

Exploring Refugee Young People's Conceptualisation of Their Wellbeing

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ABSTRACT

Refugee young people (RYP) represent a growing and clinically significant population in the UK. Research and practice knowledge suggests that they face multiple challenges and have particular and complex needs. Despite this, reports indicate that refugee young people currently under-utilise mental health services. A growing body of literature argues that it is problematic that research and practice in the field of psychology are primarily bound to Western constructs and models of understanding. This position contends that such constructs often inadequately or inappropriately address the needs of this population. While this debate has particularly centred around concepts of psychopathology and trauma, relatively little attention has been paid to the validity and relevance of the concept of wellbeing when applied to RYP. The present study sought to investigate how wellbeing is understood and constructed by one group of RYP, in order to consider the relevance and applicability of dominant conceptualisations.

A social constructionist-critical realist epistemological position was taken to explore this group of RYP's understandings and beliefs about wellbeing. Semi-structured interviews were conducted with ten young people from refugee backgrounds who had recently arrived in the UK. The transcripts were submitted to a thematic analysis through which three main themes were identified: 'Managing Current Contexts', 'Moving Forward' and 'Practicing Faith'. These themes captured the influence of participants' current context of seeking asylum and underscored the imperative role of underlying beliefs and faith in frameworks of understanding wellbeing. They also highlighted the central role that ideas of hope and moving forward held for participants. As such, analysis of the data drew attention to socio-cultural variations that exist in constructions of wellbeing, indicating that wellbeing is a concept strongly informed by individual context and grounded in one's cultural and religious beliefs and assumptions.

Conceptions of psychological and social wellbeing have significant implications for devising psychological treatment and policies aimed at ameliorating RYP's difficulties. The findings from this study call for improved knowledge and consideration in research and practice on the impact of contextual, cultural and religious factors to constructs of wellbeing. Psychologists and policy makers need to question the taken-for-granted assumptions that underlie our theories and pre-shape our understandings, concepts and frameworks used.

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1. INTRODUCTION

This chapter will provide a brief overview of the current context for young people from refugee and asylum-seeking backgrounds in the United Kingdom (UK). It will consider the role of clinical psychologists in supporting this growing client group, reflecting on the debate around dominant concepts and therapeutic approaches applied to this population. This will then serve as the basis for a consideration of the concept of wellbeing¹, particularly its place within psychology and its current utilisation. A critical review of the literature and the implications will be presented, and issues regarding the application and relevance to refugee young people (RYP) will be discussed. This will lead to the rationale for the current research, which will highlight the importance of contextual and cultural consideration, noting the significant absence in the literature of cross-cultural understandings of wellbeing from the perspectives of RYP in particular. It will then reflect on the implications for clinical psychologists. Finally, the central aims for the current study will be presented, including the research questions.

1.1 Terminology and Literature Review

1.1.1 *A note about terminology*

Refugee people

According to the United Nations 1951 Convention, a refugee is defined as 'any person, who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail himself/herself of the protection of that country' (United Nations High Commissioner for Refugees [UNHCR], 1951, Article 1[A][2]). The term asylum-seeker describes a person who has crossed an international border seeking safety and is awaiting a decision following application for refugee status in a country signed to the Convention. Due to media, political and social representations, the term asylum-seeker has become somewhat pejorative (Lynn

¹ Throughout this thesis the form 'wellbeing' is used, but it is found in a number of forms, including 'well-being' and 'well being'.

& Lea, 2003). Accordingly, while I recognise there exist important distinctions, throughout this study I will use the term refugee people to refer to those who have been forced from their homes as a result of war or political oppression, whether they have been granted refugee status or are seeking asylum.

Refugee young people

There is no universally agreed concept or definition of young people or youth. In the UK, it is commonly regarded as a fluid category, where young people are understood to be in a period of transition 'from the dependence of childhood to the independence of adulthood' (United Nations Department of Economic and Social affairs [UNDESA], 2016, p. 1). For some, it is seen to coincide with adolescence and associated with both the transformations in young people's social roles and responsibilities as well as the physical changes of puberty (Evans, Lo Forte & McAslan Fraser, 2013). As general guidance, this research uses the UN definition of young people as between the ages of 15-24 (UNDESA, 2016), yet recognises that the concept is a social construct, reflecting historical and cultural contexts and understandings and the meaning of the term varies in different societies around the world (Tonon, 2012).

For the purposes of this thesis the term 'refugee young people' (RYP) is used, as research and practice knowledge suggests that as a group RYP face unique psychosocial challenges, encompassing health, social, and legal aspects. However, it is in no way the intention of the author to diminish or homogenise RYP, as it is acknowledged that experiences of persecution and conflict can vary greatly, as do subsequent experiences.

1.1.2 Literature review

My review began within publication databases PubMed, PsycINFO, PsycArticles, IBSS, SCOPUS, Web of Science and ScienceDirect. The search terminology used in varied combinations included: ('refugee*' OR 'asylum-seeker*' OR 'young

people') AND (wellbeing OR quality of life)². I was also informed by references that I encountered within relevant articles. Of particular influence at the initial stage of this process were the papers 'Exploring the Health and Well-being of refugee and Asylum Seeking Children' (McCarthy & Marks, 2010) and 'Childhood wellbeing: a brief overview' (Statham & Chase, 2010), which inspired the subsequent direction of this research. I was especially interested in finding qualitative research that captured understandings of wellbeing from the perspective of young refugee people themselves, as relevant to my research questions. Further details of my literature review can be found in Appendix A.

1.2 Context of RYP in the UK

The number of refugees in the world shows no signs of decreasing and current world politics foreshadow the continued rise in numbers of people fleeing persecution and conflict. An unprecedented 21.3 million people around the world have been forced from their countries of origin (UNHCR, 2017). Latest statistics from UNHCR report that the UK currently hosts 153,560 refugee people (UNHCR, 2015). While it is difficult to get exact numbers of RYP currently living within the UK, UNHCR states that over half of those fleeing their countries of origin are under the age of 18 (UNHCR, 2017). In 2008, Hodes et al. estimated that there were at least 50,000 refugee people under the age of 18 in the UK, many living in London. In the years since this estimate the number of young people under the age of 18 claiming asylum has risen significantly. In 2015 alone, there were 8,455 applications, including 3,253 unaccompanied young people (Refugee Council, 2016). As such, RYP represent a growing population in the UK.

1.2.1 Challenges impacting on RYP's lives

Researchers and practitioners often organise the refugee experience into phases that commonly impact on RYP: pre-flight, their journey en route and their lives in the UK (Fazel & Stein, 2002; Lustig et al., 2004; Pumariega, Rothe & Pumariega,

² Several terms are often used interchangeably in the literature, particularly quality of life, happiness and life satisfaction. For the purposes of this study, these terms are considered distinct, however, they were incorporated into the search criteria during my initial review to ensure I captured all relevant literature.

2005). While focus has been predominantly placed on the pre-flight phase, it is becoming more accepted that each stage is marked by exposure to multiple challenges and potential trauma (Silove, 1999). Indeed, although RYP may hope to arrive in a place of safety, the events that led to their flight are often only the start of a long period of uncertainty and distress. Outlined below are some of the central challenges RYP frequently face. While considering these, it is important to remember the intersectionality occurring between the factors.

Multiple traumatic experiences

By definition, RYP leave their home countries to escape persecution and many observe or experience human rights violations. They may have been victims of torture, rape, or witnessed the killing of family or community members prior to their flight (Ayotte, 2000; de Jong et al., 2001). Young people can travel for weeks or months in dangerous circumstances to seek asylum in the UK and they may have experienced physical or sexual exploitation (Halvorsen, 2002).

Multiple losses

Although their histories might be very different, all RYP encounter an accumulation of losses over the course of their experiences. These losses include being separated from their family, home, friends, culture, status and familiar ways of life, as well as bereavement of significant loved ones and coping with feelings of fear and worry for those left behind. They also often face a number of internal losses, including their sense of identity, agency over their own life, their sense of safety and security, as well as a sense of loss of dignity and prospects for the future (Chase, 2010; Groark, Sclare & Raval, 2011; Papadopoulos, 2002; Vitus, 2010).

Legal status

RYP in the UK must negotiate the foreign, complex, and often hostile, legal asylum processes and show that they have a well-founded fear of persecution to gain refugee status (Fazel, Reed, Panter-Brick & Stein, 2012). Many young people also face having their age disputed. The procedures are laborious, stressful and often continue for many years. The vast majority receive discretionary leave to remain and must then apply for asylum as they approach

their 18th birthday in order to remain in the UK. This creates a great deal of uncertainty and fear for RYP planning their futures (Fekete, 2007; Nandy, 2007; Wade, Mitchel & Baylis, 2005).

Transitions

For RYP, the experience of forced migration is occurring at a time of rapid physical and emotional developmental change (Brough, Gorman, Ramirez & Westoby, 2003). In an unfamiliar land, they often lack consistent guidance to help them make sense of their experiences and support their transition to adulthood.

Research demonstrates that the experience of displacement can also often challenge traditional gender and generational roles, as RYP are often required to take on new roles and responsibilities (Colucci, Szwarc, Minas, Paxton & Guerra, 2014). For some, this may be the first time they have to look after themselves, including challenges of accommodation, budgeting, cooking and self-care (Deveci, 2012). This is also in the context of learning a new language and adjusting to new social and cultural values and systems, whilst attempting to honour cultural and religious values and expectations of home (Hughes & Rees, 2016). Those with minimal or disrupted school education are also suddenly immersed into a new education system. Significantly, there are then often changes in circumstances when turning 18, as RYP commonly have to move from children to adult services, causing further disruption.

Marginalisation

For many RYP, living in the UK can be lonely and isolating without their families or familiar social networks (Lay, Papadopoulos & Gebrehiwot, 2007). This is often compounded by lack of material, linguistic and cultural resources, including a lack of understanding about how support systems in the UK function and difficulties in accessing services, such as GPs and school or college places (Bhabha & Finch, 2006; Street et al., 2005). Furthermore, the host society may be explicitly hostile and RYP may have unwelcoming and distressing experiences of institutional and direct racism and discrimination (de Anstiss, Ziaian, Procter, Warland & Baghurst, 2009).

1.3 Role of Psychology

RYP's experiences impact on all aspects of their lives, as such, their needs are multi-faceted and multi-dimensional (Papadopoulos, 2002). Despite recognising the significant challenges faced and studies suggesting higher levels of serious psychological distress among this client group (Fazel & Stein, 2002; Fazel, Wheeler & Danesh, 2005; Steel et al., 2009), our understanding of RYP and their service needs remains fragmented (Cox, 2011). Reports indicate that RYP currently under-utilise mental health services (Colucci et al., 2014; Michelson & Sclare, 2009; Street et al., 2005), but reasons for this remain unclear. A number of factors have been implicated, including communities' stigma of mental health (Lustig et al., 2004; Tribe, 2002), general distrust of authority and services (Ellis, Miller, Baldwin & Abdi, 2011; Palmer, 2006) and issues with access, which may be due to factors such as language barriers and limited awareness of available services (Heptinstall, Sethna & Taylor, 2004; Michelson & Sclare, 2009).

Pertinent to this study, some have suggested that appropriate services are unavailable or insufficient for RYP's needs, due to a lack of cultural fit, in terms of differing understandings and expression of mental health (Bhui, Audini, Singh, Duffett & Bhugra, 2006; de Anstiss et al., 2009; Friedman & Klein, 2008; Majumder, O'Reilly, Karim & Vostanis, 2015; Vostanis, 2010). The UNICEF UK report 'Levelling the Playing Field' highlighted 'significant concerns' regarding the lack of culturally appropriate mental health services for RYP (Brownlees & Finch, 2010, p. 86), and the mental health charity Mind (2009) found services for refugee people lacking in cultural sensitivity or relevance. Thus, as Christopher & Howe (2014) contend, there is a need for critical reflexivity in respect to current psychological practices and differing cultural understandings of mental health.

1.3.1 Critique of current framework guiding therapeutic work with RYP

Within psychology, the literature on RYP has grown over the last two decades. The dominant framework used by clinical psychologists when working with RYP primarily encapsulates them within the designations of Post-Traumatic Stress Disorder (PTSD) or trauma-related problems (Brewin, Dalgleish & Joseph, 1996;

Ehlers, Clark, Hackmann, McManus & Fennell, 2005; National Institute for Health and Care Excellence [NICE], 2005). Critics have argued that the application of such diagnoses, derived from Western³ psychiatric traditions and based largely on a biomedical model, at best do not fully encapsulate and at worst are irrelevant to the experience of people from refugee backgrounds (Afuape, 2011; Bracken, Giller & Summerfield, 1995; Papadopoulos, 2002; Summerfield, 2000, 2001, 2003; Watters, 2001). They challenge this 'cultural imperialism' (Afuape, 2011, p. 32) which assumes that there is a universal human response to trauma captured by certain frameworks. The critics contend that this universalist assumption fails to allow for the way people construct personal, social and cultural meanings from their experiences (Levers, 2012) and thus, ignores issues that may be of greater concern to individuals (Kirmayer, 2007). Some argue that practitioners may even 'inadvertently compound the oppression already experienced by refugee people by the unquestioning use of Eurocentric theories and practices' (Patel, 2003, p. 27). The fact that many RYP do not appear to be accessing mental health services would not be surprising to these authors who query the extent to which refugee people's experiences, understandings and meanings can be understood in terms of Western constructs and frameworks.

1.3.2 Applying this critique to the positive psychology discourse

While the trauma discourse remains the dominant approach guiding work with RYP, there have been increasing attempts (grounded in positive psychology) to move beyond a bio-cognitive deficit approach (Loulopoulou, 2010). This growing discourse focuses on concepts of wellbeing, resilience, agency, creativity, hope and individual's own resources and personal strengths (Hefferon & Boniwell, 2011). This approach attempts to take a less pathologising view. However, it can

³ For the purposes of this study, use of the term Western refers to specific views and understandings that have emerged in Western history, combining claims about the nature of the self with normative specifications about the good or ideal person. This essentially regards the individual as a self-contained entity defined by personal objectives, desires and interests (Christopher & Howe, 2014). While the terms Western, individualism and collectivism are used in this study the author recognises that they are generalisations that may obscure much diversity.

be argued that it still relies on individualising Western constructs (Harper & Speed, 2012).

Critical reviews of frameworks for work with RYP have centred around concepts of psychopathology and chiefly, trauma and PTSD. Christopher & Howe (2014) contend that it is equally important to question the validity and relevance of concepts used in the positive psychology discourse when applied to those who may have differing norms, attributions and understandings. As the concept of wellbeing is becoming increasingly prominent in research, policy and practice, this study is interested in exploring the validity and relevance of its application to RYP.

1.4 Wellbeing: An Uncontested Construct

Wellbeing is now an ubiquitous term, enjoying purchase in research, policy and practice across a range of settings (including the public, voluntary and commercial sectors). While intuitively appealing and plausible as an idea, wellbeing is notably difficult to define precisely and 'conceptually muddy' (Morrow & Mayall, 2009, p. 221). In psychology, a critical gaze has been cast over the discourse of psychopathology, disorders and diagnosis (see Boyle, 2007; Division of Clinical Psychology [DCP], 2013), yet the discourse of positive psychology, and in particular the concept of wellbeing, has largely escaped scrutiny.

1.4.1 Origins

Since the time of the ancient Greeks, philosophers and writers have hypothesised about the nature of wellbeing and what it is that determines a 'good life' (Diener, 1984). For Socrates and his student Plato, the most dominant constituent of wellbeing was not wealth, power or even health or family, but rather the health of the mind and soul (Stoll, 2014). According to Aristotle, another key figure in the history of our conceptualisation of wellbeing (which he referred to as *eudaemonia*), it was the overarching goal of all human actions, the culmination of a person's journey to actualise all their potential (Vilches, 2012). This notion that wellbeing was within the realms of individual agency was continued by the Greek philosophical schools of Stoicism and Epicureanism (Stoll, 2014). With the

Enlightenment, the study of wellbeing was turned into a 'science', and as such, it was considered possible to work out precisely what was required to achieve wellbeing. These ideas, that began with the philosophers of ancient Greece, continue to shape the way scholars, practitioners and policy makers think about wellbeing (Haybron, 2008).

1.4.2 Current understandings

In recent decades, definitions and theories about what constitutes wellbeing have moved into the domain of psychologists, economists and social scientists. In these realms, it has been conceptualised as something that can be quantified and measured, with identifiable determinants. Yet, the question of how wellbeing should be defined remains largely unresolved, giving rise to a lack of consensus and blurred, alternating use of the term (Dodge, Daly, Huyton & Sanders, 2012). For some, it is possible to speak about the objectivity of the concept in relation to indicators such as household income, educational resources and health status; for others, subjective components such as positive affect and life satisfaction are crucial. It is in this subjective area that psychology has played a particularly important role.

1.5 Wellbeing in Psychology

In essence, the notion of wellbeing provides a baseline from which psychologists assess psychopathology and serves as a guide for clinical work, helping inform the direction of goals and objectives (Christopher, 1999). Yet, as a concept in itself, there is persisting vagueness and in contrast to the quantity of research and papers devoted to psychopathology, it receives relatively little attention. Only a small number of researchers and practitioners in psychology have attempted to propose a clear definition of wellbeing and identify its constituents (see Bradburn, 1969; Diener, Suh, Lucas & Smith, 1999; Keyes, Shmotkin & Ryff, 2002; Ryff & Singer, 1998; Seligman, 2011), and even fewer have cast a critical eye over its conceptualisation and usage.

1.5.1 Historical background of wellbeing in psychology

In psychology, early theorising about wellbeing can be located with Maslow (1954) and his proposal that there are universal human needs, fulfilment of which is likely to enhance a person's feelings of wellbeing. Around the same time, Jahoda (1958) developed the theory of 'Ideal Mental Health', identifying categories which she said were vital to feelings of wellbeing. Rogers (1961) discussed wellbeing in terms of 'the good life', believing that each individual strived towards becoming a 'fully functioning person' (p. 187–188). In 1969, Bradburn's research marked an early attempt to define wellbeing, moving away from the diagnosis of disorders to the study of ordinary people in their daily lives. He argued that an individual will be high in psychological wellbeing in the degree to which they have an excess of positive over negative affect. Herzlich (1973) added a component of cognitive perception, placing emphasis on the attitude of the individual towards health. Similarly, Andrews and Withey (1976) and Campbell (1976) emphasised life satisfaction.

These ideas were central to the work of Diener and Suh (1997), who contend that psychological wellbeing consists of an affective component, which relates to the individual's experience of positive and negative emotions (such as feeling happy), and a cognitive element, which involves an evaluation of the quality of one's life. This understanding, commonly referred to as subjective or 'hedonic' wellbeing, has become the dominant approach to studying wellbeing in psychology (see Diener, 2009; Dodge et al., 2012; Felce & Perry, 1995; Headey, Holmstrom & Wearing, 1984a, 1984b; Kahneman et al., 1999; Lee & Oguzoglu, 2007; Singh & Jha, 2008).

