'The Politics of Experience': Young Refugees, the Dialogical Self

& Therapeutic Social Work,

Within a Psycho-Analytic Agency Context

Professional Doctorate in Social Work

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Abstract

This study is set in a psychoanalytic mental health outpatient agency and focuses on five adolescent refugees who were part of a specialist service. From a social work perspective it seemed the young people were subject to two contradictory dominant discourses – the hostile socio-political discourse of the "*unwanted invader*", whilst *inside* the agency, the static, essentialised identity allied to the dominant discourse of trauma.

The young people were clearly not a homogenous group, despite all seeking asylum. The agency discourse was seen to play a prominent role in framing the young person's needs, shaping their identity and legitimating the role of the agency and their activities. Its trauma-focussed understanding of these young people on the *meso-level,* reflected a distinct and parallel process occurring on the *macro-level outside* the agency. Both discourses served to restrict the possibilities for other identities and stories being shared, whilst providing 'certainties' and 'security' in the presence of the other.

Adopting a multi-level, trans-theoretical approach acknowledged that the reliance on a specific knowledge base, had the potential to create bias and failed to consider environmental factors and the inherent personal resources of each of the young people.

 Adopting narrative ethnography and dialogical narrative analysis, recognised the stories the young people shared during our 'encounters' were likely to be multi-vocal and 'drenched' in social factors. Through 'open dialogue,' meaning was created together, which had the potential to empower and invite new voices and identities to emerge.

The findings conclude that the young people were 'purposive actors', whose stories often expressed the pain and suffering of past events, and the oppressive influence of the *macro*, but also their considerable efforts to negotiate ascribed identities and develop, 'sameness' with the dominant host, thereby creating new identities, in their *'struggle of becoming'.*

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INTRODUCTION

This Introduction to the thesis explicates my positionality in terms of both my socio-cultural background and ideological assumptions, seen as a vital element in the research process. It offers an initial brief description of the research context, highlighting the significant role of the agency discourse and the complexity of developing a therapeutic service for adolescent refugees, which formed the focus of this study. Reasons for the re-evaluation of the original research questions and the significance of the study are also provided, in addition to an outline of the thesis.

<u>My Background</u>

I commence this qualitative research study recognising how certain aspects of myself and my life may influence my perceptions as a researcher. This is neither a statement of defence nor a *mea culpa,* but an understanding that the social, cultural and political location, i.e. situated identities of an individual contributes to the way in which they may think, feel and behave. Like other professionals, my 'own stories'; the client's *"dominant narrative"* (for example, the testimony of trauma); or any allied theoretical concepts, can influence or direct my attention, causing me to perhaps miss other equally relevant 'small stories'. Or there can be moments when a client's stories may consciously or unconsciously resonate and reverberate with one of my own (Hedges, 2010).

My parents were economic migrants who arrived from India during the first phase of mass migration from the Commonwealth in the late 50s and early 60s. (The 1948 Nationality Act expansively gave the right for free entry to all colonial subjects). They were professionals eager to seek opportunities to pursue and develop their chosen careers and keen for their children to receive a good education and improved standard of living. No doubt they also came with intentions of being able to send money to relatives back home. Their encounters with racism and rejection and allied challenges were likely to have been familiar to other migrants of that time, (Aymer, 2002; Winder, 2014). But like other migrants my parents had made *"trade-offs"* between separation and support from the extended family at home and longer term potential prospects in the host country (Lindley, 2008).

I had intended to follow in my mother's footsteps (as a doctor). Interested and excited by medicine I instead commenced professional life in a London teaching hospital as a nurse, graduating to senior staff-nurse level within a year of being qualified. In an era before the introduction of 'patient-centred care', the dominance of the traditional medical model focussed heavily on the history of illness, its physiological causes and treatment – disregarding the broader social and psychological needs of the patient. Today of course there is a developing evidence base that this *"overly mechanistic"* approach to patients is not in their best interests (Royal College of Physicians & Royal College of Psychiatrists, 2003).

Nursing provided me with an introduction to the educative value and complexity of large multi-disciplinary teams, the influence of the micro-clinical system and the organisation, all of which shape patients' experience (Kings Fund, 2009).

In 1979 as a student nurse, whilst undertaking a six-month psychiatric placement, I joined the Philadelphia Association founded by Dr Ronnie Laing which offered my first experience of individual psychotherapy. It is fair to say that Laing's name *"meant many things to many people"* (J.M. Heaton, in M.G. Thompson, 2015). Positioning himself at the intersection of psychoanalysis, politics and philosophy, Laing had for a time worked in a psychoanalytic clinic. His radical approach to mental illness and the relief of mental suffering regarded by some as *avant-garde,* was perceived by others as a challenge to orthodoxy and the discourse of psychiatry and psychoanalytic psychotherapy. However it was Laing's particular emphasis on the patient's therapeutic experience *above* explanations (and interpretations) that provided the ultimate stimulus for me. In 1981 after much soul-searching I made a decision to leave nursing and that same year enrolled on a] psychology degree course in Northern Ireland, but with no clear plan or objective.

After graduating, I continued to live and work in Northern Ireland. (This was prior to the 'Good Friday Agreement' in 1998 and the cessation of violence). Coming from London, I was struck by the rural landscape, the absence of cultural diversity and quiet resistance to cultural pluralism. All of which seemed to confirm both its distance and separation from the mainland. Working 'on the ground' as a social work assistant with the elderly, I was clearly an unusual figure – a young Asian woman with an English accent. Despite my anxiety

about being such an obvious outsider, I was generally greeted with warmth mixed with a healthy degree of curiosity. Kapur (2002, p.318) has referred to Northern Ireland as *"a society frozen in a constant post-traumatic state"*. My own experience of the communities, families and individuals I met on both sides of the divide, revealed strengths and resilience in how they appeared to understand, respond and cope with the ongoing political conflict and violence in the Province. Indicative of the 'psychological protection' provided through social cohesiveness theory (Durkheim, 2013), emerging from aspects of a common culture. Perhaps because of the very nature of the troubled socio-political landscape, features relating to the physical deterioration of the body and memory; fading happiness and hope for the future; and increasing dependency on others, seemed to strongly highlight the interrelatedness of my elderly client's needs and the significance of a holistic and integrated approach to their care.

Encouraged by my experience, I returned to London in 1987 and commenced a Master's degree in Social Work. After qualifying and gaining experience in the statutory and non-statutory sectors, I was employed as a Guardian ad Litem (an Independent Officer to the Court in civil and family law proceedings). I combined this job alongside work as a sessional lecturer and Practice Tutor at Brunel University. Both roles offered many opportunities to work with ethnic minority clients and students, the majority from the Caribbean and Africa.

