the language was so different. I didn't have problems with the English language, because I'd

learnt that in school in Iraq, but the Danish language and school and just the environment, everything was completely different. And it was quite hard to integrate or to get – how can I express this – I went through a very difficult time in the beginning. (...) I was always really scared of saying something in class, I didn't want to say something wrong and I didn't want the others to laugh at me. Even if I knew the answer to the questions asked, I was always shy. I thought I was the only one who felt that way, but most refugees felt like that.

And similarly,

P4 (female): In the beginning, I mean this was from the perspective of a ten-year old, I felt I couldn't learn anything at all. I felt like everything went so slowly, and they were never going to understand me and I was never going to learn this language. So that was frustrating to me, because I couldn't really explain to them who I was, or why I looked like this, or where we came from.

Moreover, one of the participants expressed how she disagreed with the dominant focus on teaching children the Danish language, whilst neglecting other areas which in her view would have been more important initially.

P1 (female): And in school, it was the teachers' job to teach us Danish, but how could they think we were ready to learn Danish? We would have been much faster learners if the other things had been dealt with like psychological support or counselling. To them, all that was important was, teach them Danish and get them into mainstream schools, teach them Danish and get them into mainstream schools – they need an education. But we were far from ready for that.

Integrating two separate worlds into one

The participants spoke of conflicts and challenges they faced because of the differences between their families' cultural background and the general expectations from the asylum country, and how that influenced their sense of identity.

P1 (female): Somehow, society expects you to, I mean back then we thought we were all going back home again, but after it became clear that we were going to stay, it was as if they expected us to be just like them. We had to acculturate and integrate into society – but no one tells you how you do that. How do you do that? What is it they do differently from us?

Another participant, who had been able to travel back to her country of origin, described how she felt as if she was standing in between the two cultures, without really belonging in any of the places.

P2 (female): (...) *now when I go back to Iraq, I'm not like them, I feel like a foreigner, probably because I didn't grow up there. But then when I get back to Denmark, I feel like a foreigner here as well, so I feel foreign in both places. Sometimes I don't know where I belong. Sometimes I feel like I'm just standing in the middle of the two. You don't know whether you belong in Iraq or whether you belong in Denmark.*

P3 (female): (...) *I am the person I am. You come from the place you come from, that's what I think. Inside, I feel I am from Iraq. There is nothing I can do to change that. And I am really happy that I am Iraqi. But as for the Danish society, this is where I live, this is where I study, and where I'll work, so I keep up to date with society here, and I am very happy about everything here. So in a way I am a little bit Danish as well, but inside, I am an Iraqi person.*

One of the participants, who was now working with children, had a suggestion for how to help refugee children develop and integrate the two different cultures in a positive way.

P1 (female): *And something else I do, which maybe the rest of our staff don't do, is that I ask the kids about their background. How do you say hi and goodbye? Ask them about their food or anything. And then I can work so much better with those kids than my colleagues, it just makes such a difference. I don't think everyone will believe me and maybe they don't notice the difference, but I just have a different kind of relationship with those kids and I can work with them in a different way than others; there is not as much resistance as with some of my colleagues. Because I know three words in their language, for instance, or that I remember to say have a good Ramadan. Not many of my colleagues do that.*

Another participant had found that a similar strategy had helped her;

P4 (female): *You can't live two separate lives, you can't do that. And you shouldn't try to do that either. Some people do that. They are themselves at home, but outside the home they may wear different clothes and talk to different friends, I think they are torn, in the end they won't know where they belong. For me it's worked really well to mix the two cultures, but then I've invited*

friends home to my house and they really liked to taste our food and meet my family, and just to see my mum, 'your mum is really young' people here aren't really used to that, that you have a young mum, and it was fun for them to see each other's differences, rather than it being something mysterious – 'I wonder what's happening behind their door' – just invite them home to your house, and then they can see for themselves.

Gaining strength through social support and encouragement

When asked if there was anything that had been particularly helpful during the initial time in Denmark, a common theme was the positive effect of having support in their immediate environment.

P2 (female): Yes, my teacher in the integration / reception class. She helped me a lot, not just with school but with everything; even things that had nothing to do with school. I would speak with her all the time. She was really helpful to me. Even now I still talk to her sometimes, we are still in touch. (...) she really made a big difference. She is the kind of person who helps people from other countries, or foreign children.

And similarly, another participant said,

P1 (female): (...) I really think social workers, teachers and psychologists, psychologists especially, are really, really important for these kids – not only are these kids completely confused about what's going on, they don't know the language, they feel they have lost everything, they miss their friends, miss their families, aunts, uncles, grandparents – everyone – that's the way we are as refugees, we're really tight with our family, not everyone here (in Denmark) is like that, but we are all like that. And there is such a longing for all the people you know and at the same time having seen and experienced things you don't understand as a child.

In addition to the support provided by teachers, one of the participants expressed the crucial role a voluntary mentor had played;

P4 (female): The way I was involved, was not because of any problems or anything, but when I was almost finished with my A-levels, I was really confused about the choices, and my grades and the options I had. I had been a helper in one of these organisations previously, but then I got an adult friend too and we went to cafés and talked, and I met her daughter and her son, and they told me the paths they had chosen and how they had changed degrees at

university without problems, so I found out it was okay to experiment a little bit, you won't lose anything. Even though I feel very well-integrated into society, but even I needed other people to help me with my choices. My parents just said I should choose something I like, because they know I like to read, and in a way it was nice that they didn't force me to do anything, but on the other hand, sometimes you need directions. Nowadays the whole world is open, you can study anything you want, and that makes it hard to make decisions sometimes, so that really helped me. Even people who are doing really well in their daily life can benefit from this. Everyone needs support and advice now and then. I think that has been really helpful.

This participant expressed how the support she had gained from friends and her peer group, as well as her parents' openness to the asylum country, was helpful in terms of integrating and adjusting to the new society;

P4 (female): I think it was mainly friends, and that fact that my parents allowed me to go on school trips and to visit strangers, I mean friends from school, my parents didn't know them and they didn't know their parents, but they let me. Some kids - even today - are not allowed to do those things. There are even lots of girls my age in their twenties, who are not allowed to visit Danish friends, but I was allowed to do all those things. If there was a birthday party or a movie night, I could always participate. I actually think I've been really lucky, both in terms of my environment and my family. That was their goal from the very beginning. My parents had an open mind, they wanted to get out of Iraq and to experience the world - whether they were forced or not, it was still a choice to leave.

Similarly, another participant explained how she felt that individuals from Denmark were unable to understand her background, and how she found security in friends from her native background;

P1 (female): I've been here for a long time, and I love being here, but most of my friends are from Bosnia. That's where I feel safe. They are my safety base, because we're all in the same boat. They have experienced the things I've been through as well. And I have this feeling inside that others will never be able to understand, and they wouldn't. Lots of people are really interested and want to hear about it, but I've come to a place where I don't even want to talk about it, because they don't understand anyway.

And later she added,

You can try day and night, you'll never understand it – and it cannot be explained with words – never. Not even in pictures... it's... it just cannot be explained. That feeling...

These extracts illustrate the importance of social support, both from peers and the immediate environment, but also from teachers and mentors. Professionals such as teachers, psychologists or mentors from outside the family or community, may have particularly important roles to play in helping refugee children and youth navigate in the new country and culture. This does not only seem to apply to education but also to general support and encouragement, thereby helping children to feel accepted. Furthermore, some of the participants expressed how they felt unable to discuss concerns and worries with their parents, and they wanted to encourage professionals working with refugee children to really listen to the children's own perspectives and needs.

Seeing, hearing and understanding children's needs

The theme of *Seeing and hearing children's needs* is closely related to the previous theme *Gaining strength through social support and guidance*. The participants expressed how they would have benefitted from being asked questions about their past, and from truly being seen and heard by professionals, especially during times when they were not able to discuss their worries and concerns with their parents.

P1 (female): *You don't talk to your parents about it, not because you are afraid to or because you don't want to – but somehow you feel they don't know what's going on either, because you see your parents stressed and frustrated and not knowing what's going on. They are worried too, it's not because they are bad parents – we've all had the best parents in the world, parents who wanted only the best for us, but they just didn't have the capacity to help us or to talk with us. They were just so busy with all kinds of other things. Our parents lost their families back home, lost their homes, and then have to live in a tiny room and have to share a toilet and kitchen with other families, and can't afford the things they usually would have and are used to – it's a lot of change to deal with for them. And they just didn't have the capacity to also speak to us and explain to us what was happening.*

P1 (female): *And even if you try to speak to your parents, what I remember is that they would always say: 'That was just a bad dream you had, that didn't happen, you haven't seen dead people, you haven't seen bombs, you have been*

dreaming.’ And actually that worked for me, I believed them. I had just had a bad dream. It worked for me, I wasn’t afraid of it. It was just a dream. Up until the point when we went back to Bosnia, then I realised, ‘it wasn’t just a dream, mum - I’ve been here before’. ‘Oh, well, you’re right’.... And then I was older so we could have the conversation then. And after I got older, they’ve told me everything they went through and what they experienced. For instance that my father was in the concentration camps, I didn’t know that then. I was sixteen or seventeen when I found out. But I know he only hid it from me to save me, he didn’t want to hurt me by telling me.

In these extracts, the participant expressed how she sought to protect her parents from further distress by not asking questions or reminding them of the war or what they had experienced. At the same time, the extracts shed light on the coping mechanism parents in this family used to deal with their grief, by denying what had happened and by actively encouraging children to push the memories away.

Similarly, the same participant expressed how she had experienced that professionals, such as teachers, lacked an understanding of the refugee children’s’ past, background and troubling experiences:

P1 (female): Or another example which is just small, but the professionals never thought about that then, but they should have, is when they test the sirens each year in May. Anyway, we were in school this day and we are what eight or nine Bosnian kids in the classroom – refugees – in one classroom. We’ve all seen war. The sirens go, no one told us in advance. What do you think happened? We were under the tables and inside the closet within no time and the teachers were like: ‘what are you doing, come out of there’. We remembered from back then, if you hear a siren, it’s down, hide as quick as you can – you know? It’s a little thing, just a ridiculous everyday thing – if they had just warned us and said it was not dangerous... How easy it would have been for them. (...) Little things like that; there were loads of things like that. Like toys, there was plastic guns and bombs and things – damn it – what were they thinking? Right?

Another participant spoke about the importance of professionals having an understanding of the background the refugee children had come from;

P3 (female): (...) I think that it would be a massive help for these children, if the adults and professionals know about their background and their situation that

they're in, that they realise these are not just typical kindergarten or preschool children, but that they have actually experienced things like war and that these children are used to a completely different society. I think that is the most important thing. It could be a huge help for these children.

And similarly,

P1 (female): *It's bad enough that you've just come from war and lost everything, but then things like that just add to it and make you sad and angry. You're just not taken seriously, or listened to, far from it. It would have been so super cool if some of the teachers or staff had asked us kids, 'so what was it like there' or 'could you draw something from your country', and just to show a bit of interest.*

The extracts above illustrate how participants felt they could have benefited if professionals had shown a better understanding of the context and culture from which they had come. Several participants gave their view on how refugee children could be supported in such situations, with a focus on really listening to the children and acknowledging and valuing their opinions and different perspectives.

P3 (female): *Listen to the children. Listen to what they have to say. Children are able to express themselves and tell their stories if they feel comfortable and if they really want to speak to the person sitting across from them. These children may have good stories or good plans for the future and what they want to achieve in life, and if you know them, then you help them achieve those goals. If you know about their dreams for the future, you are better able to guide and support them down that path and help them make the right decisions.*

Finally, one of the participants spoke of the need to be patient, by listening to the children's needs and by following the pace of the individual child. In accordance to what other participants expressed, she emphasised the importance of *understanding* and *patience* from professionals;

P3 (female): *But if they understand each other, it will help the children understand the new society as well. So that children themselves decide when they are ready to speak Danish and make friends with people from other cultures, rather than being forced to speak the language, being forced to go to a Danish school - the whole process should be calm and relaxed, because this is the child's future that is at stake. It is not a machine that can be programmed; things have to develop slowly step by step.*

Discussion of themes for Danish participants

Language-based challenges extending to further difficulties

The participants who were living in Denmark expressed that the initial challenges faced were associated with lack of Danish language abilities. Language-related challenges led to other difficulties, such as feeling insecure, being unable to explain why they had arrived in Denmark and what they had experienced, as well as difficulties understanding the culture and social norms in the new country and society. The participants, however, also expressed that they felt there had been too much emphasis on learning the Danish language, and on pressuring children to learn while they were unable to learn, as they had not yet found stability in the new country. Intuitively, it seems important to prioritise teaching refugee children the language spoken in the asylum country so that they can attend school and integrate. As emphasised by the participants, however, it is equally important to try to understand the context and conflicts the children have just come from, and to enable children to talk about their home country, and also to listen to their worries and concerns.

From the findings presented here, it seems clear that there is a conflict or tension between what children, teachers, and mental health professionals such as psychologists, focus on. Teachers are likely to focus on academic aspects, learning and language and to seek to avoid distressing the child by asking questions which could potentially lead to upsetting the child. Psychologists, on the other hand, are more likely to focus on social and emotional aspects. Parents may discourage their children from talking about the past due to their own mourning and loss (e.g. Almqvist & Hwang, 1999) and it is therefore important that children are provided with opportunities to talk to caring and professional adults, when and if they need this. At the same time, however, the pace for each individual child will differ and it seems important to advocate for a less hurried approach, one that takes the individual child into consideration, rather than a more rushed and general approach as described by participants in the present context.

Integrating two separate worlds into one

In addition to language difficulties and the barriers created by not feeling understood and not understanding, participants spoke of conflicts and challenges they faced because of the differences between their families' background and the expectations from the resettlement country. Participants spoke of the difficulties they had experienced in integrating the two different cultures, and about the problems that can develop in

families. As a solution to the clash or division experienced between the two cultures, participants spoke about the need for openness. For instance, the positive effect of inviting native peers from the resettlement country into the refugee families' homes, as well as the importance of people from the asylum country showing an interest in the refugee children's culture and background.

Again, professionals working with refugee children can have profound influences in regards to facilitating a deeper understanding of cultural variations, by enabling refugee children to speak about the culture, traditions and other aspects of their native country. This might help refugee children to keep a positive connection to their cultural heritage, and may also teach the native children in the asylum countries about these cultures, thereby contributing to a greater understanding of refugee children's backgrounds. Establishing a link between the past and present, and refugee's native culture and the resettlement country, is important in order to facilitate integration of the two cultures, and to thereby contribute to adjustment and positive development. This connection has been highlighted through clinical work with refugees (e.g. Schwartz & Melzak, 2005; Koch & Weidinger-von der Recke, 2009), however, this point also seems important to consider from a more general, social and developmental perspective when working with refugee children and youth.

Gaining strength through social support and encouragement

The importance of social support and guidance, both in the form of educational advice from teachers and mentors, as well as broader support from peer groups, was stressed by the participants. Participants expressed how they valued the advice, time and guidance provided by teachers and mentors in terms of helping the children and youth make decisions that would affect the rest of their lives. Participants highlighted that their own parents were not in a position to guide them in this way, as they could not navigate in the new society's educational system. Participants, however, also expressed how they relied on family and community support, and the security this provided. Finally, friends and peer groups were highlighted as an important means of social support. In summary, it was positive to find that a range of people within the children's social worlds had provided guidance, encouragement and support, although the participants also had suggestions for areas that were in need of improvement.

As illustrated by the extracts above, refugee children may seek to protect their parents from further distress, by not asking questions about the difficulties they are

experiencing, the conflict in their native country, or the reasons that led the family to flee. This finding has previously been reported in refugee children in Sweden (e.g. Almqvist & Hwang, 1999) and Syrian adolescents (Hassan et al., 2015). The roles of professionals in the child's immediate environment, such as teachers, psychologists or mentors from outside the family or community, can take over the important role of listening to children when their parents are unable to face such discussions. Thus, in addition to guidance and advice necessary for refugee children to learn about the asylum country, professionals may also be able to provide a supportive role in enabling children to speak freely about their thoughts, concerns or anxieties. The participants in this sample encouraged professionals working with refugee children to really listen to the children's voices and to make an effort to understand, see and hear their needs.

Although it is important that professionals do not force refugee children to speak about their own or their family's past experiences, it is equally important to highlight that children may not readily or spontaneously voice their anxieties or concerns unless they are provided with an explicit opportunity to do so. Children may experience shame, worry about stigmatisation, choose not to disclose information because of cultural expectations or norms, or because they do not believe that adults will listen to or believe their stories. It is therefore important that professionals are sensitive to refugee children's individual stages of development and adaptation, and that a supportive environment is facilitated where children feel secure enough to discuss difficult issues.

In a systematic review of the literature on patterns of communication styles in refugee families, Dalgaard and Montgomery (2015) concluded that a modulated approach to the disclosure of refugee parents' traumatic experiences from the past was associated with positive adjustment in their children. A modulated approach was described as being sensitive to the timing and manner in which the parents' traumatising experiences were disclosed to their children, rather than focusing on disclosure or silencing as such (Dalgaard & Montgomery, 2015). It is therefore possible that a modulated approach, which takes the child's stage of development and level of adjustment in the asylum country into account, is the best way forward when seeking to support refugee children. The modulated approach may not be restricted to talking to children about the parents' past experiences. School settings have unique possibilities for providing a context for such interactions to occur, and teachers may therefore have particularly important roles to play.

Understanding, seeing and hearing children's needs

As mentioned in the section above, the participants expressed how they felt they would have benefitted from being asked questions about their past, and from truly being seen and heard by professionals, especially during times when they were not able to discuss their worries and concerns with their parents. Participants voiced that they had felt there had been too much focus on integration into the new society by focusing the Danish language, and that professionals had not shown an interest in their background, culture or traditions.

As exemplified through the extracts presented above, successful coping and meaning-making seems to be affected by the individuals' ability to integrate the various parts of his or her background into one whole. Successful coping and meaning-making may also rely on bridging experiences within the different social contexts that children find themselves in, such as the family, peer group and the school. The potential discrepancy expressed by the participant in the extract below underpins the potential value of the PCT method, and seeking to understand constructs in relation to various different aspects of the social world.

As expressed by one of the participants,

P4 (female): *"You can't live two separate lives, you can't do that. And you shouldn't try to do that either".*

In the interviews, a common response from participants was that they had felt unable to share their thoughts and worries with their families as well as professionals, due to a desire not to distress their families further, or due to perceived lack of understanding from the outside world. This finding is relevant in relation to the first research question: *How do asylum seeking and refugee individuals understand and make sense of their experiences in European societies and how can these societies best support asylum-seeking and refugee individuals?*

It seems possible that parents as well as professionals overlooked, or in some cases disregarded the children's needs to discuss their worries and concerns, as a coping mechanism to protect themselves. Montgomery and colleagues (1992) found that children in refugee families who were able to discuss their past traumatic experiences openly, presented with fewer symptoms of emotional instability. Similarly, children

have been found to experience difficulties when discussing traumatising memories or events with their family is not possible (Dyregrov et al., 2002).

Research has moreover illustrated that some children express that they do not wish to cause further distress to their parents by talking about the negative events of the past. Other examples involve parents who advise their children to forget about the past, or who discourage their children from talking about trauma related memories directly or indirectly (Almqvist & Hwang, 1999; Dyregrov et al., 2002). This may not only apply to parents dealing with the aftermath of potentially traumatising experiences and forced migration, but similarly, professionals may have found children's experiences too painful to deal with. Finally, teachers may be motivated to avoid distressing the child in order to focus on academic work, and time should therefore be set aside in school settings where other professionals can address such issues in a sensitive and competent way. Some initiatives that have been conducted within school settings are discussed in further detail in the next chapter.

There is a need for professionals and researchers working with refugees to be cautious not to contribute to ignoring and neglecting the adverse factors that force individuals to leave their country of origin. Ignoring or neglecting the effects of adversity may partly arise because of collective guilt about the unbearable suffering refugees experience (Dyregrov et al., 2002). By not addressing, recognising and acknowledging the suffering experienced by refugee families and children, researchers and professionals contribute to undermining their experiences, and it is imperative for refugee children's development that they are provided with an opportunity to talk about issues and questions that may arise after forced migration. Professionals working with refugee children who have recently arrived to asylum countries should be aware of issues that can arise for these children, and appropriately trained adults need to be available to talk to children when and if the need arises.

Summary of findings from England and Denmark

The seven participants interviewed for this study all mentioned initial language barriers or problems which related to language, communication difficulties or language as part of culture, when asked about the first months and years in the new country. Some challenges that differed for the two groups included feeling stigmatised by stereotypical and racist comments for individuals in England, and challenges related to integrating two different cultures into one integrated whole for participants in Denmark.

Participants interviewed in Denmark spoke about the challenges they experienced in terms of their identity, and expressed that they felt part refugee (from their parents' country of origin) and part Danish. As one of the female refugees said:

P1 (female): *It is a sense of confusion in your mind – no-man's-lands. That's what I usually say, that's where I belong. And what I am? I don't know. I am Bosnian but I live in Denmark, am I Danish or Bosnian? I'm neither of the two. I see myself most like a Dane, but in lots of contexts I don't feel accepted in the same way as others.*

Another common theme that was found across the two contexts was the emphasis on the crucial role of social support, encouragement and guidance from teachers and mentors, as well as more general social support provided by friends, peers and family members. Providing refugee individuals with opportunities to create meaningful, close social relationships seems to be of central importance for positive adaptation and for increasing well-being (e.g Berthold, 2000; Carswell et al., 2011; Gorst-Unsworth & Goldenberg, 1998; Hodes et al., 2008; Kovacev & Shute, 2004; Lie, 2002). Providing opportunities for social relationships to develop is likely to influence further aspects that were found to be important in these interviews, such as feeling understood, seen and heard, and increasing the chance of integrating the two cultures into their life and identity.

The findings discussed above lead to the conclusion that providing opportunities for meaningful relationships to develop, regardless of the variations that are an inherent aspect of refugee experiences, is a protective factor that should be considered carefully. Enabling opportunities for social relationships to develop should be encouraged when working to improve the well-being for asylum-seeking and refugee individuals and may therefore be an aspect that is particularly important to consider when planning intervention and support for such groups. This finding seems particularly important in relation to the first research question: *How do asylum seeking and refugee individuals understand and make sense of their experiences in European societies and how can these societies best support asylum-seeking and refugee individuals?*

Concluding remarks and reflections

When assessing the findings from the interviews with adults who had arrived in Sweden as unaccompanied minors from Afghanistan (Chapter Three), findings from the unaccompanied and refugee youth in England (Chapter Four), the participants whose

parents were refugees (Chapter Five) and the findings presented in this current chapter, there is one consistent finding: namely that of social support and social connectedness. Despite the diversity in national and cultural heritage, whether or not participants were accompanied by family members, the reasons for families to flee their country of origin, or the different nature and duration of journeys, the importance of social support and establishing meaningful relationships in the new society was a common finding across the studies. This is therefore a key finding, when considering the first research question.

Based on the findings indicating the importance of social support, methods based on PCT may be helpful in exploring social issues further. As expressed by participants in the present study as well as the previous study (Chapter Five) refugee children, and children of refugees, may experience challenges in construing meaning across two cultural contexts. Methods based on PCT may be particularly valuable in identifying constructs of meaning in relation to these different contexts, which could provide information that could be used in intervention and support strategies.

Due to the relatively small number of participants in this study and their individual differences, the findings cannot be generalised to all refugee individuals. As mentioned earlier, it is possible that individuals who are motivated to take part in research are more likely to be high achievers and to be individuals who have the personal resources necessary to discuss personal needs and experiences with a researcher. Asylum-seeking and refugee individuals with fewer personal resources, or difficulties that hinder participation, such as language barriers or suspicion due to earlier negative experiences with interview situations, may be less motivated to take part in research. Consequently, the individuals who suffer the most may not participate in research, and researchers may be likely to make contact with more resourceful individuals, thereby leaving the voices and stories of the most vulnerable individuals unheard.