A divergent, yet in some ways complimentary understanding, is known as psychological or 'eudaimonic' wellbeing, tracing back to Aristotle's ideas. This perspective considers broader definitions than emotion and satisfaction, focusing on meaning, worth and self-realisation (Michaelson, Mahony & Schifferes, 2012). From a more developmental perspective, Ryff (1989) synthesised ideas from the personality theories of Maslow, Rogers, Allport, Erikson, Neurgartens, and Jahoda, proposing core dimensions that constitute psychological wellbeing:

autonomy, environmental mastery, positive relations with others, purpose in life, personal growth and self-acceptance (Ryff & Singer, 1998). Similar eudaimonic models have been developed by others, emphasising that wellbeing involves a sense of purpose, competence, personal development and fulfilment (see Deci & Ryan, 2000; Shah & Peck, 2005).

1.5.2 Link to positive psychology

The recent positive psychology discourse aligns itself closely with the concept of wellbeing. Emerging out of the critique of a deficit focused medical model, came a focus on positive functioning. As Seligman, pioneer of the positive psychology movement, stated, 'It wasn't enough for us to nullify disabling conditions and get to zero. We needed to ask, what are the enabling conditions that make human beings flourish?' (cited in Wallis, 2005, p. 1). In Seligman's (2011) most recent book, he states 'I used to think that the topic of positive psychology was happiness, I now think that the topic of positive psychology is well-being' (p. 13). As Statham and Chase (2010) suggest, the term wellbeing enables psychologists to 'de-medicalise' the concept of health and broaden the view as more than simply the absence of distress and dysfunction. This development led to a call for clinical psychology to adopt measures of positive functioning, asserting that there were measurable elements contributing to wellbeing (Joseph & Wood, 2010).

1.6 The Utilisation of Wellbeing

Early attempts at promoting and measuring wellbeing emerged from the social indicators movement of the 1960s and 1970s (see Bauer, 1966; Duncan, 1969). It was seen as a way of charting social change and encouraging governments to consider a wider range of factors which contributed to health and quality of life beyond disease or its absence, and beyond equating it with per capita income (Conceição & Bandura, 2008). This focus on wellbeing promised a more holistic, human-centred, positive approach in place of narrowly economic conceptions or restrictively medical understandings.

As an assumed tangible, measurable, improvable entity, the promotion of wellbeing has now become well established as the ultimate outcome of social, health and development policy (Gough & McGregor, 2007; McGillivray, 2007). A number of official statistical agencies around the world now publish regular reports on levels of national wellbeing. In the UK, significant research has been commissioned (for example, the Foresight Mental Capital and Wellbeing Project, 2008) and the term now features strongly in policy and delivery documents. We have nationwide health and wellbeing boards (Local Government Association, 2017) and the Office of National Statistics (ONS) is implementing measures of wellbeing for the UK to track, including child-specific measures (ONS, 2017). NICE has created guidance for enhancing wellbeing (see NICE, 2008, 2009, 2013) and the children and young people's mental health and wellbeing task-force report (Department of Health [DoH], 2015) is just one example of wellbeing's current emphasis within the National Health Service (NHS). Internationally, the use of wellbeing is equally prominent, including across United Nations agencies, such as the United Nations Children's Fund (UNICEF) (see UNICEF, 2013).

1.6.1 Measuring wellbeing

The growing wish to assess and monitor levels of wellbeing and evaluate wellbeing initiatives has increased demand for instruments to measure it. How wellbeing is measured is dependent on how it is conceptualised (Vilches, 2012), with an array of domains and indicators used. Traditionally, measures included objective indicators (such as household income, employment, family structure, educational achievement, nutrition, life expectancy). In the movement led particularly by psychologists, subjective indicators are now increasingly incorporated, based on individuals' own perceptions and experience of life. It could be assumed that the subjective would be the dimension of wellbeing that requires a qualitative approach, however, the dominant approach in wellbeing research to the subjective has been quantitative (White, 2008). A number of multi-item scales have been developed in an attempt to quantify wellbeing and its determinants. Some prominent examples include the Satisfaction with Life Scale (Diener, Emmons, Larsen & Griffin, 1985), the World Health Organisation's (WHO) Quality of Life Profile (WHO, 2014), The Ryff Scales of Psychological Well-Being

(Ryff, 1989) and The Warwick Edinburgh Mental Well-being Scale (Tennant et al., 2007). Measures often ask respondents to rate statements on a scale, or ask questions such as: 'Taking all things together, would you say you are: Very happy, Rather happy, not very happy, not at all happy'. Essentially, each measure equates wellbeing with the outcome on a set of indicators.

1.6.2 Measuring young people's wellbeing

There has been increased interest and research in recent years on developing agreed indicators on children and young people's wellbeing. A literature review by Ben-Arieh and Goerge (2001) identified over 130 reports aiming to document and monitor the wellbeing of children and young people. This reflects an increasing emphasis on recognising children and young people as a 'distinct population group' in policy and research (Ben-Arieh et al., 2001, p. 6). With the shift away from being over reliant on objective measures of wellbeing, there has been a gradual (though still limited) move towards engaging young people in defining the parameters around what constitutes wellbeing for them (Statham & Chase, 2010). Indeed, Article 12 of the United Nations Convention on the Rights of the Child (UN, 1989) emphasises acknowledging and acting upon the views expressed by children and young people in relation to matters that affect them.

A literature review reveals at least twenty substantial studies that have researched what children and young people themselves understand about their own wellbeing and what they think influences it (see Ben-Arieh et al., 2001; Crivello, Camfield & Woodhead, 2009; Dex & Hollingworth, 2012; Fattore, Mason & Watson, 2007; Gabhainn & Sixsmith, 2005; Layard & Dunn, 2009; O'Higgins, 2002). Each of these studies categorises children and young people's responses into frameworks decided by the researchers, and as such there is not one consistent form of categorisation across the studies. The age group of participants in each study also varies, for example ranging from 4-25 to 16-19. However, overall these studies do identify a number of corresponding key indicators. While most dimensions identified are similar to those used for adults, there are some important variations that reflect the circumstances of young people's lives and the

aspects of wellbeing that they prioritise. Particularly significant for many participants was attending school, as young people spoke about the importance of classmates and teachers to their wellbeing. Parental relationships, being cared for and friendships were also commonly mentioned. Another component of wellbeing voiced that is perhaps less often recognised was pets, who were often viewed as members of the family that could provide companionship and fun. Many of these studies have operationalised their findings to construct survey measures for monitoring children and young people's wellbeing at a population level.

1.7 Limitations of the Wellbeing Discourse

There is undoubtedly value in the intentions of promoting wellbeing, however, critical consideration reveals a number of problematic aspects of the concept and its current operationalisation. Giving active consideration and attention to the relevance and appropriateness of applying this concept to RYP, a review of the literature highlights pertinent limitations.

1.7.1 Inconsistent

While being operationalised on many levels, there remains a lack of consensus on what wellbeing actually looks like. Cummins et al. (2002) contend it is used with such abandon that it is amongst 'the most inconsistently used terms within the human sciences' (cited in Rapley, 2003, p. 27). As clarity remains elusive, like the definition itself, indicators and measures are variable across different agents and initiatives.

1.7.2 Reductive

Boyle (2002) described the conceptual and practical difficulties caused by professional or technical uses of 'multi-referential lay constructs' which have wide circulation in everyday language. Indeed, in an effort to create manageable taxonomy for measurement from an unhelpfully fluid and ambiguous concept, the complexity and multiple meanings of wellbeing have been ignored (Ereaut &

Whiting, 2008). With the focus on various indicators, wellbeing is defined as the outcome on a particular set of measures.

1.7.3 Positivist

Although lacking clarity, the current use of the concept relies essentially on a positivist model of knowledge. It assumes the existence of facts about wellbeing which, when identified, can be measured and quantified, to guide future initiatives. It is one thing to find a term useful for the purposes of communicating ideas in general, but quite another when it is translated and operationalised into policy and initiatives which assert that this term stands for something definite and measurable (Seedhouse, 1995).

1.7.4 Static

Current utilisation suggests that wellbeing is a state that can be achieved. This fails to recognise that wellbeing is determined largely by the context one lives in, and since contexts and influential factors are always changing, so will the experience of wellbeing. This dynamic nature means the dimension of time needs to be recognised as having an integral role to wellbeing. Rather than being static, wellbeing emerges from how people interact with the world around them at different points in their lives (White, 2008).

1.7.5 Based on individualistic assumptions that are not universal

It is widely assumed that identified components of wellbeing are generalisable universally (Izquierdo, 2005). However, although dominant theories and measures of wellbeing appear to avoid the imposition of certain cultural values and norms⁴, they derive from particular assumptions and visions on the good or ideal person, sitting in a very specific historical and cultural context (Christopher, 1999; Harper & Speed, 2012). Dominant ideas of what constitutes wellbeing are foundational in

⁴ Particularly scholars such as Frey (2008), Helliwell, Barrington-Leigh, Harris & Huang (2010), Oishi (2010) and Veenhoven (2010) who are progressively more aware of the impact of sociocultural differences on wellbeing.

Western individualistic thought, with a commitment to the rational individual, that can turn inward, and have their own personal set of goals and priorities (Christopher & Howe, 2014). However much these conceptions seem like natural and unquestionable truth, they are not universal, and are in fact rather peculiar within the context of many other cultures. For example, Triandis (1995) has suggested that 70 percent of the world population hold collectivist worldviews that emphasise the group and its interests as the basic unit of moral concern, essentially motivated by the norms and duties of the collective entity. Anthropologists such as Geertz (1983) have highlighted how cultural systems of knowledge, belief and practice provide explanatory models about what makes up the person and the world.

1.8 Implications

These limitations and tacit assumptions are not acknowledged in the unquestioned use of the concept of wellbeing. Current usage and measures presuppose and evoke a particular kind of knowledge and way of seeing the world, about the nature of self as well as 'values about how the self should be or what it should become' (Christopher & Howe, 2014, p. 257). Thus, rather than reflect the reality of wellbeing, results of measures reflect being the product of measures themselves and their culturally shaped responses (Mathews, 2012). It is problematic to expect these to yield the kind of transparent, interpretable findings their proponents seek, as they potentially misinterpret the responses of people whose cultural and ethnic background is different.

Concern with conception and measures of wellbeing is not restricted to academic debates, as it has direct implications for the type of policies and services that are supported, helping set directions and priorities. Thus, we must reflect on who controls or negotiates the descriptors used in defining and measuring wellbeing and to what purposes, such as allocation of resources and service focus (Tribe,

2014). We must recognise the significance of the power in defining the idea of wellbeing in society⁵.

1.9 Thinking Beyond

Recognising the limitations of current conceptualisations of wellbeing highlights the risk of serious misrepresentation and misunderstanding in unquestioningly applying these to people from different cultural backgrounds. A review of the literature on wellbeing reveals a paucity of research by psychologists exploring cross-cultural understandings of wellbeing. The limited research identified has primarily been conducted by anthropologists and health and development workers in humanitarian settings. These studies suggest there are considerable cultural differences in regards to concepts such as emotions, the mind and body, and the self in relation to others, all of which are fundamental to notions of wellbeing (Betancourt, Speelman, Onyango & Bolton, 2009; Free, 2003).

Within the field of anthropology there has been ethnographic research exploring culturally-specific concepts and behaviours in the sphere of wellbeing. Mathews and Izquierdo (2009) demonstrate how studies indicate that there is no single unambiguous pursuit of wellbeing, as it can be conceived of, expressed and experienced in very different ways in different places, different societies and different cultural contexts.

In the operation of humanitarian programmes amongst post-conflict communities, two studies have used participatory methods to explore culturally grounded understandings of wellbeing amongst the people they were working with. Bragin, Onta, Janepher, Nzeyimana and Eibs (2014) asked women in three conflict affected settings, Burundi, Nepal and Northern Uganda, to identify in their own voices, what wellbeing means to them, and what conditions must be created in

⁵ Some have argued that current discourses of wellbeing strengthen ideologies of individual choice and responsibility, in which individuals are encouraged (and some say required) to assume increasing personal responsibility for their wellness, with wellbeing linked to ideas of personal 'resilience', 'independence', 'achievement' and 'skills' (Ereaut & Whiting, 2008; Sointu, 2005; White, 2008).

order for them to achieve it. Through learning about how these women understood and operationalised being 'well at heart' within a local, cultural context they together developed relevant domains and indicators specific to each setting. These were used to aid programme objectives and evaluation. Stark, Ager, Wessells and Boothby (2009), in the context of girls formerly associated with fighting forces in Sierra Leone, explored local understanding of wellbeing in a way that was meaningful to the girls themselves, to identify culturally relevant indicators. Their research found that it depends on how the young person understands her experiences and her conception of self (Wessells & Kostelny, 2008). Both of these studies highlight the importance of enquiry into local understandings of wellbeing in a meaningful way, recognising specific socio-cultural contexts.

1.9.1 Refugee people's perspectives on wellbeing

Research exploring understandings of wellbeing from the perspective of refugee people is even more limited. While the devastating effects of persecution and forced migration on refugee people's psychological and social wellbeing have been studied and debated, they have rarely been asked to define wellbeing in their own voices, within their own underlying belief systems and constructions. As Ryan, Dooley and Benson (2008) contend, the actual voices of refugee people themselves are curiously absent in wellbeing literature in psychology.

Studies that have explored refugee people's understandings of mental health difficulties have revealed significant cross-cultural variation in the conceptualisation, manifestation and responses or help-seeking approaches to mental health (Bettmann, Penney, Clarkson, Freeman & Lecy, 2015; Guerin, Guerin, Diiriye & Yates, 2004; May, Rapee, Coello, Momartin & Aroche, 2014; Samman, 2007; Slewa-Younan et al., 2014; Tempny, 2009; Whittaker, Hardy, Lewis & Buchan, 2005). This literature suggests that refugee people have little understanding and experience of western notions of mental 'disorders' and related interventions (Bettmann et al., 2015; Palmer, 2006).

1.9.2 Studies into RYP's perspectives on wellbeing

The need to consider how wellbeing might vary for different groups of young people, and in different contexts, is being given increasing recognition (Dex & Hollingworth, 2012). However, there remains little data on this. For RYP, as with adult refugee populations, research has focused on trauma reactions, yet we know little about how RYP think about wellbeing.

A systematic review of the literature revealed two studies with a stated aim to explore RYP's perspectives on wellbeing. However, both share a top-down approach, where RYP's experiences and responses are placed into predefined frameworks and categories, rather than exploring RYP's own conceptions of wellbeing itself. Earnest, Housen and Gillieatt (2007), in a study entitled 'Adolescent and young refugee perspectives on psychosocial well-being', ask RYP questions about their experiences on a range of themes (including flight, resettlement, family adjustment and challenges), then places their responses into the researchers own framework of wellbeing. Thus, while RYP are being engaged as research participants regarding their experiences, there is no consultation with them in terms of the actual concept of wellbeing and what wellbeing means to them.

McCarthy and Marks (2010) set out to 'investigate what well-being means to young refugees and asylum seekers' (p. 589). Their study builds on the 'well-being framework' developed by the Children's Society in the UK. The researchers aim to explore whether the framework may be 'relevant or flexible enough' to reflect RYP's experiences (p. 589). While McCarthy and Marks do aim to allow 'unique issues to emerge' (p. 590) and are cautious that participants not only talk about prescribed topics, responses are essentially considered within the pre-existing survey framework, with its implicit assumptions. In concluding that the framework appears broadly to capture key factors impacting on the wellbeing of RYP, the researchers do acknowledge that 'while the framework and survey is a useful tool to identify population wide trends, well-being research with vulnerable groups of children should continue to use exploratory methods to ensure that their voices are not lost' (p. 593). They also recognise that for their research they only

recruited those who did not require interpreters and 'as many refugee and asylum seeking children have no or limited English, the well-being survey is unlikely to be valid or reliable' (p. 589). This suggests there is a need to explore the validity and the relevance of the concept of wellbeing for RYP further.

1.10 Rationale and Aims

1.10.1 Wellbeing as a social construct

The position of social constructionism highlights the importance of contextual specificity and assumes the social production of meaning. Gergen (1985) contends that the terms in which the world is understood are social artefacts, products of culturally and historically situated interchanges between people. Thus, as Burr (1995) notes, knowledge is sustained by social process as we construct taken-for-granted ways of understanding the world (p. 3-4). From this position, conceptualisations of wellbeing are not a universal psychological state, but a sociocultural phenomenon, characterised by attitudes such as belief, desires and judgements, 'the contents of which are not natural, but are determined by the systems of cultural belief, value and morals of particular communities' (Armon-Jones, 1986, p. 33). These conceptions of the ideal condition define particular qualities and characteristics as preferable and worthy of pursuit and promote cultivation of certain states or ways of being as preferable to others (Christopher, Christopher & Dunnagan, 2000). These can take an explicit religious or political form or be part of the collective unconscious: the cultural hegemony in which societies are grounded to give meaning, structure, and coherence to our lives (Appadurai, 2004; Bourdieu, 1977; Comaroff & Comaroff, 1991; Geertz, 1973; Sahlins, 1976). In other words, wellbeing is a construct, grounded in a particular social, historical and cultural location, and the associated beliefs, norms, interpersonal practices, embodied ways of knowing, values, moral visions and perceptions about what is good or not, both in ourselves and in the world (Harré & Finlay-Jones, 1986; Manderson, 2005).

Following on from this position, the application of Western psychological frameworks to cultures where relevance has not been established is problematic (Kleinman, 1987). Fundamental differences exist across the world in terms of views and ideologies about health and illness and the way the 'mind' is conceptualised (Fernando, 2010). In this light, the dominant Trauma discourse as applied to RYP has been criticised, calling attention to cultural incongruity in explanations of mental illness, diagnosis, aetiology and treatment, and unfamiliarity with mental health concepts of the host country. Yet, while wellbeing has entered policy rhetoric and practice in mental health services in the UK, limited research has explored possible unfamiliarity and incongruence in utilising the concept and measures of wellbeing in work with RYP. There is therefore currently a gap in knowledge about how concepts of wellbeing translate across different cultures and languages and in particular, as applied to RYP.

1.10.2 Paucity of literature on RYP's own understandings

While there is ongoing work to develop agreed definitions and measures of young people's wellbeing (Ben-Arieh et al., 2001; Bradshaw & Richardson, 2009; Rees & Bradshaw, 2008; Rees, Goswami & Bradshaw, 2010), these initiatives rarely consider RYP's own understandings. The few studies that have attempted to seek RYP's views, operate within circumscribed frameworks where implicit assumptions are inherent, rendering them problematic for gaining a meaningful understanding of RYP's perspectives. It is one thing to explore other socio-cultural perspectives and to try to understand them on their own terms, it is something else to use a pre-developed framework and then mark off similarities. This second approach, which has been called the 'transport and test' method of studying cultural universals (Berry, Poortinga, Segall & Dasen, 1992), is problematic in a number of ways. Most importantly, it fails to consider people's accounts of specific understandings or discern the indigenous framework within which these are organised, which have developed within other contexts.