Child protection cases going through court proceedings were often highly complex and fraught with concerns. There was a need to fully engage with clients from culturally and linguistically diverse backgrounds and to consider the potential for their over-representation in statutory services. Parental mental illness and addictions, economic deprivation, disadvantage and social exclusion and discrimination were all seen to have a bearing on parental behaviours. Within the calmer confines of academia I met many engaging and committed Social Work students, who were at ease in sharing their cultural beliefs and values and their experiences of racism in British society. Much of what I learned from them enriched my thinking as a Guardian.

The Master's in Social Work had been heavily biased towards the efficacy of behavioural social work practice, which had an unwelcome resonance with some of the more *"mechanistic"* aspects of general nursing. However, a

second-year placement in a Child Guidance Clinic, with an introduction to social case work (Florence Hollis, 1968b), drew my attention back to the Philadelphia Association and the realisation that it had provided me with a meaningful 'conceptual home' and strong desire to engage in therapeutic relationships. Motivated by a desire to extend and deepen my knowledge and experience in therapeutic work, I mulled over the possibility that at some later date I might undertake a further more intensive psychotherapy training.

Based on this in 2000, I commenced the psychoanalytically-informed Professional Doctorate in Social Work. A year later, I was offered a 5-year development post as a Clinical Lecturer in Social Work in the mental health agency responsible for the delivery of the doctoral programme. Within the job description was the specific task of developing a therapeutic service for ethnic minorities, which was later specified for adolescent refugees. I decided that this would provide a ready and interesting focus for the doctoral dissertation.

Context of the Research

Discourse, Identity & Social Work in the Agency

The agency was a centre of excellence in the understanding, clinical expertise, consultancy and various trainings on traumatology and mental health. Influenced by a long and well-established history of psychoanalytic theorists. The dominant discourse of the agency, (i.e. psychoanalytic theory, specifically object relations), determined the thinking, language and practice of service provision. Importantly it also shaped the identities of the clinicians, irrespective of their professional group membership, (i.e. psychologist, social worker). As an elite training establishment, it was expected that staff have an additional formal qualification in psychoanalytic psychotherapy or psychoanalysis. I recognised this approach to mental suffering was quite different to the existential teachings of the Philadelphia Association, however it offered new theories and insights which I felt would helpfully contribute to my existing knowledge base.

What is noteworthy is that at the point of joining the agency, I had completed the first year of the 5-year Professional Doctorate in Social Work programme, one of a number of post-graduate courses delivered by the agency. The stated aims of the doctorate were:

"…to contribute to the consolidation and recovery of professional [Social Work] *identity…within the wider professional domain…"* (Professional Doctorate in Social Work, Student Handbook 2000-2001, p.5)

Amongst the social work staff team, I noticed a complex interplay between both professional identities of social worker and psychotherapist and which came to the fore in different situations. I was also aware of the strong identification members of the group had with the organisation and how this was an intrinsic aspect of group identity. However, neither the psychoanalytically-orientated Professional Doctorate nor the award provided a qualification to practice psychotherapy. The absence of a 'dual' or 'hybrid' identity' like other social work staff, appeared to preclude legitimate membership of the institution, creating an uncomfortable ambiguity in my professional identity and authority, except perhaps to serve in engaging ethnic minority clients.

What seemed the apparent marginalisation of the profession, appeared on some level to reflect the loss of direction or demise of social work (e.g. Dominelli, 2004), and its current contested nature (Moriarty et al, 2015). This lack of clear definition (in the UK at least), and associated perceived status as a *"weak"* profession (Rustin, 2004), has meant it can no longer be distinguished, as witnessed in the agency where it readily merges with another profession (Asquith et al, 2005). Higgins (2015) notes how certain organisational conditions and cultures become highly influential in creating ambivalence in social worker staff, whilst producing both role ambiguity and role conflict, these latter features occurring in my case.

The perceived 'whiteness' of the institution and what this symbolised (Levine-Rasky, 2013), added a further dimension. Positioned through difference and differentiation the organisation's creation of a BAME post-graduate student as an 'expert' on race issues, solely by dint of my ethnicity, or perception of being an 'insider', draws attention to the construction of race as an overt act of power of whites over non-whites (Leonard, 2010). The significance of agency dynamics in the creation of 'experts' on race has previously received attention in social work literature (e.g. Dominelli, 2002; Barn et al, 2009; Aymer and Bryant, 1996). These intersecting features of professional status plus ethnicity, took on increased significance during the course of my employment and can be seen to contribute to the approach taken in the research.

Attempting to overcome a heightened sensitivity to being 'visible' and 'exposed' and faced with the loss of a familiar language and professional culture, like the young refugees in this study, I made strategic attempts to convert racial difference into positions of sameness and establish a similar identification to the dominant majority (Bhatia, in Hermans and Gieser, 2012). Seen for example in *Yazid's* stories. Recognising the benefits and possibilities within the new context, I sought to re-position myself within the agency. I applied to undertake the adult training in psychotherapy, not being successful, I instead enrolled onto the 2-year diploma in psychoanalytic studies, attending the course whilst working in post. The organisational culture that prioritised primary professional groups, combined with social work's own lack of professional status (Rustin, 2004) had created an intense struggle in identifying a *"site"* (Falmagne, 2004, p.829), or 'space' to position myself, which was one of the reasons why the diploma in psychoanalytic theory began to take increasing priority over and above the doctoral research.

Rationale for the Study

Development of a Therapeutic Service for Adolescent Refugees

Frequently, the study of refugees* has focussed on either the *macro -*, (i.e. societal or global) or the *micro-* (i.e. in terms of their responses to extreme adversity), overlooking the significance of behavioural processes at the *meso-level.*

At the time of developing the service, a number of issues and concerns regarding the unmet needs and emotional vulnerability of separated asylum-seeking children had been raised in reports from the voluntary sector (Ayotte and Williamson, 2001; Dennis, 2002; Stanley, 2002). It was unclear at that time whether the observed failings were in response to the strain on the care system owing to government cutbacks and or the paucity of policies, training and planning in Social Services departments regarding welfare provision for these particular young people (Ayotte and Williamson, 2001). Clarke and Garner

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*Terminology in this area is highly contested (Robinson, 2014). For the purposes of this study the term 'refugee' will be employed regardless of legal status, (except when employed differently by other authors).

(2004, p.199) suggest that the *"dispersal state's"* ready desire to devolve responsibility for the provision of welfare for forced migrants, created an inevitable fragmentation of their needs.