In conclusion, these findings offer an interpretation of interviews with a group of four female adult participants from Iraq or Bosnia, who had arrived in Denmark when they were aged eight, nine, ten and twelve, and two male participants and one female participant from Somalia, who had arrived in England when they were four, eight and thirteen. Without doubt, interviews may have differed if another researcher had conducted them and if the context had been different. It is unavoidable that the participants in this study chose to reveal some experiences, needs and opinions whilst withholding other information. Similarly, the analysis carried out included the themes

that I judged to be most prominent in the data, meaning that the full data set could not be presented. Nevertheless, some experiences expressed by participants in the two different contexts included in this study, such as the importance of social support, resemble the refugee experiences and difficulties that have been expressed by broader groups of refugees and asylum-seeking individuals.

This chapter concludes with a quote from one of the interviews with a female participant from Bosnia, who was interviewed in Denmark.

P1(female): If you just listen to the child, and listen to what they have to say, just ask them – and you could have saved a lot of time and even money in the long term. If they had only asked the kids what it was they were thinking about and worrying about.

This quote above echoes the sentiment expressed by Kelly in the opening line of this chapter and indicates that researchers should continue to listen to the voices of children, youth and adults when seeking to improve their conditions, experiences and well-being.

Chapter Seven - Children's Experiences of their Social World - an exploration of personal constructs in refugee and Danish children

"The host countries have a responsibility, not only to receive the refugees, but to facilitate and support strategies to improve their future adaptation" (Almqvist & Hwang, 1999 p.186).

When asylum-seeking individuals arrive in European host-societies, the help required does not only apply to adults, but extends to their children as well. Research findings suggest that children born in their parents' native country, as well as children born in asylum countries, may be in need of specialised support and intervention. As illustrated by findings in the previous chapter, refugee children accompanied by their parents and families may need special attention, including the school setting.

Refugee children and support from their immediate environment

As close social relationships, with parents in particular, provide one of the most important protective factors for children in families affected by trauma and war (e.g. Derluyn & Broekaert, 2007; Fonagy et al., 1994; Macksoud & Aber, 1996; Punamaki, et al., 2001, Tol et al., 2013), it can become problematic when children feel unable to share their worries and concerns with their parents. In situations where refugee children are unable to voice distress or anxieties to their parents, because children may not wish to add further worry to their parents' situation, the roles of professionals within the child's immediate environment become vital. Professionals may be able to provide the support these children need by listening to the children's concerns, and when appropriate, by providing advice, guidance and specialised intervention. School settings have unique possibilities as teachers spend a lot of time with pupils on a daily basis. Trusting relationships can develop, and refugee children may benefit from teachers who are willing to listen, who provide support and who encourage the children to succeed in life and to develop their full potential. This was highlighted as one of the most important means of support by participants in Chapter Six, which involved refugee adults who had arrived in Denmark or England as part of refugee programmes or as asylum-seekers, accompanied by family or relatives. According to the extracts, teachers were found to play an important and supportive role for the participants' educational choices and their self-belief in relation to education and personal achievements.

Some children of traumatised parents have been found to show PTSD-related symptoms, and to score significantly lower on the pro-social subscale of the Strengths and Difficulties Questionnaire compared to children who had not developed PTSD-related symptoms (Daud et al., 2008). These findings could be taken to suggest that a supportive social environment and/or children's social competences are important factors in promoting resilience. Therefore, facilitating social support may be an area in which prevention and intervention initiatives can contribute to the well-being of refugee children. The intervention presented in this chapter was designed to focus on children's social competences and on creating a supportive environment.

Parents' and children's coping strategies

As previous chapters have illustrated, there are a variety of difficulties that refugee families may face after arriving in the host-society. Almqvist and Hwang (1999) explored the specific coping strategies that Iranian refugee children and their parents used in the Swedish host-society. Through interviews and qualitative analyses, children's coping mechanisms were found to include games relating to the war, active competition, positive thinking, daydreaming, social withdrawal, and fighting back against racism or bullying. Parents were found to use strategies such as denial or reconstructing their life in the best way possible, for instance by focussing on getting a job or on extending the family in the new country. Almqvist and Hwang (1999) interviewed twenty-nine boys and ten girls between four and seven years of age from Iran who had lived with their families in Sweden for an average of three and a half years. Parents were categorised into one of three categories: *Assimilation* included those parents who focused on moving away from their own culture, perhaps as a way of integrating and making the transition easier for the children. *Integration* described parents who aimed to maintain some of their cultural values and norms, but also to integrate into the new society. Finally, *Separation* was the category given to describe parents who intended to maintain their own cultural identity and values.

The child coping strategies in Almqvist and Hwang's (1999) study were found to include 'positive thinking' and 'daydreaming', which in some cases resulted in children making up stories about wonderful holidays and plans for the future. Children who were bullied and did not have friends in school were found to use coping strategies based on social withdrawal more than children who had friends, who in some cases expressed fighting back against bullying as a coping strategy. Approximately a third of the Iranian

refugee children expressed that they would prefer to be Swedish, and some children had even changed their names and asked their parents to dye their hair blond in order to be more like Swedish children. The parents who were found to support children's assimilation were parents of boys, and expressed that this particular coping style was justifiable, whereas parents of girls focused more on the importance of their girls remaining Iranian.

The majority of parents in Almqvist and Hwang's (1999) study expressed that *integration* was their desired form of acculturation, followed by eight families who aimed to remain *assimilated*, whereas five families described coping strategies that reflected *separation*. This latter group also expressed a strong desire to return to Iran. One might speculate that parents' desire to integrate, in the light of the finding that children adapted and learned how to interact in the host-society faster, might lead to some degree of role-reversal in these families. The finding that parents who employed the *separation strategy* also expressed a desire to return to their country of origin, may be related to the finding observed in the study presented in Chapter Five where males, who distanced themselves more from the British society compared to the girls, also expressed a desire to return to their parents' country of origin. The girls in that study however, expressed a desire to stay in England, and seemed to employ *integration* or *assimilation* strategies, rather than the separation strategy. Finally, the finding from Almqvist and Hwang's study (1999) that children integrated faster than their parents, can be seen in relation to findings from Chapters Five and Six, where participants described some challenges in relation to cultural clashes between themselves and their parents.

School settings

The present study took part in a school context, and schools may have specific opportunities for supporting refugee children. Montgomery (2008) found that more schools attended by refugee children in Denmark predicted externalising behaviour. She argued that children who are moved from school to school are less likely to have opportunities to form close relationships with peers and caring adults, and that frequent moves could lead to detrimental effects on children's development, well-being and education. It has also been argued that the school setting is an optimal context for providing intervention or counselling to children and adolescents (Truneckova & Viney, 2007).

Schools have unique possibilities for working toward the prevention of discrimination as well as providing interventions to support positive adjustment and development for refugee children (e.g. Durà-Vilà et al., 2012; Fazel & Stein, 2003; Hodes, 2000; O’Shea et al., 2000, Masten, 2014). Schools should aim to be a secure and non-stigmatising environment in which children feel safe. Whereas refugee parents may not accept a referral for their child to attend a mental health service, they may be more likely to agree to school-based services, due to the less stigmatising nature of such a setting (Fazel & Stein, 2003; Hodes, 2000). School-based services often have links to further mental health settings, so that additional steps could be introduced slowly and sensitively, if necessary (Hodes, 2000). Schools may therefore provide ideal opportunities for links between clinicians, teachers and parents (Fazel & Stein, 2003). Similarly, teachers may be able to play an important role in identifying children who are in need of support, and thus make referrals to specialised treatment providers (Durà-Vilà et al., 2012; O’Shea et al., 2000).

Research in school settings

In the following, some research contributions in which researchers, teachers and schools have worked together will be reviewed.

Psychological disturbances in refugee and asylum-seeking children were assessed by Fazel and Stein (2003) in six school settings in Oxford, UK. Teacher-completed versions of the *Strengths and Difficulties Questionnaire* (SDQ; Goodman, 1997) were filled out by teachers with respect to 101 refugee and asylum-seeking pupils. Furthermore, two control groups, matched on age and sex, consisting of migrant children and native British pupils were included in the study. In total, 303 children, including experimental and control groups, took part. Participants were categorised into three age groups - five to nine, ten to thirteen, and fourteen to nineteen years of age. Findings revealed that more than a quarter of the refugee and asylum-seeking children and youth had significant psychological disturbances, higher than that of both the control groups. High scores reflecting psychological disturbances were similarly obtained when teachers assessed refugee children on the teacher-completed *Strengths and Difficulties Questionnaire* (SDQ) as part of a school-based refugee mental health service in London (O’Shea et al., 2000). These findings illustrate the difficulties and potential mental health risks that refugee and asylum-seeking children may experience.

Furthermore, the findings emphasise the need for researchers and teachers to work together to support these children.

Seeking to support refugee children who were not being seen by clinical teams elsewhere, a school-based mental health service was developed for refugee children in London (O'Shea et al., 2000). Teachers in the junior school identified fourteen refugee children who they felt would benefit from the expert support before clinical interviews with these children and their parents were carried out. Moreover, the referring teachers completed the teacher-rated SDQ for each pupil before and after the intervention. The service provided included various different modalities of intervention, such as family therapy, cognitive therapy focusing on loss and psychological debriefing via discussion and artwork. The overall stress score on the SDQ at pre-intervention was available for twelve pupils, with a mean score of 19.92, which is in the clinical and abnormal range. On average, children attended 5.5 sessions (range 0-11) of the intervention judged to be most suited for the individual. After taking part in these sessions, pre and post SDQ scores were only available for seven children, however, the SDQ mean score for this sub-group improved from 21.3 to 15.7. These scores indicate that the children went from scoring within the *clinical and abnormal* range to scoring within a range classified as *borderline normal*. Despite the fact that this was a small-scale study, the positive impact of a relatively brief intervention in a school setting is impressive.

Another example of a school-based mental health service was provided by Fazel, Doll and Stein (2009) in Oxford, UK. The school-based mental health service was set up as a consultation service that aimed to help staff and pupils at various different schools. Weekly consultations with key workers and teachers were provided by the clinical team. A variety of services were offered depending on the individual needs, such as family work with or without the child, individual psychodynamic supportive therapy, or group work for the children, youth or their parents.. The school-based mental health service was found to provide support both directly to participants seen by the clinical team, indirectly by enhancing teachers' understanding of the difficulties children were experiencing, as well as by providing support to teachers. Thus, the findings illustrated that children who were directly involved in the intervention improved, as well as indicating indirect effects of children who were not part of the intervention. The authors speculated that this finding was due to the increased awareness of multicultural perspectives in the school (Fazel et al., 2009).

As demonstrated in the previous section, the school context provides an excellent opportunity for working with prevention and intervention initiatives for refugee groups. Children are familiar with the school setting; teachers are well-known to the children, and teachers have an overview of the individual child in a social and academic context. Similarly, teachers have the opportunity to engage with parents and to invite them to the school for meetings and discussions, and in some cases, teachers have a good understanding of the families' backgrounds. In research contexts, schools moreover provide opportunities for comparing various groups, for instance a refugee sample with a native sample of children living in the same area with similar educational inputs. An important limitation of working in a school setting, rather than a clinical or therapeutic context, however, involves the difficulty in assessing accurate and confidential information about parents' backgrounds, or carrying out interviews with the parents. Summarising, school-based mental health services have unique possibilities for reaching refugee populations who may not otherwise access mental health services (O'Shea et al., 2000), although there are also limitations. This implies that school-based mental health initiatives may be an important way to support refugee children, and that this is an area which deserves further attention.

As the research examples above have illustrated, quantitative measures are highly valuable in providing information about normal versus abnormal development, symptoms and potential psychopathology, however, they do not shed light on children's own experiences of their situation or the intervention they are receiving. Therefore, qualitative approaches, such as the PCT method, may be able to add to our understanding of asylum-seeking and refugee children's situations.

Personal Construct Theory and method

As outlined in Chapter Two, George Kelly's Personal Construct Theory (1955/1991) claims that individuals develop personal constructs of the world in order to make sense of their surroundings and to anticipate events. Asylum-seeking and refugee children must learn to navigate in different cultures, the family's culture as well as the asylum country's culture, which may create challenges for children in their different settings, such as their home and the school setting. Methods based on PCT may be able to shed light on some of the challenges children face in such situations.

Personal constructs provide a window into how people experience the world (Banister et al., 1994; Kelly, 1955/1991), and are thereby an indirect way of accessing patterns of

meaning-making. Importantly, each participant is seen as the expert and as an active agent in construing meaning in their life. According to the PCT perspective, people do not simply react to their environment; instead, individuals are active in creating meaning, thereby shaping their understanding of the world (Thomas, Butler, Hare & Green, 2011). Consequently, this approach implies that individuals have the ability to change through the way in which they construe experiences and events, thereby incorporating a level of empowerment (Banister et al., 1994), which is particularly important when working with refugee and asylum-seeking individuals (Block et al., 2012). Changing constructs related to one's own situation and expectations about the future may lead to increased empowerment.

Based on findings from the exploratory study in Chapter Six, the PCT method, with a focus on the social world, was chosen for this study. In order to provide answers to research question two: *Can George Kelly's Personal Construct Theory (PCT) be used effectively as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals?*, the present study included children, thereby exploring the value of the method in another setting and context. The adapted PCT method, focussing primarily on qualitative data, was chosen in this present context because it avoids preconceptions about the ways in which individuals understand and respond to their situations, which is particularly important when working with children from various nationalities and cultures.

The adapted PCT method was expected to lead to information about individual constructs, without asking too direct or overwhelming questions. In this way, the method minimises the imposition of externally derived questions and influences from the researcher. Data resulting from this method were expected to be condensed, by cutting directly to participating children's meaning-making processes. As children may not always be able to maintain concentration for extended periods of time in lengthy research assessments (Miller, 2000), the relatively short duration of time that the adapted PCT method requires, was seen as an advantage in the present context. In the following section, some of the ways in which PCT methods and interventions have been applied, when working with children and youth, are outlined before moving on to the present study.

PCT counselling and methods with children and youths

As the examples in the following sections illustrate, variations of PCT methods and interventions have been applied to children and youth in numerous settings. This is likely to be because of the flexibility of the approach, and because methods can be visual and practical.

In addition to using PCT methods for evaluative purposes or assessments, methods based on PCT have also been applied in combination with counselling or interventions. One such study sought to evaluate the effect of an intervention based on personal construct group work with troubled adolescents (Truneckova & Viney, 2007). In this study, youth aged between twelve and fifteen years took part in a ten sessions of personal construct group work in their school setting. Based on repertory grids using constructs that were pre-chosen by the researchers as well as a self-categorisation measure, the authors concluded that the youth used more interpersonal themes, and more abstract construing, after the intervention. Further, the troubled youth were found to engage in less disruptive behaviour at home and in school after taking part in the intervention, as reported by parents, teachers and youth themselves.

Another example of a personal construct counselling approach was provided in a case study of a girl who was grieving the death of her father (Truneckova & Viney, 2006). The five-year old girl received nineteen weekly sessions of counselling during school with the overall aim of 'making things better'. In this example however, the effect of therapy was not measured. Nevertheless, these examples illustrate the variety of ways in which personal construct theory has been implemented.

As discussed in Chapter Two, data and findings from PCT methods have been analysed in quantitative as well as qualitative ways. In the UK, Thomas, Butler, Hare and Green (2011) conducted a qualitative study using personal construct theory to explore the self-images of children and youth, aged eleven to nineteen, with learning disabilities. Four different methods of construct elicitation were applied, two of which were verbal (describing oneself and describing oneself from the perspective of someone else) and two of which were categorised as visual (commenting on a picture and drawing a picture). Based on these methods, children's and adolescents' self-constructs were identified before being analysed based on a thematic analysis, leading to nine themes created from the participants' constructs: 1) *Social*, 2) *Emotional*, 3) *Moral Judgement*, 4) *Normality and Difference*, 5) *Physical Appearance*, 6) *Maturity*, 7) *Activities*,

Interests and Possessions, 8) *Trying at School* and 9) *Miscellaneous*. The most common constructs elicited were *Social* and *Emotional*, indicating the importance of social and emotional aspects of these children and youths' understanding and construction of their self-images.

Pilot of the PCT method with children

Before carrying out the study presented in this chapter, a pilot study was conducted with seven children whose parents were refugees, using the adapted PCT method. The children included five girls and two boys, between eight and sixteen years of age. Their parent(s) had received treatment in rehabilitation centre for traumatised refugees in Denmark. The pilot study aimed to explore the value of the PCT method with younger participants, and the resulting data led to the identification of personal constructs that these children used to make sense of social functioning. The method accessed participants' constructs and thereby provided access to the participating children's meaning-making processes. The format of the assessment, such as using cards created by the individual participant as well as the structure of questions, were found to be useful components of the adapted PCT method. In summary, the method was judged to be suitable for children due to its game-like nature.

Findings from the pilot study illustrated that these children tended to focus on the positive aspects of their social world rather than negative ones, and moreover, the participants placed great emphasis on the importance of friendships and on showing care and concern for others. More specifically, two main themes were developed: *Focusing on the positive aspects of the social world*, and *Friendships and Concern for Others*, which correspond to findings obtained from the studies described in Chapter Three, Four and Five. Across all the groups assessed, regardless of age group, nationality or asylum country, the importance of friendships, social support, trust, people who were like a family, and people who participants could have fun with, were mentioned.

The present study

As the previous chapters and present literature review have illustrated, challenges are not only seen in the individuals who have made the journey to a European country, or have sought asylum in a Western society, but also extend to their children, including children born in the asylum country.

The present study therefore included refugee children who had fled to Denmark with their parents as well as children born in Denmark with refugee parents. More specifically, the PCT method was carried out to explore the children's understanding of their social world. The context in which these interviews and assessments were carried out was as part of a school-based intervention for refugee children in Denmark organised by a clinical organisation for refugees affected by trauma.

Referring back to the main research question of how asylum-seeking and refugee individuals understand and make sense of their experiences in European societies and how the respective societies can support these individuals in the most effective ways, the present study aimed to include another participant group, that is, younger children in a school setting. Likewise, as the secondary aim of the research programme was to determine the value of using the adapted PCT method to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals, the present study included refugee children as well as children of refugee parents, thereby adding to the scope and variety of this research programme.

The intervention – NUSSA

The intervention, called NUSSA (Neuro-affective Developmental Structured Social Activity), was developed by the Danish trauma rehabilitation centre *Afdeling for Traume- og Torturoverlevende Vejle*, and was carried out in collaboration with four schools in Varde in Denmark. I was not involved in the development or implementation of the NUSSA intervention, but was invited to collaborate with the team on the pre and post assessment interviews and evaluations. A brief introduction to the intervention is provided below in order to contextualise the findings discussed later in the chapter. However, as I was not involved in designing, planning or implementing the intervention, the intervention and the manual are not described in depth. For further details please contact *Afdeling for Traume- og Torturoverlevende Vejle* in Denmark.¹

The theoretical underpinnings of the intervention were based on Attachment-based theories (e.g. Fonagy & Target, 2003; Stern, 2004), neuropsychology (e.g. Schore, 2001, Schore, 2002), and trauma research (e.g. van der Kolk & Fisler, 1994; van der Kolk & McFarlane, 1996). The intervention focused on the following areas: teaching children to understand their own and others' emotions and actions, practicing taking

¹ <http://www.traumeogtorturoverlevende.dk/wm402611>

others' perspective, emotion regulation and facilitating positive interactions, and encouraging friendships to develop. The group intervention was moreover based on play (Vygotsky, 1978) and music. The intervention included eighteen sessions, which were carried out over the course of two months. Each of the sessions followed the same structure with an introduction, reminding the participants of the groups' rules about how to treat others and the need for confidentiality, a *central activity* that varied for each session, an activity which involved collaboration between members of the group and finally, rounding off and ending the session together. This structure was an important part of the intervention and did not vary. Music was played in the beginning of each session, art therapy was incorporated into the sessions and relaxation exercises were carried out at the end of sessions.

Evaluation measures

The developing team in Denmark made a decision to include the *Reading the Mind in the Eyes* (RME; Baron-Cohen, Wheelwright, Spong, Scahill & Lawson, 2001) measure, based on findings from their centre, where adult refugee clients with PTSD were found to show lower scores on the RME compared to a refugee control group without PTSD and a native Danish control group (Schmidt & Zachariae, 2009) as well as the *Strengths and Difficulties Questionnaire* (SDQ; Goodman, 1997). As part of the pre- and post evaluations of pupils, I was provided with an opportunity to include the adapted PCT method. I therefore interviewed the children individually in the schools and carried out all three measures before and after the intervention, transcribed the PCT audio-recordings, analysed the data and wrote a report about the findings. Only the PCT findings will be presented in this chapter, due to the specific focus of this research programme.

Method

Participants

Participants comprised refugee children who had arrived in Denmark with their families (as in the study presented in Chapter Six) as well as children born in Denmark, whose parents were refugees (as in the study presented in Chapter Five). For simplicity, *refugee children* will be used in this chapter. Four schools, which were all combined primary and secondary schools, were chosen for the intervention. In the particular area in Denmark where the schools are located, a number of refugees have been resettled in the past decade, as part of United Nations programmes. Because parents were not

assessed, it was not possible to include any information about parental trauma or potential diagnoses of PTSD or other mental health issues. The children who were invited to take part in the school-based intervention were selected by the teachers in each of the four schools; and they were therefore not a representative sample of the children from the school.

Participating children were between the ages of six to twelve years. They were only asked which country they had been born in, in order to establish whether they had arrived with their parents or whether they were born in Denmark. Furthermore, a group of native Danish children were invited to complete the PCT assessment, in order to make comparisons between these native Danish children and the intervention group. The native Danish children were from the same schools as the intervention group, and had the same age range; however, they did not take part in the intervention. The developers and organisers of the intervention (*Varde kommune* and ATT) informed teachers that this initiative was intended for refugee children, who experienced difficulties in academic aspects of school, or who had social and emotional problems that led to personal challenges. Teachers identified and selected participants on this basis.

As outlined in the introduction, refugees have been found to have experienced great adversity, including a large number of traumatic events (i.e. Carswell, et al. 2011; Marshall et al., 2005; Mollica et al., 1999; Sinnerbrink et al., 1997). The children who took part in the present study were from refugee families who had been granted United Nations Refugee Status. Had families not originated from countries where there was ongoing war, political conflicts and human rights violations, the families would not have been brought to Denmark as part of a refugee programme. It can therefore be assumed, that families had experienced adversity prior to entering the Danish society.

Procedure

Ethical approval was granted by the Senate Research Ethics Committee at City University London as well as from the Danish collaboration partners and the Danish national ethics committee (Datatilsynet). The parents of each pupil who was invited to take part in the intervention and the assessments were visited in their home by a teacher from the school and an interpreter, where necessary. During the meeting, parents were informed about the initiative and were asked to consider if they would like their child to take part. Parents were informed that participation in the intervention and assessments

was voluntary, that they were free to decline the offer and that this would not have any consequences for their child. The option for parents to only let their child take part in the intervention, without the pre and post assessments, was given, but none of the parents chose this option. Parents were invited to meet with me at the school before making their decision, and were informed that they could attend the assessment of their child. Only one parent chose to meet with me and to be present during the assessment.

For the group of native Danish children who did not take part in the intervention, but who formed a comparison group for the intervention group, and who were assessed using the adapted PCT measure, these families were not visited in their homes. Instead, letters were sent to the families, and they were asked to reply in writing, stating whether or not they would allow their child to take part in the comparison group.

Children were approached individually by a familiar teacher from their school who explained the purpose of the project in an age-appropriate way, before I met with the children individually. I also spent some time in the classrooms before the assessments. The assessments took place during normal school hours in a quiet and familiar space at their school. Children's verbal rather than written consent was decided by the Senate Research Ethics Committee at City University London. I therefore asked children to give verbal consent.

PCT Measure

Each participating pupil was interviewed individually within two weeks before the school-based intervention began and within two weeks after it had been completed. Please see Chapter Two (p. 72) for the PCT instructions and details about the method.

Participants were encouraged to choose as many important people (elements) as they wished. This resulted in numbers of elements ranging from three to eight. In addition to the elements chosen by the participants, they were also asked to write their own name on two cards, one representing the self at present, and another representing their future self, in order to assess constructs about themselves. Finally, participants were asked to write the name of a person they had difficulties getting along with if they could think of one, although they were not pressured to think of such a person. If a participant could not spontaneously think of such a person, the interview continued without further discussion of that topic, in order to avoid upsetting the participating children. The individual interviews were audio-recorded for the purpose of analysis with parents' and pupils' permission.