As a result, scant attention has been paid to RYP's own perspectives and interpretations of wellbeing. Thus, despite increased rhetoric concerning stakeholder involvement, the voices of RYP have tended to be ignored in research

and decision-making processes, or are listened to within predefined contexts that 'conform to and reinforce current understandings' (Watters, 2001, p. 1710). The scarcity of studies exploring cross-cultural understandings of wellbeing with refugee people has been noted by a number of scholars (de Anstiss & Ziaian, 2010; Michelson & Sclare, 2009). To provide effective mental health services and improve wellbeing, it is imperative to first ensure our understanding of wellbeing is aligned with RYP's understandings (Boynton, Bentley, Jackson & Gibbs, 2010; Whittaker et al., 2005). Evidence suggests that consultation which is focused on listening to the experience, knowledge and understandings of refugees can be an effective means of identifying priorities and responding to needs (Summerfield, 1999, p. 133). It is essential then, that we do not make assumptions about RYP's notions of wellbeing. To ensure this we must listen to RYP themselves and attempt to understand within their frame of reference, by exploring cultural, contextual and age-specific nuances. In doing so, we must also avoid the trap of assuming all RYP share the same experiences and understandings based solely on their identity as RYP. As they are not a homogeneous group, such research and consultation needs to be carried out with many diverse groups of RYP.

1.10.3 Implications for the role of clinical psychologists

Wellbeing is a central concept in clinical psychology and yet it is seldom discussed explicitly, or critically reviewed within the discipline (Christopher, 1999). The ways we understand wellbeing shape the goals and methods of clinical intervention, as well as broader policy objectives. Given the significance of the term, it is important to think about psychology's use of and role in defining and understanding wellbeing. Specifically, the unquestioned application of the concept and measures to RYP, who may have different conceptualisations and frameworks of understanding wellbeing.

RYP represent a small but growing and clinically significant population. However, it is questionable as to whether current frameworks of understanding are relevant or beneficial in supporting RYP facing complex challenges. The current under-representation of this population engaged with services suggests a lack of accessible and appropriate options (Marriott, 2001; Stanley, 2001). As

practitioners, this should mobilise us to question the utility of current constructs and prompt greater attention to cultural contexts and beliefs regarding mental health and wellbeing. Our role as practitioners is to ensure that RYP have access to support that makes sense to them. Our culturally informed notions of wellbeing may be at odds with clients whose backgrounds are different from ours. As such, it is necessary to examine and reflect on the values and assumptions embedded in the discourses we use and to provide opportunities for RYP to articulate their understandings, in their own terms and to identify their own priorities. Fernando (2010) challenges professionals to develop a reflexive practice that investigates the epistemological framework used in refugee mental health care and to engage with refugees as consultants in the development of services (Moodley & Ocampo, 2014). This is also supported in The Delivering Race Equality in Mental Health Care white paper (Department of Health, 2005) which advocates the use of community engagement to involve refugees in service planning. We need to refocus efforts in ways that are conceptually and methodologically attuned to RYP's needs in order to navigate and work effectively with such populations.

1.10.4 Aims

There is a need for further investigation of how wellbeing is understood and constructed by RYP. By attending to this gap in the literature, the current research aims to gain richer knowledge of one particular group of RYP with a shared culture by exploring their own perceptions and understandings of wellbeing and what constitutes it, centralising their own voices. It seeks to learn to what extent specific socio-cultural differences dictate alternative concepts (Bragin et al., 2014). It is hoped that greater knowledge about the ways in which this group of RYP understand wellbeing can provide insight into forms of support which are more congruent with RYP's own constructions of wellbeing.

1.10.5 Research Questions

The issues outlined above underpin the rationale for this research, and the following research questions:

- How do this group of RYP describe and understand their wellbeing?
- What do they say helps them achieve these things and what gets in the way?

2. METHOD

This chapter outlines the epistemological position taken in this research and discusses my methodological approach. The setting in which the research was undertaken and the procedure for recruitment and data collection are described. I then discuss the ethical considerations involved in this research. Finally, the process of transcription and analysis is outlined and the importance of reflexivity is considered.

2.1 Epistemological Position: Social Constructionist-Critical Realist

This research is based upon a social constructionist-critical realist epistemology. This position acknowledges that broader social and historical context impinges on how people make meanings of their existence, while retaining an attitude that we can and should investigate 'reality' in itself, doing so cautiously and critically (Pilgram & Bentall, 1999). This position enables the current analysis to report on and do justice to the experiences, meanings and reality expressed by participants, while allowing analysis to 'go beyond the text' (Harper, 2011, p. 92) and theorise how and why people draw upon certain discourses.

Social constructionist informed research is attentive to the constructed nature of knowledge and social reality. This approach examines the ways in which particular phenomena (such as wellbeing) are constructed. This in turn enables reflection upon the impact these social constructions may have on people and their experiences (Harper, 2011). Social constructionism encompasses a breadth of approaches in psychology, from the 'radical' to the 'moderate' (Gergen, 1999), but all are unified by the shared principles of: 'a critical stance toward "taken for granted" ways of understanding the world; concepts, constructs and knowledge are sustained by social processes and are historically and culturally situated; and knowledge and social action go together' (Burr, 2003, p. 2-5). Between the spectrum of approaches in social constructionism there are the debates of relativism versus realism, concerning the status afforded to truth and reality (Liebrucks, 2001). Importantly for this research, acknowledging the social

construction of knowledge and social reality does not entail the adoption of an anti-realist position (Cheek & Gough, 2005). Thus, this research adopts a moderate form of social constructionism.

In line with this, the critical realist position acknowledges the ways that people 'make meaning of their experience, and, in turn, the ways the broader social context impinges on those meanings, while retaining focus on the material and other limits of "reality"' (Braun & Clarke, 2006, p. 81). Critical realism accepts that the way people perceive facts is dependent upon their beliefs and expectations (Bunge, 1993), acknowledging an inherent subjectivity in the production of knowledge (Madill, Jordan & Shirley, 2000). The position also contends there is a reality which exists outside of discourse (Willig, 1999). Since the material reality of being a refugee, such as flight from one's country and the losses that come with this, are central to the lives of RYP, material practices are given an ontological status that is independent of, but in relation with, discursive practices (Sims-Schouten, Riley & Willig, 2007). Critical realists do not view the data as directly mirroring reality but assume that the data is able to tell us something about reality (Harper, 2011).

The affinity between moderate social constructionism and critical realism has been noted (Willig, 2013). The alignment has been described as ontologically realist but epistemologically relativist (Harper, 2011). As such, a social constructionist-critical realist position acknowledges the materially 'real' nature of experiences while allowing for further interpretation of the data (Willig, 1999). This position is not reductionist as there is no attempt for an objective universal truth, rather focus is on the multiple subjectivities and how these are made possible through participant's socio-cultural contexts.

Adopting this position in this study enables consideration to go beyond the level of the text in analysis (Harper, 2011), to incorporate the wider historical, social and cultural contexts constituting various understandings of wellbeing. As such, doing justice to what participants said directly, while also considering how underlying socio-cultural processes affected what was said (Willig, 2013). In taking this position I am proposing that RYP's constructions of wellbeing will be moderated

through their available socio-historical-cultural discourses and their own experiences, alongside the demands of their new environment.

2.2 Methodological Approach

This study takes a qualitative approach to explore how RYP describe and understand the concept of wellbeing. The decision to conduct qualitative rather than quantitative research was driven by the research questions being asked and the epistemological position taken. In contrast to quantitative studies, qualitative research is concerned with the meaning made by participants and the processes involved in this, enabling a richer enquiry into how individuals experience their world and make sense of it (Willig, 2013). In this study, the exploratory nature of the research questions necessitates more in-depth examination than would be possible with quantitative methods.

The data is analysed using inductive Thematic Analysis (TA). This analytic method was selected as the most appropriate methodology for the present research as it complemented the nature of the research question, permitting a comprehensive, exploratory, unconfined analysis of participants' understandings and perspectives. TA also complemented the researcher's epistemological assumptions. The approach evokes recurring features of the data and facilitates the development of 'rich descriptions of phenomena and processes' (Harper, 2011, p. 84). TA does this by 'identifying, analysing and reporting patterns (themes) within data' (Braun & Clarke, 2006, p. 79). Furthermore, while analytic claims in TA need to be grounded in the data it goes beyond this, allowing for conceptually informed interpretation of various aspects of the research question. Thus, TA was selected as a method that 'works both to reflect reality and to unpick or unravel the surface of "reality"' (Braun & Clarke, 2006, p. 81). The TA approach used in this study was inductive (data-driven), rather than deductive, so that themes identified were closely linked to the data set (Patton, 1990) and not driven by any analytic preconceptions. These themes were identified at the latent level (Boyatzis, 1998), that is, going beyond the surface meanings of the data and attempting to identify underlying assumptions, ideas and conceptualisations

(Braun & Clarke, 2006). While the analytic process was data driven, it is recognised that themes do not emerge in an epistemological vacuum and 'researchers cannot free themselves of their theoretical and epistemological commitments' (Braun & Clarke, 2006, p. 84).

Given the study's explorative nature, a TA approach was deemed as being more appropriate for attending to the subjective understandings of RYP than other methodologies. I chose this form of analysis instead of, for example, Foucauldian Discourse Analysis (FDA) as I was not only exploring the specific use of language or the links between talk and powerful influences of social institutions that is entailed in an FDA (Arribas-Ayllon & Walkerdine, 2008). Or, for example, Interpretative Phenomenological Analysis (IPA) which pays particular attention to individual's experiential sense of a given phenomenon (Willig, 2013). Whilst both of these factors are of interest to the current study, pursuing either of these approaches would not enable a broader exploration of conceptual understandings of wellbeing, and were therefore ruled out in this study.

2.2.1 Methodological approaches with young people

Historically, research was fundamentally 'on' young people, rather than 'with' them (Darbyshire, MacDougall & Schiller, 2005). However, a paradigm shift in childhood studies (James & Prout, 1997) and the children's rights discourse (United Nations Conventions on the Rights of the Child, 1989; Children's Act, 2004), has inspired many researchers to view children and young people as social actors, who are 'experts' on their own lives and should therefore be the subjects, rather than objects of research. This has led to a methodological shift involving the development of new 'participatory' research methodologies. Advocates of these methods highlight their potential for young people to transform elements that impact on their lives (Evans, 2012). As such, young people have become involved in all stages of the research process, including devising the research questions, planning the procedure, collecting and analysing data, proposing recommendations and disseminating findings (Coad & Evans, 2007). This has involved varying levels of participation and control in the research process

(Alderson, 2000; Brownlie, Anderson & Ormston, 2006; McNeish, 1999).

Influenced by this approach this research attempted to involve young people at as many levels as feasible within the study's time-frame and resources. As such, RYP were involved as consultants at the planning and data collection stages, and they will also be involved in disseminating the findings.

2.3 Procedure

2.3.1 The setting

Participants in this study were invited to take part via a semi-independent supported housing provider and a community organisation, who both provide services to RYP within Greater London. The housing provider accommodates and supports recently arrived unaccompanied young people seeking asylum or granted refugee status. They not only provide housing but also allocated workers who support the young people in their day-to-day living (including assisting in learning and developing skills, guidance on education and training opportunities and linking to local facilities and community resources). The community organisation provides English classes and tutoring, as well as organising informal social events for young people from Pashto, Farsi, Dari and Arabic speaking backgrounds. I was previously in communication with both organisations in my role as a Projects Manager for a charity working with RYP. My connection will be further explored in a later section.

2.3.2 Recruitment strategy

My prior association with these organisations provided me unique access to the relevant population. It was hoped that inviting these organisations to support the recruitment process, rather than approach them directly myself as a 'professional', would reduce any sense of coercion. I presented the research design, aims and inclusion criteria to the directors at both organisations. Following ethical approval from the University of East London (see Appendix B), it was agreed that accessible information sheets (see Appendix C) would be handed out

by staff to participants who might be interested in taking part and met the inclusion criteria. Information sheets included details about the study and how to contact the researcher. There was a small incentive offered for participation in the study (a £15 gift voucher), as it was important to me to acknowledge the value of participants' time and contribution (Fargas-Malet, McSherry, Larkin & Robinson, 2010). All correspondence and discussions with prospective participants emphasised that participation was voluntary and that they could withdraw at any time, without disadvantage to themselves or having to state a reason. It was also made clear to participants that neither their involvement in the study nor any subsequent withdrawal would affect any help or support they were receiving. Those participants who expressed a wish to take part were invited to the organisation's community sites to attend the research interview. They were invited to bring to the interview an item (such as photographs, music recordings, personal belongings) which represented 'feeling or doing well' to them. This method of 'artefact elicitation' was used in order to stimulate discussion at the beginning of the interview, to support engagement, to help bridge cultural differences, as well as being used to introduce participants to the topic for discussion and make abstract ideas more concrete (Bahn & Barratt-Pugh, 2011; Berger & Mohr, 1982; Frith & Gleeson, 2011; Harper, 2003).

2.3.3 RYP as consultants in this process

Incorporating RYP within the development and process of research can help encourage the generation of more meaningful knowledge (Evans, 2012). Three previous service-users of the organisations were recruited to act as consultants to allow representatives of this population the opportunity to express their thoughts and any concerns about the study and to provide input into the planning and facilitation. These consultants comprised three young men, aged 21-23 all of whom identified as having arrived in the UK as RYP. This process entailed initial phone consultation during the development of the research to gain feedback regarding the rationale for the study, the research questions and the perceived relevance for this population. Following this, an informal focus group was conducted to develop and refine the written information sheets, consent forms and

the interview schedule. The consultants fed back that they felt that the study was relevant for RYP who are recently arrived in the UK and that the broad topics I had proposed to cover were both important and appropriate. They advised on the wording for information included in the handouts and consent forms as well as providing recommendations on the best questions to be put to participants. Their input in this area highlighted a need for simpler language, for example, using the terms 'doing well' and 'feeling well' instead of 'wellbeing'. The consultants also proposed a clear structure for outlining the information on handouts, beginning with an introduction of myself by name and including pictures and images on the handouts to assist in understanding.

2.3.4 Inclusion criteria

In order to be included in the research, participants needed to identify as:

- Being from a refugee or asylum seeking background.
- Being from Afghanistan, Syria, Iraq or Iran. This reflected the region the majority of young refugees have arrived from in recent years (Refugee Council, 2016), as well as ensuring a reasonably culturally and ethnically homogeneous sample of participants.
- Being aged between 16 and 19 to ensure a reasonably homogeneous developmental age group, as it is recognised that a younger adolescent is usually at a very different developmental stage to an older adolescent, and is often participating in very different contexts, both of which are likely to have an impact on their outlook and understanding of wellbeing. There were also pragmatic reasons, as the organisations involved in recruitment do not work with young people over 19 years of age.
- Being male. This reflected the majority of young refugees arriving in the UK in this age group in recent years (Refugee Council, 2016), as well as ensuring a homogeneous gender sample of participants.
- Having arrived in the UK in the last four years to capture RYP who arrived as adolescents.
- Not having received formal psychological interventions in the UK to avoid

influence from professional psychological frameworks, which could heavily influence the phenomena I am researching.

2.3.5 Demographic details of participants

A total of ten participants took part in the study. This ensured substantial enough data for analysis (Guest, Bunce & Johnson, 2006). Ages ranged from 16 to 19. All participants were in the process of seeking asylum in the UK. Nine out of the ten participants were unaccompanied, while one young person lived with his family. The period they had been in the UK ranged from four months to three years. None had been in direct contact with mental health services since arriving in the UK. Nine out of the ten participants required interpreters. Table 1 contains the demographic information provided by all participants. Pseudonyms were assigned to protect their anonymity.

Table 1. Profile of the participants

Pseudonym	Gender	Age	Ethnicity	Language used in Interview	Religious affiliation	Time in the UK (months)
Ehasan	Male	17	Afghani	Pashto	Muslim	11
Kamran	Male	17	Afghani	Pashto	Muslim	3
Amir	Male	17	Iranian	Farsi	Muslim	12
Assad	Male	19	Afghani	Pashto	Muslim	37
Adnan	Male	17	Syrian	Arabic	Muslim	4
Haamid	Male	16	Afghani	Pashto	Muslim	12
Fawad	Male	16	Afghani	English	Muslim	14
Abdul	Male	16	Afghani	Pashto	Muslim	6
Basam	Male	17	Iraqi - Kurdish	Sorani	Muslim	14
Sidar	Male	17	Iraqi - Kurdish	Sorani	Muslim	10

2.3.6 Data collection and interviews

Because very little research knowledge exists to guide these efforts, the present study was necessarily explorative. To ensure that the parameters of discussion were not guided into pre-defined narrow categories, I attempted to take a naive approach. Data was gathered via semi-structured one-to-one interviews with participants. All interviews were conducted in a confidential space on the premises of the relevant organisation with which participants were familiar.

For participants requiring an interpreter, certified professional interpreters were booked through registered organisations. I spoke to each interpreter in advance and briefed them on the topic and purpose of the interview, as well as discussing ethical issues (Murray & Wynne, 2001). I requested the linguistic mode be used, where the interpreter attempts to interpret word-for-word and adopts a neutral position (Tribe, 2009). All stages of the interpreters' involvement will be made transparent and the impact and limitations of this will be reflected upon in the discussion (Murray & Wynne, 2001).

At the beginning of each interview participants were provided with another copy of the information sheet to reiterate the aims of the study and outline relevant principles. In interviews where an interpreter was present, this was read out by the interpreter. Participants were reminded that all personal data and identifying details would remain protected and confidential, that they were under no obligation to take part in the study, that they did not have to answer any questions they did not wish to and that they could withdraw at any time. It was explained that the interview would be audio-recorded for transcription purposes. Participants were then asked if they were happy to proceed. This helped to ensure that participants understood their rights and what their participation would involve so that they could provide informed consent. Following agreement to proceed they were asked to sign and date a consent form (see Appendix D). The recording device was then turned on.

A semi-structured interview schedule was used (see Appendix E) to provide a flexible and fluid approach, guided by the set questions when necessary. Open-

ended questions were designed to be as value and assumption free and non-directive as possible (Flick, 2009; Willig, 2013), allowing participants to elaborate on aspects they felt were salient. I spent time at the outset speaking more generally to develop rapport and establish an environment where participants felt more at ease. For those who had brought 'artefacts' with them (six of the ten participants chose to do so), I focused my questions initially around the items they had brought. For all participants I tailored my language and interactions according to their communicative ability.

Interviews lasted from 45 to 65 minutes in duration. At the end of the interview participants were asked whether they had any questions and how they had found the interview. Participants were then read the debrief information (see Appendix F) and given a copy to keep. These included my contact details in case any questions arose or they wished to withdraw their consent to participate at a later date. In addition, contact details were provided of organisations for further support in case any concerns arose. It was explained that on completion of the study I would be in contact to provide participants with both verbal and written feedback.