The exclusionary and hostile stance of the external world (*the macro)* which envelopes those seeking asylum, inevitably accompanied the young refugees entry into the agency. Their arrival in the host country, had been met with experiences of homelessness, poverty, social isolation and loneliness, confirming their identity as 'other' and also their *social "invisibility"*, a reflection of their detachment from the State and wider society (Ong, 2006). Despite the general consensus on the vulnerability of these children and young people, as noted in *Every Child Matters* (2003), it has done little to overcome the negative approach and treatment of refugees as a whole (Giner, 2007).

The State's ongoing preoccupation with the legal categorising of groups of migrants was similarly witnessed in the information contained in the referrals from other health and welfare professionals and agencies, (*at the meso level),* categorising on legal status as a specific 'type' of person (with allied pathology), rather than the consideration of needs (Linde, 2011). Similarly, within the agency the discourse of 'trauma' (associated with the legal definition and essentialised identities of refugees), defined these young people above any other form of identity (Marlowe, 2010). The prominence of the stereotyped 'passive', 'traumatised' refugee figure seemed both crucial and implicit in legitimating the role of the agency discourse and certain forms of identities, whilst at the same time actively marginalising others (Brah, 1996).

Despite all the young people being subject to the construction and constraint of asylum law (Dauverne, 2005), the group were far from homogenous, as this study clearly demonstrates. There were nuanced and complex differences amongst these young forced migrants, not least in terms of their various reported reasons for leaving their home country. For all except one young person, their uncertain legal status in the country gave expression in immediate emotional distress and anxiety. These feelings coalesced with grief at the loss of family, friends, home and unstable memories.

All showed limited if any understanding of Western notions of 'mental health' or the agency's functions and aims, professional disciplines and roles. At best they

believed they had been sent to a place that could make them 'feel better', 'like a hospital'. Observation of the young people and also the clinicians, noted the obvious struggle with the anticipated clinical adolescent service model. The psychoanalytic frame, professional language and style of contact, defines the boundaries and provides structure for the therapeutic process - described by Bass (2007) as the *"rules of the game".* (Interestingly Yazid one of the participants makes reference to *"the rules"* during one encounter). It was a *manner* of relating that these ethnic minority clients, were clearly not used to and did not necessarily feel at ease with, but which seemed to relieve the *"burden of Otherness"* (Moodley, 2014). These dynamics were further complicated by language differences, the absence of family and clear anxieties about the presence of interpreters. On the *micro level* anxieties about contact with professionals, under the *"normalising gaze"* (Foucault, 1977), mingled with a belief in their status, power and authority as disciplinary 'expert'. This was particularly obvious with the white clinicians. However, the attrition rate amongst this group was high. Although not unusual for adolescent psychotherapy patients, what was clear and of significance was that these young people neither matched the mainstream patients attending the agency, *nor in every case* could the roots of their distress be confidently confined, accessible or 'knowable' through a single lens of psychoanalytic trauma discourse. This is noted in the Findings.

It was through my contact and experience, (particularly with early clients referred to the service), that I recognised I was not only *"at the edge"* (French and Simpson, 2003, p.195), organisationally, but also through an inter-subjective experience of *uncertainty* in the therapeutic dyad. Within a constructivist model, the emergence of such uncertainty can relate to how reality has been created and framed between client and practitioner. This may be selected at the expense of other possibilities that may be unrecognised or inaccessible to both for a number of reasons, conscious and unconscious (Hoffman, 1998). The unanticipated responses and circumstances of the young people required serious questioning and a re-evaluation of the original research questions. (This is clarified in the Methodology chapter). In the absence of the dominant narrative and familiar patterns of thinking, the professional vacuum quickly became filled with uncertainty and anxieties.

Acknowledging that social work employs dominant discourses (or narratives), such as the discourse of psychoanalysis to shape practice, this however accompanies a need to question and contest its influence in the service domain. Thereby opening the context to potential:

"…alternative framings of reality" (Parton, 2003, p.9)

The belief that a specific knowledge base can provide a crucial element to practice is not only flawed but creates *"occupational closure"*. Payne (2001), goes further arguing that it is possible that various knowledge bases can be constructed as biases within a widely conceived knowledge base. Unlike Healy (2014) and others, e.g. Trevithick (2008), Payne proposes a more helpful approach would be to consider the social work task as constructing and reconstructing professional knowledge. Through a process of critical reflection (D'Cruz et al, 2007) it may be possible for: *(i)* different interpretations of experience to come to light; *(ii)* questions pertaining to the construction of knowledge as 'truth' to emerge; and *(iii)* for both practitioner and service-user to be engaged in the processes of power in knowledge (Foucault, 1980). (The significance of this last issue is discussed further in the Literature Review 2).

<u>Changes to the Original Research Questions</u>

Thinking and discussion regarding the development of the service in the Adolescent Department commenced shortly after I had moved into post. However, it was not until the beginning of 2003 when my research proposal was submitted that efforts to develop the service really began. The five young refugees, *Abdullah*, *Alseny*, *Dafina*, *Elizabeth* and *Yazid* that form the focus of this study, commenced attending the agency at some point during the second half of my contract, (i.e. 2003-6). At the time the research proposal was submitted, the institutional discourse had been influential in shaping an understanding of this area of study and the identities of the young refugees referred to the service. As such, the original research questions had been concerned with the issues that could emerge in the context of the new service:

- *"What clinical issues emerge in individual therapeutic treatment of this patient group?"*

- *"Are there any themes that arise from the clinical work which can be used to develop a framework for psychotherapeutic care of young refugees?"*
- *"What issues emerge in the development of a mental health service for adolescent refugees?"*

However, the multiple social, humanistic, psychological and legal needs presented by the trickle of young refugees referred was shown to prove overwhelming for the clinical framework of intervention. Whilst fitting into organisational culture, it became clear that the research approach placed me in a position of authority and control of the 'agenda' in the dyad. This had the potential to produce my own definitions of 'the problem' and skew the narrative. Further in terms of work with ethnic minority service-users this particular approach seemed Eurocentric and limiting, not least in the context of the changing nature of social work in a globalised world (Dominelli, 2004), where different cultures, traditions, values and practices exist and which demand alternatives to static, essentialised notions of identity.

My involvement with the young people, their experiences and stories suggested the 'refugee' label, or the social construction of 'refugee' with a singularly trauma-focussed understanding *'over-shadowed'* (Marlowe, 2010) or obscured other ('small') stories *and* identities which existed *'outside'* hegemonic narratives, or discourses of forced migration and trauma. This prompted me to extend and interrogate other areas of academic literature beyond psychoanalytic theories of trauma (e.g. government policy; cultural anthropology, sociology, etc.); and allied to this consider the expansion of the orthodox notion of 'therapy' and 'therapeutic'.