Results

Due to school events that pupils could not miss, due to children not attending school for health reasons, and because of a national strike that took place across all schools in Denmark during the period where this research project was carried out in 2013, only a sub-sample of the participants could be assessed before and after taking part in the school-based intervention.

Fifteen participants (eight boys and seven girls) who were aged between six and nine were assessed both before and after the intervention using the adapted PCT method. Six children had arrived in Denmark as refugees and nine children were born in Denmark and had refugee parents. Finally, a group of native Danish children (four boys and seven girls) were assessed using the PCT method in order to explore any differences in the constructs elicited by refugee children compared to native Danish children from the same school.

Qualitative findings

The audio-recordings of individual PCT method interviews were transcribed verbatim and analysed based on a thematic analysis (Braun & Clarke, 2006, 2012) described in Chapter Two. In the following, the participating children's descriptive constructs are presented before illustrating some of their replies with extracts. The constructs elicited before and after the intervention are presented separately. Because all refugee children took part in the intervention together, and because of the limited number of children who provided both pre and post-intervention data, a distinction is not made between children who arrived in Denmark as refugees and children of refugee parents when presenting these findings.

Personal constructs - intervention group (refugee children)

The table below presents the constructs from the children in the intervention group.

Table 12 - Pre intervention PCT constructs – refugee children

1	Good friend	Hits me
2	Good friend	Bad friend
3	Good friend	Not a good friend

4	Good friend	Not good friends
5	Friend	Enemy
6	Playing and dancing together	Says: 'no, I don't want to play with you'
7	Wants to play	Doesn't want to play
8	Play together	Read together
9	Playing and having fun with friends	Being with my parent / being with family
10	Playful	Serious
11	Likes joking around	Boring
12	Fun	Boring
13	Funny	Boring
14	Likes having fun	wants to be good at everything
15	Fun	Annoying
16	Funny	Often angry
17	Nice	Naughty
18	Nice	Irritating
19	Nice to me	Unfair
20	Nice	Not good friend
21	Treats me well	Mean
22	Always nice	Not always nice

23	Good to me	Annoying
24	Helps	Does not help
25	Good	Bad
26	Comforts me	Doesn't comfort me
27	Comforts and helps me	Can still be a nice person even if they don't comfort and help me
28	Holds my hand	Can still be a nice person, even if they don't hold my hand
29	Noisy	Quiet (needs quiet)
30	Don't fight	Fight
31	Doesn't get angry	Angry
32	Happy	Sad
33	Happy	Angry
34	Family	Friends
35	Family cannot be replaced	Friends can be replaced
36	Means everything to me	Doesn't mean everything but is a nice person
37	Means a lot to me	Doesn't mean a lot to me
38	Cares about me	Talks badly about me
39	Close to me	Lives far away

40	Younger	Older
41	Outgoing	Shy
42	Child	Adult
43	Child	Adult
44	Same hair colour	Different hair colour
45	Good at speaking Danish	Bad at speaking Danish
46	Likes to share things	Doesn't want to share things

The constructs mentioned by children before the intervention focused on friends, on having fun with friends, on family members, the importance of helping others and on being kind and nice. As children were instructed to think about 'important people in their lives', these categories were not surprising. The children's constructs prior to the intervention focused primarily on friendships and the qualities they perceived as most important in friendships, such as being a good friend, playing together, having fun together, being nice to each other, comforting each other and not fighting.

Table 13 - Post intervention PCT constructs – refugee children

1	Play together	Sad and alone
2	Playing	Cooking
3	Plays	Goes to school
4	Playing football	Cooking
5	Read together	Play together
6	Play together	Do not know what to do
7	Plays	Does homework

8	Playing together	Bullying
9	Family	Friends
10	Family	Friends
11	Family	Friends
12	Very important to me	Less important to me
13	I will love for the rest of my life	I won't love for the rest of my life
14	Looks like my mum	Looks like my dad
15	Friend	Girlfriend / boyfriend
16	Friend	Enemy
17	Good friend	Says bad words
18	Good friend	Bad friend
19	Nice	Bad friend
20	Helpful	Bad friend
21	I can tell her secrets	I can't tell them these secrets
22	Helpful	Unhelpful
23	Helpful	Unhelpful
24	Helpful	Mean

25	Nice	Mean
26	Does not hit others	Hits others
27	Funny	Normal
28	Fun	Serious
29	Nice	Not nice
30	Comforts me	Mean
31	Good	Bad
32	Child	Adult
33	Younger	Older
34	Big	Small
35	Adult	Child
36	Big	Small
37	In Denmark	In Africa
38	Danish	Maths
39	Speaks Danish	Speaks Swahili
40	Bosnian	Lebanese
41	Look alike	Do not look alike
42	Works at home	Works outside of the home

43	Takes care of children	Doesn't take care of children
44	Should not smoke	People who smoke
45	Smart	Not smart

Participating children focused on many of the same constructs after the intervention as they had previously. These constructs included friendships that were perceived as important and meaningful, expressed as playing together, and being helpful and fun to be with. The children also focussed on constructs characterising individuals who were kind, nice, caring and fun to be with. Furthermore, children distinguished between friendships and their relationships to family members. Family members were described differently from friends, as can be seen from the extracts below. Furthermore, a small increase in the number of constructs related to language and nationality was seen post-intervention (please see constructs 37-49) compared to pre-intervention (construct 45), which may be due to these participants increased awareness of nationality and language differences, either prompted by the first PCT interview or by the content of the intervention.

Extracts from PCT method assessments – pre-intervention

In addition to the constructs provided by participants during the PCT interview, some participants gave examples of, and explanations for, their chosen constructs. Also, I would sometimes ask for information to clarify what participants meant, in order to check that I had understood participants' responses correctly. In the following section, examples of the extracts are presented.

Some of the extracts provided by children indicated the trauma the children's families had undergone, such as one girl who mentioned how members of her family had been killed before their journey to Denmark, or another child who mentioned the difficulties that arose between him and a friend in the refugee camp pre-flight, when the friends' family was not chosen to go to Denmark with the participant and his family. Overall, however, the constructs did not seem to show evidence of children who were excluded from peers in school or who expressed distress or sadness about their social world. The extracts and explanations that children gave added further richness to the data, which would not have been obtained if the constructs had only been examined without the context of children's quotes, elaborations and explanations.

As can be seen in the quotes below, friendships were very important to the children. Through the way in which children spoke of friendships, and the importance they attributed to friendships, two main themes arose: *Showing support and care for others through friendships* and *Having fun with friends and fitting in*. Additionally, participants also focused on their family through the theme *Family bonds and connections*.

Showing Support and Care for others through Friendships

Before taking part in the intervention, children described prior friendships, which they no longer had, as well as current friendships, exemplified by the following extracts. A ten year old refugee child describes the friendship he had with a peer in his country of origin. This extract focuses on support, protection and companionship. During the interview, this participant expressed guilt about having been forced to leave this friend behind when his family was ‘chosen’ to move to Denmark, and the participant also expressed concern for his friend’s well-being.

P3: Boy, 10 years old: *We used to go to the woods and go hunting and then we’d eat together what we caught in the forest, like birds. We were very good friends. He loved my family very much, and he was so sad when he couldn’t come with us, he was a very good friend.*

I care about him a lot. Whenever there was trouble, he would come right away and would protect me. He was always there for me.

Three other participants expressed what friendships meant to them;

P9: Girl, 7 years old:

You have to be nice to each other, you shouldn’t be mean to others and you should let anyone who wants to join the game join in.

P5: Girl, 8 years old:

Well, if you hurt yourself they (friends) will come and help you and comfort you for instance – and will hold your hand and things like that.

P13: Girl, 6 years old:

They are all good friends – and they are not mean and they do not say bad words and they don’t swear – and you shouldn’t hit others, but there is a girl from my class who hits others.

One of the participants gave an example of what the opposite of friendship was to him,

P8: Boy, 10 years old:

Like the boys from class 1, they say bad things, they say bad words and disgusting things – like they said things to me and my friend.

The extracts seen under the themes *Showing support and care for others through friendships* also seem to indicate the importance of inclusion as something the children experienced as central when considering their chosen elements. This focus is related to the overall theme of social support as highly relevant when considering the well-being of refugee children.

Having Fun with Friends and Fitting in

The participating children expressed having fun with friends, which seemed to contribute to a feeling of fitting in and being part of the group, which can also be seen in relation to the theme discussed above (*Showing support and care for others through friendships*).

P11: Girl, 7 years old:

Having fun together and playing together, and sleeping over at each others' places, and playing outside together and you can play with dolls together and you can go roller-skating together which we often do – and then you can really have fun.

P8: Boy, 10 years old:

They like having fun, and joking around and playing football – but my sister is just really nice and she always shares with us if she has made cookies or if she has sweets or something - And my friends like joking and having fun.

P13: Girl, 6 years old:

Yes, we play together, and we are best friends, but sometimes she plays with other friends too – and I play with my brother at home – but sometimes we do see each other at school – I play the same kind of games with them both.

Family Bonds and Connections

Before the intervention, children focused on the importance of family. A difference between family and friends, was expressed as 'having fun' with friends, but not parents.

Furthermore, an indication of participants' thoughts about 'loss' also came through in this theme, exemplified by the temporary loss or separation described by Participant Four and the actual loss of a father described by Participant Eleven below. This can be interpreted as an awareness of the potential of losing someone close.

P4: Girl, 8 years old:

These two are the same – these two are family – no one could ever replace my parents. I have been without my parents during some experiences in my life and that was very sad for me and very sad for them, too. I was in Iraq for some time without my parents to get some medical treatment there for my (detail deleted), and my parents were not there with me. I would not be able to make it in life without my parents. Although I stayed with a family there who had children as well, but they were busy with their own lives and with their own children, and so they didn't have any time for me at all. But my own parents spend time with me.

When you play with a friend, you are just having fun and enjoying yourself but it's not like that with your parents, it's completely different. You don't live with your parents to have fun, it's not like that, life is not just about having fun, in life you have to stay with your parents, and parents want the best for their children and that's the way it is.

P11: Girl, 7 years old:

So my mum, my older sister, my older brother, my younger brother (are important), my father died during the war in Africa before I was born. And my grandparents died too. And my friend (name), she is really good at comforting me if I feel sad. And I share (everything) with her.

P10: Boy, 9 years old:

I like my mother, she means a lot to me.

Extracts from the PCT method assessment – post- intervention

After the intervention, children similarly spoke of their friends and family, through the following to themes: *Having Fun and Helping Friends* and *Family as Most Important*.

Having Fun and Helping Friends

After the intervention, participants focussed on friendships, as they had done prior to the intervention, and on the importance of helping and sticking up for friends, as well as having fun with friends.

P3: Boy, 10 years old:

These two speak Swahili and this one speaks Danish. And this person always helps me, like if I fall down from a tree, he will come and help me – so he is helpful and a good friend.

P8: Boy, 9 years old:

My siblings are the same but different from my friend – my friend and I play together and do everything together – but I have lots of best friends, not just one.

P8: Boy, 9 years old

To help each other, not to hit each other, to play together and to not say any bad words

P2: Girl, 9 years old

She is a good friend because we play together. We stick together and play together.

Family as Most Important

Participants emphasised the importance of their family through this theme, indicating that their families were more important than any other individuals in their social world.

P5: Girl, 10 years:

My dad is more important than my friend and my mum is also more important than my friend. And what I really like about my friend is that I can tell her secrets, and things I cannot tell my mum, dad or sister.

I will always love my mum more than everyone else, more than my sister too, because my mum gave birth to me.

P8: Boy, 9 years:

When my parents ask me to do something, I do it. Like if they ask me to go to the shop and buy something. I help them sometimes, or always actually, like if we go to the doctor, because they don't speak Danish very well.

P4: Girl, 10 years:

This person is the most important one of all to me (mother).

P8: Boy, 9 years:

My dad and I help each other. I help him if he needs it and he helps me if I need it. Like if I need his help with my homework, then he'll help me. Or if I would like to make a drawing of something I don't know how to draw, then they'll help me.

Summary of the qualitative findings

Both before and after the intervention, children emphasised the importance of friendships and support from friends, as well as having fun with friends. Children's descriptions of friendships were contrasted with family relationships, which were seen as more important than all other relationships. There were some similarities seen between this group and the findings from the pilot study as children emphasised supporting friends, caring for friends and having fun with friends in both contexts.

The extract presented under *Family as the most important* (after the intervention) where a nine-year old boy expresses how he helps his parents, because they do not speak Danish, might be interpreted as partial role reversal within this refugee family. The emphasis on family as more important than everything else, corresponds to the findings presented in Chapter Five, where the young adults expressed similar views.

Participants spoke of the temporary loss they had experienced, such as being separated from family members, or actual loss, such as the death of close family members (please see extract under *Family bonds and connections*). Similarly, a ten year old boy spoke of his family's flight to Denmark:

P3: We were called into the office (in the refugee camp) and were told we were going to go to Denmark, so my family and I were very happy, but then this person and his family came to us and threatened us and wanted to fight with us.

Despite such examples, there was evidence to indicate that children in the present study seemed to have adapted well to the situation, although it is also possible that children did not feel comfortable expressing actual feelings to a stranger in a research situation. Participants were included based on teachers' judgment of which children were experiencing difficulties, and as the teachers knew their pupils much better than I did, and as the participants were much more familiar with teachers than with me, it is possible that participants may have chosen to respond in a certain way, or may have withheld some views or experiences.

Overall however, the extracts and constructs did not indicate that children felt excluded; as participants generally spoke of friendships and positive relationships, although some of these friendships were from the pre-flight country. Based on the participating children's extracts, it seemed that they, in general, perceived their environment, as relating primarily to family and friends, to be supportive. In both the pre- and post-intervention interviews, participants' chosen elements were focussed on friends and family, with only limited examples relating to teachers, adult friends or other contacts.

None of the children in this sample were unaccompanied, and it is likely that the children's families provided significant support, despite the loss discussed previously. For instance, one of the participants had arrived with her mother but had lost her father. Furthermore, this particular area in Denmark had a relatively high proportion of refugee populations due to the fact that programmes of refugees had been resettled there. This may have been helpful for the adjustment of refugee families and children, as they may not have felt alone in being from a different country and culture. Similarly, the relatively high proportion of refugees in a small community, and the variety of nationalities and backgrounds, may have made teachers more sensitive to the needs of these children, which could also contribute to the finding that children generally seemed well-adjusted. Overall, the participants' constructs and extracts did not indicate major changes to the peer interactions and friendships during the course of the intervention.

Constructs from native Danish children

In order to assess whether or not constructs would differ between refugee children and native Danish children, eleven native children from the same schools were assessed using the same PCT procedure as outlined above. Only descriptive constructs will be presented, not the extracts, due to the main focus on refugee children. The Danish sample comprised four boys aged seven, ten and two fifteen year olds, and seven girls aged seven, eight, and ten, with two nine year olds, and two eleven year olds. These children did not take part in the intervention.

Table 14 - Native Danish group's PCT constructs

Kind	Angry
Kind	Angry
Nice	Angry
Nice	Teases
Nice	Mean
Nice	Mean
Happy	Angry
Funny	Boring
Funny	Bossy
Fun	Grown-up-like
Easily happy	Angry
Funny	Loner (alone)
Positive	Dull
Silly	Boring
Silly	Serious

Likes laughing

Angry

Good friend

Bad friend

Good friends

Bad friends

Good friend

Not a friend

Good friend

Liar and violent

Old friend

New friend

Helpful

Selfish

Helps

Hits

Helpful

Irritating

Says nice words

Swears

Gives

Steals

Lovely

Bad

Friendly

Prejudiced

Younger

Older

Careful

Bold

Sensible

Rough

Sensitive

Strict

Caring

Uncaring

Brave

Scaredy-cat

Likes playing

Likes martial arts and taekwondo

We like playing football	Likes playing games
Likes computers	Likes playing outside / outdoorsy
Good at sports	Lazy
Kid	Adult
Doesn't lie	Lies
Understands	Argues
Artistic	Sporty
Siblings	Friends
Similar	Different
Trust them	Can't keep a secret
Bossy	Compliant
Can talk to / listens	Boring
Listens	Doesn't listen
Active	Boring
Relaxed	Teases

When examining the constructs elicited by native Danish children and comparing these to those of the refugee children discussed above, several similarities appear. A focus on individuals in the social world who are kind, nice and fun was found in both groups, although the refugee children placed greater emphasis on kindness and on caring for others, compared to the native Danish children. Nevertheless, it seems likely that some constructs, which were similar for the group of refugee children and the group of native Danish children, are simply based on being a school-aged child, rather than a specific characteristic of being a refugee in this specific school context.

The number of elements chosen by the native Danish children did not differ greatly from that of the refugee group. The mean number of elements chosen by the native Danish comparison group was eight, whilst it was seven pre-intervention and six post-intervention for the refugee group. This count included children's 'self at present' and 'self in the future' elements, which were the only two pre-chosen elements. Furthermore, Danish children mainly focussed on friends and family, as was also seen in the refugee group. One difference that might have been expected would be that the range of elements chosen by native Danish children would be greater than that observed in the refugee group; however, this was not the case. It could have been expected that a natural consequence of being native Danish would be that these children would have larger social networks in Denmark, whereas the refugee participants, whose families had resettled in Denmark, might not have their extended family in the country. Children from both groups mentioned some aunts, uncles, grandparents and cousins who lived in Denmark, although both groups mainly focussed on friends, parents and siblings. This may suggest that the social support of this particular group of refugee children was strong, perhaps because extended families had also resettled in the same area.

Discussion

Overall, the findings from the PCT assessments did not indicate findings that gave rise to particular concerns. For instance, the constructs and extracts only indicated loss, stigmatisation and role reversals to a small degree, and was not observed across the whole group. Alternatively, it is possible that participating children chose to withhold responses that might be seen by the child as negative, or to hold back constructs related to anxiety, distress or worry from me, as I was not familiar to participants. The teachers who selected these children for inclusion in the study on the basis of their perceived difficulties knew the children much better, and teachers may have been aware of difficulties that were not apparent in the data collected. In my view, the intervention provided was well-designed and appropriate for this group of refugee children; and children may have benefitted from the intervention in ways that were not measured.

Potential protective factors

As the refugee children in this study were either born in Denmark or had arrived accompanied by family members, which is known to be a protective factor (Derluyn & Broekaert, 2007; Macksoud & Aber, 1996), this may have influenced children's positive adjustment. Furthermore, as this small community in rural Denmark had

proportionally high numbers of refugees, this may have eased the adaption for refugee families and reduced the risk of feeling isolated and stigmatised. Likewise, the relatively high number of refugees in this area may have led teachers to be sensitive to the needs of refugee children. Children may thus have experienced sufficient support from the immediate environment. It is therefore possible that the majority of children in the present study were already well-adjusted and that teachers and other professionals may have been successful in providing a supportive environment for the children.

Reflections on the PCT measure

Alternatively, the PCT measure may not have tapped into the problem areas experienced by the children, although the SDQ also indicated results in the 'normal range' for the large majority of participants. When speaking to teachers in the schools, it became clear that they had chosen to include these children in the study because they were concerned about their well-being. As the teachers knew the children much better than the impression that could be obtained from two assessment sessions, it is therefore possible that the potential difficulties experienced by children, that may have been visible to teachers who spent many hours a week with the pupils, were not captured by the PCT measure. Other measures could potentially have led to different findings.

Qualitative measures may have an advantage in that children from a variety of backgrounds may not express problems in ways that Western researchers would expect them to, although some children may not find it culturally appropriate to share difficulties with a stranger. In the PCT constructs and related extracts, some indication of loss and potential role-reversal was observed, although this was not judged to be the case across participants. The lack of distress or difficulties observed on the adapted PCT measure could therefore have been because of children's desire to please or provide socially desirable replies. The participating children were aware that there was a reason they had been selected to take part in the intervention and assessments, as whole classes did not participate, and the majority of children in the intervention group were refugees. Therefore, it is possible that children aimed to present themselves positively. Had the assessments not been made in combination with the intervention, children may have responded differently. Therefore, future research may benefit from carrying out measures across whole classrooms, and comparing refugee, migrant and native children, thereby avoiding the potential of refugee children feeling stigmatised.

Alternatively, it may simply be the case that, in general, these children, despite the experiences of their own or their family's forced migration, were not experiencing severe problems or difficulties. It seems wrong to assume that children must necessarily experience problems because of being refugees. Teachers may have chosen to include these children in the initiative based purely on their knowledge of the families' refugee background, and may thereby have made assumptions about the children's lack of well-being. The relative lack of difference observed on the adapted PCT measure between native Danish children and the group of refugee children would support this interpretation. This highlights the need to see each individual child and consider their individual needs, rather than assuming that all refugee children are at risk and in need of support. As one of the adults, who had arrived to England accompanied by his family, mentioned in Chapter Six.

And as a teacher or a parent if you chose a profession where you're helping someone - do your best - do your utmost, don't see them as numbers. Because anyone can do that, anyone can tick a box and say "Here's a refugee, he needs this and this and this, a, b, c," it's not like medicine, he's a human being, what they needed yesterday is not what they need today and it's not what they need tomorrow. So reacting to what their needs are at that point in time.

The PCT method in this context

When assessing the usefulness of the adaptation of the PCT interview method in this current context, it seemed to be less valuable for this young participant group aged six to twelve years, compared to the study with older refugees in Chapters Four and Five. Comparing elements (important people chosen by participants from their own lives) was found to be difficult for some of the participants in this study. The younger participants were more prone to focussing on physical appearances and characteristics of people, such as their size, the colour of the eyes or hair, rather than personal characteristics and traits, indicating more concrete rather than abstract thinking (Damon & Hart, 1982). According to Piagetian theory (Piaget, 1964) children from seven to eleven years of age are at the concrete operational stage, whereas older children, from the age of eleven and onwards are in the formal operational stage. The difference between the younger children's more concrete thinking may help to explain the difference between the constructs elicited from younger children, versus the more complex and abstract thinking that might be expected from older children in the formal operational stage. Moreover, participants in this sample did not spontaneously explain their reasoning and

rationale behind the chosen constructs, as for instance the young adults in Chapters Four and Five did, which again can be explained by their younger age. Younger children required more guidance in order to achieve examples that shed light on their experiences and meaning-making processes, and even with direction, such as prompting children to think about personal characteristics rather than physical features, they did not provide as rich, detailed and informative constructs and extracts.

Older participants were more skilled at reflecting on their experiences, opinions and were moreover able to discuss hypothetical scenarios, contrary to the younger children. This was particularly clear when prompted to reflect on the similarities and differences between their present versus future self, which was a difficult task for some of the younger children, such as those aged six to eleven years. Younger children would often reply that they expected to '*be like now*', '*be myself*' or '*look like my mother*', whereas older participants expressed hopes and dreams for their educations, status in society as well as issues concerning health and happiness for themselves and their families. The children in this present study were not able to reflect on their social relationships in the same way as for example the participants who took part in the study presented in Chapters Four or Five. This is not surprising, given the age difference, however, it does illustrate how the adapted PCT method is more likely to lead to rich and complex constructs and findings when used with older, compared to young, participants.

Despite the less complex nature of the findings resulting from the PCT measure in this context compared to older participants in previous chapters, it could nevertheless be argued that there is a particular value in eliciting elements and constructs in the way that was the case in the PCT method when working with younger children, rather than asking open and broad questions as in more traditional qualitative interviews. When working with children, it is possible that the comparisons between elements in the PCT method may enable researchers to access thoughts that would not otherwise be readily available in a more general qualitative interview. As children are more concrete thinkers when younger, they may not be able to reflect on their needs and experiences in the same way as older children, adolescents and adults. Researchers and practitioners need to take such considerations into account when seeking to respond to their needs and to support younger children.

The PCT findings from the present study are of interest, as they do provide an insight into the children's meaning-making and construing processes, which will necessarily

differ with age. The findings are also an example of how children's maturity and thinking affect the results that researchers can expect to obtain. In summary, the PCT method was considered to be valuable in providing structured prompts and a structure to the interview, and future research may benefit from exploring further ways in which the PCT method can be used in combination with other interview strategies or assessments, when seeking to support refugee groups.