2.4 Ethical Considerations

2.4.1 Ethical approval

Ethical approval was granted by the School of Psychology Research Ethics Subcommittee at the University of East London. Approval was also obtained from the directors of both organisations involved in recruitment for this study. As my participant group was not derived from a clinical population, NHS ethical approval was not required.

2.4.2 Accessible information

Researchers working with young people and particularly those for whom English is not their first language, have emphasised the importance of attending to the layout, language used and the inclusion of pictures and symbols in information

(Fargas-Malet et al., 2010). Information sheets and consent forms were specifically designed along these principles to support the process of gaining informed consent. As advised by Alderson and Morrow (2004), I asked for the consultation group's views and made recommended refinements.

2.4.3 Informed consent

Given the age group, language differences and the possibility of sensitive topics arising, it was important to ensure that participants were fully aware of what their involvement entailed so that they could give their informed consent (Bogolub & Thomas, 2005). As outlined above, a specifically designed information sheet was provided and further explanation was given where necessary. All participants signed consent forms before taking part, written in a style appropriate for RYP. Participants were invited to raise questions or concerns at the beginning and end of each interview and were reminded that they could withdraw at any time. No participants requested to withdraw.

2.4.4 Confidentiality and anonymity

All participants were informed that their personal information would be kept confidential and their responses would remain anonymous. I explained to participants that the only exception would be if they disclosed any safeguarding risks. I felt it was necessary to emphasise confidentiality to participants as all had ongoing asylum claims and many had reported negative experiences in relation to interviews by authorities in the past (Thomas & Byford, 2003). All interpreters were required to sign a confidentiality agreement (see Appendix G). Only the researcher listened to the audio recordings and transcribed all interviews. All identifiable information, such as names of participants and family members, were changed during transcription to protect anonymity. Access to the transcribed material was limited to supervisors and examiners. All participant data was stored securely on a computer accessed only via a password and log-in details. The recorded interviews will be erased after the thesis has been examined. Research materials (including consent forms and transcripts) will be kept securely

in a locked cabinet, only accessible to the researcher, for a period of three years after completion of the study to allow the possibility of developing the research for publication. After this time data will be destroyed in accordance with the Data Protection Act (1998).

2.4.5 Ensuring safety and managing distress

The age group and participants' history required sensitivity to data collection and the researcher was mindful that participants may become distressed. The interviews took place on the organisation's premises so that participants felt safe in the interview environment and familiar support workers were available in nearby rooms if any concerns arose (Greig, Taylor & MacKay, 2013). I sought to build a rapport at the beginning of each interview through 'problem free talk' (Greig et al., 2013) to help the young person to feel comfortable. It was pre-planned that if a participant became distressed in the interview I would empathetically enquire whether they would like to pause or conclude the interview. Once the interview was completed, I asked how the young person found the experience and debrief sheets were provided and discussed, reminding participants about the assistance available through familiar organisations and services, as well as providing information on accessing further support if needed.

2.4.6 Context of the research interview

Inviting RYP to talk about their perspectives and experiences in an interview context with a researcher involves implicit power relations. Malson (1998) suggests that researchers share personal positions with participants in an attempt to partly address this power imbalance. As such, I was open with participants in sharing my motivations for conducting this research. I explained that not enough researchers or practitioners had spoken to RYP about their own ideas and beliefs and that I was interested in their views and experiences.

2.4.7 Dissemination

The findings of this study will be shared in a format that is accessible to RYP and the services that support them. Some participants have expressed a wish to be involved in the dissemination of the findings and I will continue to encourage and support their role at this stage of the research process. I also aim to submit the study for publication.

2.5 Transcription and Data Analysis

All interviews were transcribed verbatim and participants were identified in the transcripts by their pseudonym. Transcribing conventions were adapted from Banister et al. (2011). Since the focus of the research was not to examine the use of rhetorical devices or patterns of speech, a less detailed transcription format was used (Jefferson, 2004). The transcribing process allowed me to become more familiar with the data, initiating the process of analysis (Banister et al., 2011).

Concerns of authenticity or validity can arise in interpreted accounts (Murray & Wynne, 2001). In an attempt to address this, an interview conducted by each interpreter⁶ was checked and back translated by a separate interpreting agency to ensure accuracy and integrity of the translations of the language and cultural meanings (Squires, 2008). This process confirmed that the data gathered was a faithful representation of participants' sentiments.

2.5.1 The analytic approach

Although there are no precise methodological procedures associated with TA, this analysis of the data followed the six phases outlined by Braun and Clarke (2006; 2013).

⁶ Four different interpreters were used in total for the ten interviews.

Phase 1: Familiarising yourself with your data

Following the transcription phase, for familiarisation with the data, each transcript was read and re-read and initial thoughts about the data were noted.

Phase 2: Generating initial codes

The next step involved looking for pertinent details within each transcript and noting them in the right margin. These data extracts then underwent a more detailed systematic analysis that produced initial codes, which were noted in the left margin (see Appendix H for an example). This coding entailed generating pithy labels for important features of the data, capturing a semantic reading.

Phase 3: Searching for themes

The next phase of analysis involved searching for connections and patterns between the codes. Mind maps were produced to aid this process (Braun & Clark, 2006) (see Appendix I for an example).

Each transcript was analysed individually using the steps outlined above. The influence of previous transcripts was acknowledged in an endeavour to ensure an open approach, allowing new themes to be identified within each transcript and thus retain the individuality of each participant's perspective. All codes were then re-analysed and clustered together into broader 'meaningful groups' (Braun & Clark, 2006) that formed initial themes. These themes captured something important about the data in relation to the research question, requiring judgement and both a semantic and conceptual reading of the data. This part of the process involved colour-coding data (to differentiate each interview) and visually moving codes around to map out the data, allowing themes to be refined (see Appendix J for an example). This enabled a view of the whole in order to identify any overlaps or distinctions, but also ensured all themes were linked directly back to the data from which they originated.

Phase 4: Reviewing themes

The themes were then reviewed and data within them placed into sub-themes and

master themes. This phase of the analysis moved to a more theoretical level, with consideration of how themes connected with aspects of the research question.

Phase 5: Defining and naming themes

The final stage of analysis involved defining and naming the master themes, ensuring these captured the important elements of the data placed within them. This confirmed that the themes were grounded in the data, but also reflected a higher level of analysis.

Phase 6: Producing the report

Having attended to each of the stages outlined above, a set of fully worked-out themes was achieved. These themes will be presented and discussed in the next chapter in an analytic narrative that aims to go beyond description of the data.

2.6 Reflexivity

Rather than being an objective observer, a social constructionist-critical realist approach considers the researcher as subjectively co-producing data and knowledge (Silverman, 1997). Personal reflexivity is therefore an important part of the process, to ensure consideration of the ways in which the researcher influences how the research develops, the collection of participants' accounts and the interpretation drawn from these accounts (Elliott, Fischer & Rennie, 1999; Nightingale & Cromby, 1999; Willig, 2001). Throughout the study, I tried to maintain a thoughtful, conscious self-awareness of the ways in which my identity, experience, values, beliefs and interests might have shaped this research. Inevitably, my own personal and professional experiences have informed the development, reading and presentation of this research.

From a personal perspective, I was born and raised in Australia and I am an educated, white female in her thirties undertaking this study in the context of my professional doctoral training in clinical psychology. I am a migrant to the UK, but recognise that the absence of being from a refugee background myself will

necessarily impact on my interpretations of the data. I am mindful that I bring a number of Western assumptions of what constitutes wellbeing, which inevitably influence my account of this research. I became interested in cross-cultural understandings during my undergraduate degree in anthropology. My interest in working with refugee people arose out of the Australian government's actions in 2001 towards refugee people arriving via boat. In the lead-up to a federal election the government refused permission for rescue boats to land on Australian shores, to evade their international obligations. This stance was supported by the media's negative portrayal of asylum seekers 'flooding' our land and the general population's hostile attitude towards those seeking asylum. This initial interest led me to complete a master's in forced migration. I continue to be driven by a passion to address social injustice for this population.

In the context of my professional development, the inspiration and decision to focus on the topic chosen for the current study was primarily informed by my previous career working in the voluntary sector. After completing my masters, I worked for over ten years with RYP, both in the UK and in camps overseas. This work with RYP afforded me insights into the narratives and positioning of refugee people. With my recent pursuit to train as a clinical psychologist I was interested in the profession's understanding and practice related to the mental health of RYP. As a developing clinician, I have been acquainted with a range of psychological theories and have been drawn towards critical approaches that encourage me to question the assumptions that underpin taken-for-granted concepts by acknowledging their historical, political and cultural roots. This has influenced my drive and enthusiasm in inviting the voices of RYP, who have historically been excluded from research, to be heard.

2.6.1 Research journal

A reflective journal (see Appendix K for an excerpt) was kept throughout the planning of the research, the interview stage and through the process of analysis. Recording my personal thoughts and reflections on the process and data helped to ensure a continual evaluation of subjective responses and the practice

of data analysis (Finlay & Gough, 2003). This encouraged my thinking to maintain reflexivity on dilemmas encountered, as well as on my positioning, helping to keep the potential influence of my assumptions and expectations upon the analysis transparent (Willig, 2013).

3. ANALYSIS AND DISCUSSION

The following analysis presents the participants' descriptions and understandings of wellbeing and what they perceive helps and hinders this. It is structured into three master themes: Managing Current Challenges, Moving Forward and Practicing Faith (see Table 2). These themes and corresponding subthemes were constructed in review of the interview transcripts and are discussed in relation to relevant literature. Extracts from the transcripts are provided (with pseudonyms and line numbers) to illustrate the data that the analysis is grounded in.

Table 2. Table of master themes and corresponding subthemes

Master Themes	Subthemes
Managing Current Challenges	Facing fear and loss Managing uncertainty Keeping my 'mind off things' Learning the language
Moving Forward	Having access to opportunities Focusing on studies Being able to live a calm life Being Independent
Practicing Faith	Being Muslim Helping others Respecting others Understanding wellbeing as a collective

Despite their presentation here as separate themes, it is important to note that the themes and subthemes described overlapped considerably. A number of the ideas and understandings that are introduced in 'Managing Current Challenges' continue to be developed in the following themes, and 'Practicing Faith' can be seen to capture an overarching dimension that is implicit in participants' talk throughout. The metaphor of movement is present across all the themes and highlights the interconnected processes at work in participants' understandings and descriptions. In line with this metaphor, it was striking how participants' focus centred around decidedly active phenomena, as captured in the themes and subthemes: managing, moving, learning, focusing, practicing, helping, respecting.

The themes outlined above were identified as particularly pertinent and it was striking how commonly they were expressed by all participants. However, it is acknowledged that they were identified and named as a result of the choices I have made given my epistemological position and my own subjective engagement with the data.

The analysis and discussion aim to respond to the main research questions:

- How do this group of RYP describe and understand their wellbeing?
- What do they say helps them achieve these things and what gets in the way?

3.1 Theme 1: Managing Current Challenges

When discussing their thoughts about what wellbeing meant to them, all participants recurrently referred to aspects of their current difficulties in the context of seeking asylum. The facets of this theme particularly emerged when participants were invited to discuss their thoughts on what got in the way of doing and feeling well in life. All participants discussed factors that were grounded in their context as refugees, both the impact of events in their home country and issues associated with seeking asylum in the UK. The principal features of their experiences and reflections highlighted the impact their circumstances had on their perception and sense of wellbeing.

Time spent encompassed by the fear and loss that participants had experienced was commonly perceived as inhibiting their wellbeing. Associated with this, participants placed importance on taking part in a number of activities, such as going to the gym or listening to music, which they commonly ascribed to helping keep their mind off thoughts of these difficult experiences. Also recurring among many participants were accounts of uncertainty around their asylum application and being unable to speak the host language. These current challenges were often conveyed with a sense of sadness or frustration as participants recognised they were barriers to wellbeing. However, they commonly framed talk of positive actions that could be taken to manage or overcome these challenges. This appeared to be grounded in a hopeful outlook and particular worldview held by all participants (as developed further in themes 2 and 3).

The overall theme was that managing current challenges was an important priority in participants' thoughts and descriptions of wellbeing. This highlights the significance of context in participants' understanding of wellbeing. The challenges, essentially, all represented primary aspects of what it entailed to be a young refugee. Discussions of wellbeing were led by the circumstances participants were affected by in the interplay between past and present experiences.

3.1.1 Facing fear and loss

One recurring factor that participants spoke about as an obstacle to wellbeing was the problems they had faced in their home countries and continuing thoughts of these, including fears for those that remained behind. Nine of the ten participants spoke of wartime experiences, and all described leaving their home country due to serious threats to their own or their loved one's life and security. As RYP forced to flee their homes, most expressed a significant impact on their wellbeing due to suffering from the loss of people they loved or being separated from them. The impact of these experiences of loss and separation are illustrated in the extract below:

Basam: 64

Because I lost my parents, and I believe that as long as I don't have them for my life, I miss a lot of opportunities because of missing them.

It is notable that this comment captures not only the expression of missing loved ones but also a powerful sense of this loss impacting their future. A number of participants described how thoughts of their loss and separation got in the way of their wellbeing:

Amir: 100

Researcher: So how would you know if you weren't doing well in life?

Sometimes when I think about my home, that's when I am upset.

Kamran: 82

Researcher: What might get in the way of you doing the things that make you feel well or stop you feeling well?

Perhaps because sometimes I think about my parents or my family, and it takes me back, it brings back memories.

These comments suggest that participants understood wellbeing as hindered by sadness and loss, not only in the present but into the future as well. The impact of separation and loss on participants' descriptions of wellbeing is in accordance with studies that have examined factors affecting the mental health of resettled RYP. Research findings have consistently highlighted an increased prevalence of mental health difficulties amongst those who have lost or been separated from loved ones (Cameron, Frydenberg & Jackson, 2012; Fazel & Stein, 2002; Jakobsen, Demott & Heir, 2014; Lustig et al., 2004)

Associated with thoughts of home getting in the way of wellbeing, many participants also expressed the impact of considerable anxiety about the welfare of their families and communities left behind and still living amidst ongoing conflict and human rights violations:

Haamid: 148

If I hear bad news about Afghanistan then that will get in the way of my happiness.

Adnan: 91

When I hear that there is a bombing or something that has happened in my home area or around my family then it will disturb me a lot. My family is in Syria still and when I talk to them and make myself sure that they are alright then I become happy.

These extracts illustrate that concerns over the safety of others back home was a fluctuating factor that impacted participants' feelings of wellbeing. This appeared dependent on information they had access to and contact with people in their home country to alleviate their fears. The volatile nature of ongoing conflict and violence in most participants' countries of origin meant that this was commonly expressed as an important factor impacting their wellbeing. This suggests the importance of context to people's understanding of wellbeing and its dynamic nature (White, 2008). The negative impact of fears about family and communities' safety that are still overseas is reflected in a number of studies with resettled RYP (see Fazel et al., 2012; Hek, 2005; Silove, Steel & Watters, 2000). Brough et al. (2003) suggest that these fears create anxiety that acts as a 'traumatic continuum' (p. 26).

In talk of loss, separation and home, participants also frequently shared memories of a time when they were with loved ones to represent moments of wellbeing:

Haamid: 123

When I was over there, in Afghanistan, when I sat with my mother and sister I felt happy.

Kamran: 45

I used to be happy at Eid, the celebration at Ramadan. I was happy because I spent time with my parents and my brother and my family and it was a time when the whole family comes together.

Ehasan: 252

To me happiness is when you have your family.

It is notable that in most studies on wellbeing with children and young people the centrality of family emerges strongly (see Fattore, Mason & Watson, 2007).

However, the discussions of family illustrated above frame a different aspect of this. All but one of the participants did not have their family with them in the UK, and as such their reflections conveyed notions of loss and absence rather than the presence of family.

3.1.2 Managing uncertainty

When expressing their thoughts on what they feel gets in the way of their wellbeing participants regularly spoke in terms of uncertainty related to their asylum process. Indeed, most participants conveyed that their hopes for safety and a better future lay in this decision. Discussions were commonly framed around how important it would be to their wellbeing to receive a positive decision and be permitted to stay in the UK:

Haamid: 131

If I get a positive response, that will make me happy. My life will be saved by it. If they don't give me a positive response or they deport me back to my home country then my life is in danger.

It is striking that in describing the impact on their wellbeing, this extract underscores a very literal threat to their life, as is also conveyed in the following extract:

Sidar: 154

As long as I can stay in this country and I realise this, that is the only way that I can feel better, because I realise that this is the only way that makes me happy, to stay in this country and have a life, same as the other people that have a life in this country.

These sentiments suggest that participants manage the uncertainty of the asylum process with hope and a focus on the perceived positive future that will ensue from remaining in the UK. This focus on 'moving forward' in association with wellbeing is detailed further in theme 2.

It is notable that the strongest sentiment regarding the impact of uncertainty came from the young person who has been in the UK for over three years, which is far longer than all other participants. The below extract captures this impact:

Assad: 136

I don't have documents or leave to remain visa in this country... and I can't do anything because I don't have documents... and I feel sad, and it feels like my heart is squeezed in something, it feels like my heart is being squeezed. I can't sleep well and I have a lot of stress. I don't have any documents, my heart is not happy and I feel sad. But if I am happy and I have documents, then my heart is happier and I do well and the problems decrease, I get encouragement to do things and to better my life. But if I am confined and I can't do anything as I don't have documents then how can I feel happy and how can I better my life? And how can I improve my daily life? If I have documents then I feel happier and I can do well and I can improve my life.

The language and use of imagery of being 'squeezed' and 'confined' is very powerful in this extract. This imagery of constraint continues to develop the metaphor of movement and the importance of progressing forward which becomes more explicitly present in theme 2.

While this extract highlights the clear impact on the young persons' sense of wellbeing, it also illustrates the continued hope and association with happiness and improved wellbeing that a positive outcome to remain in the UK represents. Most participants indicated that the anticipated resolution of their immigration status represented a major facet of their wellbeing. The importance placed on this often implied a conviction that all other concerns would be resolved once this was

achieved. This sense of idealisation towards the future is again present and developed further in theme 2.

The comments suggest that the asylum process is characterised by uncertainty and insecurity for participants and is one of the most challenging issues in their current context. As Humphries & Mynott (2001) stated, immigration status and awaiting the outcome of asylum claims for RYP is 'an issue that permeates all other aspects of their lives' (p.24). The significant negative impact of the asylum process on RYP has been documented consistently in the literature for over two decades (Deveci, 2012; Fekete, 2007; Huemer & Vostanis 2010; Majumder et al., 2015; Malmsten, 2014; Pinter, 2012; Sourander, 1998; Staite, 2012). In line with this, participants communicated that it was a crucial priority associated with wellbeing in their current context.

3.1.3 Keeping 'my mind off things'

When asked about what has helped them feel they are doing well, the majority of participants spoke about taking part in activities. These activities ranged from participating in sports, listening to music, drawing, spending time with friends and going to the park or gym. What was common in the sentiments of all participants regarding this range of activities was that they served the purpose of 'getting your mind off things'. It appeared that these activities all provided distraction, thus serving as a means by which they could suppress difficult thoughts. This is illustrated in the following extracts:

Ehasan: 149

I try not to think about my country at all.