This exploration of the literature culminated in a postmodern approach to the metaphor of self. The young people's stories were seen as not necessarily a route into an internal 'authentic self', but dialogical or polyphonic, culturally immersed and reflecting multiple identifications within a multi-cultural host society. It recognised the narratives and the nature of the young people's stories as open ended and indeterminate and having the capacity to do something *for* the young person and *with* others (Frank, 2010). This is discussed further in the Methodology.

Given all of the above, an ecological social work approach was seen as significant in pursuing an understanding of the 'adaptive fit' between the social environment and the young person. This avoided their mental suffering being viewed simply within individual pathologies, but rather seen in the context of the wider malfunctioning of the eco-system (Tew, 2005).

Challenges to the Research

There were a number of challenges to the research. I have mentioned above my own marginalised position and the role ambiguity and conflict created by organisational culture. This confusion in roles extended into the research element of the post. I found myself attempting to fulfil a number of functions and tasks between roles that were neither clearly delineated, hierarchical, nor necessarily compatible, (i.e. clinician/social worker/researcher). This is addressed further in the Research Ethics.

Secondly, as mentioned at the commencement of the Introduction, the interpretive nature of qualitative research, places an emphasis on the researcher's own sociocultural and historical location. My own life story (revealed earlier) and my unique position within the agency, created the potential for over-identifying with the young participants. Also the inter-subjectivity of the encounters puts at risk the outcome of any such study (Clarke and Hogget, 2009; Frosch, 2010).

Significance of the Research

From one perspective, the research can be seen to have relevance set against a backdrop of complex highly contentious contemporary political issues which relate to the return of mass population movements on a scale not seen since the Second World War and judgments determining who is and who is not allowed entry to Europe and Member States. However, increased globalisation has seen the reduction of both space and time and the increase in a multitude of international and intercultural links and connections as boundaries are crossed and often re-crossed (Hermans and Hermans-Konopka, 2012).

Mass migration of peoples has led to the creation of transnational networks and new migrant networks or communities, which have significance for the 'self'. Differentiation, adaptation and cultural identity become central in the context of

various cultures coming together, creating the possibility for a number of cultural positions as identities and voices within the one self. This perspective counters ideas of essentialised identities and the belief that there exists some core essence, or unalterable quality of particular groups of people. Qualities generally seen to consist of social and hierarchical cues of denigration or subordination by which individuals become categorised (Jarach, 2004).

However, this interconnectedness between local and global can also provoke differences and conflicts between various voices and cultural groups. Health and welfare agencies can become locations for such struggles and *"antagonistic unities"* (Hermans and Hermans- Konopka, 2012), as witnessed in the agency. All of which clearly has implications for social work practice today, (e.g. Dominelli, 2004). Recognising that areas of knowledge are often inter-connected, or inter-dependent, this study attempts a multi-level (see Diag.1), trans-theoretical or trans-disciplinary model of integration to inform social work practice with young refugees. Not contained within the boundaries of one specific discipline, Dialogical Narrative Analysis is employed in hearing the stories told by the young people.

The Overarching Aim of this Study

To explore relevant 'frames' for understanding therapeutic social work with young refugees.

Research Questions

1. How does the institutional context construct the identity of these service-users?

2. How far do therapeutic encounters assist with understanding the needs of these young refugees?

3. What constitutes ethical mental health social work practice with these young service-users?

Chapter Plan

Chapter 1 *"Context of the Study: Outside & Inside the Agency"*- This chapter provides a brief description of the hostile psycho-social context in which migrants find themselves in the host country and the allied negative discourse

associated with unconscious phantasies of 'the other'. Attention moves on to the agency in which this research was undertaken, highlighting parallel processes occurring in both contexts and the political role played by the agency in the dual identity ascription of the refugee subject, who becomes the focus of two contradictory discourses, the negative socio-political- cultural discourse and the mental health discourse of 'trauma'.

Chapter 2 *"Exploring the Micro-, Meso-, & Macro Levels in Social Work"* – The chapter commences questioning social work's relationship with psychiatry and promotes the revival of ecological social work practice alongside a trans-theoretical approach, (or trans-disciplinary), multi-level analysis, based on the belief that areas of knowledge are rarely discreet. Thus overcoming the challenges posed by competing discourses and enabling a fuller understanding of the social phenomena of forced migration and the experiences and needs of refugee subjects.

Chapter 3 *"Literature Review 1"* – The chapter undertakes a concise exploration of academic forced migration literature, a complex area of research. Firstly exploring the notion of the refugee subject as a social construction and then identifying activities and influences at the *macro-, meso- and micro-.* Specifically highlighting the significant role of social networks (on the *meso-level*) and the growing emphasis given to *'mixed migration flows',* in the context of the increasing global movement of people.

Chapter 4 *"Literature Review 2"* - The chapter commences with a brief critique of the current state of psychiatry and its practices. Moving on to address the challenge for social work in an increasing globalising situation, where the 'self' is forced to cope with growing levels of 'uncertainty', anxiety and insecurity. Concepts from Hermans (2002) Dialogical Self Theory, are discussed as relevant to a multi-level framework for approaching therapeutic practice with young refugees. The latter section of the chapter explores the issue of 'narratives' and social identity.

Chapter 5 *"Methodology"* - The chapter commences with an account of two parallel journeys in this study, which culminated in a new conceptual framework and a re-formulation of the research problem, (see Diag.2). This shifted away from understandings shaped by the dominant agency discourse, instead

viewing the five young refugee participants' narratives as socially and culturally embedded and containing numerous stories and voices. Consideration is given to the current social research debate and ongoing 'paradigm wars'. Followed by an explanation of the qualitative research design, which includes ethnographic research methods, narrative ethnography and dialogical narrative analysis. Discussion of the moral analytic argument for the exploration of the participants' 'stories' and perspectives on positionality are explored as the chapter culminates with a substantive discussion on the particular circumstances and complexities surrounding research ethics (with refugees) in the context of this study and more widely. Table 1 provides brief details of the participants.

Chapter 6 *"Findings 1, Stories of Abdullah, Alseny, Dafina, Elizabeth & Yazid"* - This chapter provides excerpts of stories shared by each of the young refugees during the therapeutic encounters, over a period of 12 months and beyond, followed by an individual narrative analysis. The stories were not expected to follow a sequence or merge into a single coherent life story, but were nevertheless regarded as having 'healing power'. All the stories fitted the genre of genuine victim stories, reflecting distress and suffering at past events and also revealing the positioning of the young people by both the socio-political-cultural and trauma discourses (on the *macro-level*); the failures of agency responses (on the *meso-level*); and identities in transition (on the *micro-level*).