The importance of friendships

As in findings from the pilot study, the importance of friendships was one of the main themes in this study. The refugee children in school settings focused on friendships, on helping each other, being kind to friends and on having fun together. The native Danish control group also focused on friendships as important, indicating that peer relationships are important to the well-being of children in school contexts in general.

Research exploring the meaning and importance of friendships has illustrated how positive peer friendships are related to positive development, positive adjustment and well-being. Research within this area has moreover highlighted various beneficial learning opportunities that friendships can lead to. Findings suggest that peer relations are developmental forerunners of later relationships, and that peer friendships provide an excellent opportunity for the acquisition of social, cognitive and emotional skills including negotiation and conflict resolution (Hartup & Moore, 1990). Interactions and relations within the child's family are naturally highly influential in the child's development; however, peer relationships and friendships are also of tremendous importance to children's developmental and well-being, and gain increased importance as children get older and grow into adolescents. This highlights the importance of ensuring that refugee children are provided with opportunities to interact with peers so that friendships can develop.

Pragmatic challenges that affected the research

The national teacher strike that took place across all schools in Denmark during the period where this research was carried out in 2013 naturally had implications for the research. This was a highly uncertain period for teachers, during which substantial changes to their profession were being considered. The adverse effect of the strike on the research project as a whole was unfortunate; however, this event could not have been prevented by any of the partners involved in the collaboration around the NUSSA intervention or the assessments. As children did not attend school during the four week

strike, it was not possible to assess all of the children following the completion of the intervention, as ethical approval had been granted to carry out assessments during school hours, not in children's homes. Despite these difficulties, however, there was no reason to suspect that the final sample that was assessed both before and after the intervention was not representative of all the potential participants. Although the strike was very unfortunate, it provides an example of the challenges researchers may face in everyday-life settings, rather than in controlled laboratory or clinical settings.

Conclusion

The finding that children of parents affected by traumatic experiences and forced migration may be at risk of mental health difficulties that affect their development and school achievements in adverse ways has been well-documented (e.g. Daud et al., 2005; Daud et al., 2008; Montgomery et al., 1992). Because refugee families may not always be able to provide the necessary opportunities to discuss their children's anxieties and concerns, school settings can be important contexts for prevention and intervention. Teachers, who spend considerable time with pupils each day, and who see children in social interactions with their friends as well as learning situations, have excellent opportunities for providing their perspectives on the children's needs and well-being.

Findings from the present study indicate the need for professionals working with refugee children to consider each child's individual needs, and to avoid making assumptions about refugee children's mental well-being, or lack thereof, purely based on the professionals' knowledge of the family's history. Not all refugee children experience difficulties because of their background, and when social support is provided by the immediate environment through family, friends and teachers, this seems to facilitate refugee children's chances of positive adjustment and positive development. The findings from this study indicate that these particular school contexts were experienced as supportive. At the same time however, it is important to emphasise that there are refugee children who are in need of support and specialist help (e.g. Fazel & Stein, 2003; Fazel et al., 2009; O'Shea et al., 2000) and that schools can provide a non-stigmatising context for the initial exploration and accommodation of such needs. Based on the findings indicating that social support in the immediate environment is particularly important for refugee children's adjustment and positive development, an important task for future research seems to be to support vulnerable and at-risk refugee families as early in the child's life as possible, when necessary.

Chapter Eight - General Discussion

The initial study of this research programme involved young adults who had arrived in the asylum country as unaccompanied minors followed by two PCT studies that included asylum-seeking and refugee young adults. Before moving on to the PCT study with child participants, a study was conducted with adults who recalled their retrospective recollections of arriving to the asylum country as children accompanied by their parents.

Throughout this research programme, the overall aim was to shed light on the needs and experiences of asylum-seeking and refugee children, youth and adults in European asylum-countries, by giving these individuals a voice to share their perspectives. A second aim was to determine the value of a qualitative version of the PCT assessment in a range of asylum-seeking and refugee groups, including children, youth and young adults. The field of refugee work has mainly been dominated by a clinical focus and on alleviating the adverse consequences of traumatic experiences such as post-traumatic stress disorder, anxiety and depression through symptom exploration and symptom reduction (Montgomery, 2008). The present research, however, sought to explore individual needs and experiences from a developmental and social perspective. For this reason, the research was designed to be mainly qualitative, in order to capture individual constructs and meaning-making. More specifically, a method based on George Kelly's Personal Construct Theory (PCT) was chosen as the primary assessment method for three studies and the two exploratory studies were based on IPA.

The rationale for choosing to use the PCT method as a 'working tool' in the research programme was that it was hoped that it would provide meaningful information about the participants' personal constructs and meaning-making, which might otherwise be inaccessible to researchers. Importantly, the PCT method was chosen because it can easily be adjusted and tailored to the individual participant regardless of age. Thereby, the method avoids preconceptions about the way in which individuals make sense of their experiences and their wish to communicate about these experiences. The PCT method aimed to uncover participants' constructs of their experience - in this case, the social world - without direct or intrusive questioning, by identifying the personal constructs that individuals used to make sense of social functioning. Importantly, the method does not rely on advanced use of language or sophisticated levels of understanding which may not correspond to the individuals' developmental stage - or

stage of integration or adaption in the asylum country - and the complexity of language and interview content are guided by the interviewee rather than interviewer. Further, and essential in this context, is the potential for participants to alter their understanding of their own circumstances through increased insight.

Whereas the majority of the standardised questionnaires that are used in research with asylum-seeking and refugee individuals focus on traumatic events or symptoms, the PCT method was chosen for this research because it was expected that it would enable the participants to respond to questions in a flexible and individual way as they reflected on their own particular experiences. When working with such varied groups as those in this research programme, individuals are likely to experience their situation in subjective and dissimilar ways from other refugees or asylum-seeking participants. This particular adaptation of the PCT method enabled participants to respond in ways that corresponded to their own meaning-making, and there were no prior assumptions about correct or incorrect answers. In summary, the overall aim of the research was to gather knowledge about asylum-seeking and refugee needs and experiences in European asylum countries, with the aim of contributing to improved practice and policy making in this area. The overall research questions were:

How do asylum-seeking and refugee individuals understand and make sense of their experiences in European societies and how can these societies best support asylum-seeking and refugee individuals? And secondly: Can George Kelly's Personal Construct Theory (PCT) be used effectively as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals?

The two exploratory studies in Chapters Three and Six were based on IPA, as this method was judged to be most suitable for the research questions and aims of those particular studies. These two exploratory studies were carried out to provide answers to the first research question and to determine the overall theme to be included in the PCT method in subsequent studies.

In addition to the qualitative assessment based on PTC which was analysed based on a thematic analysis (Braun & Clarke, 2006; 2012), some secondary quantitative measures were included in Chapters Four and Five in order to explore whether the findings from the qualitative and quantitative methods would correspond or deviate, and because of the additional information that could potentially be obtained from including a variety of measures. As discussed in Chapter Two, combining several methods or approaches,

known as method triangulation, can lead to richer, fuller and more comprehensive findings.

Summary of the studies

Studies about adults' experiences

The participants who took part in the first exploratory IPA (Smith et al., 2009) study (Chapter Three) described the distress and suffering they had experienced when leaving family members and communities behind, and the difficulties experienced in the Swedish asylum country. Their perceived challenges included isolation, loneliness, missing family members and real as well as ambiguous loss. Additional problems were found to be worrying about the asylum-application process, the consequences of potentially being sent back to Afghanistan, and worrying about the well-being and whereabouts of family members. Despite the difficult situations they had survived, participants also focused on positive aspects, such as the supportive role of personal relationships and people who were willing to help. Further positive aspects included their personal goals and aspirations for the future, which involved education, work and establishing their own families. This initial exploratory study led to findings that determined the theme, *the social world*, of the further studies involving the PCT method.

Importantly, starting the research programme by regarding the participating individuals as the experts, and building the research based on their voices, was theoretically consistent with George Kelly's suggestion for how research should develop (Banister et al., 1994). As far as I am aware, no previous study has explored unaccompanied refugee minors' perception of what was most difficult and most helpful during the initial months and years in the asylum country using a qualitative method. Therefore, this first exploratory study of the research programme makes a small, yet important contribution to the field, as well as directing the content of the remaining research.

As the initial exploratory study had highlighted the critical influence of social support and encouragement, the overall theme chosen for the qualitative PCT method was *the social world*. More specifically, the first study (Chapter Four) examined the meaning-making and constructs of a group of asylum-seeking and refugee participants who had arrived to England unaccompanied or separated from their families. Likewise, the second PCT study (Chapter Five) examined the meaning-making and personal

constructs related to the social world in a group of individuals in England whose parents are refugees. Individuals from these two groups were assessed before and after taking part in a brief intervention. As far as I am aware, a qualitative PCT method has never been used in research involving asylum-seeking and refugee individuals, thereby adding a novel aspect to the thesis.

Two additional quantitative assessments were made in order to determine the participants' self-efficacy and perceived sense of meaning in life at two time points, and whether any changes could be observed after the intervention. *The General Self-Efficacy Scale* (Schwarzer & Jerusalem, 1995) and the *Meaning in Life Questionnaire* (Steger et al., 2006) were administered before and after the series of group sessions of psychodrama and storytelling. Based on the qualitative analysis of the participant's contributions to the group sessions and individual assessments, the following main themes were developed in Chapter Four: Firstly, *Social Support as a means for hope* with two subthemes: *Relationships that resemble family bonds* and *Friendships as an Escape from Distress*, secondly, *Living a Double-life; social vulnerability and fear of rejection* and finally, *Looking Ahead - hope versus despair*. In Chapter Five, the qualitative analysis led to the following themes: *Valuing Maternal Guidance and Support*, and *Culture, religion and Identity Clashes*.

The quantitative analyses of the data based on questionnaires pre and post intervention did not lead to any significant differences in either of the two studies, although the descriptive statistics provided some interesting findings. For example, in Chapter Four, participants were found to have relatively low scores on the *Presence of Meaning of Life*, indicating higher levels of distress, which corresponded to the qualitative data. Their scores on the *Search for Meaning in Life* were relatively high, however, and could be interpreted as a desire for greater meaning and personal development in the light of the extracts from the qualitative data. The findings Chapter Five showed an opposite trend on the *Meaning in Life Questionnaire*, as this second group showed higher scores on the *Presence of Meaning* and lower scores on the *Search for Meaning*. Potential explanations for these findings were discussed in the chapters. The combination of qualitative and quantitative measures, method triangulation, led to more information than a single method could have provided.

The adapted PCT method and resulting constructs was successful in providing a window into participants' constructions of their social world, their meaning-making and

lives in general. Overall, both groups were found to be very capable of expressing their personal meaning-making, worries and hopes for the future. Because of participants' openness in Chapter Four, the resulting data was detailed and rich, and provided a very different perspective on the lives of asylum-seeking and refugee individuals than that which is more commonly presented through the media (Greenslade, 2005).

Participants in Chapter Five were somewhat less engaged in the research, and their responses were less rich and detailed compared to participants in Chapter Four, perhaps because the latter group had experienced greater adversity and distress, which they may have been motivated to discuss. Furthermore, they may have reflected on such experiences, as well their past and future, to a greater extent, which may have led them to be more willing and capable of discussing such matters. Based on the qualitative data, it seemed that participants in Chapter Five felt less alienated and stigmatised in the British society than individuals in Chapter Four, highlighting the different needs of these groups.

In summary, the studies in Chapters Four and Five provided an insight into personal experiences that are rarely heard. In particular, the findings from the adapted PCT method provided examples of individual constructs in a condensed form; thereby cutting directly to the personal constructs that guide meaning-making, leading to essential aspects of the participants' understanding of their situation. The findings can be characterised as distilled yet fundamental in relation to providing answers to the first research question, aiming to shed light on how asylum-seeking and refugee individuals construe their social world and create meaning in European asylum countries. The findings from the studies in Chapters Four and Five present voices of individuals who are rarely heard, and are judged to provide an important contribution to this area of research, with the potential to inform professionals, policymakers, researchers and practitioners working with such individuals.

Studies about children's experiences

The first three studies of the present research programme (the exploratory study in Chapter Three, and the PCT studies in Chapters Four and Five) focussed on the needs of young adults. The next part of the research programme was aimed at exploring the needs and experiences of refugee children. A second exploratory study with refugee adults who had arrived in one of two resettlement countries, Denmark or England, as

children, examined participants' first recollections of the new society, the adjustment process and the potential challenges faced.

This study (Chapter Six) was also designed based on IPA (Smith et al., 2009), because the method is considered to be especially suitable for research questions concerned with the exploration of lived human experiences (Smith et al., 2009) and for 'giving voice' to voices rarely heard. The analysis led to the following three themes from participants in the UK - *Language-based challenge extending to further difficulties*, *Choosing to succeed*, and *Gaining strength through social support and encouragement*. Based on the interviews carried out in Denmark, four themes were developed: *Language-based challenges extending to further difficulties*, *Integrating two separate worlds into one*, *Gaining Strength through Social Support and Guidance*, and finally, *Seeing, Hearing and Understanding Children's Needs*.

Despite the numerous differences between individuals in the study, such as the individuals' country of origin, their experiences prior to forced migration and the conflicts in their country of origin, in addition to the two different countries in which participants were now living, some common themes were found. Participants in Denmark and England mentioned initial difficulties that were related to the new language and culture. The most prominent commonality, however, was the importance of social support and social connectedness, which had similarly been found in the study in Chapter Three, as well as in Chapters Four and Five.

In summary, the adult participants who had arrived to England or Denmark as children accompanied by families or relatives (Chapter Six), urged professionals working with refugee children to be patient, to listen to these children and to work towards making sure that refugee children had sensitive and trusting adults in their immediate environment, who they could talk to. The importance of social support and close and meaningful social relationships that became evident in participants' interviews and the qualitative analyses, have also been emphasised in previous qualitative (e.g. Goodman, 2004; Luster et al., 2008; Mels et al., 2008, Wallin & Ahlström, 2005) research.

The IPA studies presented individual voices, in the first person, rather than third person opinions about refugees. These accounts are needed in the field of refugee research, and can be used to inform theory and practice when seeking to support refugee groups in European countries. This area seems particularly important in the current climate where increasing numbers of asylum-seeking individuals are seeking refuge in European

countries (UNHCR, 2015a). The second exploratory study (Chapter Six) thereby made an important contribution to this area, and it is hoped that further work can build from the findings, particularly by recognising the need to listen to the experiences of asylum-seeking children in European countries.

As the adapted PCT method had led to important and meaningful Chapter Four, and less rich and detailed, although nevertheless useful information in Chapter Five, the method was piloted with a sample of seven children, aged between eight and sixteen years, whose parents were refugees. In this context with younger participants, the PCT was also found to be useful for gaining an insight into the children's constructions of the social world and what they perceived as important. Although children in this age group were not able to provide as complex and reflective data as the older participants, the findings were nevertheless informative. In the PCT pilot study, the completion of grids was moreover carried out as part of the PCT interview (please see Appendix E), however, the benefit of this inclusion was found to be of limited value and was therefore not included in the larger sample of children in Chapter Seven. The constructs and extracts provided by the children in the pilot study were found to focus primarily on the positive, rather than negative, aspects of their social world, on true friendships, and on being kind, caring and considerate towards others. More specifically, two main themes were developed based on the analysis of the extracts and the interviews that were part of the assessment: *Focusing on the positive aspects of the social world*, and *Friendship and concern for others*.

It may be difficult for younger children to express their experiences and needs through interviews, as this is an unfamiliar context for most children. The adapted PCT method, and the structured prompts asking about similarities and differences between the chosen elements, the use of cards and specific questions, however, seemed to be a suitable and useful medium for assessing children. It could be argued that these prompts and the structure of the questions made it easier for children to respond to the questions compared to more traditional semi-structured interviews, because of the game-like nature of the PCT method. Similarly, the lack of direct questions, that may not make sense to children in earlier developmental stages, was furthermore seen to be an advantage of the adapted PCT method.

Based on the pilot data, the PCT method was carried out with a larger group of children in Danish school settings (Chapter Seven). Overall, twenty-six children between the

ages of six and twelve took part in the school-based intervention. Unfortunately, due to an unforeseeable problem in the form of a four-week long national teachers' strike that closed schools entirely, only a sub-sample could be assessed before and after taking part in the school-based intervention. In total, fifteen participants (eight boys and seven girls) who were aged between six and twelve were assessed twice using the adapted PCT method. The extracts and constructs from the PCT interviews did not indicate any particular difficulties in this group. Participants focused on friendships and positive relationships, which did not differ greatly from the constructs provided by native Danish children. Based on extracts from children in the intervention group it seemed that they perceived their environment as supportive.

It was speculated that the reason for the relative positive adaptation and adjustment might partially be due to living with their families, as none of the children were unaccompanied, and because the school environment seemed to be perceived as supportive. Based on the age group of children in the study - six to twelve years of age - it was expected that participants would focus on friends, on fitting in and being part of their peer-group, which was found to be the case. Their young age may not have enabled them to reflect on their background, their own situation or their family's experiences, contrary to the findings presented in Chapters Four and Five, where participants were older, more mature, and thus better able to reflect on their experiences.

It was noteworthy that the children in Chapter Seven overall seemed integrated, seemed to be part of their peer-group, and emphasised the importance of friends. This corresponds to findings from all of the previous studies, and indicates the positive effect of peer-groups and friends. None of the children in this study were asylum-seeking at the time of the research, and they had all either entered Denmark accompanied by their family, or been born in Denmark. This may have contributed to the finding that they seemed less distressed than other groups in previous chapters. Findings from this study indicate the importance of creating stability and safety for all children, including refugees, and the beneficial effects of supportive environments where friendships can develop between refugee children and the native children, echoing previous findings.

Furthermore, the findings highlighted that professionals working with refugee children should consider each child's individual needs in order to avoid making assumptions about refugee children's lack of well-being or adjustment based merely on the professionals' knowledge of the family's background.

Overall, the findings from the PCT study with children indicated that the PCT assessment was valuable in regards to gaining an insight into the children's construing and meaning-making of their social world. The PCT method was judged to be non-threatening, and was found to uncover participants' constructs of their experience of the social world without direct questioning, by identifying the personal constructs they used to make sense of social functioning. It was moreover seen as valuable that the method can be individually tailored to each child, that it is respectful of diversity and that it focuses on the individual child as the expert. Besides the challenges of avoiding making culturally-based assumptions, researchers may also find accessing experiences of child participants difficult because of the age differences between researcher and participant, and the adapted PCT method proved to be valuable in this regard.

Strengths of the present research programme

As the findings in this research programme have illustrated, asylum-seeking and refugee individuals' experiences vary greatly based on their personal situation, age, background, and specifically the support they receive. A strength of this research was considered to be the variety of age groups of participants who took part, as well as the breadth and diversity of the contexts and settings in which the research took place. Due to the highly individual experiences of asylum-seeking and refugees individuals, it is difficult to make generalisations. It can be argued that it was an advantage that the research was carried out in relatively small organisations and centres, as the individual voices in these settings are unlikely to be heard through other outlets. Despite the variations in nationality, culture, age, sex, needs and experiences of the groups who took part, a common finding that was evident in all of the studies, was the importance of meaningful social relationships, social support and social connectedness. In the following, some of the key findings that were common across groups will be discussed.

Social support

Social support and longing for social connectedness was a consistent finding in all of the studies in the present research programme. Previous qualitative and quantitative research has similarly highlighted the importance of social support and social connectedness for refugee individuals living in asylum-countries (e.g. Berthold, 2000; Carswell et al., 2011; Daud et al., 2008; Goodman, 2004; Gorst-Unsworth & Goldenberg, 1998; Hassan et al., 2015; Kovacev & Shute, 2004; Lie, 2002; Luster et al., 2008; Mels et al., 2008, Montgomery, 2008; Wallin & Ahlström, 2005).

In research considering children and young individuals Montgomery (2008) explored predictors of internalising and externalising problems in a sample of refugee children and youth eight or nine years after their arrival in the asylum country, and found that the number of Danish friends predicted less internalising problems whereas perceived discrimination predicted more internalising problems. Montgomery (2008) argued that positive relations with peers in the asylum country may serve an important protective function as children with more friends may be less exposed to victimisation and discrimination. Similarly, it was argued that friendships may act as a buffer in situations where the child's family environment is affected by difficulties. In a systematic review of the literature on resilience in children affected by armed conflict, Tol and colleagues (2013) found that a supportive social context was as important, if not more important, than any individual characteristics for resilient development and adaptation. The authors emphasised that the strongest and most consistent evidence for promoting developmental and mental health outcomes for war-affected youth was family-level variables such as social support and parental support. This corresponds to the findings in the present research programme, where social support was found to be of critical importance across different contexts and age groups.

The importance of social support observed in this research may not seem surprising in the light of asylum-seeking and refugee experiences, which involve being uprooted from one's home country, community and social context. However, as the studies from this research programme have illustrated, it is possible that the implications of this finding are unacknowledged in policy making and practice. Further acknowledgement and focus on the critical influence of social support and encouragement may be able to contribute positively when seeking to facilitate adjustment and integration for refugee populations in European asylum countries. This area seems to be important like never before in the current situation where increasing numbers of individuals are seeking refuge (UNHCR, 2015a) and hoping to rebuild their lives in asylum countries.

In one sense the finding regarding social support is encouraging, as facilitating and increasing social support can be implemented relatively easily and cost-effectively into policies and interventions. When seeking to improve the well-being of asylum-seeking and refugee individuals in European countries, providing opportunities for social relationships to develop thus seems to be particularly important. Asylum-seeking and refugee individuals, and children and youth in particular, may benefit from being provided with opportunities to establish friendships and social relationships as soon as

possible after their arrival to the new society in addition to more general and practical support, regardless of whether or not they are going to stay in the country permanently.

The findings from the first exploratory study with unaccompanied minors in Sweden (Chapter Three) drew attention to the value of mentoring programmes at the point of entry and for the initial months and years, and this may be one way to support newly arrived asylum-seeking individuals. Moreover, in families where parents may not have the necessary emotional resources to support their children, the asylum country could support such families by providing opportunities for children to connect with caring adults, and to thereby facilitate well-being and adaptation. As mentioned previously, the positive benefits of social support, and the negative consequences of lack of social support, have been found in qualitative studies (e.g. Goodman, 2004; Luster et al., 2008; Mels et al., 2008, Wallin & Ahlström, 2005). Similarly, quantitative research has led to corresponding findings (e.g. Berthold, 2000; Carswell et al., 2011; Daud et al., 2008; Lie, 2002; Kovacev & Shute, 2004), highlighting the prominence of this issue.

Overall, the present research programme added to previous research in the field by enabling asylum-seeking and refugee individuals from various contexts and from a variety of age groups to voice their concerns and opinions about their own situation, as well as their concern for other individuals in similar situations. Research based on first person accounts has been relatively limited in this field, although important contributions have been made (e.g. Goodman, 2004; Bek-Pedersen & Montgomery, 2006; Luster et al., 2008) and the current research programme led to findings that could be useful for practitioners and researchers, as well as for policy making and when planning interventions for these groups.

A desire to fit in

Another main theme that was common across several studies in this programme, and a topic that was mentioned by children, youth and adults, was the desire to fit in. This finding was observed in the two exploratory IPA studies (Chapters Three and Six) as well as in several of the PCT studies, such as the asylum-seeking and refugee young adults in Chapter Four or refugee children in Chapter Seven. This finding corresponds to previous research (e.g. Almqvist & Hwang, 1999).

Refugee children and youth may be introduced to peer groups, and the new society generally, faster than their parents. This may mean that refugee children have more

opportunities which lead to integration and adaption compared to their parents (Dow, 2011; Morantz et al., 2012). Schools, teachers and other professionals in refugee children's immediate environment have important roles to play in contributing to supporting refugee children during the adjustment phase. This could involve working actively against discrimination, stigmatisation and racism towards refugee and asylum-seeking children in school settings. Perceived discrimination and stigmatisation were described as particularly distressing experiences by participants in Chapters Three, Four and Six, corresponding to previous findings (Montgomery, 2008). Discrimination and stigmatisation may hinder asylum-seeking and refugee children from being accepted and from integrating with the native peer-group, and adults working with these groups have a responsibility to ensure that the school environment encourages positive development for all children.