Researcher: What helps to not think about it?

I keep myself busy in order not to think about my country, for example, I go to the gym. I like to keep myself busy in general not to think about it, for example, if I need to clean the house I clean the house or I listen to music. I keep myself busy with activity. I just go to the park and take a walk and walking in the park helps calm down. There are other

things as well, like listening to music, like football and generally anything to take my mind off it.

Kamran: 71

I like to play cricket and football because it keeps my mind off things, it makes me happy, it is relieving.

Amir: 112

I like spending time with my friends, it puts my mind off things, I can think about other things. Going outside, interacting with other people, gets your mind off things.

Adnan: 112

I listen to music, it will make me forget.

It is common in the literature on childhood and adult wellbeing to suggest recreational activities contribute to positive wellbeing (see Dex & Hollingworth, 2012; Fattore et al., 2007; Gabhainn & Sixsmith, 2005). What is notable is that for these young people, taking part in activities served a very particular purpose in contributing to their wellbeing. Participants indicated that the activities they participated in promoted their wellbeing due to providing distraction. This implied remembering past events, thinking about present challenges or worrying about the future were significant factors that they attempted to manage through strategies such as distraction. It appeared that this distraction contributed to wellbeing as it left less time to think about loss or separation, to be anxious about the asylum process or to worry about other difficulties they were facing in relation to their past and present lives.

This echoes a number of studies that have explored coping strategies and resilience in RYP (see Brough et al., 2003; Chase, Knight & Statham, 2008; Macmullin & Loughry, 2002; Miller et al., 2002). Distraction has been found to be a common strategy used to avoid traumatic memories and current worries (Goodman, 2004; Raghallaigh & Gilligan, 2010; Wallin & Ahlstrom, 2005). Through efforts to keep busy with activities, RYP keep their minds occupied, ensuring

'fewer opportunities to think about past and present difficulties' (Goodman, 2004, p. 1184).

3.1.4 Learning the language

Being able to speak English was identified by all participants as the most pertinent factor that could improve their wellbeing in their current context. When speaking about what contributes to their wellbeing, great emphasis was placed on learning English or improving their English. Indeed, learning English was directly regarded as necessary to improve one's life in the UK:

Ehasan: 16

I want to improve my language so I can improve my life, otherwise you will stay behind. If I learn the language, improve the language, then I can get a decent job and improve my life in general.

Assad: 110

You can progress if you know the language, you can find a job for yourself, and you can go into a shop and you can talk to them, if you know the language.

The terms used in these extracts of 'stay behind' and 'progress' continue the emergence of the metaphor of movement forward.

Participants recurrently affirmed that without being able to speak the language one is unable to 'do anything'. This appeared to imply a loss of the ability to express what they wanted to say, to communicate, to connect and to achieve greater autonomy. As such, learning the English language was perceived as a way to solve many concerns and lead to improved wellbeing:

Adnan: 69

The learning of the English language, this is it, that I am going to college and that I am learning the English language.

Researcher: And what does that mean to you?

Success. Now it is like I am someone who hasn't got a tongue, who can't speak, who can't do anything.

Abdul: 21

If you don't know the language, what will you do? You can't even speak with people, so that's everything. If I learn English then I don't need an interpreter, so I could do my things and I would be able to. I could attend meetings, appointments, anything. As soon as you know the language then everything will be solved.

The powerful expressions used in these extracts emphasise participants' point that being unable to speak the language makes them feel 'stuck' and constrains them from moving forward. The idealisation attached to moving forward is also made increasingly explicit. Both of these ideas continue to emerge throughout the analysis.

Participants commonly spoke about enjoying activities such as reading or socialising due to these endeavours affording them the chance to improve their English:

Kamran: 3

My main goal is learning the English language. I like reading and it makes me happy because I understand things better, it improves my language. I am trying to improve my language and that's why I like reading, I have different types of books to help me understand the language better, improve my language in general. I want to study in general because I like to learn and improve myself, but my main goal, my important goal is that I have to learn English, because it will open a lot of doors for me and it will open the future for me, I can improve myself. Now I feel a bit stuck because I don't speak the language very well.

Sidar: 55

I am more interested in the social, because it is meeting people and improving my language. It is very important to have these kinds of

conversations with the people. I believe that as soon as I have more understanding of English and speaking in English, it is more easy for me in my life.

Being able to speak English was also seen by some participants as a way provide an opportunity to 'connect' with others in the UK, which they indicated was important to them:

Basam: 24

The key for me is to learn the language, and I like to study more about that, as socially I would improve and I will be connected with the other people outside.

In accordance with findings by Stretmo and Melander (2013), a number of participants stressed the need to speak English in order to build social relations. As Backlund et al. (2012) conclude, the language appears to be the main criterion for inclusion in the imagined community (cited in Wernesjö, 2014). The articulation in the above extract that 'other people' are 'outside', highlights the sense of being contained or excluded from this form of connection. This shows that language represents far more than just the ability to communicate but also allows access and inclusion into broader society. As with many of the subthemes noted above, speaking the host country's language is recognised in the literature extensively as an important priority for RYP (Bhui et al., 2003; Raghavan, Rosenfeld, Rasmussen & Keller, 2012; Wallin & Ahlstro, 2005). Wallin and Ahlstro (2005) confirm that as many as 82% of RYP say that learning English was the most important thing for them on arrival. All participants affirmed that they believed their wellbeing would increase with their increasing proficiency in English.

Theme 1 reflects the findings of much of the existing literature on the challenges RYP face and as such, it is understandable that participants indicated these as significant factors in discussions about their understanding of wellbeing. The elements that participants highlighted draws attention to the fact that the context

of individuals' lives greatly impacts the factors and priorities they associate with wellbeing.

3.2 Theme 2: Moving Forward

Most participants referred to notions of 'progress' and moving forward when asked to describe what wellbeing meant to them. This emerged in the language and metaphors of the previous theme and became increasingly present and explicit, as suggested in the extract below:

Amir: 157

It's being happy with yourself and with life, life moving forward, progress, that's what wellbeing is for me. When someone is happy they feel good and they feel that they move forward in life, they progress in life.

For most participants, this understanding of wellbeing appeared to reflect a recognition of the importance of looking towards the future from the context of a difficult past and challenging current circumstances (as outlined in theme 1). Participants' dialogue frequently demonstrated a cognizance of the 'problems' and challenges they had experienced while poignantly expressing a strong desire and optimism for a better future. Though uncertainty surrounded their futures, discussions highlighted that considerations of wellbeing for participants were grounded in hope and exhibited a resolve to keep moving forward. Indeed, as Papadopoulos (2002) notes, by definition, refugees hold with them a past involving fear and loss yet also embody hope for a brighter future. Participants frequently spoke about the factors that they considered integral to this progression forward. The primary factors that were presented encompassed having access to opportunities, focusing on studies, being able to lead a calm life and being independent. These components of moving forward were commonly associated with participants' lives in the UK, which was frequently conveyed as providing the environment that they could 'move forward' in. Such expressions were often situated within a comparative framework, where their life in the UK was often

compared with what they regarded as less favourable circumstances in their home countries.

It is notable that the recurring theme of moving forward also appeared to represent an understanding of wellbeing as grounded in learning, growth and 'improvement' of oneself (the associated beliefs and values that this emerges from for participants will be explored further in theme 3).

The subthemes outlined below depict the various ways participants spoke about moving forward when expressing their understanding of wellbeing.

3.2.1 Having access to opportunities

All participants indicated that having access to opportunities in the UK was important to doing and feeling well. The opportunities that life in the UK offered were frequently discussed within a comparative framework with life in their home countries. The following extracts illustrate how participants perceived opportunities available in the UK as contributing to their wellbeing:

Kamran: 6

A book, in general is something that makes me happy because in my country I did not have the chance to open up a book, but here I am able to do that and that's why I like it a lot. I have a lot of books. Because in my country I didn't have those chances, I want to grab these chances with both hands.

Fawad: 22

I am very happy, I am, I am just happy that I have a book and I have a pen, and I have a desk and I have a house. That I am very happy for.

Kamran: 177

Here, they treat me very well, they give me money and they place me in a home and they put me in school so I have a chance for an education. I am feeling very happy.

These comments demonstrate how participants frequently expressed appreciation for all opportunities in their lives and associated these with feeling and doing well. Participants often framed talk in comparison to opportunities not available in their home countries:

Fawad: 174

It is far in Afghanistan to go to school, so it is not easy for them. That's the part that stop them, that people can't go to school without dying or get shot or anything like that.

Sidar: 191

In this country people grow up, they have everything, they have more opportunities, that's why they feel better than the people in Iraq. There is a lot of opportunity for people to study, and there is a lot of ways they can study and they can achieve themselves.

It is notable that for most participants, this access to opportunities commonly brought with it consideration of the responsibility to make the most of them. This indicated a strong awareness of others who do not have such opportunities, as explicitly expressed by the two participants below:

Kamran: 34

I have another brother who doesn't have this, these opportunities, that's why it means a lot to me to study.

Fawad: 2

When I see my family in Afghanistan in the picture, I think about how bad they have, everything I have they don't have and that makes me motivation for me, because they don't have what I have so I get emotional and motivation from them. It makes me then study harder, I work harder when I see them because I know they don't have the opportunities over there, but I have it here, so I have to use that and just think about that.

In accordance with Goodman (2004), who interviewed Sudanese RYP living in America, participants appeared to find strength and motivation in identifying positive aspects of their situations in comparison to circumstances in their home countries.

3.2.2 Focusing on studies

A recurring element associated with moving forward which was valued by all participants was education. The importance of studies to one's wellbeing was prevalent in every interview. This appeared to be grounded in the value participants placed on learning, 'improving' oneself and moving forward. Education was conveyed as integral to doing and feeling well in life in both the present and the future:

Amir: 57

At the moment I go to school, and that's why I feel happy, life is progressing. Learning and progressing, in the future it will help me.

Haamid: 58

Going to college makes me very happy. I have learned a lot. It is very important for my future, and it is very good for my future. If I study hard and finish my studies that would make me very happy.

As is evident in the extracts, participants emphasised the significant value of education as 'a decisive means to a better future' (Pastoor, 2015, p. 2). These sentiments are reflected in research, which has shown that 'education is one of the highest priorities of refugee communities' (Dryden-Peterson, 2011, p. 6). Most RYP show high motivation to attend school and make substantial efforts as it is often held to have almost 'transcendent qualities' (Bragin et al., 2014). As John et al. (2002) surmise, many RYP see education as the most significant thing in their life as it gives them hope for the future. For participants, the significance of moving forward and hope directed towards the future was evident in many aspects of their considerations of wellbeing. In accordance with this, education was directly associated by participants as a route to doing well in life:

Assad: 101

If you are educated, if you have studied and you know what you are doing and you understand people, but if you haven't studied then you don't know what you are doing and you don't do well in life.

Fawad: 58

What is important now is that I have a school to go to, I have a college and I have this equipment for work at school, and that is very much for me... That I have a good opportunity to study, it's a very big deal, and that's the main thing. Learning is very, really important. The more you know, knowledge helps you in the future. Knowledge is good. If you don't have school then you don't have anything.

The power of the final sentence in the extract above is striking, and echoes the 'transcendent qualities' placed on studies identified in Bragin et al. (2014). It is also notable that for most participants, 'doing well' was not simply about a job or material possessions, it represented a way of 'improving yourself':

Ehasan: 47

I feel good because I am learning and improving myself and moving on in my study programme at college.

The importance of improving one's self can be seen as deeply intertwined with the values and beliefs of participants, which are developed further in theme 3.

3.2.3 Being able to live a calm life

When participants were discussing what wellbeing meant to them the notion of a 'quiet life' or a 'calm life' was frequently voiced. This appeared to epitomise a contrast to their past experiences, which participants commonly expressed as 'problems' in the countries of origin. Most described experiencing multiple traumatic events in their home countries and a 'calm life' represented a life without these 'problems'. Participants frequently implied that having a calm or peaceful life allowed them to concentrate on moving forward:

Ehasan: 66

I don't have any problems in this country and that's why I am happy, because I can concentrate on moving on with life. When you have a quiet life, a good life, without any problems when it feels like life is moving forward. To me, happiness means when you don't have any problems, when you don't have any issues, when you have a calm life, that is happiness to me. It's a calm and peaceful life.

Kamran: 37

I am happy because I am here and not in my country anymore. I don't have the problems, I don't have to care for violence and the problems in my country. I have a calm life, so I can move on with my life. Here I don't have to think about the danger, that my life is in danger, I have a calm life, I can concentrate on moving on. Happiness is a peaceful place. In the UK I can focus on my study and make something of myself.

Living in a place that is 'calm', where there is no 'trouble', is emphasised as providing the participants with the ability to move forward. The importance of living a life without regularly facing life threatening dangers was almost understated by participants, who focused on detailing the facets of wellbeing in terms of a 'peaceful' and 'calm' life. Participants spoke frequently about having a life where they can concentrate on factors such as study, improving their life and having a bright future.

Associated closely with the sentiments conveyed on having a calm life, was the correlated factor of having a 'peaceful mind'. The following extract encapsulates this assertion:

Ehasan: 256

When you have a calm life then you have a peaceful mind and you can move forward with your life.

Researcher: What does a peaceful mind mean to you?

If you have a peaceful mind you move forward in life because if you think about other things you keep your mind busy and so you can't

concentrate on important things in life and you don't move forward in life, that's what a peaceful mind is.

The participant above draws attention to the circularity and overlap of the themes, providing an example of the process of moving forward. The next extract continues to emphasise the importance of a 'peaceful mind':

Amir: 199

Having a peaceful life is happiness to me. Being peaceful within, having a peaceful mind, a calm mind. Because when I am happy and I have a life without problems, and progressing in life.

By pointing out that one needs a calm life and a peaceful mind to be able to concentrate on progressing with important things in life, the participants echo much of the psychological literature that regards a safe and stable environment as a requirement for psychological and social wellbeing (Hall, 2016).

3.2.4 Being independent

Participants regularly reflected on how being independent represented wellbeing. Encompassed in talk around having a house and a 'decent' job, these markers of doing well and feeling well, all appeared to represent attaining a sense of security and independence in life. The extracts below demonstrate how participants often discussed these factors in the framework of moving forward:

Kamran: 95

I think a bright future is making something out of yourself, being independent and not being dependent on others, for example opening a shop, opening a business, become a doctor or get another decent job, if you work and you are improving your life.

It was common when participants were speaking of achieving independence to infer that this would mean not being dependent on others and instead they would be able to help others:

Amir: 60

Happiness in life means to me having a good job, having an income, not being dependent on other people, being able to provide for myself and in a way help others.

Fawad: 35

A good life means that I don't need to borrow money from anyone and I don't need to stretch my hand to other people to help me. That I have everything that I need and I don't need other people's help, but I can help them. Whatever you can do to help them, but not being dependent on others, not asking for money from other people, being able to provide everything yourself and being independent.

This emphasis on independence is in contrast to the participants' current lives of dependence on support from the state and others for survival. For participants, no longer being dependent on others appeared to equate with wellbeing as it represented a sense of agency and the ability to effect change in their own lives and focus on what was meaningful to them, such as helping others (as discussed further in theme 3).

Although the participants did not directly discuss wider discourses about refugees, it is notable that their perspectives are expressed in the context of negative rhetoric repeated regularly by the media, describing refugees as 'dole scroungers' and a burden, appropriating scarce resources in health services, education and housing from local people, which has had a negative impact on public perception (Bhabha & Finch, 2006; Bryan & Denov, 2011; Watters, 2008). Considered from this position, the significance of independence and the theme of moving forward and hope for the future is even more striking, particularly when it has been shown that negative discourses are often 'internalised' (White & Epston, 1990) and permeate the perceptions that RYP have of themselves, and where they view their position in the social order (Hughes, 2013). Independence could be considered to represent a construction of the 'legitimate', 'good' refugee, to achieve acceptance and inclusion in the imagined society (Cawley & Precey, 2015).

Participants emphatically spoke about progress and moving forward as a fundamental aspect of wellbeing. This theme is pertinent in representing the significance of hope in RYP's lives. Despite the challenges facing RYP, participants retained optimism for their future. Discussions demonstrated that often fundamental elements of life in the UK, such as education and a 'calm life' were greatly valued, especially in the potential these opportunities offered to 'move forward'. This hope and value in moving forward in many ways overlapped with participants' wider beliefs and worldview, as explored further in theme 3.

3.3 Theme 3: Practicing Faith

When asked to describe their understanding of wellbeing a large percentage of participants' talk was grounded in their religious beliefs and values. Features of this theme inextricably underlie elements of previous themes, but the way that participants explicitly referenced their religion and values to frame their thoughts was meaningful in a distinct way. Participants' dialogue frequently demonstrated how their faith was integral to all aspects of their lives, as their religious and cultural dynamics contributed to shaping their worldview, their views of the person and the relationship of the person to the world. This was evident in participants' discussions on what wellbeing meant to them, as their faith appeared to provide a system of meanings, values, social and moral direction and purpose that they regularly drew on in articulating the different dimensions of wellbeing. Discussions on the theme of having faith encompassed being Muslim, helping others, respecting others and understanding wellbeing as a collective phenomenon.

3.3.1 Being Muslim

All participants identified as belonging to the Islamic faith and many expressed that this was integral to their understanding of wellbeing. Participants' faith appeared to contribute intrinsically to their worldview and perspective on wellbeing. As one participant explained:

Ehasan: 277

Everything is part of religion

There were a number of times that participants' religion was mentioned in regard to the contribution it makes towards their wellbeing and the significance it has on their outlook on life:

Fawad: 142

My religion helps me a lot. When I pray I feel really good, I feel happy of my life. You know, life is not all about money, about these kinds of things, you have to be happy for what you have, like other people don't have. When I pray I get all these things in my head, and I think, I get happy. Praying, when I pray, I pray to God and he reminds us that poor people have not got things that we have, and we have to think about it and we have to be thankful for it. We have to, it's a present, we have to, well we have to be happy for what we have. Some people will have everything and they say I don't have anything, but they have everything. Yeah, that's the thing it helps me, it reminds me about things.

Sidar: 224

Anything that has hurt me, as I pass through, I believe this is kind of a lesson from God, and I put, I am very concerned about this one, it is a good lesson, no matter if it is sad, but at least you learn something.

The above extracts highlight the integral role of participants' religious beliefs, which appeared foundational to their knowledge of the world, including providing a framework for understanding wellbeing. Participants indicated that their religious beliefs sustained them through suffering, as they expressed that difficulties in life may be seen as opportunities for growth (El Chammay, 2015). The value placed on improving the self has been present in earlier themes, here the direct relation to participants' religious beliefs is highlighted.

It was common for participants to refer directly to their religion when discussing what helped them do and feel well in life, particularly in times of adversity. Most of the young people indicated that their relationship with God helped them to deal with the many difficulties that they faced. This mirrors research that has found many RYP and young immigrants frequently reference asking God for help and

receiving help from God (see McMichael, 2002; Thompson & Gurney, 2003). The extracts below illustrate this sentiment:

Kamran: 175

Religion helps me to keep me going, because during my journey I have seen some difficulties, in certain countries they didn't treat me very well. I feel like religion helps me at difficult times.