Chapter 7: *"Findings 2"* – This chapter divides the findings of the study into major and secondary findings. In the former category the significance of 'feedback loops' operating between the *macro-* , *meso-* and *micro-levels* were identified, reflecting the continuous, active flow of both dominant discourses and the repeated production and re-production of racialization and inequality. The young refugees were seen to make efforts to negotiate and re-negotiate the incompatible and contradictory identities they were subjected to and find 'spaces' for themselves. Secondary findings included issues relating to 'multi-faceted cultural tensions' and cross-cultural social work practices, focussing attention on resilience processes. The importance of intersectionality, particularly for female migrants; and the significance of (migrant) social networks was also highlighted.

Chapter 8: *"Conclusions"* – Following a *précis* of the Findings, the chapter discusses the limitations of the study, including reflections on the clinician-

researcher role, particularly in respect to the research journey. The chapter concludes with the study's contribution to social work discussion and practice and a statement on the dissemination of the findings.

CHAPTER 1

Context of the Study: Outside and Inside the Agency

This chapter offers a description of the psycho-social and agency contexts and allied discourses, which create a dual identity ascription of the refugee subject. It also seeks to draw attention to the political nature of the mental health agency.

The Psycho-Social Context

Responses to 'the Other'

Migration requires understanding within the context of national identity Dauverne (2004) and citizenship (Castles, 1993). Early migration theorists linked the concept of international migration to globalisation (Mabogunje, 1970), seen as inextricably connected to global issues such as poverty, human rights and development (Koser, 2007).) However, writing on refugee history in the UK, Stevens (2004) observes how it was the establishment of a formalised asylum system in 1993 which heightened and justified a defensiveness and protection of boundaries and borders, opening the way to discrimination and racism. From both academic perspectives (of globalisation and forced migration), the global movement of people is seen to create a perceived and irreversible threat of being 'swamped' by the *"desperate masses of the South"* (Castles, 2000, p. 87). Crafted through unconscious phantasy and imagination 'the other' becomes a convenient receptacle for negative societal projections. Viewed as threatening to the nation's *"enjoyment",* i.e. its entitlements and security (Zizek, 2007) and inducing fear of dirt and chaos (Levine-Rasky, 2013) believed to inevitably accompany these *"unwanted invaders"* (Parker, 2015).

In this psycho-social context, Mountz (2011) notes how concepts of state and societal 'policing', now come to define the legal status of migrants and their subject positions. Their 'visibility' or 'invisibility' can either afford or withold belonging to the dominant group (Ong, 2006). Such processes of racialized surveillance, and affective-positionings, appear to inform every aspect of the subject's life (Hook, 2007) as described in the stories told by some of the young

people in this study. From a post-colonial perspective it suggests a contemporary transferring of the human and symbolic colonial legacy (Piche, 2013). Brah (1996) has confirmed the significant role and function of discourses of power as crucial and implicit in these processes, by legitimating certain forms of power and identity, whilst marginalising and disempowering others through the imposition of the binary - 'them' and 'us'. However, Brah (1996) identifies the presence of 'dyasporic spaces' at the intersection of borders where *all* identities are:

"...juxtaposed, contested, proclaimed or disavowed..." (Brah 1996, p.209)

The agency in which this research was undertaken is regarded as an example of a 'dyasporic space', (referred to again in the Literature Review 2).

Collective vulnerability

The perceived threat posed by the other is seen to emerge within the context of a collective belief in our own vulnerability associated with the uncertainty of everyday living in post-modern society (Lasch, 1978). Our preoccupation with 'risk' and 'risky individuals' particularly within welfare practices (Kearney and Donovan, 2013); the management of 'risky' populations (Hyndman in Mountz, 2010); and the special status given to victims and the trauma narrative in contemporary culture (Reisner, 2003) might indicate a spectrum of symptoms allied to a 'social condition'. Notions which appear to have a theoretical parallel with Beck's (2012) model of 'risk society', seen to lie at the heart of failures of the nation state to guarantee amongst other things, national identity and the preservation of culture. Beck views risk as "manufactured", however the collective fear and preoccupation with risks has intensified (Kearney and Donovan, 2013) and with this, the need for reassurance and the 'craving for certainty', (Beck, 2012, p.78 in Rushton, from Kearney and Donovan 2013). (Evidenced amongst professionals in the agency, discussed below). Anxieties associated with risk, according to Beck (2012) increases dependency on professionals and 'experts' and can provoke vengeful emotions if they are seen to fail us in any way. The effects of these (unconscious) demands is noted in the next section.

To reiterate, in the societal context where there is an increased belief in our own vulnerability, the racialized construction of the other is the object of a negative discourse and characterised with features alien, disturbing and threatening to Western understanding. Turning to the agency, (in the following section), the other is viewed differently, as a passive victim whose strangeness is shaped, stereotyped (fixed) and who according to Bhabha (1994) becomes 'knowable'. This being achieved through the mental health discourse of trauma, discussed in the following section.

The Agency

The agency is a renowned centre of excellence in the understanding, clinical expertise, consultancy and teaching of traumatology and mental health, influenced by a long and well-established history of psychoanalytic theorists. As would be expected of any dominant agency discourse, (e.g. legal), psychoanalytic theory shaped the thinking, practices and identities of its workers. Like other agencies, various agency processes such as teaching, training and supervision, could be seen to reinforce and normalise the dominant discourse and with this the institution's norms, values and patterns of interactions. These sustained patterns of thinking and relating, were seen to generate a powerful sense of "we" amongst its members, in addition to a strong individual sense of 'self' (Kibel, 2012). Membership of the organisation and particularly the idea of the *"organisation in the mind"* (Armstrong, 2005) may have a parallel with Anderson's (1991 in McLeod, 2010) *"imagined community"* of nationality. In the way that nations are an imagined community of mutual belonging, performed by traditions, symbols and territorialised (McLeod, 2010).

Refugee Service Users in the Agency

There were already two dedicated services for refugees in the organisation, which appeared to fall within the domain of the clinical psychologists (who were also psychoanalysts or psychotherapists). The Children and Families refugee service was the more developed and established. Visible inside and outside the organisation, it was estimated that it offered treatment to around five or six refugee children, adolescents (up to the age of 18) and or families, at any given time. Tending to adopt broader psycho-social perspectives, the service had diversified and developed various community-linked projects, e.g. the Somali

community project. The service also hosted weekly workshops in the agency, open to all staff, students and visitors, offering an opportunity to discuss psychotherapeutic assessment and treatment of (a refugee) case in detail.