The difference in opportunities to engage with native people in the asylum country for refugee children compared to their parents may lead to role-reversals, where children take over some aspects of the parenting role (e.g. Dow, 2011; Papadopoulos, 1999). Such role reversals may add to, or contribute to, adverse effects such as intergenerational transmission of trauma. Teachers and professionals should be particularly aware of this potential problem. For instance, schools can help children by making sure that children are not asked to act as interpreters in meetings between parents and the teachers.

In summary, the finding that refugee individuals indicate a strong desire to fit in was found in children, youth and adults in this present research programme. Furthermore, the findings indicated that these individuals wish to contribute positively to their society, and to make the most of their future. These findings go against more dominant stereotypical accounts that are frequently presented in the media (e.g. Esses & Medianu, 2013; Greenslade, 2005) and it therefore seems important to disseminate them.

In conclusion, through the IPA and the PCT method, the present research programme led to findings that could contribute to informing policy making and similarly, could inform practices concerning refugee and asylum-seeking populations in European asylum-countries. Specifically, the IPA studies provided information about the experience of arriving to European societies, whilst the PCT assessments shed light on the participants' constructs, meaning-making and experiences of the social world.

Normalisation and stability

As demonstrated explicitly by the adults who arrived to the asylum country as unaccompanied minors in Chapter Three and Chapter Four, participants in this research programme emphasised a longing for normalisation. This finding is in accordance with Herman's (1997) stages of recovery following trauma, where the first stage is *Establishing safety*, the second stage is *Remembrance and mourning*, and finally, the third stage involves *Reconnection with ordinary life*.

The current research indicates that asylum countries should aim to provide opportunities for asylum-seeking and refugee individuals to reconnect with ordinary life, to fill their time with meaningful activities and opportunities for further learning, and especially to connect with others through mentorship programmes and organisations. Importantly, individuals who have not yet received their refugee status, but who are still in the process of applying for asylum, should be offered opportunities to interact and engage with natives in various contexts including learning and professional situations as well as social and cultural contexts. Regardless of the length of time that the individuals are going to stay in the country, and whether or not it is a permanent solution, the opportunity to engage in society, and to develop relationships in various contexts, is vital for the well-being of individuals.

Since less than fifteen per cent of the worlds' refugees make it as far as Western and European industrialised countries (UNHCR, 2015b), the ones who do make it are likely to be resilient. As the findings in this thesis have illustrated, there is a strong desire among asylum-seeking and refugee individuals to contribute positively to their new home, to work and to keep developing. The variety of cultural backgrounds, skills and experiences that asylum-seeking and refugee populations bring to Westerns and European host-societies, enrich societies, contribute to the economies and should be valued and supported.

Moving forward and a desire to contribute positively to society

Findings from Chapters Three and Four highlighted the participating individuals' motivation to move forward in the asylum country through education, through learning to fit in, and through establishing a new family. Some individuals from the study presented in Chapter Four had already started a family in the asylum country, whereas others spoke of close and meaningful relationships that resembled family bonds or parental figures. It seems that starting a family in the asylum country was seen as a sign

of integration and gave hope to the individuals, which was also found in a study by Almqvist and Hwang (1999). Similarly, establishing relationships that resembled previous family bonds seemed to be a way in which individuals established safety and reconnection in the new country, corresponding to Herman's (1997) stages of recovery following trauma.

Participants in Chapters Three, Four and Six stressed the importance of increasing their own chances of a positive future through education and work, which they expressed being willing to work hard to achieve. Overall, participants showed evidence of high levels of resilience, motivation and courage, despite the difficulties they had, and still were, experiencing. As emphasised earlier, more than eighty per cent of the world's refugee populations stay in developing countries and neighbouring regions to their country of origin (UNHCR, 2015b) and the fact that the individuals who participated in this research had made it as far as a European asylum country generally indicates strength and good coping skills. During assessments, participants in Chapters Three, Four and Six emphasised their own responsibility in regards to learning to fit in and to contribute to society in positive ways. This finding counters more frequently presented stereotypical views in European societies and deserves to be disseminated.

Findings from this research programme indicate that asylum-seeking and refugee individuals long for meaningful activities, and therefore should be provided with opportunities to engage in education and work opportunities, which would increase their chances of contributing positively to the asylum country, as well as increasing their mental well-being. Similarly, being able to access further education and having work opportunities would most likely lead to increased social contact, as well as increased chances of learning to fit in and establishing a sense of normalisation, thereby incorporating several of the findings from this research. Lack of meaningful activities, such as school or work, was mentioned as particularly distressing by young asylum-seeking and refugee adults in the studies in Chapters Three and Four, reflecting previous findings with refugee adults and youth (e.g. Carswell et al., 2011; Groark et al., 2011).

Having now examined some of the most important findings that arose across the studies in this programme, the strengths and limitations of the adapted PCT method will be discussed in the following section, before moving on to some more general challenges and barriers that were encountered while doing the research.

Strengths and limitations of the PCT method

The method based on Kelly's Personal Construct Theory (PCT) was chosen as the main assessment for this research programme based on the assumption that the method would be highly apt for shedding light on the participating asylum-seeking and refugee individuals' construing processes and meaning-making, without the requirement to make assumptions about their situation, needs or experience. As far as I am aware, the use of this particular PCT method with asylum-seeking and refugee groups has not been published. The method was chosen based on its flexibility and the fact that it can be tailored to individual needs whilst being open to a variety of cultural understandings (please see Chapter Two for a detailed discussion).

The adapted PCT method proved to be useful in this context as it led to insight into participants' constructions and meaning-making without leading or directing the participants' responses in pre-chosen ways. The overall theme, *the social world*, was chosen based on the exploratory study described in Chapter Three and previous findings from this field of work (e.g. Berthold, 2000; Carswell et al., 2011; Daud et al., 2008; Goodman, 2004; Gorst-Unsworth & Goldenberg, 1998; Kovacev & Shute, 2004; Lie, 2002; Luster et al., 2008; Mels et al., 2008, Wallin & Ahlström, 2005). The studies comprising this research programme highlighted the crucial influence of social support to positive adaptation, integration and general well-being.

In terms of the more specific themes and elements, I did not lead the content of participants' contributions to the PCT interview method, and participants were free to choose the elements and constructs they personally found meaningful. Similarly, participants were not provided with guidelines for the number of elements to be elicited or with categories from which they should be selected. This was done in order to minimise potential direction and distress. Furthermore, several of the participants expressed that they wished to take part in the research to make their voices heard, and to help others. Previous research has indicated how refugee groups experienced a therapeutic value in telling their stories to an empathic listener (De Haene et al., 2010; Groleau et al., 2009).

Summarising, although there may have been instances where the research led participants to reflect on experienced lack of social support or longing for social relationships, it is hoped that potential disadvantages were outweighed by the benefits of bringing forward the voices, stories and experiences of participants who took part in

this research programme. Lastly, it is hoped that the findings from this research will contribute to helping asylum-seeking and refugee individuals in the future by providing knowledge about their needs and experiences and by adding a new methodological tool. As specified in Chapter One, an implicit aim throughout this research was to give voice to individuals whose voices are rarely heard, and this aim is judged to have been successfully achieved.

Another main strength of the PCT interview method is the flexibility of the method and the fact that it can be tailored to individual needs. The potential for participants to alter their construing processes and meaning-making, and the empowerment that these changes may enable, was similarly observed, particularly in the study presented Chapter Four. This method may therefore be useful in studies involving pre and post assessments in relation to interventions and therapy, as well as more general measurements of ongoing development in the context of adaptation and integration.

As highlighted by Banister and colleagues (1994), Kelly's constructivist approach implies that individuals have the ability to create positive changes in their own lives through the way in which they choose to construe and think about experiences and events. This possibility for empowerment was seen as particularly important, and was a contributing factor for choosing the PCT method as the main research tool. Block and colleagues (2012) have argued that research with refugees should be a positive experience for the participants, and should ideally be of benefit to the individuals, rather than simply collecting data for research purposes. Through the PCT data, positive changes and increased empowerment was evident in the constructs and extracts provided by participants, especially in the study presented in Chapter Four. It is possible that positive changes were particularly apparent in this study because these participants' experiences were predominantly adverse and potentially traumatising. Alternatively, or perhaps additionally, these older participants may have been better able to engage in the reflective aspects of the PCT task, and to respond in more insightful ways due to their age, experience and developmental maturity.

In conclusion, the PCT method, as adapted for this research programme, worked better with older participants compared to younger children. Despite the varying 'quality' or depth and richness of the data elicited from children, youths and adults, this research has presented findings from a variety of contexts and settings, which has explorative value as the method had not previously been applied to such groups.

Although the PCT method was judged to be suitable for working with refugees, especially youth and adults, there were challenges involved as well, for instance related to participants' age groups, such as younger children's difficulty in considering the similarity between two elements and the difference from a third simultaneously. Having now discussed the main strengths and limitations of the PCT interview method, the following section expands on the differences observed in the various age groups.

Variations in the adapted PCT method across groups

In order to answer research question two (*Can George Kelly's Personal Construct Theory (PCT) be used effectively as a 'working tool' to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals?*) a variety of individuals in different contexts, from diverse backgrounds and of different age groups were included in the research programme. As can be seen from the extracts in Chapters Four, Five and Seven, the value of the adapted PCT method findings varied considerably as a consequence of individual and group differences.

The flexibility of the adapted PCT method was therefore judged to be an advantage in this context. According to Kelly's Personal Construct Theory (Kelly, 1955/1991), individuals have the ability to form personally meaningful constructs (*the Construction Corollary*) and therefore, reality is what we, individually, perceive it to be (*the Individuality Corollary*). Similarly, because each person chooses the dichotomised constructs that map on to his or her reality most appropriately (*the Choice Corollary*) these claims are in line with the qualitative methods applied in this research.

The assessment method based on PCT was found to be particularly useful when working with youth and young adults, especially those who took part in the work described in Chapter Four and to some extent those participants who participated in the study presented in Chapters Five and Seven. In Chapter Four (involving young asylum-seeking and refugee adults who had arrived to the UK as unaccompanied or separated minors), participants were found to be highly skilled at reflecting on their experiences and constructions of events. Similarly, participants in this study were very open and willing to share their views. The meetings that went ahead of the actual research, as well as the group intervention and the structure of group sessions, which took place on four consecutive days where I was present, may have contributed to participants feeling secure in the research setting.

The age of participants in this study (eighteen to 28 years of age), their length of time in the asylum country, and the fact that they had already had contact with other professionals in therapeutic settings previously, may have influenced their ability to reflect on past and present experiences in abstract and complex ways. Furthermore, the severe adversity experienced by participants in this group may have meant that they had already reflected on these experiences, on why they had suffered as they had, as well as their hopes for the future. Thus, if participants had reflected on such topics before taking part, they may have more readily been able to share such thoughts in the research setting.

Finally, the specific circumstances they had survived and difficult experiences during childhood may similarly have led to an increased maturity, which may have influenced their interaction with me during the research and their approach to taking part in the research. Nevertheless, it is important to emphasise that the depth and richness of the data provided by participants in Chapter Four was entirely due to these participants' willingness to share their personal experiences so openly and honestly. The PCT interview method proved to be a successful medium that facilitated the aim of giving voice to this group and to access ways in which they understood their situations and made sense of their experiences. As emphasised by Kabranian-Melkonian (2015), research with refugees can give voice to the voiceless and tell stories that would otherwise not be heard.

For the participants who took part in the study presented in Chapter Five, whose parents were refugees, but who were themselves born in the England, reflecting on their own situation and experiences did not seem to be something they were familiar with. The personal difficulties experienced by these participants did not seem as severe as those presented by participants in Chapter Four, which may partially have been due to greater family stability, which would correspond to the quantitative data (*Meaning in Life* and *General Self-efficacy scale*). Participants in Chapter Five did, however, emphasise some perceived difficulties, mostly concerning the two cultures they were a part of, illustrated through the theme: *Culture, Religion and Identity Clashes*. As participants in this study had many more opportunities in relation to education and work compared to participants in Chapter Four, it seemed that this group did not have the same desire to express their views about their experiences and needs as the participants in Chapter Four did. In summary, the participants in Chapter Four seemed to be the group (and context) that

was most suitable for the PCT assessment and the findings resulting from this study are judged to be highly relevant to theory and practice within the field of refugee work.

As described in the following sections, there were some specific challenges related to the adapted PCT method in the context of child participants (Chapter Seven).

The PCT method and child participants

Although the children in the pilot study and the larger study presented in Chapter Seven were able to do the PCT task of comparing constructs through elements, at least when only two constructs were compared at a time, unsurprisingly, the resulting data was less complex than that provided by young adults in Chapters Four and Five. This may be explained by the age difference and resulting differences in cognitive abilities (Piaget, 1964). If the participating children found the task of comparing three elements simultaneously too complex, an immediate adjustment was made so that only two elements were compared instead, which was achievable for all participants.

During the pilot of the PCT measure, participants were asked to fill in a grid (please see Appendix E). This was found to be too complex a task for some and moreover, the grid did not seem to add much to the findings. In future work, however, it is possible that the grid could prove to be a useful outcome measure, especially in longer term therapeutic contexts. For instance, having a grid which illustrates one's present and future self on a variety of constructs could prove useful when examining development over time. Furthermore, some children in the PCT pilot study found rating their elements according to numbers on the grid to be a difficult task, and some elements were perceived as either 'nice' or 'mean' for instance, with no grey area (please see Appendix E). One possibility may therefore be to simply ask children to draw a dot for each element on a line representing the construct with two poles at either end, rather than asking children to select a number and to rate each element in order. Future work involving the PCT method with children may benefit from this adjustment.

In general, the method based on PCT was found to be less useful for children aged six to twelve in the school-setting in Denmark (Chapter Seven) compared to older individuals (Chapters Four and Five). Children aged six to twelve years were not as capable of sharing their constructs and meaning-making, compared to the older participants. An adjustment was made so that only two elements were compared instead of three in situations where the participating children found the task of comparing three elements simultaneously too complex. This was achievable for all the participating

children. Furthermore, some children focused primarily on physical appearances rather than personal qualities, which led to data that were somewhat less rich and meaningful compared to that of older participants. These findings can be explained by the differences in participants development (Damon & Hart, 1982), for instance through Piaget's (1964) theory of cognitive developmental.

An advantage was the flexibility of the PCT method, where participants influenced the depth and length of the interview, depending on their interest, openness and level of reflection. This was seen as important because children of six to twelve years are likely to have dissimilar intellectual ability and attention span (Miller, 2000), and an ethical concern of working with children is to stop when they become fatigued, which could result in loss of data.

Flexibility of the PCT method and cultural variations

Having applied the adapted PCT method in a variety of contexts highlighted how important it is to avoid making assumptions about asylum-seeking and refugee groups, due to the heterogeneity of these groups. More specifically, the adapted PCT method was found to be valuable as it can be tailored to the age group and developmental level of the individual, whilst not making assumptions in advance about correct responses. This is particularly important when working with individuals from a variety of cultures and countries, who may be cautious of the implications of their responses due to their prior experiences.

Corresponding to the points made previously by Hassan and colleagues (2015) concerning the cultural variations in the ways in which psychological difficulties are perceived (Chapter Two) the PCT method is not based on any particular cultural assumptions, and the measure minimises the need for use of complex language. In research contexts, there is a danger that the language used may be misunderstood or misinterpreted by the individuals involved, and the PCT measure seeks to minimize this potential bias by focussing on each individual's constructs and understanding. Of course, misinterpretations are still possible, for instance during the stage of analysis. As highlighted previously, words can be seen as symbols for constructs, yet constructs carry more meaning and greater complexity than the words chosen to describe them (Trunekova & Viney, 2006), consistent with the points made by Hassan and colleagues (2015). Because constructs are personal and individual, a researcher's understanding of participants' construct may not correspond to the meaning attributed by the participant

(Green, 2004). Kelly (1955) therefore cautioned against assuming that respondents agree with the dictionary description of any given word, and the PCT method takes this ambiguity into account by focussing on respondents' meaning-making, taking that as their personal truth.

In summary, prior to this research programme, a method based on PCT had not previously been carried out with asylum-seeking and refugee individuals, focussing on the post-migration environment, at least not to my knowledge. Despite the challenges that were involved in this adapted PCT method, which have been discussed throughout, the method was judged to be suitable for gaining an understanding of refugee and asylum-seeking individuals' needs and experiences in European asylum countries. The findings contributed to valuable and novel knowledge within this field, and in some cases, the method was used in conjunction to other measures, such as quantitative questionnaires so that findings from different methods were compared (Chapters Four and Five). This may be worth exploring further in the future. Finally, whilst still accessing important information, the adapted PCT may be less time-consuming than qualitative methods such as IPA.

Having now considered the strengths and limitations of the PCT method as applied in three studies of this research programme, the method will be evaluated in comparison to the IPA studies before discussing some of the overall challenges and barriers encountered throughout this research programme.

Reflections on the value of the two methods applied

In order to answer the overall research question, *How do asylum seeking and refugee individuals understand and make sense of their experiences in European societies and how can these societies best support asylum-seeking and refugee individuals?*, a decision was made to focus on qualitative methods. As indicated in previous chapters, the field of refugee work has primarily focused on symptom exploration and symptom reduction rather than coping mechanisms or resilience strategies (e.g. Betancourt & Khan, 2008; Hassan et al., 2015) and the aim of the present research was to contribute with findings that focused on personal meaning-making and individual interpretations. Two of the studies were exploratory in nature (Chapters Three and Six), based on IPA, whereas the remaining studies were based on the adapted PCT method and were analysed using a thematic analysis (Braun & Clarke, 2006; 2012). Please see details about the rationale for these choices in Chapter Two.

IPA is dedicated to the examination of individual, personal and real life experiences (Smith et al., 2009) and seeks to examine the *essence* and the *underlying structure* of a particular experience or phenomenon (Willig, 2012). In the two exploratory studies where the experience of adjusting to life in the asylum country was examined, the IPA method led to rich and detailed findings, which did indeed shed light on these personal experiences, and provided important contributions to the first research question, as well as determining the overall topic of the adapted PCT method (*the social world*). Because the individuals who took part in the IPA studies were adults, they were able to reflect on their experiences, and this was perceived as an advantage for these particular studies, as the resulting findings were complex and rich.

A critique of both IPA and the findings from the adapted PCT method as analysed based on a thematic analysis, is the question of whether such methods give voice to participants or whether they give voice to researchers' interpretation of participants' experiences and idiographic context. As highlighted by Smith and colleagues (2009), IPA consists of a double hermeneutic process, whereby the researcher interprets the participants' interpretation of events or experiences. Findings are therefore influenced by researchers' focus and judgment of what was most important, and the findings are therefore not an objective or impartial account of participants' voices. From a methodological perspective, because of the interpretation that was involved, it could be argued that the extracts resulting from the IPA and PCT studies provided me with access to participants' voices and their idiographic context, rather than the research purely giving voice to participants.

However, as the constructs presented in tables in the studies based on PCT represent participants' constructs without any analysis or interpretation, these can be said to be a 'true' picture of participants' meaning-making, without interpretation from the researcher. These pure descriptions in combination with the interpretations of extracts shed light on participants meaning-making from both a purely descriptive as well as an interpretative level. Similarly, the extracts in the form of 'found poems' that were presented throughout the thesis could moreover be classified as participants' voices. These poems, or extracts, were found in the dataset extracts from participants' voices, without any editing or alteration from my side. The only contribution I made was the way in which the extracts were presented on the page. As indicated previously, the language used by participants may not correspond to researchers' interpretation of those

words. The PCT method and the ‘found poems’ were judged to minimise some of these difficulties, due to the direct access to core constructs that guide meaning-making.

The adapted PCT method was applied in a range of settings and with participants of varying age groups and nationalities in order to provide answers to the second research question: *Can George Kelly’s Personal Construct Theory (PCT) be used effectively as a ‘working tool’ to elicit constructs that guide meaning-making and understanding in asylum-seeking and refugee individuals?* The findings resulting from the studies based on PCT were found to access personal meaning-making in a condensed form, by cutting directly to essential constructs that guide concept formation and understanding. In this way, the PCT method led to information about participants’ functioning and understanding of their social world in a distilled way, cutting to the core of constructs used to understand the social world, which was found useful, particularly in the studies involving children, who may have been unable to reflect on their experiences and situation. Throughout the research, questions directly related to potentially traumatising events were never asked, although the themes explored were personal and some participants chose to reveal details about situations, experiences and events that were emotional and private. Overall, the research benefitted immensely from the participants’ willingness and ability to share their voices, stories, perspectives and experiences.

Both IPA and PCT avoid preconceptions about the way in which individuals make sense of their experience and seek to minimise the imposition of externally-derived questions which might direct responses, but additionally, the PCT method minimised the use of complex language more so than IPA. The PCT method can thereby be time-consuming in comparison to other qualitative methods such as IPA and may also be more accessible to children, due to the structure and prompts included in the method. Similarly, the shorter length of the interviews, which can account for children’s limited attention span, may be an advantage (Miller, 2000). Finally, it is possible that the PCT method could be used in combination with other qualitative methods, for instance as a prime for a more in-depth interviews. The PCT method may make children feel more familiar with the interview situation due to the structure and game-like aspects of the method. This could be explored in future research in educational or clinical settings.

In summary, the specific research question chosen for a given study should inform the choice of method applied and both IPA and PCT methods have different strengths and limitations. The exploratory IPA studies informed the present research programme

through individual phenomenological experiences related to research question one. The resulting knowledge and information could be relevant when seeking to adjust or develop ways of supporting newly arrived asylum-seeking individuals in European countries, a topic that is highly relevant due to current ongoing political conflicts, leading to increasing numbers of individuals seeking refuge and safety in European countries (UNHCR, 2015a).

The studies based on the adapted PCT method, on the other hand, led to findings about individual meaning-making and understanding of personal situations, which could be relevant in therapeutic contexts, as well as for prevention and intervention strategies in schools or more generally in societies. For instance, in therapeutic settings, one of the outcomes of accessing and knowing an individuals' constructs, based on PCT, could be to support individuals in the ways in which they anticipate events. As constructs can change over time based on experience, an individual's outlook on life and anticipations of events could be transformed if an individual was able to construe things differently. In such ways, professionals could help to relieve distress in asylum-seeking and refugee individuals by supporting and helping individuals to construe the world differently, despite the adversity and potential trauma experienced.

Having now discussed the methods, some of the general challenges and barriers that affected the research are outlined in the following section.

Challenges and barriers encountered

During the planning stage of this research, some difficulties were expected because of the vulnerability of the participant groups and due to the specific concerns that are inherently part of working with asylum-seeking and refugee individuals. As some of the groups who took part in this research were likely to have experienced potentially traumatising events, a level of suspicion or distrust was expected. Participation in research can be potentially distressing for some individuals, particularly when the research questions are concerned with personal needs and experiences. A strong understating of, and commitment to, the participants' best interest was therefore required. It was necessary to work hard to ensure that all individuals understood the aim of the research, and that participants were provided with sufficient information and support, so that they felt able to make an informed decision about whether or not they wished to take part. This was especially pertinent in cases where there were language barriers. A related challenge was the concern about over-research. Finding individuals

who were able and willing to take part proved to be highly challenging, as I was concerned about the possibility of over-researching individuals. Participants in the present research programme did not participate in any other research whilst taking part, in order to minimise potential over-research.

A further challenge occurred when seeking permission to recruit participants from clinical settings, organisations, refugee centres or charities. Staff in these settings were frequently found to be sceptical about research projects in general, and to value therapy higher than research, which is understandable. This often led the centres to refuse to inform participants about the research projects, because of the indirect pressure clients might feel from the therapist or organisation. Difficulties involved in research with children and vulnerable individuals, such as negotiating with gate-keepers and seeking consent (De Haene et al., 2010; Miller, 2000) are common and must be carefully considered in order to protect participants.

It would perhaps have been an advantage to collaborate with larger refugee organisations to a greater extent, as larger organisations are more likely to carry out research already and to have the necessary resources for research collaborations. However, as one of the overall aims throughout this research was to give voice to voices rarely heard, it was seen as an advantage that participants were recruited from small refugee centres, community centres and non-governmental organisations. The present research has thus added valuable knowledge to the field by exploring the needs and experiences of asylum-seeking and refugee individuals from various age-groups as well as from a range of contexts that were previously less represented in the literature.