Assad: 214

I am happy because my religion gives me a fresh look on life, regularly, and in my religion I find solutions to my questions for life, questions for my problems. My religion helps.

Adnan: 180

I don't know whether you will understand or not, but I believe in my head that there is a lot, and I believe that it is written, that God has written things for us, and we do it. This helps me feel and do better in life, very much.

The conviction that God is in control was echoed by many of the participants. This could be seen to substantiate why most of the participants readily accepted their life circumstances as 'God's will' (Goodman, 2004). Indeed, the notion of 'qadar', or fate, is central to Islamic concepts of the person, valuing patience in the face of helplessness and adversity (El Chammay, 2015). It was pertinent that in this talk of religion a comment was explicitly made that acknowledged the differing frameworks of understanding participants and I may have due to our different underlying beliefs.

Many participants spoke about the positive impact of attending mosque and praying:

Haamid: 14

When I do my prayers I feel happy, and I feel good, and whatever I need from God I ask for it. I stand to God clean and I do my prayers and

whatever I have on my mind, I feel relaxed and that is gone. Until the next prayers, I am relaxed and do my next prayer. My heart calms down when I do my prayers. When I go to mosque I am happy.

Abdul: 46

Prayer makes me feel good. When I pray I feel better. I offer prayers then God becomes happy and if God is happy then God will keep me happy.

These descriptions of how participants feel strengthened by prayer show similarities with what anthropologist Bernhard Helander (1989) observed in Somalia, where Koran reading and religious rituals were 'key strategies to wellbeing' (cited in Johnsdotter, Ingvarsdotter, Östman & Carlbom, 2011).

It is notable that at times, the religious beliefs and values of participants were expressed more implicitly, suggesting that they constituted the 'common-sense' that shapes participants' lives, or what Giddens (1977) described as 'taken-for-granted, tacit understandings' (p. 169). Also, the broader social and political context may have affected individuals' expression of their beliefs and practices. As findings by Byrne, Mustafa, & Miah (2016) have shown, the current discourse of radicalisation in the UK can prevent people speaking openly about the importance of their faith.

3.3.2 Helping others

Participants frequently indicated that helping others was directly linked to one's own sense of wellbeing. There was a common opinion that helping others, particularly those in need, equated with doing and feeling well in their own lives, as the following extracts illustrate:

Abdul: 188

In my life, doing well, is not hurting other people, helping other people. In my life, this is wellbeing, this is a good life. If I help poor people

then that would make me happy, if I don't hurt others that would make me happy.

Basam: 40

Researcher: How do you describe doing well, are there any words that you would use to describe doing well in life?

I like to help people. I like to have the ability whenever people need me, I will be there for them. I believe that the way they taught me in my house from my childhood, they taught me to be helpful. Unfortunately, I am not able to help everyone, as everything for me is limited, I do not have that ability, but I wish the time I could help, or I did some help for the people, I believe and I feel very happy.

Sidar: 87

Whenever you have the time you are going to be helpful for the other. I think that is moving forward for me, as long as I do more good for others, that is forward for me. I would like to serve or help others as they need. I would like to work for the government for example, anywhere that is directly helping the people. I would like to be part of these people to serving the others, as long as you are helpful.

This last extract echoes findings that many RYP communicate a strong wish to enter jobs that they regard as helping others (Hek & Sales, 2002; John et al., 2002). One participant explained that the association of one's own wellbeing with helping others was grounded in his religious beliefs and values:

Fawad: 40

I am happy because I help people. You have to take care of each other. That's in my religion, to help other people is very good, and that is why I want to help other people. If I have a good life I can help other people that will be very good for my religion and for me. My religion is Islam, I am Muslim, and they say you help other people. It is very good, and that is why I try to do my best and help other people if I have, if I can.

It is evident from the extracts that participants believed helping others was an important component contributing to their own sense of wellbeing. This echoes the findings of Bragin et al. (2014) with women from conflict regions in Africa who expressed that being helpful to others was connected to their own self-worth and wellbeing. This can be seen to represent a belief that all lives are intertwined and that they should therefore help others, whether or not it is personally satisfying or beneficial to them as individuals (Christopher & Hickinbottom, 2008). This attribute notably contrasts with more individualist notions of wellbeing which are often represented in dominant definitions and measures, and essentially see the individual as a self-contained entity, with their own personal objectives, needs, desires and interests (Christopher & Howe, 2014).

3.3.3 Respecting others

Associated closely with the perspectives expressed about the connection between helping others and one's own wellbeing, participants commonly described showing respect to others as a facet of their own wellbeing. Recurring descriptions illustrated the belief that respecting others, particularly those older or more vulnerable, augmented participants' own wellbeing:

Sidar: 209

I believe that wellbeing for me is respect to others. This is a kind of respect you are giving to the people. Respecting the older or the disabled people, or for example, pregnant women, when they need help, for example, I give the seat for them, or people crossing the road, you may help them cross the road, this is the kind of help I believe is respect.

Fawad: 209

Wellbeing, well, have a good life, help other people, respect other people, show respect for the older than you, and younger of course, but you know. That's important. For me that's the world for me, that I do respect other people, always much about respect. Firstly, you have to respect old people, and old people are very important, and that is in the

Koran, to respect other people. And if you respect other people, that's better for you.

As noted in the above extract, the importance and value placed on respecting others was in concordance with their religious beliefs, as the following extract also highlights:

Basam: 87

In our religion, that you have to be more respectful to the others. And word by word it has been written in the Koran telling us to do this, this is what I believe.

It was also noted by one participant that while respecting others was significant to wellbeing for them, they recognised this was not the same for all people:

Fawad: 219

Researcher: Do you think wellbeing is the same for everyone?

For my religion it is more about giving respect, and to, don't just think about yourself. But some people just think about themselves and don't give respect to other people, that don't help them so much in life.

The sentiments expressed by participants indicate further that religious beliefs and values underscore important elements of what wellbeing means to them. The comments in this theme also mark the relational aspect of wellbeing for participants. This view of wellbeing has echoes in other cultures, for example traditional Chinese society and many East Asian societies, in which wellbeing is measured not by happiness or emotional satisfaction but by the Confucian virtue of filial piety and the ability to live in harmony with others (Hoshmand & Ho, 1995). In these cultures, a person's worth and wellbeing is based on being dutiful through respect and obedience to one's parents and elders (Mei, 1968), rather than based on a subjective emotional state as is often the case in the West (Christopher, 1999). This is in accordance with findings by Smith, Türk Smith and Christopher (2007), who found that respect was endorsed as the most important characteristic of the good person among students in collectivist societies such as

Turkey and Pelau, yet American students ranked it at 35th. Other researchers have also suggested that people in collectivist cultures give preference to such virtues as concern for others, harmony, and obedience, in contrast to people in individualistic nations, who consult their own affect (Suh, Diener, Oishi, & Triandis, 1998).

3.3.4 Understanding wellbeing as collective

As has been expressed in the above subthemes, participants recurrently communicated the relational aspects of their understanding of wellbeing. The views expressed by participants highlighted that for them, wellbeing was not an individually focused concept but rather, entailed consideration of others. This became even more prevalent in discussions where participants suggested that an important aspect of their wellbeing was seeing that others, including strangers, are doing well:

Ehasan: 178

If I know that someone is doing well, someone has a good wellbeing, then I am happy.

Kamran: 113

Someone is happy, someone's wellbeing is good, and I feel good about it because then I see that, and so one person less who is unhappy.

Fawad: 50

I get really happy to see other people happy, that makes me happy.

This reflects the perspectives of many collectivist cultures, where emotions are more interpersonal and much of life focuses on other people (Christopher et al., 2000). A number of participants particularly specified that elders and parents' happiness was integral to their own wellbeing:

Haamid: 102

If the elders are happy then everybody is happy. Suppose the father is not happy, then the whole family is not happy.

Fawad: 194

In my religion it's about making your parents happy, so that's really important for me, to make them feel happy about me.

Participants also expressed the importance of others being happy with you:

Adnan: 41

A happy life for me is that if an elder person at home is happy with me.

Sidar: 108

I would like to describe doing well in life, is the way people are feeling good with you, rather than you being selfish and doing everything for yourself, you can be good and the people know you as being good, it is not only you.

That participants felt their own wellbeing was connected to a sense of harmony and wellbeing in others, even strangers, is further indicative of what can be considered a collectivist understanding of wellbeing. This is in accordance with Islamic beliefs, where concepts of the person are commonly characterised as 'sociocentric' and 'cosmocentric', where 'each individual is seen as linked to every other creature created by God' (El Chammay, 2015, p. 155). This is represented in both a social dimension governed by social rules of conduct and coexistence and a universal dimension that is governed by the will of God (El Chammay, 2015). From this framework wellbeing is understood in terms integrally related to the social and cosmic order (Christopher & Hickinbottom, 2008), both aspects being evident in the views expressed on wellbeing by participants.

One participant noted that this sense of collective wellbeing was not apparent in most young people who grew up in the UK:

Fawad: 164

Here, it is all about this getting money and don't care about other people, more like themselves, that's what I think.

This is in line with the findings of Christopher et al. (2000), that being focused on individual fulfilment and satisfactions can seem strange to RYP who have recently arrived in the West. Indeed, RYP have previously been found to remark on the individualistic culture of the UK (Chase et al., 2008).

Participants' comments add an important collective dimension to understandings of wellbeing. They demonstrate values grounded in a wider, shared understanding of how the world is and should be, rather than simply based on individual preferences (White, 2008). Non-Western cultures are more likely to define the self in this way, with more focus on relationships with others (Guarnaccia & Lopez, 1998). This is in contrast to an individualistic perspective, where 'the horizon of identity is an inner horizon' (Taylor, 1985, p. 258).

All participants asserted that their faith played a primary role in their worldview, and religion commonly framed talk of their understanding of wellbeing. This theme highlights how conceptions of the self and understandings of wellbeing are grounded in cultural and religious perspectives and beliefs about the world, the self and others.

4. FURTHER DISCUSSION, EVALUATION AND IMPLICATIONS

The final chapter will return to the intended aims of the research and summarise the central findings with reference to existing literature. The study will then be critically evaluated and its implications for future research, clinical psychology and broader policy will be discussed.

4.1 Revisiting the Aims of the Research

The aims of the current study were to gain a richer knowledge of a specific group of RYP's own perceptions and understandings of wellbeing and what constitutes it. It sought to explore whether socio-cultural differences might inform alternative conceptualisations for this group. The rationale for this research comes from the notable lack of literature exploring RYP's perspectives and interpretations of wellbeing. Dominant discourses of wellbeing have been normative and underpinned by Western individualistic thought (Christopher & Howe, 2014), while the analysis here is grounded in the accounts of ten RYP.

The previous chapter addressed these aims by presenting three over-arching and interacting themes that were identified as 'Managing Current Challenges', 'Moving Forward' and 'Practicing Faith', each of which will now be discussed in the context of existing literature.

4.1.1 Managing Current Challenges

The participants in this study identified a number of factors that they associated with wellbeing which were specifically related to the circumstances they have experienced and still face as RYP. In 'Managing Current Challenges' it was demonstrated that participants identified the impact of the experiences they had been through, particularly loss of loved ones, thoughts of home, facing the uncertainty of the asylum process and not being able to speak the language of the host country, as dominant aspects impacting their wellbeing. By drawing on these factors, participants' perspectives on wellbeing were manifestly influenced by their

specific circumstances. Their context as RYP provided the backdrop to their responses, and this fabric of experience influenced their priorities and understandings associated with wellbeing.

This finding is in accordance with existing literature on RYP that recognises the impact of their experiences on all aspects of their lives (Papadopoulos, 2002). The focus RYP place on managing the effects of multiple losses; living with concerns about the safety of family members back home; the importance of the legal right to remain and associated context of uncertainty and having to navigate a new culture and language have all been well documented in the refugee literature (Colucci et al., 2014; Guerin et al., 2004; Hughes & Rees, 2016; Robinson, Metzler & Ager, 2014). In this study participants made direct links between these factors and their understandings of wellbeing. Strong imagery of feeling squeezed and confined were commonly contrasted with an idealisation of the future free from these constraints on wellbeing.

These findings reiterate Engebritsen's (2012) observation that the circumstances RYP face are not neatly aligned with the general assumptions of what it means to be a young person in the UK (cited in Wernesjö, 2014). RYP's lives are dominated by concerns and priorities that most young people do not contend with or even consider in relation to understandings of wellbeing. The factors participants identified in this theme as significant all fall outside the realms of 'normal' childhood.

These findings demonstrate the significance of context in influencing people's understandings and perceptions of wellbeing. This supports Christopher and Howe's (2014) contention that current definitions of wellbeing are problematic, as they are normative and do not adequately consider the role of context. In line with this critique, these findings suggest that as long as definitions or measures of wellbeing do not acknowledge that people understand and perceive wellbeing differently depending on circumstances and where they are situated, they risk being inaccurate and misguided. As Ereaut and Whiting (2008) highlight, the complexity and multiple meanings of wellbeing have been ignored in an effort to create manageable taxonomy for measurement of an unhelpfully fluid and

ambiguous concept. Participants' accounts illustrate the multiple meanings that exist due to the differing contexts of people's lives. Constructing their understanding of wellbeing within the framework of their experiences and context afforded participants with a particular perspective on wellbeing which differed in many ways from how other young people in the UK conceptualise wellbeing.

While this theme illustrated the impact of the challenging contexts managed by RYP on their understandings and perceptions of wellbeing, hope and a focus on the anticipated positive future also emerged as significant factors. From talk on what hinders wellbeing and descriptions of being stuck and constrained, came an emphasis by participants on managing and overcoming these challenges. Participants' responses recurrently demonstrated a sense of focus on and hope for the future, which could be seen to represent an integral facet of their wellbeing. This future focus and notion of a process of moving on became even more present in theme 2.

4.1.2 Moving Forward

The notion of progression and moving forward in life was a key theme in participants' accounts. Moving forward represented moving on from past experiences and current challenges, as well as overlapping with beliefs of improving the self. This process of moving forward was regarded as a fundamental aspect in participants' understanding of wellbeing. The value of opportunities and the importance of studies were commonly referenced as factors that they considered integral to this progression. In line with existing literature, this highlighted an awareness of their current situation in comparison to their past and others who do not have such opportunities (Goodman, 2004). Participants also described the significance of a calm life and peaceful mind, illustrating priorities of security and stability, in contrast to the volatile environments they had experienced (de Jong et al., 2001). Having a calm life and peaceful mind was also seen to afford participants the ability to concentrate on the other factors identified in moving forward, which highlighted the circular and overlapping nature of this theme. It is striking that the association of calmness and quiet is at odds with the

common hallmarks discussed in the literature on young people and 'typical adolescent behaviour' (Kelley, Schochet & Landry, 2004), which cites the prevalence of seeking new experiences, high levels of stimulation and engaging in risky behaviour (Steinberg, 2004). This study's finding again resonates with Engebritsen's observation that the circumstances RYP face are not neatly aligned with the general assumptions of what it means to be a young person in the UK (cited in Wernesjö, 2014), and as such, normative understandings of wellbeing are problematic. This theme further highlights how constructs of wellbeing are shaped by context, which must be incorporated into any consideration of wellbeing.

The theme of 'Moving Forward' emphasised the significance of hope and focusing on the future for participants. It appeared that moving forward was considered a core facet of wellbeing as it allowed them to anticipate a positive future from the context of a difficult past and challenging current circumstances. Participants' idealisation of an anticipated future can be understood in the context of White's (2008) argument that expectations of the future have a bearing on how people conceive of their present. Deveci (2012) asserts that it is a testament to RYP's strength and courage that despite seemingly overwhelming challenges they often continue to hope, to live, to dream and to work towards the future. Indeed, notions of resilience, strength and optimism are increasingly being recognised in the literature on refugees, and the fact that many emerge as 'active survivors' rather than as 'passive victims' (Rousseau & Drapeau, 2003, p. 78). The findings of this study provide further support of this, as participants' emphasis on hope and the future engendered empowering effects, allowing them to experience a sense of agency and purpose in relation to their wellbeing.

It is pertinent to reflect on how this understanding of wellbeing, consciously or not, also acts in resistance to the dominant discourse continually expressed in the media that marks refugees as a 'threat' and 'burden' (Parker, 2015; Sales, 2002). While none of the participants explicitly referred to this as a factor in the significance of moving forward and progressing, this theme highlighted a number of ways they were challenging negative assumptions and avoiding a potentially stigmatising position as a young, male, Muslim refugee (Colucci, Minas, Szwarc,

Guerra & Paxton, 2015; Patel & Mahtani, 2007). Adopting an understanding of wellbeing that emphasised moving forward and a positive future meant that participants could challenge the dominant discourse and were able to claim authority on their future lives and wellbeing. In so doing they displayed resistance to subjectivities of being 'powerless', 'vulnerable' or a 'burden' as afforded by the dominant discourses around them.

The recurring theme of moving forward also represented an understanding of wellbeing as grounded in learning, growth and self-improvement. This is in line with the beliefs and values that emerged strongly in theme 3 as providing the central underlying framework for participants' understanding of wellbeing.

4.1.3 Practicing Faith

The final theme within the analysis marked the integral role of religious faith and values for providing a framework of understanding wellbeing. The theme 'Practicing Faith' illustrated how participants attributed all aspects of their lives, including their understanding and experience of wellbeing, to their religious beliefs. This reflects the central role that faith plays in the lives of many within RYP's communities (Browne, 2013; Raghallaigh & Gilligan, 2010). Participants' religious beliefs contributed to shaping their worldview, their conceptions of the self and the relationship of the self to the world. This served to provide a system of coherence, meanings, values, social and moral direction and purpose. As such, participants' faith held important implications for informing their understanding of wellbeing. Indeed, all dimensions of wellbeing that they articulated had these beliefs and values at their core. These findings correspond to the arguments of philosopher Charles Taylor (1988), that any given culture's understanding of what wellbeing is and should be, is a reflection of its most deeply held assumptions (Christopher & Hickinbottom, 2008). For participants, their faith provided a framework that shaped their understandings and informed them of what is good or worthy.

In its most explicit form, 'Practicing Faith' was represented in this theme as being Muslim, helping others, respecting others and understanding wellbeing as a collective. This theme drew attention to the ways in which constructions of wellbeing were resourced by discourses of culture and faith. Appadurai (2004) identifies these as 'higher order normative contexts' which comprise a larger 'map' of ideas and beliefs. These findings highlight the importance of attending to the cultural and religious in considerations of wellbeing, as this engendered diverging worldviews core to frameworks for understandings of wellbeing and captured something important about why people feel and act as they do.