The other, service in the Adult department accepted fewer refugee service users. Prior to my joining the agency it had briefly offered group therapy (for approximately 7-8 adult refugees and asylum seekers), regarded as *"the treatment of choice"* for this particular client group   (Garland, 2002, p.73). In its absence any accepted referrals were seen within the department's dedicated generic trauma unit, which provided specialist individual psychotherapy.

Possibly reflecting the different needs of children, families and adult refugees and the individual culture and approaches of the two departments, there was a broad acknowledgement of both therapeutic approaches (services), as they co-existed in parallel. Perhaps somewhat of an anomaly in an agency with predominantly white staff and service users, was the proposed refugee service for the Adolescent department, which would total three specialist services, catering for one specific group of ethnic minorities.

As mentioned in the Introduction, at the time of developing the Adolescent Refugee Service, issues and concerns regarding the unmet needs and emotional vulnerability of separated asylum-seeking children had been raised in a number of reports from the voluntary sector (e.g. Ayotte and Williamson, 2001; Dennis, 2002; and Stanley, 2002). I started to make contact and target various Social Services departments who were responding to particularly high numbers of adolescent refugees, (e.g. Hounslow, Harlesden, Kent). However, information and discussions regarding the clinical and consultancy services on offer in the Adolescent department was met with a muted response. It was unclear what the specific reasons might have been for the lack of take up. No doubt in part it reflected issues raised by the reports mentioned above, e.g. Ayotte and Williamson (2001), but it may also have been indicative of the 'invisibility' of this group of young people (Ong, 2006).

Chaos and Space at the Agency's Borders

After approximately eighteen months in the post, a decision to unify the three refugee services under the leadership of Children and Families services was met with further inter-departmental rivalry and tension. Meanwhile within the

Adolescent department, discussions and confusion began to focus around the categorisation and labelling of the young refugees and which workshop should receive the trickle of referrals entering the department. It seemed clear, that these young people straddled a number of the department specialisms, i.e. 'complex' cases, or 'looked-after' children, as well as 'trauma'. Yet the overwhelming view of clinical staff was that *all* refugee referrals were 'trauma' cases. Meaning the primary focus of therapeutic work would be the effects of their trauma history, i.e. the specific experiences of e.g. being raped, or witnessing the death of a parent, which were believed to have prompted their flight from their home country. It seemed the clinicians, faced with impossible persecutory demands for omnipotence, (Bell, 2001) - similarly noted by Beck's (2012) observation - became reduced to deploying ritualised labelling, practices and interpretations (Griffiths and Hinshelwood, 2001).

Confusion and disorder from the external world accompanied these young people into the agency. As mentioned in the Introduction, there was a clear struggle with the anticipated clinical adolescent service model and a way of communicating and relating that did not immediately put them at ease. The complexity of the therapeutic relationship in the aftermath of intra-psychic trauma has been the subject of detailed attention, particularly in psychoanalytic literature (e.g. Lemma and Levy, 2004).

For these young people, it appeared that personal agency had been replaced by stigma, marginalisation, discrimination, humiliation and shame. There was an inflection in the meanings and values of held identities that were now subject to scrutiny and intense re-definition in the context of the host country. For a few there seemed to be a toxicity to their experiences of social powerlessness in the face of structural resistance (Cantor-Graae, 2007), both in their home country and here. Van der Veer (1998) is one of a number who have referred to the potential for an ongoing process of traumatisation to be experienced by some refugees due to uncertainty, insecurity, racism and problems of adaptation.

A feature of those that continued to attend the agency, were fading silences and confusing, fragmented stories of 'home'. Psychoanalytic literature has offered a number of theories to explain this phenomenon, such as 'a state of knowing and not knowing' in the aftermath of trauma (Laub and Auerhahn,1993); or an alexithymic state (in trauma), where the impact on the psyche causes words to

lose their meaning and value (Mc Dougal, 1989). Considering alternative hypotheses and explanations for this which contextualise the individual and acknowledge the interplay between the subject and their environment, Ayotte (2000) suggests more active and conscious processes are at hand in the disclosure of details and stories. In that refugee children may 'learn' the importance of shaping their stories to 'fit' the ever-narrowing channels acceptable to the host country. Selectivity in what is shared is also referred to by Donna (2007) in the section on Ethics. Richman (1998), has also observed the need for refugee children to watch the responses of others closely when they recount their experiences.

In the case of some of the young people - five of which are included in this study - ongoing contact began to uncover the beginnings of complex family dynamics and socio-political circumstances surrounding their departure from their home countries and their migration journey specifically to the West. This is discussed in the next chapter (Literature Review 1).

Policing the Borders of the Agency

Agreement was given to establish a specific workshop for the refugee referrals received. However, Adolescent department clinicians argued that most of the referrals accepted by the department's 'referrals meeting' were unsuitable for psychotherapy and complained of other agencies, (specifically social workers) *"dumping"* refugees on the department. This seems to resonate with Clarke and Garner's (2004, p.199) description of the *"dispersal state"*, mentioned in the Introduction. As the task of psychotherapy was to focus on the emotional world of the patient, responding to practical problems and consideration of 'cultural competence', (recommended in government guidelines), were not deemed legitimate issues and not departmental practice.

 I sensed that on some level these discussions and tensions also reflected the clinicians' intense feelings of insecurity, uncertainty and powerlessness in controlling the transactions at the boundary between the agency and the outside world, an issue that has repeatedly been documented in studies of psychiatric services (e.g. Higgins et al, 1999; Mc Laughlin, 1999). However, these dynamics also seemed to mirror the anxiety in the wider socio-political context - of the need to strengthen border controls and defend "Fortress

Europe" from the 'other'; accompanying feelings of both violence and guilt associated with this self-knowledge (Levine-Rasky, 2013).

Splits began to develop between myself and other workshop members as professional perspectives and opinions became increasingly polarised. Invariably clinicians would arrive late to the weekly workshop, leaving little or no time to discuss issues. On other occasions no-one would attend and I would be left on my own. On a few occasions, the clinicians would sit and discuss the application of psychoanalytic theory to case material and then turn back to me and enquire about the patient's legal position, or the political situation in the young person's home country. Although initially appearing pre-political, it is possible to interpret the group's responses as a dramatisation of exclusion, a defence against *"racial different"* (Davids and Davison, 1988). A potential replaying of a cultural enactment, when the first wave of migrants from the old colonies arrived in Britain in the late 50s. A point commented on in the Introduction (e.g. Aymer, 2002; Winder, 2014).