An additional challenge involved the question of whether to attempt comparisons between groups, because of the difficulty in making meaningful comparisons and in finding appropriate control groups. Asylum-seeking and refugee individuals in European asylum countries come from such varied backgrounds, with personal and unique experiences and reasons for having fled their home-country, in addition to originating from a range of continents and countries with different cultural beliefs and societal norms. Furthermore, asylum-seeking individuals arrive to a range of different European asylum-countries with differing procedures, and have experienced different types of journeys. These factors make the task of comparisons extremely challenging. One might perhaps argue that asylum-seeking and refugee individuals have such individual experiences and needs that attempting to find control groups or to compare

individuals is meaningless. When carrying out qualitative research, however, comparisons and control groups become less important, if at all, because the aim is to examine personal and individual experiences, perceptions and views. Therefore, control groups were not included in the research. The only comparison made was between the constructs of native Danish children and those of refugee children in Chapter Seven.

A further barrier that was experienced with this research was the fact that some participants were sceptical about my intentions and aims. Individuals may have encountered hostility and disbelief, for instance in interview situations such as those carried out when seeking asylum, corresponding to previous literature (Kohli & Mather, 2003). Several participants were, quite understandably, cautious, uncertain and suspicious about consent forms and the research aims and motives in general. In an attempt to minimise mistrust, the completely voluntary nature of participation was emphasised, and it was stressed to the individuals that participants were only being invited to take part if they wished to. In many cases, participants were very willing to take part once they had heard about the purpose and nature of the research. However, it is possible that individuals who experienced greater distress did not wish to take part in the research which may have led to a bias.

Several of the participants, who took part in the studies presented in Chapter Three and Chapter Four expressed that they were keen to take part, as they wanted to share their experiences and to thereby help others in similar situations. In these cases, I tried to communicate my aims and realistic goals for this research. For instance, some participants hoped that the research might be read by officials from the Home Office or politicians in the respective asylum country, and that these politicians would be encouraged to make changes to the asylum-process as a consequence of hearing the stories and reading the research. Although it was the aim that this research programme would contribute to theory, practice and policy making within the field of refugee work, I was careful not give participants false hopes about such possibilities.

Another kind of uncertainty, which applied especially to asylum-seeking individuals' living conditions, was the lack of stability in all aspects of their lives, including financial instability, housing instability and uncertainties about their asylum application. This uncertainty and instability naturally led to far more dire consequences for the affected individuals than the research. Fortunately, none of the participants were moved to different areas of the country, or deported, and none of the participants dropped out

of the research. A general strength of this research programme was the lack of participants dropping out, indicating that the research was neither too onerous for, nor offensive to, the participants.

As emphasised by the participants in Chapter Three, many asylum-seeking individuals are sent back to highly uncertain and dangerous situations, and these individuals, although not included in the present research, should not be forgotten. This point is related to an important limitation of the research programme in general, namely, that participants who took part in this research are likely to have had very good coping skills. As has been highlighted previously, the majority of the world's refugees remain in developing countries, and less than fifteen per cent make it as far as European or Western asylum-countries (UNHCR, 2015b). Furthermore, it is possible that the majority of refugees in European societies never come in to contact with researchers, and the voices presented here therefore do not claim to represent all refugees in European asylum countries. The voices presented here represent the individuals who took part and their personal views, needs and experiences.

The barriers and challenges outlined above are not unique to this present research programme, but apply to all research working with asylum-seeking individuals and refugee populations. When working with mixed-methods and qualitative designs, the level of participation and commitment required from participants is higher than that which is required for quantitative methods. Opening up and sharing personal experiences can, very understandably, be difficult for some participants, especially when previous experiences may include distrustful interviewers or procedures. The level of commitment, and the nature of the PCT method, was found to be suitable, at an intermediate level. Participants had control over the depth and details discussed about their social world. When working with children, who may not be as readily able to reflect on their own situation, the adapted PCT method was found to access personal meaning-making and individual constructs in a child-sensitive way.

In the studies presented in this thesis, several participants expressed challenged they perceived in relation to trust. The importance of allowing the necessary time for trust to develop when working with refugee and asylum-seeking individuals is critical, particularly because of the specific experiences asylum-seeking and refugees may have had, which are likely to have led to mistrusting others and well as being mistrusted. Practitioners and professionals should be encouraged to be patient in terms of their

expectations for trust, as well as understanding that what individuals are able, and willing, to disclose may change over time as trust develops (Ní Raghallaigh, 2014).

Despite the many challenges and barriers involved in this work, there is an urgent need to provide asylum-seeking and refugee individuals with a voice to share their perspectives and experiences. There is scope for further research into children's own perspectives and opinions about their situation, as children are capable of expressing needs and experiences, and there is a need to listen to these views (Miller, 2000). Professionals and researchers may benefit from continuing to collaborate in order facilitate the needs of asylum-seeking and refugee groups and to provide the necessary support in European societies. It is crucial to develop further research programmes that seek to support asylum-seeking and refugee groups as early as possible after their arrival to the receiving country. Unfortunately, there is no indication that the ongoing political conflicts and human rights violations that force individuals to flee their country of origin will end in the near future. Work within this area therefore continues to be of high importance.

Theoretical underpinnings and influences

Throughout the research programme, the importance of social connectedness and meaningful trusting relationships was highlighted as particularly important factors influencing well-being and positive adjustment. Attachment theory, and further work developed based on Attachment Theory, (Bowlby, 1951; 1969; 1977) may help to explain this finding. Many of the individuals in the present research programme had lost, or been separated from, their primary caregivers, often at an early stage in their childhood or youth, and valued caring adults who could provide support in the absence of their families. As exemplified through the extracts in Chapter Three, the individuals from Afghanistan expressed both ambiguous loss as well as actual loss of family members and friends, and stressed how mentors and social support in general were positive factors in Sweden. Similarly, participants in Chapter Four highlighted the importance of adults who they perceived as a mother or a father figure, despite these individuals being professionals rather than foster parents. Individuals in Chapter Four also mentioned that establishing their own family was a step towards creating a better future, thereby gaining a *new family*, as expressed by one of the male participants. The finding that extending ones family in the asylum country can be seen as a sign of hope

for the future was similarly found in a qualitative study involving Iranian refugee families in Sweden (Almqvist & Hwang, 1999).

From examples provided in the studies presented in Chapters Three and Four, it seems possible that early positive attachment relationships and internal working models can be re-accessed through later work, despite the loss and trauma that took place. It seems wrong to assume that asylum-seeking and refugee children, youth and individuals have not had positive and loving attachment relationships prior to fleeing their country of origin, although this may sometimes not have been the case. Where positive attachment relationships have been experienced previously, these early relationship representations may be helpful to the individual when seeking to regain stability. In cases where this has not been the case, professionals may be able to provide support. In research contexts, a supportive group of participants may similarly be able to provide a social context in which individuals can learn from each other, as observed in Chapter Four. This is yet another way in which empowerment can be facilitated.

Even when children arrive to the asylum country accompanied by their parents and families, there may be cases where parents are unable to provide the emotional support that their children need (e.g. Bek-Pedersen & Montgomery, 2006). Extracts from the second exploratory study (Chapter Six) illustrated how refugee children may withhold questions about the past from their parents, or avoid expressing their own anxieties or concerns, as a way of trying to protect their parents from further distress. Further, as illustrated by findings presented in Chapter Six as well as previous research (Almqvist & Hwang, 1999), some refugee parents may actively discourage their children from talking about the past due to their own mourning and loss, and because of a chosen coping strategy of focusing on the present and future, rather than the past. This highlights the importance of providing asylum-seeking and refugee children with opportunities to talk to sensitive and caring professionals in their immediate environment. In situations where parents do not have the necessary emotional resources to provide the support that children need, other adults may be able to take that place to ensure that children do not experience unnecessary anxiety or distress.

In addition to attachment theory, a second major theoretical underpinning of this research programme was George Kelly's Personal Construct Theory. Firstly because of the chosen PCT method, and secondly, the theory was important because of its underlying assumption that individuals have the power to change, and to create new

constructs of their situation and environment. The theory was influential throughout because it emphasises that each individual is seen as an active agent in his or her own life. This enables a level of empowerment, as emphasised by Banister and colleagues (1994), which is crucial when dealing with these particular groups.

Implications for policymaking

Although the research did not address the asylum process explicitly, the immense impact that the asylum process had on participating individuals was undeniable. Several of the individuals who had arrived in Sweden as unaccompanied minors from Afghanistan (Chapter Three) said that waiting for this decision was the most difficult experience, and that this situation caused immense distress and concern during the initial months in the asylum country. Similarly, the distress associated with a lack of refugee status, and the uncertainty, worry, anxiety, stigma and isolation this led to, or had led to, was also expressed by participants in Chapter Four.

In terms of policymaking, the findings from the present research programme indicate an urgent need to reduce post-migration risk factors with a particular focus on working hard to make the asylum-process as fair and quick as possible, which has also been highlighted previously (e.g., Carswell et al., 2011, Fazel et al., 2012). A related point is the importance of ensuring that children, youth and adults have opportunities to engage in meaningful activities, including education, as well as providing opportunities for social relationships to develop. Positive adaptation and integration is likely to be facilitated if integration with natives takes place and if friendships and social relationships can develop. Since the asylum process is both complex and lengthy (Fazel et al., 2012; Pitman, 2010), this makes the need for meaningful activities and social support from the initial point of entry even more pressing.

As seen through the examples in the study presented in Chapter Three, the mentoring programme in Sweden seemed highly effective and positive for asylum-seeking youth. Providing formal mentorship schemes to asylum-seeking individuals and refugees could potentially be effective. Mentoring with appropriate training and supervision, may be one way in which to facilitate social support, social connectedness, integration and adaptation. Similarly, educational opportunities and being enabled to work moreover seems to be important factors based on these findings.

Due to the lengthy asylum-seeking process and the numerous risk factors, such as isolation, stigmatisation, poverty, or loss of opportunities to work, that asylum-seeking individuals may potentially experience in European asylum countries (Carswell et al., 2011; Gorst-Unsworth & Goldberg, 1998; Laban, et al., 2004; Lie, 2002; Pitman, 2010; Steel et al., 2004; Sultan & O’Sullivan, 2001), meaningful activities and positive support seem even more important. This could potentially counter possible difficulties, such as loneliness and discrimination, and adverse effects on the individuals’ mental well-being. Even if the asylum-application is not successful, meaningful activities during the time in the asylum country would still be valuable, and evidence suggests that when such support and opportunities are not provided, the consequences can be negative for the affected individuals (e.g., Fazel & Silove, 2006; Gorst-Unsworth & Goldberg, 1998; Keller et al., 2003; Morantz et al., 2012; Robjant et al., 2009; Sinnerbrink et al., 1997; Steel et al., 2004).

Implications for society

This research programme also has implications for society at large. It could be argued that it is the responsibility of high-income European countries to help the most vulnerable and least fortunate in society such as asylum-seeking and refugee individuals. With the ongoing political conflicts worldwide, the number of individuals fleeing their country of origin in search of safety is likely to continue to increase. European asylum countries must contribute to ensuring that these individuals find stability and help them to rebuild their lives. Unfortunately there is a general tendency to scapegoat and stereotype refugee and asylum-seeking individuals in the media in the UK (Greenslade, 2005) as well as other European countries, which has been even more apparent in recent years, where an increase in asylum-seeking individuals in European countries has been observed. Amnesty International has criticised the EU for the harsh ‘migration management’ including excessive use of detention centres and ‘holding centres’ (Amnesty International, 2013).

As has been illustrated throughout, many asylum-seeking and refugee individuals are resilient and have high aspirations regarding education and work, and similarly have a strong desire to contribute to the asylum country. If these individuals are offered an opportunity to work towards their goals, society at large could benefit from the rich cultural diversity, experience and motivation that many of these individuals bring to European societies, despite their difficult backgrounds. It is therefore necessary to work

towards enabling refugee individuals to contribute positively, and allowing them to use their skills and abilities in the best possible ways. The variety of cultural backgrounds, skills and experiences that asylum-seeking and refugee populations bring to European host-societies, enrich our societies, contribute to the economies and should be valued.

Ageing populations and the decreasing employable workforce in European countries make immigration a necessity in order to sustain the established welfare systems, although there may be both positive and negative consequences of increased immigration (Montgomery, 2008). The addition of other cultures, norms and traditions, including art, music and cuisines, have enriched Western societies, although increased immigration may also lead to social and economic challenges in regards to education, work and social integration in some countries. In order to counter the potential negative consequences of increased immigration, it is important to understand the social and psychological challenges that asylum-seeking and refugee individuals experience in European countries (Montgomery, 2008), as this understanding is the first step towards appropriate support. After receiving asylum-seeking individuals, host-societies should thus aim to provide asylum-seeking and refugee individuals with opportunities to reconnect and build a new life. As stated by Almqvist and Hwang (1999 p.186): “*The host countries have a responsibility, not only to receive the refugees, but to facilitate and support strategies to improve their future adaptation*”, and the findings from the present research programme support this recommendation.

Personal reflections on the work as a whole

“The texts we create are filtered through our own individuality” (Dávila, 2014, p. 23)

The final section of this thesis will include personal reflections that I made before, during and after completing the research. As highlighted in Chapter Two, a section on reflexivity and the researcher’s position, where potential biases, assumptions and the researcher’s worldviews may be expressed and discussed, can aid the readers’ understanding of how and why the researcher analysed and interpreted the data as she did (Merriam, 2009). In the following, such reflections will be made in addition to broader reflections about the work.

Prior to commencing the research programme, I volunteered at a centre for traumatised refugee victims of torture, where my initial interest in this area began. Due to the experiences gained from working in that centre and having met many asylum-seeking

and refugee individuals and heard their stories prior to commencing the PhD research, I had a sympathetic rather than sceptical attitude towards asylum-seeking and refugee individuals in European countries. My personal opinions, views and perspectives may therefore have influenced the research to some extent, although I was aware of, and reflected on, this issue while carrying out the research and writing up the findings.

As indicated previously, participants' voices were not presented in completely objective and impartial ways in the research. I, the researcher, influenced the research questions, interview situations and the interpretations of findings from the exploratory IPA studies and the PCT studies. In an attempt to present participants' voices in their pure form, however, extracts or 'found poems' (without interpretation or commentary) were also presented throughout the thesis. It could perhaps be argued that presenting these extracts was not unbiased or neutral either, as there was an underlying attempt at presenting views and opinions that are not often represented in research, political debates or in the media (Esses & Medianu, 2013; Greenslade, 2005), and I acknowledge this.

During the data collection stage where interviews and assessments took part, I considered the potential distress participants might experience from being asked to reflect on their social world. Although some adult participants did at times seem somewhat distressed, there was also a general opinion amongst the participants that they were happy to take part. Many participants expressed a desire to talk about their situation and experiences, so that others could learn from these. Further, because of the adverse and potentially traumatic experiences some of the participants had undergone, distress might have been expected regardless of the chosen topic for the interviews.

My own reluctance to cause any distress led me to reflect on whether such a position might actually lead me to treat the participants as victims, rather than seeking to empower them and seeing them as individuals with the ability to set their own boundaries. In line with this thinking, the relatively less open, and somewhat more disengaged participants (for instance in Chapter Five) compared to participants in Chapter Four could be these participants' way of indicating that they did not wish to share that information. Alternatively, it may have been a learned silencing strategy (Almqvist & Hwang (1999), or may simply have been a reflection of positive functioning and well-being.

In the studies that involved working with children, my commitment to not causing any distress was even more important, due to the ethics involved in research with vulnerable

children and my responsibility to avoid causing harm. Therefore, I was especially aware of any potential signs of discomfort in children. Distress in the child participants was not observed, but adults who were familiar to the children were always nearby. In summary, it was not my experience that many participants experienced distress because of taking part in the research.

Despite seeking to minimise the traditional hierarchy structure between interviewer and interviewee, or researcher and respondent, and despite treating participants as the experts and showing participants that their participation was appreciated, it cannot be ruled out that some participants felt pressured to comply with perceived norms for research settings. Generally, participants may feel a desire to answer questions asked by researchers in research settings and to comply with perceived expectations. It was therefore important for me to emphasise to participants that participating was voluntary; that they could choose to withdraw at any time without any consequences, and that participants could choose not to answer any questions they did not wish to answer. It is possible that other advantages to taking part in the research, such as opportunities for social contact or the payment received, influenced some of the participants' decisions to take part.

It is hoped that all participants felt that they were listened to, and that their opinions, views and perspectives were valued. Based on my conversations with individuals who participated in the research, I believe that the overall advantages of taking part outweighed any potential negative effects. Several participants expressed a desire to contribute to increased knowledge in this field and to voice their opinions about their situations. My perception about participants' experiences of taking part was confirmed when they were invited to express potential advantages or disadvantages of their participation.

To complete this thesis I would like to present a final quote from one of the participants who took part in my research.

*I think it's a part of you
It's a part of you all the way
A part of you that people outside don't like
That society doesn't like
Society doesn't like that part of you
They think different about that part of you
It doesn't matter how much you explain yourself
It will always be there
Like the Somali runner Mo Farah
You're different when you're a refugee
Even when you win a medal in the Olympics
They'll say he came when he was 2 or 3
How old is he now?
And it's still coming to him!
They will not mention it directly to you...
As soon as he won the medal they said he was a refugee*

(Male participant)

Word count: 91,053

References

- Achenbach, T. M., & Rescorla, L. A. (2001). Manual for the ASEBA school-age forms & profiles. Burlington, VT: Department of Psychiatry, University of Vermont.
- Ainsworth, M. D. S., & Bell, S. M. (1970). Attachment, exploration, and separation: Illustrated by the behavior of one-year-olds in a strange situation. *Child Development, 41*, 49-67.
- Almqvist, K. & Hwang, P. (1999). Iranian Refugees in Sweden: Coping Processes in Children and Their Families. *Childhood, 6*, 167-188.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Amnesty International (2013). Scapegoats of Fear: Rights of refugees, asylum-seekers and migrants abused in Libya, Amnesty International, International Secretariat, United Kingdom (accessed January 2015: <http://www.amnestyusa.org/research/reports/scapegoats-of-fear-rights-of-refugees-asylum-seekers-and-migrants-abused-in-libya?page=3>).
- APA (2015). Post-traumatic Stress Disorder, retrieved August 2015 <http://www.apa.org/topics/ptsd/>
- Banister, P. Burman, E., Parker, I., Taylor, M. & Tindall, C. (1994). *Personal Construct Approaches: in Qualitative Methods in Psychology: A Research Guide*, Open University Press: Philadelphia.
- Barker, J. & Weller, S. (2003). 'Never work with children?': the geography of methodological issues in research with children. *Qualitative Research, 3*, 207-227.
- Baron-Cohen, S, Wheelwright, S, Spong, A., Scahill, V. & Lawson J. (2001). Are intuitive physics and intuitive psychology independent? A test with children with Asperger Syndrome. *Journal of Developmental and Learning Disorders, 5*, 47-78.
- Bean, T., Eurelings-Bontekoe, E., Derluyn, I., & Spinhoven, P. (2004). Reactions of Adolescents to Traumatic Stress Questionnaire (RATS): User's manual. Oegstgeest, The Netherlands: Centrum '45.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.
- Bek-Pedersen, K. & Montgomery, E. (2006). Narratives of the past and present: young refugees' construction of a family identity in exile. *Journal of Refugee Studies, 19*, 94-110.
- Berthold, S.M. (2000). War Traumas and Community Violence: Psychological, Behavioral, and Academic Outcomes among Khmer Refugee Adolescents. *Journal of Multicultural Social Work, 8*, 15-46.
- Betancourt, S.T. & Khan, T.K. (2008). The mental health of children affected by armed conflict: protective processes and pathways to resilience. *International Review of Psychiatry, 20*, 317-328.

- Blake, D. D., Weathers, F. W., Nagy, L. M., Kaloupek, D. G., Gusman, F. D., Charney, D. S. & Keane, T. M. (1995). The development of a clinician-administered PTSD scale. *Journal of Traumatic Stress, 8*, 75-90.
- Block, K., Warr D., Gibbs, L. & Riggs, E. (2012). Addressing Ethical and Methodological Challenges in Research with Refugee-background Young People: Reflections from the Field, *Journal of Refugee Studies*: doi:10.1093/jrs/fes002.
- Boss, P. (2004). Ambiguous loss research, theory, and practice: Reflections after 9/11. *Journal of Marriage and Family, 66*, 551-566.
- Bowlby, J. (1951). Maternal care and mental health. *Bulletin of the World Health Organization, 3*, 355-534.
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1977). The Making and Breaking of Affectional Bonds: I Aetiology and Psychopathology in the light of Attachment Theory, *British journal of psychiatry, 130*, 201-210
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology, 3*, 77-101.
- Braun, V. & Clarke, V. (2012). Thematic analysis. In: H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC, US: American Psychological Association.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by nature and design*. Harvard University Press: London, England
- Bronfenbrenner, U. (1986). Ecology of the Family as a Context for Human Development: Research Perspectives. *Developmental Psychology, 22*, 723-742.
- Bronstein, I. Montgomery, P. & Dobrowolski, S. (2012). PTSD in Asylum-Seeking Male Adolescents From Afghanistan. *Journal of Traumatic Stress, 25*, 551-557.
- Buckley-Walker, K. & Crowe, T. (2010). Exploring Identity within the Recovery Process of People with Serious Mental Illnesses. *Psychiatric Rehabilitation Journal, 33*, 219-227.
- Burr, V. (2003). *Social Constructionism*, Routledge: East Sussex.
- Burstow, B. (2003). Toward a Radical Understanding of Trauma and Trauma work. *Violence Against Women, 9*, 1293-1317.
- Campbell D. T. & Fiske, D. W. (1959). Convergent and Validation by the Multitrait-multimethod Matrix. *Psychological Bulletin, 56*, 81-105.
- Carswell, K., Blackburn, P. & Barker, C. (2011). The Relationship Between Trauma, Post-Migration Problems and the Psychological Well-being of Refugees and Asylum Seekers. *International Journal of Social Psychiatry, 57*, 107-119.

- Cicchetti, D. (2010). Resilience under conditions of extreme stress: a multilevel perspective. *World Psychiatry*, 9, 145-155.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative, & Mixed Methods Approaches*, (Fourth edition) Sage: London.
- Dalgaard, N. T. & Montgomery, E. (2015). Disclosure and silencing: A systematic review of the literature on patterns of trauma communication in refugee families. *Transcultural Psychiatry*, 52, 579–593.
- Dalgaard, N. T., Todd, B. K., Daniel, S.I.F. & Montgomery, E. (2015). The transmission of trauma in refugee families: associations between intra-family trauma communication style, children's attachment security and psychosocial adjustment. *Attachment & Human Development*, DOI: 10.1080/14616734.2015.1113305.
- Damon, W. & Hart, D. (1982). The development of self-understanding from infancy through adolescence. *Child Development*, 53, 841-864.
- Danieli, Y. (Ed.) (1998). *International Handbook of Multigenerational Legacies of Trauma*. New York & London, Plenum.
- Darbyshire, P. MacDougall, C. & Schiller, W. (2005). Multiple methods in qualitative research with children: more insight or just more? *Qualitative Research*, 5, 417-436.
- Daud, A., Skoglund, E. & Rydelius, P. (2005). Children in families of torture victims: transgenerational transmission of parents' traumatic experiences to their children. *International Social Welfare*, 14, 23-32.
- Daud, A., Klinteberg, B. & Rydelius, P. (2008). Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child and Adolescent Psychiatry and Mental Health*, 2: 7.
- Davies, M. & Webb, E. (2000). Promoting the Psychological Well-being of Refugee Children, *Clinical Child Psychology and Psychiatry*, 5, 541-554.
- Dávila, T. L. (2014). Representing Refugee Youth in Qualitative Research: Questions of Ethics, Language and Authenticity. *Diaspora, Indigenous, and Minority Education: Studies of Migration, Integration, Equity, and Cultural Survival*, 8, 21-31.
- Denzin, Norman K. (1978). *The Research Act. A Theoretical Introduction to Sociological Methods*. London: McGraw-Hill.
- Derluyn, I. & Broekaert, E. (2007). Different perspectives on emotional and behavioural problems in unaccompanied refugee children and adolescents. *Ethnicity & Health*, 12, 141-162.
- Derluyn, I. & Broekaert, E. (2008). Unaccompanied refugee children and adolescents: The glaring contrast between a legal and a psychological perspective. *International Journal of Law and Psychiatry*, 31, 319-330.
- De Anstiss, H. & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed methods investigation. *Austrian Psychologist*, 45, 29-37.