Religion and social norms are regarded as 'deeply intertwined in the Arab world' (El Chammay, 2015, p. 27). From this framework of understanding, a more collectivist notion of wellbeing was indicated by participants. An emphasis was placed on markers that were more interpersonal, as their accounts of wellbeing rendered others as equally significant to their own wellbeing and carried expectations for communal responsibility. As such, participants' talk reflected not just individual preferences, but values grounded in a wider, relational understanding of how the world is and should be. This contests dominant individualistic assumptions about wellbeing, such as a focus on the internal and one's own affect rather than the external. The individualism of much of the wellbeing literature means goals, aspirations, what people value and hold to be good and how they feel about their lives, tend to be located in the individual. For participants, aspirations, values and beliefs were located within broader social and cultural frameworks and ideologies, regarding what it means to live a meaningful life (Christopher & Howe, 2014; White, 2008).

While the social, cultural and religious dimensions tend to be ignored in most wellbeing literature, as the focus settles on individuals, a number of scholars (e.g. Baumeister, 1987; Gergen, 1973) have argued that conceptions of self vary across cultures, and that how we define the self, shapes how we think about wellbeing (Christopher & Hickenbottom, 2008). The frequent reproduction of this theme throughout the accounts in this research strongly support this argument, as participants' cultural and religious value systems played an important role in their constructions of wellbeing.

The wider implications of these findings will be considered in section 4.5 and a final concluding summary will be provided in section 4.6.

4.2 Critical Evaluation of the Research

In this section, the research will be evaluated and critiqued in relation to epistemology, methodology and quality assurance processes. A number of authors have published guidelines on the evaluation of qualitative research (Parker, 2004; Spencer & Ritchie, 2011; Yardley, 2000). Below I discuss several of the principles outlined by Spencer and Ritchie (2011) to evaluate the quality of this study, as well as considering epistemological and methodological limitations.

4.2.1 Credibility

A significant element of qualitative research is ensuring the plausibility and credibility of its claims (Spencer & Ritchie, 2011). In an effort to ensure my study met this principle, I presented my initial rationale for the research to RYP as consultants who confirmed the relevance and appropriateness of the study for this population. I also presented my initial findings to my thesis supervisor, who works in young people's services with RYP, to act as a 'peer auditor' (Hammersley, 1992). This enabled me to discuss my interpretations and reflect on alternative perspectives. A limitation to this research is that no 'member-validation' was used (Angen, 2000). My intention is to provide participants with an accessible summary of my key findings and encourage them to comment on the quality of my representations. Both organisations have arranged upcoming events for me to attend with the young people, where I will speak about my findings and garner feedback and future recommendations. Acquiring participants' feedback will be a key element in preparing the study for publication.

In consideration of credibility I was also mindful that using interpreters introduced what has been referred to as a 'three-way production of data', due to the active role of the interpreter in the process (Edwards, 1998; Tribe & Lane, 2009; Twinn, 1997). It is acknowledged that it is not possible for interpreters to provide

exact translations of participants' dialogue, especially in the context of an active interview. To address the possible implications of this for authenticity and validity of data I had a second interpreter verify the accuracy and integrity of the first interpreters' translations, through the process of back translation between transcriptions and recordings. This allowed me to be confident that the information gathered was a faithful representation of participants' words and sentiments.

4.2.2 Rigour and transparency

Rigour can be understood as the transparency or disclosure of all relevant aspects of the research process (Yardley, 2000). Due to the assumed subjectivity involved in most qualitative research, notions of consistency and reliability can be a problematic fit. I have sought to address this concern by detailing my approach to the process of analysis in Chapter Two and presenting participants' extracts throughout Chapter Three to ensure transparency in the process of data analysis. In addition, in Chapter Three I attempted to balance the use of direct quotations from a range of participants with my corresponding text. This enabled me to adhere to the language contained across all participants' accounts (Willig, 2013).

4.2.3 Contribution

For Spencer and Richie (2011), contribution refers to the relevance and value of findings, in regards to the development of theory, policy and practice. It is recognised that the sample size is limited in this study and the sample range was restricted to specific criteria regarding age range, gender and time in the UK⁷. However, the detailed examination of a small number of individual perspectives enabled a rich, nuanced and comprehensive analysis of the data (Smith, Flowers & Larkin, 2009). By undertaking an exploration of RYP's understandings of the concept of wellbeing, the current study provides a valuable perspective to a previously unexplored area. It goes beyond existing studies and contributes a greater recognition of contextual and cultural factors that can inform constructions

⁷ The acknowledged limitations of the sample are considered further in section 4.4, in relation to the direction of future research.

of wellbeing. Due to the specific population represented in the research criteria it is recognised that there is a need to be careful in extending this learning to wider populations whose experiences and perspectives may be very different. As such, this study does not seek to make any generalisation beyond the participants involved, due to the subjectivity inherent in qualitative analysis and the finding that constructions of wellbeing are dependent on individuals' context, culture and beliefs. However, it can be argued that if participants' constructions and understandings of wellbeing emerge from their particular circumstances and belief systems, based on context and cultural factors, then these factors that served to resource participants' constructions are also pertinent for wider populations. The findings of this research can therefore inform the questions we need to ask and the assumptions we must be mindful of, to give us some direction when thinking beyond this specific population represented.

4.2.4 Epistemology

Willig (2013) asserts that reflecting on the epistemological and methodological assumptions that underpin qualitative research is an essential component. I was particularly mindful of this as there is debate as to whether the alignment of critical realist and social constructionist research can lead to inconsistencies (Harper, 2011).

In contrast to the majority of existing wellbeing research, which makes claims of uncovering universal 'truths', this thesis aimed to explore wellbeing as constructed through the discourses available (Burr, 1995). By questioning the taken-for-granted assumptions that inform the construct of wellbeing, this study demonstrates alignment with its social constructionist approach and acknowledges the diversity of perspectives and realities (Willig, 2013). A relativist position is often critiqued for preventing exploration of non-discursive factors, which may impact how a given phenomenon are constructed (Sims-Schouten, Riley & Willig, 2007). The incorporation of critical realism within this study aimed to address this issue, by allowing the recognition of the materiality of wellbeing and its influence within participants' understandings.

A critical realist stance allowed the material reality of participants to be considered whilst also acknowledging the role of context in their individual accounts. For example, participants' accounts described the materiality of loss and uncertainty. These are relevant and need to be grounded in the context influencing RYP. The researcher was aware of the criticisms of critical realism which primarily argue that such analysis can be achieved from a relativist perspective; that is, it can be conceptualised as a discursive accomplishment (Edwards, Ashmore & Potter, 1995), and that it has no method of distinguishing between discursive and non-discursive, so the choice is driven by the researcher's standpoint (Sims-Schouten et al., 2007). To address this, the researcher aimed to be continually reflexive and to ground analytic claims in participants' descriptions of their opinions and experiences, but also aimed to acknowledge the role of social and historical context.

4.2.5 Undertaking a thematic analysis

The flexibility of TA enabled material, contextual and construct issues within the themes to be addressed, thus fitting with the epistemological position. Limited research has been conducted on RYP's understandings of wellbeing and the open, non-directive style of semi-structured interviews facilitated the identification of themes grounded in participants' accounts. TA allowed this research to gain an understanding of multifaceted perspectives on wellbeing. However, it is recognised that TA is limited due to being reliant on the accounts of participants, which means that facets of their experience that they do not articulate cannot be analysed. Also, TA does not look in detail at the function of language like discourse analysis (Gee, 2005), or examine how participants make sense of their experiences as closely as interpretative phenomenological analysis (Smith et al., 2009).

4.3 Reflexive Review

4.3.1 *Personal reflexivity*

An essential process within qualitative research is to engage in reflexivity (Willig, 2013). Willig (2013) highlights the importance of researchers being aware of their 'contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining "outside of" one's subject matter' (p. 10). As such, I have attempted to be transparent about my personal and professional context to ensure an awareness of the factors influencing my engagement with this data. In particular, I am aware that my interpretations are strongly informed by my previous work with RYP and my learning experiences as a trainee, which include an emphasis on a critical approach to psychology and a focus on the role of power and social constructions. I was also mindful that as a Western, educated individual I may be using the dominant frameworks available to me about wellbeing to shape participants' discussions and perspectives. I attempted to remain as aware of this as possible and continually reflected on my own assumptions and frameworks throughout the process. I regularly asked myself: 'Where is that idea coming from?', 'Have I attended to that data in a particular way due to my beliefs?', 'What is influencing my interpretation of the data?'. In doing so, I hoped to avoid the analysis being embedded in my own taken-for-granted assumptions, however, I acknowledge my active role in identifying patterns and themes in the data, selecting which are of interest and reporting them (Braun & Clarke, 2006). Integral to the reflective process were regular thesis supervision and use of a reflective journal, in which I documented my thinking at the planning stage, following each of the interviews and at points during my analysis.

4.3.2 *Power dynamics within the research*

Throughout the research process I tried to ensure that I retained a critically reflexive position to identify and address the effects of power relations (Harper, 2003). I was aware of power differences in the relationship between myself as a

researcher and a professional, and the participants, who as RYP are commonly positioned as powerless and vulnerable (Papadopoulos, 2002). Part of my rationale for asking RYP to act as consultants from the early stages of the research was to reduce my influence over the process and give greater power to relevant stakeholders in shaping the knowledge produced. Even so, I recognise that by initiating the research and inviting individuals to participate, the power differential that is implicit in the researcher-participant relationship was present (Ringer, 2013). This power imbalance positioned me as a knowledgeable 'expert' from the field of psychology. Such assumptions were evident during the interview sessions, where there was commonly an expectation for me to lead. In addition, on a number of occasions participants directly addressed me with questions about personal difficulties they were facing, which positioned me as an expert to whom they could consult. I considered this pertinent considering this research aimed to give RYP an opportunity to voice their own expertise.

I was also aware of the existing power relations due to the presence of an interpreter. I again tried to ensure that I retained a critically reflexive position to identify and address how this might influence what participants said and how it was translated. At the start of each interview I spoke to interpreters to clarify their role and also employed a second interpreter to confirm accuracy in the transcripts. However, it is recognised that interpreters are required to make decisions on what to present and how to do so. These decisions involve choices about meanings and which words might 'best' convey these meanings. While I used professional interpreters, who are trained to manage these processes, their decisions are inevitably influenced by their own values, beliefs and assumptions. It is also acknowledged that within the interview process participants' responses may have been influenced by the presence of the interpreter. Part of my rationale for including participants who required an interpreter was to ensure accounts of recently arrived RYP, who are often excluded from research, were captured. However, I acknowledge the limitations that can be associated with the use of an interpreter.

4.4 Directions for Future Research

4.4.1 Exploration of diverse RYP's conceptions of wellbeing

The findings of this study suggest that understandings of wellbeing among RYP are underpinned by contextual, cultural and religious factors. However, for purposes of ensuring a reasonably homogeneous sample, this study only involved participants within a specific inclusion criteria (see section 2.3.4). This is an acknowledged limitation. A number of authors have pointed out that when considering the understandings and perspectives of RYP it must be remembered that they are not a homogenous group, and have a range of different experiences and beliefs (Loizos, 2002; Robinson et al., 2014). As such, future studies may wish to explore the perspectives of RYP from other regions of the world, with different cultural and ethnic backgrounds and with RYP who have been in the UK for more extended periods of time. It would also be valuable for a future study to be conducted with female RYP to explore whether gender impacts on understandings of wellbeing. Such research could provide the opportunity to explore the diversity in people's experiences and beliefs and substantially augment our understanding of differing notions of wellbeing, highlighting the need to tailor responses to these (Patel et al., 2000).

4.4.2 Participatory action research

Ben-Arieh et al. (2001) argue that to adequately explore young people's wellbeing, they need to be involved in all stages of research including defining the parameters of what constitutes wellbeing. Kohli (2011) contends that there is a need for research to take the perspectives of RYP into account at all stages and particularly, to explore how they themselves define and reflect upon issues in their lives. This study aimed to provide opportunities for RYP to voice their understandings of what constitutes wellbeing, including the involvement of RYP as consultants at the planning stage. However, it is acknowledged that time constraints meant that there were limitations to their involvement at all stages of the research, particularly in the analysis. With these points in mind, future

research could employ more participatory and culturally embedded approaches to ensure that research is done 'with' RYP and not 'on' them (Chevalier & Buckles, 2013; Reason & Bradbury, 2008). The benefits of such approaches could better capture the nuances of culture and context and avoid bias in how wellbeing is researched. By emphasising a collective enquiry grounded in RYP's own experiences and opinions, this approach to research would also provide the opportunity for RYP to be engaged as social actors in a way that is meaningful to them.

4.4.3 Multidisciplinary research

For research on wellbeing and RYP to develop in ways commensurate with the complexity inherent to the construct, multidisciplinary research should be fostered. Integrating expertise and perspectives from anthropology, sociology and cultural psychology amongst others, would enable more nuanced understandings of wellbeing and could help move away from narrow individualised conceptualisations. Exploring the multiple perspectives of wellbeing across disciplines could help shift focus away from viewing wellbeing as a universal truth towards more comprehensive understandings of wellbeing as a context and culture dependent construct.

4.5 Implications for Clinical Practice and Policy

Conceptions of psychological and social wellbeing have significant implications for devising psychological treatment and policies aimed at ameliorating RYP's lives. The ways we understand wellbeing shape the goals and methods of clinical intervention, as well as broader policy objectives. The findings of this study suggest that there are a number of contextual, cultural and faith-specific factors significant to RYP and their understandings of wellbeing. This highlights that RYP's conceptualisations and frameworks of wellbeing may differ significantly from our own. Improved knowledge and consideration of this has the potential to inform aspects of practice and improve the effectiveness of interventions and broader development of policy for RYP.

4.5.1 Critical awareness of own assumptions

Participants expressed a number of perspectives and priorities in regards to notions of wellbeing that represented a view divergent from dominant understandings and assumptions about what aspects of life are important to wellbeing. This raises important questions about how ideas generated in the West may not have the global applicability that is often assumed (Owusu-Bempah & Howitt, 2000). Indeed, it is rarely recognised or acknowledged that something so central to us, as the presuppositions of notions of the self and the good or ideal person and life have developed in a particular culture and context (Christopher, 1999), and as such, may be unfamiliar to some clients. Patel et al. (2000) have commented on this ingrained ethnocentric perspective, writing that ‘an individual practitioner may strive admirably to understand the contribution of their client’s culture to the conversation created between them, but will rarely give the same scrutiny to the role of their own culturally-determined belief system’ (p. 3). The findings from this research indicate that it is essential that practitioners are aware of how our own norms, beliefs, cultural values and assumptions act to condition our vision, underlie our theories and pre-shape our understandings, concepts and frameworks used. An enhanced critical awareness and acknowledgement of this could aid the development of more relevant and effective practice for RYP.

4.5.2 Supporting service-user involvement

Suman Fernando’s (2010) work has been pivotal in proposing a new paradigm in the mental health care of refugees. He challenges professionals to develop a reflexive practice that investigates the epistemological framework used in refugee mental health care and advocates engagement with refugees as consultants in the development of services. The findings of this study underscore the importance of providing an opportunity for RYP to articulate their own experiences and understandings in their own terms and to identify their own priorities regarding what they want from service provision (Watters, 2008). Service-user involvement is not a new idea to the NHS. It is stipulated by the Department of Health (DoH), as can be seen in the document ‘Putting People at the Heart of Care’ (DoH, 2009)

as well as in the NHS Constitution (DoH, 2015b) and the Health and Social Care Act (2012). However, it has been critiqued for seldom moving beyond tokenistic consultations, questionnaires, one-off projects or overly-bureaucratic structures with a single lay representative (Coulter, 2012; Hodge, 2005). Services should be developed, facilitated and evaluated in response to what service-users and local communities want and need. This research indicates that by providing RYP with an opportunity to express their perspectives and play active roles in the development of services there is much that we as professionals can learn. Thus, as practitioners we need to create favourable circumstances for the involvement of RYP (see Fernando, 2010; Sheldon & Harding, 2010), as they can provide specific awareness about their lived experiences, offer insight into what constitutes wellbeing within their socio-cultural contexts and provide knowledge of resources available to them in their communities.

4.5.3 Ensuring culturally relevant practice

Pertinent to this study, some have suggested that appropriate services are unavailable or insufficient for RYP's needs, due to a lack of cultural fit, in terms of understanding and expression of mental health (Bhui et al., 2006; de Anstiss et al., 2009; Majumder et al., 2015; Vostanis, 2010). While it can be argued that current mental health services do support the idea of providing culturally sensitive services (DoH, 2005), in practice this commonly results in the use of cultural knowledge only as a tool to facilitate dominant approaches (Watters, 2001). This study has shown that cultural values and religious beliefs guide or profoundly influence understandings of wellbeing and the behaviours of RYP. This means that RYP may have concepts of wellbeing that differ markedly from those of practitioners and services. Concepts of the self and wellbeing also influence how people experience and express suffering, how they explain distress and illness, and how they seek help. As such, it is incumbent on professionals and services to acknowledge different worldviews and incorporate cultural consideration into our understandings, definitions and measures of wellbeing. The process of discussing these issues with clients in ongoing dialogue about what is healthy, worthwhile, or good could allow practitioners to better appreciate what informs RYP's health

beliefs and behaviours. In turn, this can create more relevant and meaningful practice for RYP that is more consistent with their own constructions of mental health and wellbeing.

4.5.4 Incorporating religious beliefs into practice

McGoldrick (2003) suggests that practitioners are being challenged to develop therapeutic models and services that are more responsive to a broad range of religious identities. Tseng (2003) argues that to meet the demands of clients of diverse cultures, it is essential to add the dimensions of religion and spirituality. This is echoed by the World Health Organization (1995), which emphasises the importance of recognising religion, spirituality and personal beliefs. Yet religion remains commonly excluded in psychological practice. This study offers some insight into the significance of religious beliefs to all aspects of participants' lives and frameworks for understanding. As such, practitioners must create space for dialogue about the role of religious beliefs into their work with clients, building trust based on mutual respect and appreciation of each other's expertise and understanding and valuing religion as a core aspect of many people's identity. Coyle and Lochner (2011) assert the importance of practitioners offering an invitation for clients to talk about their religious beliefs, and Griffith and Griffith (2002) offer guidance for considering and raising clients' religion within therapeutic conversations. Another valuable approach is to engage communities and religious organisations. Mustafa and Byrne (2016) provide an example informed by this approach, working in partnership with local Bangladeshi community members and faith leaders. They integrated ideas from narrative therapy with familiar Islamic and cultural teachings on wellbeing and dealing with trials and tribulations, enabling members to make sense of experiences using culturally relevant teachings. In this way, clinical psychologists are able to offer support more congruent with RYP's own constructions of wellbeing.

4.5.5 Introducing more collective practice

Participants expressed a collectivist notion of wellbeing. From this framework of understanding, practitioners need to develop practice that is more aligned to this

worldview, both in the room with clients and engaging with the wider community. Participants recurrently placed emphasis on more interpersonal markers of wellbeing. In particular, participants regarded helping and respecting others as significantly intertwined with their own wellbeing. This finding suggests that some RYP may be supported by interventions developed to facilitate and enhance this aspect of their lives. This could involve inviting RYP's assistance and expertise to be utilised in work with groups within the community, for example, RYP could act as peer mentors to newly arrived RYP or become involved with older adult's services.