More generally the clinicians declined to use the 'space' of the workshop to discuss cases, instead discussing them informally *outside* the workshop. In response to these intense anxieties, and further agitated complaints that there was 'no expert' (from the trauma service), an attempt was made to initiate an agency-wide monthly refugee clinical meeting for *all* professionals involved in refugee work and extend the invitation to those who had specific responsibility for promoting race and equity issues in the agency. It was hoped that this would also act as a container for the many anxieties and fears that were being expressed. However within weeks, poor attendance and on-going inter and intra-departmental tensions and disagreements witnessed an end to this and the Adolescent refugee service project as a whole.

Agency Discourse & the Political Role of the Agency

Writing on issues of institutional discourse, Holzscheiter (2010) refers to 'conventionalised' and 'proceduralised' discourse. The interesting clinical debates described above, demonstrate how the discourse of psychoanalysis was routinized within the agency. Concepts of 'trauma' and 'refugee hood' held dominance defining these young people above any other form of identity

(Marlowe, 2010). This ascribed identity was a fixed organising concept in therapeutic work, as noted in the clinical discussions.

Arguably easier to observe from outside the therapeutic domain, is the *"power of the discourse"* and the *"power in the discourse"*, (Holzscheiter, 2010). Hoggett (2006) refers to the 'problematic' and 'contested' nature of the primary task of public agencies, which in his view, cannot be 'context-free'. Blackwell (2005) draws tantalisingly close to probing the significance of the socio-political location of therapeutic agencies and its members, in the context of therapeutic work with refugees. From an allied perspective, Papadopoulos (2002) in his extensive writings on refugees and refugee mental health, has offered a benign insight into society's recruitment and purpose of mental health professionals. Suggesting their role as *"commentators"* assists society in the understanding, not just of profound phenomena such as violence and destruction - but also more common painful experiences, such as relationship breakdowns. Referring to this as *'The Societal Discourse of the Expert'* (1998b), Papadopoulos (2002) however, later warns of potential alternative positions and identities which create a certain type of inter-dependent relationship between the actors, (i.e. client and professional), fostering *"authoritarianism"* (as an expert) and *"impotence"* (in the client). In acknowledging the power differential, Papadopoulos makes an oblique reference to the psychological and the power of the psychological as privileged and normative in society today and the subsequent implications of both these issues for identity construction.

<u>Dual Identity Ascription of the Refugee</u>

The suggestion that the agency discourse functions as a counter 'moral discourse' to negative societal projections, (Douglas 1990, in Rushton, 2013 from Kearney and Donovan) is a moot point, as discussed in this study. Exposed to these parallel discourses inside and outside the agency, it supports the belief that the subject (the other), shifts and slides ambivalently between polarities of sameness and difference, rationality and fantasy (Bhabha, 1994).

As a consequence of migration becoming a highly politicised area of law and public opinion, Mountz, (2011, p.257) views society as a whole actively involved in the *"manipulation of identities"*, resulting in clear *"tight narratives"*, particularly evidenced in the language of the agency discourse. Phantasy and splitting form

paranoid solutions to intense anxieties, this coupled with the reduction of highly complex situations and circumstances, (e.g. mass movements of people), form part of a defence against the:

"...fear [is] of disorder - disorder within as well as without..." (Frosch, 1989 p.237).

The 'good' refugee (inside the agency) serves as the 'other' to the 'bad' refugee (outside the agency) and vice versa. These categories of 'other' are crucial to state power. Refugees positioned as passive, victims, dependent and lacking personal agency (fitting the legal definition of refugee), suggests they are more likely to be granted or bestowed the 'gift' of citizenship, compared with those who exercise personal agency. The latter group likely to be seen in a more negative light (Hage, 1998). A point confirmed in this study's Findings. This *"Paradoxical positioning"* (Mountz, 2011, p.256), demonstrates how power is exercised in managing difference and the 'ethnic' other (Hage 1998).

McLeod (2010) refers to the existence of dependency, (linked to inferiority) as central to the dynamic between the colonised and coloniser in postcolonial studies (Mcleod, 2010). However, as Mannoni (1956) points out, not all can be colonised, only those who experience this need.

To conclude, harnessed by an emotional sense of vulnerability, uncertainty and threat, parallel processes of exclusion and identity ascription through discourses of power were observed outside and inside the agency. Ascribing identities which are seen to limit avenues for refugee identity assertion. How the young people negotiate these ascribed or imposed identities is discussed further in the Findings chapter.

The next chapter seeks to present a multi-level, trans-theoretical (or trans-disciplinary) framework, for therapeutic social work with young refugees.

CHAPTER 2

Exploring the *Micro- , Meso-* & *Macro- Levels*

The aim of this study is to explore relevant 'frames' for understanding therapeutic social work with young refugees. This chapter outlines the reasons for a multi-level analysis, (which includes an analysis of discourse and racialization); and the need for theoretical integration, in order to counter 'static' images of the refugee subject and overcome the challenges of competing discourses.

Introduction

Lacasse (2015) in *Research in Social Work Practice* outlines a number of conjectures in the application of the Diagnostic & Statistical Manual of Mental Disorders (5th edition) employed in USA mental health services. One of these is whether defining problems of social work and social care within a biomedical framework which employs the language of 'mental disorders' is helpful to clients. Indeed whether in fact such labelling practices can negatively impact on recovery (Kinderman et al 2013 in Lacasse, 2015). Further (as discussed below), whether labelling itself is an aspect of institutional racism, which informs mental health theory and practice (Fernando, 2010). The troubling question which potentially emerges from these views, is whether there are risks in social work harnessing itself too closely to the unstoppable vehicle of positivism and psychiatry, if and when it is likely to drive *"off a cliff"* (Greenberg, 2011 in Lacasse, 2013).

Later in the same journal, Lacasse and Gambrill (2015) draw attention to the significance of three-level analysis – *micro-, meso- and macro- levels,* in the formulation of solid clinical social work decisions. Arguing the following:

1. The diverse nature of social work (including clinical social work), which focuses on client needs, creates the potential for many kinds of error;

2. The practitioner is faced with a series of complex decisions: how to frame 'the problem'; what information is required in the assessment; what are the aims of

any intervention(s); what intervention(s) should be considered (acknowledging potential risks); and finally how to evaluate progress and outcomes.