- De Haene L., Grietens H., Verschueren, K. (2010). Holding harm: narrative methods in mental health research on refugee trauma. *Qualitative Health Research*, 20, 1664-1676.
- De Winter, M., Baerveldt, C. & Kooistra, J. (1997). Enabling children: participation as a new perspective on child-health promotion, *Child: Care, Health and Development*, 25, 15-25.
- Dekovic, M., Stoltz, S., Schuiringa, H., Manders, W. & Asscher, J.J. (2012). Testing theories through evaluation research: Conceptual and methodological issues embedded in evaluations of parenting programmes. *European Journal of Developmental Psychology*, 9, 61-74.
- Dow, H. D. (2011). An Overview of Stressors Faced by Immigrants and Refugees: A Guide for Mental Health Practitioners. *Psychosocial Perspectives*, 23, 210-217.
- Durà-Vilà, G., Klasen, H., Makatini, Z., Rahimi, Z. & Hodes, M. (2012). Mental health problems of young refugees: Duration of settlement, risk factors and community-based interventions. *Clinical Child Psychology and Psychiatry*, 18, 604-623.
- Dybdahl, R. (2001). Children and mothers in war: An outcome study of a psychosocial intervention program. *Child Development*, 72, 1214-1230.
- Dyregrov, A., Gupta, L., Gjestad, R. & Raundalen, M. (2002). Is the Culture Always Right? *Traumatology*, 8, 134-145.
- Ellis, C. (2007). Telling Secrets, Revealing Lives: Relational Ethics in Research with Intimate Others. *Qualitative Inquiry*, 13, 3-29.
- Ellis, B. H., Kia-Keating, M., Yusuf, S. A., Lincoln, A. & Nur, A. (2007). Ethical Research in Refugee Communities and the Use of Community Participatory Methods. *Transcultural Psychiatry*, 44, 459-481.
- Esses, V.M. & Medianu, S. (2013). Uncertainty, Threat, and the Role of the Media in Promoting the Dehumanization of Immigrants and Refugees. *Journal of Social Issues*, 69, 518-536.
- Farooq, R. & Abbas, I. (2013). No voice, no choice, *The Psychologist*, 25, 660-663.
- Fazel, M., Doll, H. and Stein, A. (2009). A School-Based Mental Health Intervention for Refugee Children: An Exploratory Study. *Clinical Child Psychology and Psychiatry*, 14, 297-309.
- Fazel, M., Reed, R.V., Panter-Brick, C. & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, 379, 266-282.
- Fazel, M. & Silove, D. (2006). Detention of refugees. *British Medical Journal*, 332, 251-252.
- Fazel, M. & Stein, A. (2003). Mental health of refugee children: comparative study. *British Medical Journal*, 327, 334.

- Fazel, M., Wheeler, J. & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *Lancet*, 365, 1309-1314.
- Feixas, G., Erazo-Caicedo, M.I., Harter, L.S. & Bach, L. (2008). Construction of Self and Others in Unipolar Depressive Disorders: A Study Using Repertory Grid Technique. *Cognitive Therapy and Research*, 32, 386-400.
- Felsen, I. & Erlich, H.S. (1990). Identification Patterns of Offspring of Holocaust Survivors with their Parents. *American Journal of Orthopsychiatry*, 60, 505-520.
- Fernando, C. & Ferrari, M. (2011). Spirituality and Resilience in Children of War in Sri Lanka. *Journal of Spirituality in Mental Health*, 13, 52-77.
- Fernando, C. & Ferrari, M. (2013). *Handbook of Resilience in Children of War*, chapter 10 p. 131- 144, Springer Science Business Media: New York.
- Fletcher, D. & Sarkar, M. (2013). Psychological Resilience A Review and Critique of Definitions, Concepts, and Theory. *European Psychologist*, 18, 12-23.
- Fonagy, P., Steele, M., Steele, H., Higgitt, A. & Target, M. (1994). The Emanuel Miller Memorial Lecture 1992: The Theory and Practice of Resilience. *Journal of Child Psychology and Psychiatry*, 35, 231-257.
- Fonagy, P. & Target, M. (2003). *Psychoanalytic Theories. Perspectives from Developmental Psychopathology*. London: Whurr Publishers.
- Fransella, F. (1995). *George Kelly*, Sage Publications: London.
- Goodman, J. H. (2004). Coping with Trauma and Hardship Among Unaccompanied Refugee Youth from Sudan. *Qualitative Health Research*, 14, 1117-1196.
- Goodman R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- Gorst-Unsworth, C. & Goldenberg, E. (1998). Psychological Sequelae of Torture and Organised Violence Suffered by Refugees from Iraq. *British Journal of Psychiatry*, 172, 90-94.
- Green, B. (2004). Personal Construct Psychology and Content Analysis. *Personal Construct Theory & Practice*, 1, 82-91.
- Greenslade, R. (2005). *Seeking Scapegoats: the coverage of asylum in the UK press*. Asylum and Migration Working Paper 5. London: Institute for Public Policy Research.
- Groark, I. Sclare & H. Raval (2011). Understanding the experiences and emotional needs of unaccompanied asylum-seeking adolescents in the UK, *Clinical Child Psychology and Psychiatry*, 16, 421-442.
- Groleau, D., Zelkowitz, P., & Cabral, I. E. (2009). Enhancing generalizability: Moving from an intimate to a political voice. *Qualitative Health Research*, 19, 416-426.
- Guillemin, M. & Gillam L. (2004). Ethics, Reflexivity, and “Ethically Important Moments” in Research. *Qualitative Inquiry*, 10, 261-280.

- Hansen, J.T. (2004). Thoughts on Knowing: Epistemic Implications of Counseling Practice. *Journal of Counseling & Development*, 82, 131-138.
- Halvorsen, K. (2002). Separated children seeking asylum: The most vulnerable of all. *Forced Migration Review*, 12, 34-36.
- Hartup, W.W. & Moore, G. S. (1990). Early Peer Relations: Developmental Significance and Prognostic Implications. *Early Childhood Research Quarterly*, 5, 1-17.
- Hassan, G, Kirmayer, LJ, Mekki-Berrada A., Quosh, C., el Chammay, R., Deville-Stoetzel, J.B., Youssef, A., Jefee-Bahloul, H., Barkeel-Oteo, A., Coutts, A., Song, S. & Ventevogel, P. (2015). *Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support staff working with Syrians Affected by Armed Conflict*. Geneva: UNHCR.
- Herman, J.L. (1997). *Trauma and recovery: From domestic abuse to political terror*. New York: Basic Books.
- Hodes, M. (2000). Psychologically Distressed Refugee Children in the United Kingdom. *Child Psychology & Psychiatry Review*, 5, 57-68
- Hodes, M., Jagdev, D., Chandra, N. & Cunniff, A. (2008). Risk and resilience for psychological distress amongst unaccompanied asylum seeking adolescents. *Journal of Child Psychology and Psychiatry*, 49, 723-732.
- Hopkins, P. (2008). Ethical Issues in Research with Unaccompanied Asylum-Seeking Children. *Children's Geographies*, 6, 37-48.
- Hopkins, P. & Hill, M. (2010). The Needs and Strengths of Unaccompanied Asylum-seeking Children and young people in Scotland, *Child and Family Social Work*, 15, 399-408.
- Horowitz, M. J., Wilner, N., & Alvarez, W. (1979). Impact of event scale: A measure of subjective stress. *Psychosomatic Medicine*, 41, 209-218.
- Ibrahim, K.A. (2001). Taxonomy of Trauma and Trauma Assessment. *Traumatology*, 7, 73-86.
- Iversen, V.C. & Morken, G. (2004). Differences in acute psychiatric admissions between asylum seekers and refugees. *Nordic Journal of Psychiatry*, 58, 456-470.
- Johnsen, G. E. & Asbjørnsen, A. E. (2000). Consistent impaired verbal memory in PTSD: A meta-analysis. *Journal of Affective Disorders*, 111, 74-82.
- Johnson, R.B. & Onwuegbuzie, A. J. (2004). Mixed Methods Research: A Research Paradigm Whose Time Has Come. *Educational Researcher*, 33, 14-26.
- Johnson, R.B., Onwuegbuzie, A.J. & Turner, L. A. (2007). Toward a Definition of Mixed Methods Research. *Journal of Mixed Methods Research*, 1, 112-133.
- Kabranian-Melkonian, S. (2015). Ethical Concerns With Refugee Research, *Journal of Human Behavior in the Social Environment*, 25, 7, 714-722.

- Khanlou, N., Shakya, Y. B., Islam, F. & Oudeh, E. (2014). Newcomer Youth Self-Esteem: A Community-Based Mixed Methods Study of Afghan, Columbian, Sudanese and Tamil Youth in Toronto, Canada. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 109-130). Springer: London.
- Keller, A.S., Rosenfeld, B., Trinh-Shvin, C., Sachs, E. Leviss, J., Singer, E., Smith, H., Wilkinson, J., Kim, G., Alden, K. & Ford, D. (2003). Mental Health of Detained Asylum Seekers. *Lancet*, 362, 1721-1723.
- Kellermann, N.P.F. (2001a). Transmission of Holocaust Trauma - An Integrative Review. *Psychiatry*, 64, 256-267.
- Kellermann, N.P.F. (2001b). Psychopathology in Children of Holocaust Survivors: A Review of the Research Evidence. *Israel Journal of Psychiatry and Related Sciences*, 38, 36-46.
- Kelly, G.A. (1955, 1991). *The Psychology of Personal Constructs*. New York: Routledge.
- Keselman, O., Cederborg, A.C. & Linell, P. (2010). "That is not necessary for you to know!" Negotiation of participation status of unaccompanied children in interpreter-mediated asylum hearings. *Interpreting*, 12, 83-104.
- Kirmayer, L. J. (2014). Foreword. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp.vii-ix). Springer: London.
- Koch, S.C. & Weidinger-von der Recke, B. (2009). Traumatized refugees: and integrated dance and verbal therapy approach. *The Arts in Psychotherapy*, 36, 289-296.
- Kohli, R. (2002). Social work with unaccompanied asylum-seeking young people. *Forced Migration Review*, 12, 31-33.
- Kohli, R.K.S. (2006a). The comfort of strangers: social work practice with unaccompanied asylum-seeking children and young people in the UK. *Child and Family Social Work*, 11, 1-10.
- Kohli, R.K.S (2006b). The Sound Of Silence: Listening to What Unaccompanied Asylum-seeking Children Say and Do Not Say. *The British Journal of Social Work*, 36, 707-721.
- Kohli, R.K.S. (2011). Working to Ensure Safety, Belonging and Success for Unaccompanied Asylum-seeking Children. *Child Abuse Review*, 20, 311-323.
- Kohli, R & Mather, R. (2003). Promoting psychosocial well-being in unaccompanied asylum seeking young people in the United Kingdom. *Child and Family Social Work*, 8, 201-212.
- Kovacev, L. & Shute, R. (2004). Acculturation and social support in relation to psychosocial adjustment of adolescent refugees resettled in Australia. *International Journal of Behavioural Development*, 28, 259-267.

- Laban, C.J., Gernaat, H., Komproe, I.H., Schreuders, B.A. & De Jong, J. (2004). Impact of long asylum procedure on the prevalence of psychiatric disorders in Iraqi asylum seekers in the Netherlands. *Journal of Nervous and Mental Disease*, 192, 843-851.
- Lie, B. (2002). A 3-year follow-up study of psychosocial functioning and general symptoms in settled refugees. *Acta Psychiatrica Scandinavia*, 106, 415-425.
- Luster, T., Qin, D.B., Bates, L., Johnson D.J., and Rana, M. (2008). The Lost Boys of Sudan: Ambiguous Loss, Search for Family, and Re-establishing Relationships with Family Members. *Family Relations*, 57, 444-456.
- Lynch, M.A. & Cunninghame, C. (2000). Understanding the Needs of Young Asylum Seekers. *Archives of Disease in Childhood*, 83, 384-387.
- Macksoud, M. & Aber, J. L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development*, 67, 70-88.
- Marshall, G.N., Schnell, T.L., Elliot, M.N., Berthold, S.M. & Chun, C.A. (2005). Mental health of Cambodian refugees two decades after resettlement in the United States. *Journal of American Medical Association*, 294, 571-579.
- Masten, A. S. (2001). Ordinary Magic: Resilience Processes in Development. *American Psychologist*, 56, 227-238.
- Masten, A. S. (2014). *Ordinary Magic: Resilience in Development*. Guilford Publications: New York.
- McKenzie, K. J., Tuck, A. & Agic, B. (2014). Mental Healthcare Policy for Refugees in Canada. . In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 181-194). Springer: London.
- Mels, C., Derluyn, I., Broekaert, E. (2008). Social Support in Unaccompanied Asylum-seeking Boys: a case study. *Child: care, health and development*, 34, 757-762.
- Mels, C., Derluyn, I., Broekaert, E. & Rosseel, Y. (2010). The psychological impact of forced displacement and related risk factors on eastern Congolese adolescents affected by war. *Journal of Child Psychology and Psychiatry*, 51, 1096-1104.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco: Jossey-Bass.
- Miller, K. E. (1996). The effects of state terrorism and exile on indigenous Guatemalan refugee children: A mental health assessment and an analysis of children's narratives. *Child Development*, 67, 89-106.
- Miller, S. (2000). Researching children: Issues arising from a phenomenological study with children who have diabetes mellitus. *Journal of Advanced Nursing*, 31, 1228-1234.
- Miller K.E., Worthington G.J., Muzurovic J., Tipping S. & Goldman, A. (2002). Bosnian Refugees and the stressors of exile: A Narrative Study. *American Journal of Orthopsychiatry*, 72, 341-354.

- Mollica, R.F., Caspi-Yavin Y., Bollini P., Truong T., Tor S. & Lavelle J. (1992). The Harvard Trauma Questionnaire: validating a cross-cultural instrument for measuring torture, trauma, and post-traumatic stress disorder in Indochinese refugees. *The Journal of Nervous and Mental Disease*, 180, 110-115.
- Mollica, R.F., McInnes, K., Sarajlic, N., Lavelle, J., Sarajlic, I. & Massagli, M.P. (1999). Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *Journal of the American Medical Association*, 282, 433-439.
- Montgomery, E. (2004). Tortured Families: A Coordinated Management of Meaning Analysis. *Family Process*, 43, 349-371.
- Montgomery, E. (2008). Long-term effects of organized violence on young Middle Eastern refugees' mental health. *Social Science & Medicine*, 67, 1596-1603.
- Montgomery, E. & Foldspang, A. (2008). Discrimination, mental problems and social adaptation in young refugees. *European Journal of Public Health*, 18, 156-161.
- Montgomery, E., Krogh, Y., Jacobsen, A. & Lukman, B. (1992). Children of Torture Victims: Reactions and Coping. *Child Abuse and Neglect*, 16, 797-805
- Moran, H. (2006). Where anger rules. *Counselling Children and Young People*. Winter Edition, 6-9.
- Moran, H., Pathak, N. & Sharma, N. (2009). Counselling In Action: The mystery of the well-attended group. A model of Personal Construct Therapy for adolescent self-harm and depression in a community CAMHS service. *Counselling Psychology Quarterly*, 22, 347-359.
- Morgan, M. Gibbs, S. Maxwell, K. & Britten, N. (2002). Hearing children's voices: methodological issues in conducting focus groups with children aged 7-11 years. *Qualitative Research*, 2, 5-20.
- Morantz, G., Rousseau, C. & Heymann, J. (2012). The Divergent Experiences of Children and Adults in the Relocation Process: Perspectives of Child and Parent Refugee Claimants in Montreal. *Journal of Refugee Studies*, 25, 71-92.
- Morse, J. M. (1991). Approaches to Qualitative-Quantitative Methodological Triangulation. *Nursing Research*, 40, 120-123.
- Moynihan, B. A. (2006). The High Cost of Human Trafficking, *Journal of Forensic Nursing*, 2, 100-101.
- Nardone, M. & Correa-Velez, I (2015). Unpredictability, Invisibility and Vulnerability: Unaccompanied Asylum- Seeking Minors' Journeys to Australia. *Journal of Refugee Studies*, doi: 10.1093/jrs/fev02.
- Ní Raghallaigh, M. (2014). The causes of mistrust amongst asylum seekers and refugees: insights from research with unaccompanied asylum seeking minors living in the Republic of Ireland. *Journal of Refugee Studies*, 27, 82-100.
- O'Shea, B., Hodes, M., Down, G. & Bremley, J. (2000). A school based mental health service for refugee children. *Clinical Child Psychology and Psychiatry*, 5, 189-201.

- Padget, D. K. (2009). Qualitative and Mixed Methods in Social Work Knowledge Development. *Social Work, 54*, 101-105.
- Pain, C. Kanagaratnam, P. & Payne, D. (2014). The Debate About Trauma and Psychosocial Treatment for Refugees. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 51-60). Springer: London
- Papadopoulos, R. (1999). Working with Bosnian Medical Evacuees and their Families: Therapeutic Dilemmas. *Clinical Child Psychology and Psychiatry, 4*, 107-120.
- Papadopoulos, R. K. (2007). Refugees, trauma and Adversity-Activated Development. *European Journal of Psychotherapy and Counselling, 9*, 301-312.
- Piaget, J. (1964). Development and learning. *Journal of Research in Science Teaching, 2*, 176-186.
- Pitman, A. (2010). Asylum application process: the psychiatric patients experience. *The Psychiatrist, 34*, 344-348.
- Ponterotto, J. G. (2005). Qualitative Research in Counseling Psychology: A Primer on Research Paradigms and Philosophy of Science. *Journal of Counseling Psychology, 52*, 126-136.
- Punamäki, R. L., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting psychological adjustment after political violence among Palestinian children. *International Journal of Behavioral Development, 25*, 256-267.
- Robbins, I., MacKeith, J., Davison, S., Kopelman, M., Meux, C., Ratnam, S., Somekh, D., & Taylor, R. (2005). Psychiatric problems of detainees under the Anti-Terrorism Crime and Security Act 2001. *Psychiatric Bulletin, 29*, 407-409.
- Robjant, K., Hassan, R. & Katona, C. (2009). Mental health implications of detaining asylum seekers: systematic review. *The British Journal of Psychiatry, 194*, 306-312.
- Rosenheck, R. & Fontana, A. (1998). Transgenerational Effects of Abusive Violence on the Children of Vietnam Combat Veterans. *Journal of Traumatic Stress, 11*, 731-742.
- Rousseau, C. & Drapeau, A. (1998). The Impact of Culture on the Transmission of Trauma: Refugees' stories and silence embodied in their children's lives. In Y. Danieli (Ed.), *International handbook of multigenerational legacies of trauma* (pp. 465-485). New York: Plenum Press.
- Rousseau, C. and Kirmayer, L.J. (2010). From Complicity to Advocacy: The Necessity of Refugee Research. *American Journal of Bioethics, 10*, 65-67.
- Rutter, M. (2012). Resilience as a Dynamic Concept. *Development and Psychopathology, 24*, 335-344.
- Rutter, M. (2013). Annual Research Review: Resilience – clinical implications. *Journal of Child Psychology and Psychiatry, 54*, 474-487.
- Saniotis, A. & Sobhanian, F. (2008). Polemics of Healing: Storytelling, Refugees and Futures. *Journal of Future Studies, 12*, 1-8.

- Schechter, D.S., Coots, T., Zeanah, C.H., Coates, S.W., Davies, M., Myers, M.M., Trabka, K.A., Liebowitz, M.R. (2005). Maternal mental representations of the child in an inner-city clinical sample: violence-related posttraumatic stress and reflective functioning. *Attachment and Human Development*, 7, 313-331.
- Schmidt, J.Z. & Zachariae, R. (2009). PTSD and impaired eye expression recognition: A preliminary study. *Journal of Loss & Trauma*, 14, 46-56.
- Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22, 201-269.
- Schore, A. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36, 9-30.
- Schwartz, S. & Melzak, S. (2005). Using Storytelling in Psychotherapeutic Group Work with Young Refugees. *Group Analysis*, 38, 293-306.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio*. Windsor, UK.
- Shakya, Y. B., Guruge, S., Hynie, M., Htoo, S. Akbari, A., Jandu, B., Murtaza, R., Spasevski, M. Berhane N. & Forster, J. (2014). Newcomer Refugee Youth as 'Resettlement Champions' for their Families: Vulnerability, Resilience and Empowerment. In L. Simich & L. Andermann (Eds.), *Refuge and Resilience: Promoting Resilience and Mental Health among Resettled Refugees and Forced Migrants* (pp. 131-154). Springer: London.
- Sigal, J. J., Silver, D., Rakoff, V., & Ellin, B. (1973). Some second generation effects of survival of the Nazi persecution. *American Journal of Orthopsychiatry*, 43, 320-327.
- Silove, D. & Ekblad, S. (2002). How well do refugees adapt after resettlement in Western countries? *Acta Psychiatrica Scandinavica*, 106, 401-402.
- Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V. & Steel, Z. (1997). Anxiety, Depression and PTSD in Asylum-seekers: Associations with Pre-migration Trauma and Post-migration Stressors. *British Journal of Psychiatry*, 170, 351-357.
- Sinnerbrink, I., Silove, D., Field, A., Steel, Z. & Manicavasagar, V. (1997). Compounding of pre-migration trauma and post-migration stress in asylum seekers. *Journal of Psychology*, 131, 463-470.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis, Theory, Method and Research*, Sage: London.
- Smith, J. A. & Shinebourne, P. (2012). Interpretative Phenomenological Analysis, in *APA Handbook of Research Methods in Psychology: Vol. 2. Research Designs*, H. Cooper (Editor-in-Chief). The American Psychological Association.
- Somasundaram, D. (2007). Collective Trauma in Northern Sri Lanka: A Qualitative Psychosocial-Ecological Study. *International Journal of Mental Health Systems*, 1:5

- Sommer, D., Samuelsson, I. & Hundeide, K. (2010). The interpretative approach to children. *Child perspectives and children's perspectives in theory and practice*. (pp 119-138). Dordrecht: Springer.
- Sourander, A. (1998). Behaviour Problems and Traumatic Events of Unaccompanied Refugee Minors. *Child Abuse and Neglect*, 22, 719-729.
- Spielberger, C. D., Gorsuch, R. L., & Lushene, R. D. (1970). STAI: Manual for the State-Trait Anxiety Inventory. Palo Alto, CA: Consulting Psychologists Press.
- Steel, Z., Momartin, S., Bateman, C., Hafshejani, A., Silove, D. (2004). Psychiatric status of asylum seeker families held for protracted period in a remote detention centre in Australia. *Australian and New Zealand Journal of Public Health*, 28, 527-536.
- Steger, M. F., Frazier, P., Oishi, S. & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53, 80-93.
- Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life*. New York & London: W. W. Norton and Company.
- Strijk, P.J.M., van Meijel, B. & Gamel, C.J. (2010). Health and Social Needs of Traumatized Refugees and Asylum Seekers: An Exploratory Study. *Perspectives in Psychiatric Care*, 47, 48-55.
- Sultan, A. & O'Sullivan, K. (2001). Psychological disturbances in asylum seekers held in long term detention: a participant-observer account. *The Medicinal Journal of Australia*, 175, 193-596.
- Thomas, S., Butler, R., Hare, J. D., & Green, D. (2011). Using personal construct theory to explore self-image with adolescents with learning disabilities. *British Journal of Learning Disabilities*, 39, 225-232.
- Thommessen, S., Laghi, F., Cerrone, C., Baiocco, R. & Todd, B. K. (2013). Internalizing and Externalizing Symptoms among Unaccompanied Refugee and Italian Adolescents, *Children and Youth Services Review*, 35, 7-10.
- Tindall, C. (2011). The repertory grid and its possibilities. In *Qualitative Methods In Psychology: A Research Guide* (p.100-169). Manchester Metropolitan University: Open University Press.
- Tol, W. A., Song, S. & Jordans, M.J.D. (2013). Annual Research Review: Resilience and mental health in children and adolescents living in areas of armed conflict – a systematic review of findings in low- and middle-income countries. *Journal of Child Psychology and Psychiatry*, 54, 445-460.
- Truneckova D. & Viney, L.L. (2006). "Making things better": Personal construct counselling for young children. *Counselling Psychology Quarterly*, 19, 381-394.
- Truneckova, D. & Viney, L. L. (2007). Evaluating Personal Construct Group Work With Troubled Adolescents. *Journal of Counseling & Development*, 85, 450-460.