4.5.6 Multi-service work beyond the therapy room

The findings of this research highlighted the multiple contexts and challenges that impact understandings of wellbeing for RYP. This suggests that interventions often need to address the social and legal aspects that are so constitutive of RYP's lives (Hughes & Rees, 2016). In line with the findings from this analysis, this could range from assistance with factors captured in 'Managing Current Challenges', such as support with residency status and family reunion and referral to language classes. As identified in 'Moving Forward', it could include support in pursuing education or employment, as well as assistance in coordination of housing and access to social services. In addition, psychologists are well positioned to play an important role in ensuring cultural and religious beliefs are adequately considered in a meaningful way, as suggested in 'Practicing Faith'. Hughes and Rees (2016) argue that addressing the practical circumstances of RYP's lives is very much the work of mental health practitioners. Clinical psychologists therefore need to work in collaboration with other agencies, communities and faith organisations to meet the complex needs of this group (Colucci et al., 2014; Hodes & Tolmac, 2005).

4.5.7 Policy level changes

How clinicians approach working with RYP in practice is important, but larger social values, assumptions and conceptions of wellbeing, as well as views about

the health needs of particular populations also have important implications at local and national policy levels. The promotion of wellbeing has entered policy rhetoric in the UK, including commissioned research and in policy and delivery documents across mental health and children's services (see section 1.6). This raises questions, not just regarding the differing understandings of the nature of wellbeing, but about the socio-political purposes fulfilled by certain understandings. Researchers and professionals must consider the function served by the construct of wellbeing in dominant discourse and agendas. Critical psychologists such as Prilleltensky (1989) and Cushman (1995) have argued that we must consider how constitutions of the self are complicit with socio-political-economic arrangements. Indeed, we must recognise the significance and the impact of power in defining the idea of wellbeing in society. To facilitate real change at this level there must be a shift in power from policy-makers, service managers and practitioners to refugee communities. The results of this study show that abstracting people from their contexts, culture and beliefs risks inappropriately simplistic or misdirected policy responses. Interventions at policy level for promoting desirable change must take into account what matters most to RYP and why (Weerackody & Fernando, 2011). A good start to improving policy in this area would be to include RYP's expertise in research and the development and evaluation of services, as discussed above.

4.6 Concluding Comments

Wellbeing is a central concept in clinical psychology and yet it is seldom discussed explicitly or critically reviewed within the discipline. The ways we understand wellbeing shape the goals and methods of clinical intervention, as well as broader policy objectives. RYP represent a small but growing and clinically significant population and our role as practitioners is to ensure that they have access to support that is effective and makes sense to them. Through exploring the understandings and descriptions of young male refugees who have recently arrived in the UK, findings of this TA confirm that for this group of RYP wellbeing is a concept that is informed by contextual factors and grounded in one's cultural and religious beliefs and assumptions. As such, this study contends that dominant

definitions and measures, in their focus on individual cognitive and emotional sources of wellbeing, underplay the importance of broader factors which can shape understandings and experiences of wellbeing. When these factors are ignored, overlooked or appropriated into frameworks that do not correspond to RYP's circumstances, understandings and beliefs, we obscure important differences and risk serious misrepresentation and misunderstanding.

The ten accounts represented in this research provide insight into one group of RYP's perceptions and understandings of wellbeing and what constitutes it. I found the prevailing emphasis participants placed on moving forward with hope for the future to be compelling. Considering the experiences that they have lived through and the challenges they still face, I was struck by the energy and optimism demonstrated by participants. It was salient to me that all participants spoke as 'active survivors', never as 'passive victims', as captured in the themes and subthemes: managing, moving, learning, practicing, helping, respecting. Their focus on such active phenomena was notable. This resolve to keep moving forward and the strong desire to construct positive and productive futures is something that practitioners should be careful to harness not hinder. In Islam 'Sabr' means to persevere whilst actively seeking all possible solutions to difficulties, this resonates strongly with me from the accounts I heard. To end with the words of Amir:

'Learning and progressing, that is wellbeing. The thing is I believe that I have to go forward, rather than go back'.

5. REFERENCES

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6. APPENDICES

Appendix A: Outline of Literature Review

I began my literature search using the publication databases PubMed, PsycINFO, PsycArticles, IBSS, SCOPUS, Web of Science and ScienceDirect. During the initial review of the literature, in order to identify relevant research for inclusion, I used the following varied combination of terms:

- refugee* OR asylum-seeker*;
- young people OR youth OR adolescen*;
- well#being OR psychological well#being OR subjective well#being OR quality of life

After identifying relevant electronic journal articles and books, I selected applicable literature by scanning the abstracts. I was also informed by references that I encountered within relevant articles for further reading. I was especially interested in finding qualitative research that captured understandings of wellbeing from the perspective of young refugee people themselves, as relevant to my research questions. However, although the focus of my study is specifically on young refugees, due to the limited literature available on this topic, I wanted to ascertain more broadly how research has explored definitions and measures of wellbeing as well as any research that may have explored refugees (of all ages) understandings or experiences of wellbeing.

Additional searches were completed to include the anticipated epistemology and methodology using the following terms:

- Thematic Analysis
- Social Construct*
- Critical real*

Appendix B: Ethical Approval Letter from the University of East London

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Luis Jimenez

SUPERVISOR: Dr Neil Rees

COURSE: Professional Doctorate in Clinical Psychology

STUDENT: Shannon Cullerton

TITLE OF PROPOSED STUDY: Exploring Refugee Young People's Conceptualisation of Their Wellbeing

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

- 3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

APPROVED

Minor amendments required *(for reviewer):*

Major amendments required *(for reviewer):*

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

- HIGH
 MEDIUM
 LOW

Reviewer comments in relation to researcher risk (if any):

Reviewer. Dr. Luis Jimenez (*Typed name to act as signature*):

Date:: 04.04.2016

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

Confirmation of making the above minor amendments (*for students*):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*):

Student number:

Date:

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

PLEASE NOTE:

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: <http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

Appendix C: Participant Information Sheet



UNIVERSITY OF EAST LONDON

School of Psychology
Stratford Campus
Water Lane
London E15 4LZ

My name is Shannon and I am a student at the University of East London. As part of my training I am asked to do a study project. If you would like to take part, I will be the person who talks to you.

Do you want to help me with my study project?

The reason for this letter is to give you information to think about whether you want to take part in this study. This study is being done as part of my Professional Doctorate in Clinical Psychology at the University of East London.



Project Title

Exploring Refugee Young People's Conceptualisation of Their Wellbeing

What's the project about?

I would like to learn from you and other refugee young people about your own ideas about what makes you feel and do well in life.



Why do I want to do this project?

Not many people have asked young refugee people what they think about doing and feeling well. I think it is important to make sure young refugee people are listened to so that their stories can help others understand what is important to them.

What would you need to do?



If you agree to take part in this study, I would like to meet with you and ask you questions about yourself. I will be asking questions about what things help you feel and do well in life and what things get in the way. Our meeting will last for about 60 minutes. You can ask me to get an interpreter to help you with English if you want to. You will not have to talk about anything you do not wish to. The interview is not expected to make you feel uncomfortable or to upset you. You can stop taking part in the interview at any time.

What will I do with the things you tell me?

The tape recordings and written information of what you tell me will be stored in a safe place that only I will have access to. Information from your interview will be used in my final paper, which will be read by my supervisor and examiners. Your name and any other details about you will be changed so that anyone who reads the paper will not be able to tell who you are. After this study has ended the recorded interviews will be deleted. In three years time all written information will also be deleted.

Where will the meeting take place?

The meeting will take place in a quiet room in the building you attend for XXXXX.

Do you have to take part?

No, you do not have to take part in this study and should not feel forced to. You are free to stop or leave at any time. If you choose to stop taking part in the study it will not affect any help or support you receive and you do not have to give a reason. If you wish to stop your information being used after the interview, please contact me. Your information can be taken out of the study up to the 1st January 2017.

Please ask me any questions you would like. You can contact me on:

Email: u1221331@uel.ac.uk Phone: 07749051117

If you are happy to take part then please let the staff know and I will contact you to arrange a meeting. Please keep this letter for information.

If you have any questions or worries about the way you have been treated during the study, please contact my supervisor Dr Neil Rees: School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 0208 2234475 Email: n.rees@uel.ac.uk)

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Thank you for reading this.

I hope to hear from you soon,

Shannon,



Appendix D: Participant Consent Form



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

Exploring Refugee Young People's Conceptualisation of Their Wellbeing

Name of researcher: Shannon Cullerton

- Shannon would like to talk to me about my ideas on what makes me feel well.
- Shannon gave me some information to read. I understand what it said.
- If I want to, I can stop talking to Shannon at any time.
- I was able to ask Shannon any questions I had.
- Shannon will record what we talk about and write it up.
- I can tell anyone I want to about what we talk about.
- Shannon will not use my real name or details so that other people will not know that she is writing about me.
- Only Shannon, and the interpreter if I ask for one, will have access to identifying information.
- I can say 'no' to this.
- Shannon will not mind if I say no.
- This will not affect any help I get.
- If I say yes I can change my mind without having to say why.

My decision:

I agree to take part in Shannon's research

OR

I do not want to take part in Shannon's research

My decision about an interpreter:

I want to have an interpreter with me when I talk to Shannon.

OR

I do not want to have an interpreter with me when I talk to Shannon

Participant's Name
(BLOCK CAPITALS).....

Participant's Signature

Shannon Cullerton
(BLOCK CAPITALS)

Researcher's Signature

Date:

Appendix E: Interview Schedule

INTERVIEW SCHEDULE

Initial welcome and introduction to the process of the interview today (including confidentiality and the right to withdraw). Collect necessary demographic information.

Thank you for participating in this study.

I will be talking to you about your feelings and experiences in your life. Including times in the country where you were born and times in England.

I would like to begin by asking you:

1. Can you tell me about the item you brought today?
 - Why did you decide to bring this today?
 - How does it make you feel?
 - Why do you think it makes you feel like this?

If we think about similar ideas for your life in general:

2. How do you know if you are doing well in life? What makes you feel you are doing well in life?
3. How do you describe doing well? What words would you use? / What does this mean to you?
4. How do you know if you are feeling well? What makes you feel well?
5. How do you describe feeling well? What words would you use? / What does this mean to you?
6. Can you tell me a bit more about those actions / people / feelings?
5. Can you tell me what helps you to do/feel well in life?
6. Can you give me one or more examples of a time you have felt that you are doing well/felt well?
7. Can you tell me about particular things you did / people you spent time with / places you were that made you feel like that?
8. Can you tell me things that get in the way of doing/feeling well in life?
9. How do you describe when you are not doing/feeling well?
10. Can you give me one or more examples of a time you have felt you were not doing well?
11. Can you tell me a bit more about why you didn't feel like you were doing well at those times/ in those places / with those people?

12. Can you tell me things you do to try to overcome these things that get in the way of doing/feeling well?

13. What do you think makes other young people do / feel well?

14. When someone says the word wellbeing to you what do you think they mean?

15. How would you describe your own wellbeing?

16. Do you think it is the same for everyone?

Do you have anything you would like to add that you think is important and that we have not spoken about yet?

THANK YOU!

Appendix F: Participant Debrief Sheet



UNIVERSITY OF EAST LONDON

Thank you very much for coming to talk with me today. By talking to me you have helped me understand what feeling and doing well means to you. By telling me your thoughts I hope that other people will understand more about what it is like for refugee young people moving to England and that refugee young people in the future can be better supported.

Sometimes people find talking about these things upsetting. It is important that you tell your mum/dad/guardian, a member of staff from the organisation, me or my supervisor if you feel upset so that we can help you.

Contact details for further support:

You may also like to ring Childline by phoning free:

0800 1111 or visit their website: www.childline.org.uk to talk about anything on your mind.

I will arrange to talk to you again, either face-to-face or over the phone, once I have written up what you had said in our talk. This is so I can check with you that I have understood the main points you were trying to say. If you do not wish to talk again, I can write a letter to you to let you know what I found out by talking to different refugee young people about their ideas on feeling well.

Study Contact Details:

Shannon: u1221331@uel.ac.uk Phone: 07749051117

If you have any questions or concerns about how the study was done, please contact the study's supervisor Dr Neil Rees, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 0208 223 4475. Email: n.rees@uel.ac.uk)

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk)

Appendix G: Interpreter Confidentiality Agreement



INTERPRETER CONFIDENTIALITY AGREEMENT

I am aware of the research being conducted by Shannon Cullerton. In my role as interpreter for Shannon, I understand the nature and aim of the study, and requirements for confidentiality. I have had all my questions concerning the study and my role as interpreter answered.

Maintaining Confidentiality

I agree not to reveal in any way to any person, other than Shannon, any information gathered for the study in my services as interpreter.

Acknowledgement of my services as an Interpreter

I understand that Shannon will acknowledge the use of my services in any reporting of the research. I have indicated below whether I wish that acknowledgement to be anonymous or by my name.

I do not wish my name to be stated in the acknowledgement of the use of an interpreter in the research.

OR

I agree that Shannon can state my name in the acknowledgement of the use of an interpreter in the research.

Name of Interpreter

Date

Signature

Appendix H: Example of Initial Coding Phase in Thematic Analysis

81 P2: There are no such things
 82 Researcher: What might get in the way of you doing the things that make
 83 you feel well or stop you feeling well?
 84 P2: Perhaps because sometimes I think about my parents or my family
 85 and it takes me back, it brings back memories.
 86 Researcher: What do you do in those times to overcome that?
 87 P2: I talk to others about it to keep my mind off it.
 88 Researcher: What do you think makes other young people feel well and
 89 feel like they are doing well in life?
 90 P2: Perhaps they are happy because they have the chance to study, they
 91 have a calm life, they don't have to face dangers and here they can study,
 92 improve their life, have a bright future.
 93 Researcher: When you talk about having a bright future, what does that
 94 mean to you, how would you describe that?
 95 P2: I think a bright future is making something out of yourself, being
 96 independent and not being dependent on others, for example opening a
 97 shop, opening a business, become a doctor or get another decent job, if
 98 you work and you are improving your life.
 99 Researcher: And if you had that, what is it about it that you think would
 100 make you feel better?
 101 P2: I want to study in general because I like to learn and improve myself
 102 but my main goal, my important goal is that I have to learn English
 103 because it will open a lot of doors for me and it will open the future for
 104 me, I can improve myself. Now I feel a bit stuck because I don't speak the
 105 language very well.
 106 Researcher: You also said having a calm mind, could you describe a bit
 107 about why having a calm mind helps to feel like you are doing well?
 108 P2: Having a calm mind means having a regular life, for example, going to
 109 work and coming back from work to a happy family at home, to a happy
 110 home, going to a decent job, having a happy family.
 111 Researcher: When someone says the word wellbeing to you what do you
 112 think they mean?
 113 P2: Someone is happy, someone's wellbeing is good, and I feel good
 114 about it because then I see that and so one person less who is unhappy.
 115 Researcher: How would you describe your own wellbeing?
 116 P2: Happiness to me is a calm place, a peaceful place like this country,
 117 where I can concentrate on my study and make something of myself,
 118 become someone.
 119 Researcher: How would you know if other people had wellbeing? Do you
 120 think you would know if you met with a friend?
 121 P2: If it's a close person then I know if he is happy or not because he will
 122 tell me, if something went wrong or whatever it is, but if it is a person I
 123 don't know then I can't say whether he is happy or not.
 124 Researcher: Do you think wellbeing is the same for everyone?
 125 P2: Happiness is general means one things, it means feeling good, but I
 126 believe everyone has their own definition of happiness.

Thoughts of home / loved one's got in way
Talk to others to keep mind off
Opportunity - study
Calm life with no danger
Improving self & life
Not dependent
Learn - improve self
Future - opportunities - learn English
No language = stuck
Calm mind & life
wellbeing = happiness in others
calm place
focus on studies
self improvement
different definitions of wellbeing

Thinking about parents/family brings back memories of wellbeing
Talking to others helped keep mind off past memories
Chance to study
Calm life = not facing danger
→ improve life
→ bright future
→ making something of self
→ being independent
→ decent job / work
→ improving life
learn & improve self
learn English → open doors
→ future
improve self
Feel stuck without language
calm mind = regular life
→ work / home / happy family / decent job
happy family
wellbeing = happy, good, good to see in others
wellbeing to me = calm place
peaceful place, like UK
where can concentrate on studies
Make something of self
know feelings of close friend
Everyone different, if don't know them
happiness, feeling good
Everyone has own definition of happiness

Appendix I: Example of Initial Thematic Mapping of Codes



Appendix J: Examples of Mapping the Developing Subthemes

The image shows a whiteboard with various handwritten notes and sticky notes, organized into several subthemes. The notes are color-coded and include specific phrases and numbers.

- Religion helps:**
 - Religion (202)
 - Faith: part of everything (273)
 - religion helps a bit (142)
 - Religion helps (182)
 - Religion can help (80)
 - Faith helps to feel well (207)
 - God keep me happy (30)
- Faith gives perspective:**
 - Faith: important to guide me (205)
 - Faith: fresh look on life (204)
 - Grateful, appreciative (145)(149)(154)
 - be happy with what you have (144)(152)
 - Faith helps to make sense of difficult times (172)(173)(176)
 - knowing God helps if we start (185) → motivates (174)
 - Helps go on right path (116)
 - God helps you through difficulties (229)
 - Faith helps in difficult times (182)
 - Faith helps keep going (175)
- Prayer:**
 - Going to mosque (47)(165)(238)
 - Praying (145)(149)
 - Prayer (9)(10)
 - Prayer (46)(51)(58)
- Help others:**
 - Don't hurt others
 - Help others
 - Not make others suffer (207)
 - Not harming others (79)
 - not hurting others (188)(275)
 - Take care of each other (229)(335)(376)
 - Save others (91)(97)(105)
 - Helping others (79)(237)(240)(262)
 - Doing well is helping people (40)(45)
 - Helping others (87) = making friends (93)
 - Help others (62)(65)
 - help others (37)(40)(209)(280)
 - Helping others (200)
 - helping others (187)(208)
 - helping the less fortunate (174)(230)
- Make others happy:**
 - Aim: Able to help family (87)
 - Others being happy with you (109)
 - make parents happy (184)(194)(270)
 - Making teachers & friends happy (9)
 - Make parents/elders happy (93)
 - If others happy = everybody happy (102)
 - close one's happy too (50)
 - good person (112)
 - Be good to people (135)
- Other notes:**
 - If others are happy then I am happy (268)
 - Important those around are doing well (110)
 - happy for others doing well (178)
 - happy/good to see in others (113)
 - really happy to see others happy (30)(268)
 - Knowing someone else is happy feels good (209)
 - happiness seeing others overcome difficulties (152)(157)
 - Sad to see others not doing well (160)
 - well-being = seeing others happy

Appendix K: Excerpt from Reflective Journal