- Turner, S.W., Bowie, C., Dunn, G., Shapo, L. & Yule, W. (2003). Mental Health of Kosovan Albanian refugees in the UK. *British Journal of Psychiatry*, 182, 444-448.
- Ungar, M. (2013). Resilience, Trauma, Context, and Culture. *Trauma, Violence & Abuse*, 14, 255-266.
- UNHCR (1994). Refugee children. Guidelines on protection and care Geneva: United Nations High Commissioner for Refugees.
- UNHCR (2015a). Asylum Trends 2014: Levels and Trends in Industrialized Countries. Accessed August, 2015: <http://www.unhcr.org/551128679.html>.
- UNHCR (2015b). Global Trends: Forced Displacement in 2014. Accessed August 2015: <http://www.unhcr.org/556725e69.html>.
- United Nations Convention Relating to the Status of Refugees (1951). Article 1A (2). Terms and definitions (chap 1). United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons, Geneva, 2-25 July 1951.
- van der Kolk & Fisler (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Menninger Clinic*, 589, 145–168.
- van der Kolk & McFarlane (1996). The Black Hole of Trauma. In: B. A. van der Kolk, A. C. McFarlane & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society*, pp.3-23. New York: Guilford Press.
- van Ee, E., Kleber, R. J., & Mooren, T. T. M. (2012). War trauma lingers on: Associations between maternal posttraumatic stress disorder, parent-child interaction, and child development. *Infant Mental Health Journal*, 33, 459-468.
- Vervliet, M. Rousseau, C. Broekaert E. & Derluyn, I. (2015). Multilayered Ethics in Research Involving Unaccompanied Refugee Minors. *Journal of Refugee Studies*, 28, 468-485.
- Vygotsky, L. S. (1978). *Mind in society. The development of higher Psychological Processes*. Cambridge: Harvard University Press.
- Walker, M. B. & Winter, D. A. (2007). The Elaboration of Personal Construct Psychology. *Annual Review of Psychology*, 58, 453-477.
- Wallin, A.M.M. & Ahlström, G.I. (2005). Unaccompanied Young Adult Refugees in Sweden, Experiences of their Life Situation and Well-being: A Qualitative Follow-up Study. *Ethnicity and Health*, 10, 129-144.
- Webb, E.J., Campbell, D.T., Schwartz, R.D. & Sechrest, L. (1966). *Unobtrusive Measures: Nonreactive Research in the Social Sciences*. Rand McNally & Company: Chicago.
- Weinreich, P. (2009). ‘Enculturation’, not ‘acculturation’: Conceptualising and assessing Identity processes in migrant communities. *International Journal of Intercultural Relations*, 33, 124-139.
- Wernesjö, U. (2012). Unaccompanied asylum-seeking children: Whose perspective? *Childhood*, 19, 495-507.

Wiese, E. B. P. & Burhorst, I. (2007). The mental health of asylum-seeking and refugee children and adolescents attending a clinic in the Netherlands. *Transcultural Psychiatry*, 44, 596-613.

Willig, C. (2008). *Introducing Qualitative Research in Psychology*, Open University Press: Berkshire.

Willig, C. (2012). Perspectives on the Epistemological Bases for Qualitative Research in: *APA Handbook of Research Methods in Psychology: Vol. 1. Foundations, Planning, Measures, and Psychometrics*, (pp. 5-21) H. Cooper (Editor-in-Chief). Washington DC, US: American Psychological Association.

Winter, D. A. (1992). *Personal Construct Psychology in Clinical Practice: Theory, Research and Applications*. Routledge: London.

World Health Organization (1992). *The ICD-10 Classification of Mental and Behavioural Disorders*. Geneva, Switzerland: WHO.

Zimmerman, C., Hossain, M., Yun, K., Roche, B., Morison, L. & Watts, C. (2006). Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe, The London School of Hygiene & Tropical Medicine.

Yehuda, R., Bierer, L.M., Schmeidler, J., Aferiat, D.H., Breslau, I., & Dolan, S. (2000). Low cortisol and risk for PTSD in adult offspring of Holocaust survivors. *American Journal of Psychiatry*, 157, 1252-1259.

Appendix A

Examples of Consent Forms

Consent form (Chapter Four)

I agree to take part in the City University research project described in the Information Sheet. The project has been explained to me, and I have read the Information Sheet which I may keep for my records. I understand that agreeing to take part means that I am willing to:

1. be interviewed by the researcher twice
2. allow the two interviews to be audio-taped
3. take part in four narrative group sessions
4. allow those narrative sessions to be audio-taped
5. allow quotes to be used in written reports or publications, without my name or any other information that could identify anyone

I understand that this work is part of a PhD carried out by Sara Thommessen at City University London. Data which is collected in this research will not be shared with anyone else. Any written reports will not include names or any other personal information.

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

Participant's name (please print) _____

Participant's signature: _____

Researcher's name (please print) _____

Researcher's signature: _____

Date: _____

Child Consent Form

(Chapter Seven)

	✓ Yes	X No
I am going to ask you some questions before we start. Please remember that you can always stop me if you have a question to ask.		
Has somebody explained this project to you?		
Are there any questions you would like to ask me?		
Have you understood the answers to all of your questions?		
Do you understand that it is okay for you to change your mind and to stop taking part at any time?		
Is it okay if we audio record you?		
Are you happy to be part of this study?		

Your Name: _____

Today's Date: _____

My Name: _____

Appendix B

List of Questionnaires

The General Self-efficacy Scale:

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy Scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio*. Windsor, UK.

The Meaning in Life Questionnaire:

Steger, M. F., Frazier, P., Oishi, S. & Kaler, M. (2006). The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53, 80-93.

Appendix C

Chapter Three: Examples of Table from the IPA study

Examples of Initial Themes	Transcript Extracts	Exploratory comments	Examples of extracts
The journey and suffering survived	Participant 1: lines 6 Participant 2: lines 4 Participant 3: lines 5, 8,10,12 Participant 6: lines 4, 9, 13, 14	Illustrates the many sacrifices made to come to Sweden	<p>P1, 6: I came directly to Malmo where I “gave myself in” to the Immigration office (The Swedish Migration Board) in Malmo. From Afghanistan I travelled to Iran, where I lived for 10 years, and then I travelled through Russia and the Russia area to get to Sweden.</p> <p>P2, 4: I was with my family in Iran for 6-7 years, with my mum and my younger brother. I can’t remember exactly how many years we were there for, but I think it was 6 or 7 years in Iran. From Iran I travelled alone to Greece and from Greece to Italy and from Italy to Sweden. I was hiding under a car.</p> <p>P3, 5: I was 16 when I left Iran – then I travelled for about 6 months to get to Sweden, so I was about 16 years and 6 months when I got here and now I am 18 years and 6 months and in January I’ll be 19 years old.</p> <p>P3, 8: No, there were many countries: First I went through Turkey and Greece and then I was in Italy and then France and finally Sweden.</p> <p>P3, 10: Yes, it was tough shit</p> <p>P3, 12: You don’t have any passport, no papers, no nothing – it was difficult shit</p> <p>P6, 4: It was a long journey to come here, I travelled from Afghanistan to Iran and from there to Turkey and on to Greece and Italy and then through many other countries to get to Sweden. This journey took me 5 months.</p> <p>P6, 9: I also have an older brother, we travelled to Turkey together, but he disappeared along the way and I haven’t seen him since.</p> <p>P6, 13: My life was in danger, and then I didn’t have any papers or passport, my life could easily have been destroyed.</p> <p>P6, 14: I was abused and beaten by gangs and by the police in X. I have experienced enough in my life. One time I was beaten so badly by the police in X that I couldn’t walk. My friends had to carry me. We were three boys, all from Afghanistan, and one time I didn’t make it. The other two boys got away but I didn’t make it. The three police men used me as a personal punch bag and I couldn’t walk when they had finished.</p>
Being met with kindness and friendliness	Participant 1: lines 8, 10 Participant 3 lines 19 Participant 4: lines 8 Participant 6: lines 6	Contradiction between treatment in Afghanistan and during the journey and now (Sweden) Experience of friendliness compared to what?	<p>P1, 8: The main difference was that I experienced friendliness here, contrary to my situation in Iran where I didn’t have any papers and I was in constant fear that the police would catch me. People from Afghanistan are not treated kindly in Iran. But in this country, I was met with kindness and friendliness</p> <p>P1, 10: When I first got here, I knew some people and I had some friends who were in other refugee centres in Sweden (transit centres) and when I got here (to Sweden) I got help so that I could visit these friends. They (staff) helped me to travel and to visit my friends in other parts of Sweden, and this was a contrast to what I had experienced in other countries where there had not been any kind of support or help to get. But here I did get that kind of help, and that was really a very positive experience for me. I have a very positive outlook on the Swedish society, as a society that helped me and helps others too. These early positive experiences in this country gave me the feeling and belief that I would be able to develop and move forward in this country, because they were willing to help me</p> <p>P3, 19: They were friendly and helpful and they showed me the address where I had to go to apply for asylum, The Swedish Migration Board. At the Migration Board people were also friendly to me and I was treated nicely.</p> <p>P4, 8: People in this country are much kinder than what I had experienced in other places, the only problem was the weather. People are better here than in other places.</p> <p>P6, 6: When I got a place in the refugee centre, the thing I remember was that it was the first time in five months that I could relax</p>
Waiting for asylum	Participant 2: lines 8, 69 Participant 3: lines 27, 31 Participant 5: lines 8,	Worry about family in Afghanistan Guilt of having left them?	<p>P2, 8: The most difficult thing was waiting for the outcome of my asylum application, and worrying about that – and about whether or not I could go to school here. And also thinking about my family – my mother and my younger brother, they are still in Iran, and I worrying about whether or not I could bring them here.</p> <p>P2, 69: My younger brother is mentally disabled – he was born that way – so it is very difficult for them. My mother is a seamstress but they are paper-less in Iran (he calls it living black) and that is very difficult. They have absolutely no rights at all. I can’t help them financially now that I’m at school.</p>

	15, 17 Participant 6: lines 7, 10	Cultural norms? Being male, responsibilities towards family	<p>P3, 27: The most difficult thing for me was the loneliness – being so lonely was very difficult for me. And waiting for the asylum decision was really difficult – the 9 months I waited was hard because of the uncertainty.</p> <p>P3, 31: Having the outcome of my asylum application was just one small problem solved, thinking about the future and all the thoughts were still there</p> <p>P5, 8: Besides waiting for the decision of my asylum application, which was difficult, another thing that was challenging was the language. And it was also difficult to get to know Swedish people and to meet people, because people here don't want to talk to you if they don't know you.</p> <p>P5, 15: The most important thing is to get through the asylum process. Then you can start planning and start thinking about the future</p> <p>P5, 17: Yes. The people who are still waiting for the outcome of their asylum application are living in limbo. They can attend school but they are not in a position to really learn anything because they don't know what is going to happen or if they will have to leave the country.</p> <p>P6, 7: The first 9 months were hard because I was waiting for my asylum application to be processed</p> <p>P6, 10: For the first 9 months I was waiting and waiting. Others got their asylum decision after 3 months already. My Goodman didn't help me, only with some administrative issues, but not with anything else. During those first 9 months I was under a lot of pressure. I cried a lot because of my family. They said they were going to burn down our house because of our religion.</p>
School and Education	Participant 1: lines 9, 14 Participant 2: lines 36, 38, 66 Participant 3: lines 31 Participant 4: line 16 Participant 5: line 21 Participant 6: line 15	Desire to achieve – wanting to become someone Trying to create meaning of the suffering undergone? Sacrifices not in vain if it means a brighter future?	<p>P1, 9: While I was in Iran, I had to pay money to go to school – that was if I was lucky enough to be accepted into a school at all, because not all schools will allow refugees from Afghanistan – but if so, we had to pay money. Here in Sweden everyone said to me: “You can go to school for free”.</p> <p>P1, 14: When I lived in Iran, it was very difficult to go to school or to learn and develop at all, because of the circumstances and the situation, how refugees from Afghanistan are treated, and also because of the financial aspects, it wasn't free</p> <p>P2, 36: I came here and I went to school but I couldn't work and there weren't any activities or anything for us to do, and so it's easy to become depressed. There is no plan or nothing to do – it's very isolated.</p> <p>P2, 38: It would be great to learn to do something, carpentry or some sewing course or some kind of work after school, so that you learn something useful and do something.</p> <p>P2, 66: I hope to study and get a job and to have a home and a car. I also hope to be able to see my family</p> <p>P3, 31: For me it was important to start thinking about education, to keep myself busy and to try to improve my chances of having a future.</p> <p>P4, 16: I would like to open a restaurant. I don't want to go to school or go into further education, I want to work.</p> <p>P5, 21: I want to attend school and achieve an education and then get a job, just like anyone else. I am in high school now.</p> <p>P6, 15: Now I am at school. When I finish I want to go to high school and then to work. I would like to have a job where I can use my hands and my body.</p>
Guidance and support from Goodman	Participant 1: lines 22, 24, 32 Participant 2: lines 12, 52 Participant 3: lines 37 Participant 5: lines 39, 43	All alone and without family – Seek social support and connectedness At the same time unable to accept help?	<p>P1, 22: There was an Iranian woman who was appointed to be my Goodman (mentor), and in addition to the fact that we spoke the same language (Farsi) she also helped me with more personal advice and helped me with things that had to do with life in Sweden, more than what would be expected of her, more than the norm</p> <p>P1, 24: In addition to the normal stuff – or the official things a Goodman usually does – she did a bit more</p> <p>P1, 32: The most important thing is the support from immediate people around the young person.</p> <p>P2, 12: It was the staff and my Good man who were helpful to me.</p> <p>P2, 52: It is always good to speak to someone now and then. Just like you (referring to me) need to speak to someone when you have a problem, I too need to speak to someone when I have a problem. It is good to have someone to speak to.</p> <p>P3, 37: Before I turned 18 years I had the Goodman and the staff at the centre helping me with administrative issues like the asylum process and things like that. After I turned 18 years I was an adult and I was expected to deal with things on my own and to cope with it all, like talking to people and finding out how things work in this country and to find out about the norms and rules in this country. I had to find out on my own.</p> <p>P5, 39: It is important to have one person to talk to, and to have someone to guide you. It is important that someone tells you how important is to get an education, because there is nothing to do, they are just waiting, there is no job to do, so young people are doing nothing and wasting their time.</p> <p>P5, 43: Someone to show them the way, and provide support and guidance – like a mentor</p>

Own responsibility to fit in	Participant 1: lines 36, 38, Participant 3: lines 35, 39, 46, Participant 4: line 10	Children who have had to grow up too quickly – big burden to carry. Responsibility to make it.	<p>P1, 36: It is important that we – or I – or we as refugees accept society as it is and not the other way around. We have to adapt and make sure we fit into society here; people in my situation have to do that. We have to accept this society, not the other was around.</p> <p>P1, 38: It is important that we accept society’s norms and rules in order to be able to interact in this country.</p> <p>P3, 35: You have to do things yourself. You have to think about life in Sweden, your future, your education, getting married, having a family – friends had told me it would be difficult. You have to find things out for yourself. It wasn’t easy.</p> <p>P3, 39: It’s important not just to sit at home and do nothing. It’s important to go out and meet people and to keep active. If you want to learn, you have to go out and meet people. If you just sit at home, nothing will happen. I do spend time with other people here at the centre, but you have to have some kind of contact with the outside world as well, not just the others living here.</p> <p>P3, 46: Other people can’t do anything to help you, like if you’re lonely; it’s your own responsibility to get out of the centre. You shouldn’t just sit and do nothing. You have to get out and to keep busy. You have to help yourself.</p> <p>P4, 10: It was just me – no one helped me. There was no one else. I did have a Goodman but it was his duty to help me and he was paid to do that, it was his job. No-one did anything extra for me apart from their duty and their job.</p>
-------------------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Final Four Themes – Chapter Three

Final four themes across all participants		
Final themes	Examples of transcript Extracts	Examples of comments
<p>Theme 1: From Chaos to Kindness</p>	<p>Participant 1: lines 6, 8, 10 Participant 3: lines 5,8,10,12, 18 Participant 4: lines 8 Participant 6: lines 4,6,8,9, 13, 14</p>	<p>Contradiction between how they had been treated in Afghanistan and during journey and now (Sweden). Illustrates sacrifices.</p>
<p>Theme 2: Causes of Worry</p>	<p>Participant 2: lines 8, 69 Participant 3: lines 26, 30 Participant 5: lines 8, 15, 17 Participant 6: lines 7, 8, 10</p>	<p>Worry about family in Afghanistan Guilt of having left them?</p>

<p>Theme 3: Social Support and Adjustment</p>	<p>Participant 1: lines 22, 24, 32 Participant 2: lines 12, 52, 58, Participant 3: lines 36, 40, Participant 5: lines 37, 39, 43, 29</p>	<p>All alone and without family – Seeking social support Able to accept help?</p>
<p>Theme 4: Focussing on the Future as Meaning-making and Coping</p>	<p>Participant 1: lines 9, 14 Participant 2: lines 24, 26, 36, 38, 40, 66 Participant 3: lines 30, 38 Participant 4: lines 16 Participant 5: lines 21 Participant 6 lines 15</p>	<p>Desire to achieve – wanting to become someone. Trying to create meaning of the suffering undergone?</p>

Appendix D

Example of Table from Chapter Four

Data extract	Coded for	Initial theme
<p><i>Yeah, (X) is like, ok, she is like, is like, you know, she is like... ok, for me she is like my dad and my mum, because here I don't have anything at all, so if I need something, I go to her.</i></p>	<ul style="list-style-type: none"> • Having lost everything • Finding new family 	<ul style="list-style-type: none"> • Loss of family – regaining bonds that resemble family • Mother figure – someone I can trust
<p><i>These (X and X) are more about help, family, mum, dad, brother, sister... and this one is more like doing something, playing football or doing something – and it makes me remember when I was back home, and I would normally do something with my friends, like we would be riding bicycles or playing football or playing together or doing something together, you know... that was nice.</i></p>	<ul style="list-style-type: none"> • Family versus friendship • Having fun with friends • Memories from childhood 	<ul style="list-style-type: none"> • Having fun as distraction from distress, friendships

Appendix E

PCT Grids from Chapter Seven

Participant 1: Girl - Age: 15 years and 9 months

	Self	Sister	Brother	Teacher	Sister	Friend	Friend	Friend	Friend	Mum	Dad	
Funny	1	7	8	3	6	2	5	4	11	9	10	Serious
Nice	1	9	7	8	10	4	6	5	11	2	3	Naughty
Kind	2	8	9	10	7	4	6	5	11	1	3	Unkind
Talkative	1	8	10	6	9	2	4	3	11	5	7	Quiet
Kind	1	2	8	10	4	7	5	6	11	9	3	Annoying
Considerate	1	2	8	6	9	7	10	5	11	4	3	Big-mouthed

Participant 2: Girl - 14 years and 0 month

	Self	Friend	Friend	Friend	Sister	Mum	Dad	Teacher	
Fun	3	7	1	4	5	2	6	8	Boring
Kind	4	6	5	1	7	2	3	8	Unkind
Goofy	4	3	5	2	7	1	6	8	Serious
Clever	3	7	6	8	4	5	2	1	Stupid
Kind	5	7	4	1	6	3	2	8	Mean

Participant 3: Girl – 8 years and 11 months

	Self	Friend	Therapist	Teacher	Mum	Sister	Researcher	
Kind	1	6	5	7	3	4	2	Evil
Active	1	2	7	6	5	3	4	Boring / quiet
Happy	2	6	4	3	5	7	1	Sad
Clever	3	7	2	4	6	5	1	Not clever
Likes to be at home	6	5	2	3	1	7	4	Likes to go out
Hardworking	5	6	2	4	3	7	1	Does not enjoy working

Participant 4: Boy: 12 years and 8 months old

	Self	Best friend	Friend	Friend	Cousin	Friend	
Helpful	1	2	5	6	3	4	Unhelpful
Kind	1	2	5	6	4	3	Evil
Shares	1	2	5	6	4	3	Does not share
Good friend	1	2	4	6	3	5	Bad friend
Closeness		3	5	4	1	2	Distance
Funny	3	2	5	6	1	4	Boring
Skilful	1	2	6	5	4	3	Unskilful
Crazy	3	1	6	5	2	4	Normal / dull

Participant 5: Girl, 14 years and 1 month

	Self	Friend	Friend	Friend	Brother	Nurse	Friend	Friend	Friend	
Active	4	5	6	3	2	9	1	7	8	Inactive
Good friend	7	6	1	5	4	8	3	2	9	Bad friend
Outside	1	7	2	5	6	8	4	3	9	Inside
Unselfish	1	2	3	4	5	6	7	9	8	Selfish
Not annoying							9	8	7	Annoying
Calm						1				Loud
Skilful	7	2	4	3	1	8	5	6	9	Unskilful
Good listener						1		2		Not a good listener
Does not fight and argue					1			2	3	Gets into fights and arguments

Participant 6: Girl, 14 years and 9 months

	Self	Family therapist	Teacher	Boy from school	Mum	Friend	
Calm	5	3	4	6	2	1	Violent
Good					6		Troublemaker
Happy	5	2	3	6	4	1	Angry
Nice	2		3	1			Strict
Good listener	2	5	3	6	4	1	Bad listener
Sensitive and motherly	1	4	5	6	3	2	Insensitive
Funny	2	4	5	6	3	1	Boring
Sweet and kind	3	5	1	6	4	2	Unkind
Not annoying				6			Annoying

Participant 7: Boy, 16 years and 8 months

	Self	Mum	Dad	Friend	Teacher	friend	
Calming	1	3	5	4	6	2	Initiating
Nice	2	1	3	6	5	4	Mean
Funny	3	5	6	1	4	2	Boring
Honest	4	2	1	5	3	6	Manipulating
Positive	1	3	4	5	2	6	Negative
Calm	6	1	4	3	2	5	Bad tempered
Good friend	1	5	6	3	4	2	Bad friend

Appendix F

SPSS Output From Chapter Four

Meaning in Life Questionnaire – Chapter Four

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre_Presence	19.50	6	6.253	2.553
	Post_Presence	22.17	6	5.345	2.182
Pair 2	Pre_Search	31.83	6	2.927	1.195
	Post_Search	31.00	6	3.225	1.317

Paired Samples Test

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	Pre_Presence - Post_Presence	-2.667	3.882	1.585	-6.740	1.407	-1.683	5	.153
Pair 2	Pre_Search - Post_Search	.833	3.545	1.447	-2.887	4.554	.576	5	.590

The General Self-efficacy Scale – Chapter Four

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Self_Efficacy_1	29.00	6	6.419	2.620
	Self_Efficacy_2	29.17	6	4.750	1.939

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Self_Efficacy_1 - Self_Efficacy_2	-.167	3.430	1.400	-3.767	3.433	-.119	5	.910

Appendix G

SPSS Output From Chapter Five

Meaning in Life Questionnaire – Chapter Five

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pre_Presence	27.00	8	3.817	1.350
	Post_Presence	29.25	8	4.833	1.709
Pair 2	Pre_Search	24.63	8	3.335	1.179
	Post_Search	20.88	8	6.875	2.431

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre_Presence - Post_Presence	-2.250	4.833	1.709	-6.290	1.790	-1.317	7	.229
Pair 2	Pre_Search - Post_Search	3.750	4.496	1.590	-.009	7.509	2.359	7	.050

The General Self-efficacy Scale – Chapter Five

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Self_efficacy_1	31.00	8	2.330	.824
	Self_efficacy_2	31.88	8	2.532	.895

Paired Samples Test

			Paired Differences				t	df	Sig. (2-tailed)	
			Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
						Lower				Upper
Pair 1	Self_efficacy_1 - Self_efficacy_2		-.875	1.356	.479	-2.009	.259	-1.825	7	.111