3. As noted in the earlier description of the agency, on a *meso- level*, the agency context may play a decisive role in the shaping (and possible constraining) of the assessment and subsequent intervention. A point that has been made by other social work academics, e.g. Healy (2014).

4. Finally more familiar to social work practice, is the significance of *macro-level* influences and consideration of social, political and economic power structures and systems (Lacacsse and Gambrill, 2015).

Overall, these thoughts are seen to chime with earlier 'ecological' theories of social work practice; and the significance of a *"goodness-of-fit"* (Pardeck, 2015, p.133), between the organism (i.e. service user) and the environment they inhabit. Since then developments in ecological theory have informed various interpretations that address both the *macro-* and *micro-*, for example, Besthorn (2002), has referred to the roots of the profession and the need for social work to challenge systems of oppression, rather than seeking to change individuals to 'fit into them'. Furman (2010), reviewing for the journal, *Smith College Studies in Social Work*, highlights the continued emphasis given to psychopathology in social work practice. This, appearing to draw a veil over factors that contribute to resilience, when environmental and personal resources are mobilised, consequently demanding a multi-factoral, non-linear approach to service-user difficulties. Commenting on the deleterious effects and risks posed by experiences of oppression and discrimination, Furman (2010) goes on to emphasise the lack of attention given to ecological empowerment and strengths-based approaches. A point similarly made by Ungar (2012) who addresses the importance of resilience as both a contextually and culturally embedded construct, noting a *heterogeneity* in how individuals respond to extreme adversity.

Calling for a new *"deeper"* more *"social"* ecology of social work practice, Ungar (2002) states there is a need to:

"...celebrate diversity in the constructions of health and the deconstruction of the relative power of competing discourses found among privileged professionals, service providers and the marginalised groups that they serve" (p. 493).

Ungar is critical of social work approaches which give voice to the 'expert', whose knowledge is not open to being questioned, least of all by service users. Instead he takes the view that the *acknowledgement* of power and privilege (for example imbued in certain discourses); its use and misuse; oppression, and the vulnerability of service-users within their social, political and cultural contexts, serves to recognise the politics of location, or positionality and also indicates an understanding of the mutuality of humans and the natural world.

Theoretical Integration

To date, most images of refugees appear to emerge from 'static' theories, suggestive of individuals with limited internal strengths and limited ability for spontaneous responsiveness with their environment. Alternatively, the assumption of more 'dynamic' theories, offers support for more subjective interpretations of their experiences and significantly, their interaction with their social context (Henry and Einstadter, 1995). As proposed in the Introduction the thesis attempts a multi-level, multi-disciplinary theoretical integration to explain the complex nature of the phenomenon being investigated. At its heart, lies the very difficult and painful experiences of the participants of this study and how this might in the future inform social work practice - particularly in mental health. An integrated theoretical approach, (including data from all three levels), is viewed as significant. Firstly in terms of offering a *total,* as opposed to partial view of the subject; and secondly, it attempts to overcome what are seen to be limits in a variety of loosely inter-connected, inter-disciplinary, (competing) theories and discourses. This approach also avoids the focus being reduced and settled onto one paradigm - for example the trauma discourse – at the expense of ignoring others, in order to simplify the research question. As such, the ethos of this study is:

"...putting theories together is...greater than the sum of its parts" (Hirschi and Gottfredson, 2005, p.111, in Werner and Einstadt, 1995)

The introduction of *micro-meso-macro-* theory has replaced traditional *micro-macro* analysis in the examination of social phenomena. *Meso-* analysis, (as shown in the description of the agency), opens a new vista, with deep and far reaching influence on the other two levels, offering both methodological and ontological aspects. (Li, 2012), as explained in the Methodology chapter. An

example of theory integration is provided in the analysis of criminology, where single-level analysis has traditionally been the norm. *Macro-* analysis has focussed on the community environment and *micro-* analysis has invested in individual characteristics, e.g. personality traits, attitudes, etc. In isolation, neither are able to provide complete, coherent explanations for crime and criminality. Recognising the need for theoretical development, and the inclusion of multi-causal factors in criminal behaviours, the field has sought to adopt a multi-disciplinary, multi-level integration approach (Muftic, 2009). Theoretical integration is defined as:

"...the act of combining two or more sets of logically interrelated propositions into one larger set of interrelated propositions, in order to provide a more comprehensive explanation of a particular phenomenon" (Thornberry, 1989, p. 75 in Muftic, 2009).

Integration of the levels would account for the following:

1. The 'types' of people, personal agency and interactive social processes (i.e. *micro-level*)

2. The kinds of organisations and their organisational processes (i.e. *meso-level*)

3. The societal structure and culture (i.e. *macro-level*).

Werner and Einstadt (1995) suggest the possibility of a fourth level, allied to the macro-level - which is the global context and systems, this would have particular significance in the case of refugees and is further explored in the Literature Review on forced migration.

The thrust of this approach is in many ways not dissimilar to debates regarding the integration of qualitative and quantitative, (i.e. 'mixed') research methods - termed 'triangulation' (Kelle, 2001). In the context of this study ' triangulation' (as a metaphor), relates to *different perspectives of the investigated phenomenon*. The collection and analysis of one set of data - for example the young people's accounts during our encounters (i.e. *micro-level*), may simply offer an isolated explanation, in the same way as exploring various factors behind their migration to the UK, (noted in forced migration studies).

Therefore, in respect of the aims of this study and the individual research questions, it is believed that offering singular aspects in isolation cannot fully inform social work practice. That achieving a multi-level, analytic research focus which offers theoretical integration, addresses the complexity of the subject matter.

<u>Multi-Level Analysis</u>

Micro-level

Micro-level analysis is by far the most common level of analysis employed by social workers (and also psychotherapists). This focusses on psychological phenomena, service-user relationships and how they may shape roles and identity within society, (as described in the description of the agency). More recent sociological perspectives of micro level analysis recognises that social reality is created through a continuous process of individual and collective involvement with the world, (Blumer, 1980). Li (2012, p.63) discusses *"the engineering of reality",* involving, (i) the individual; (ii) the organisational; and (iii) the social construction, of the engineering of reality, implying multiple constructions of reality, which 'define' for example 'social objects' they encounter according to their use. A point that is referred to in Literature Review 1 with regards to the conceptualisation of the phenomenon of forced migration.

Also, Goffman's (1959) dramaturgical approach to micro-level interactions suggest face-to-face interactions can be viewed as a stage for perfecting certain roles; where behaviours or presentations may be site-specific; and the environment, the behaviour and the individual *are inter-connected* (Allen-Meares and Lane, 1987). By connecting both micro and macro interaction it may be possible to see forces at play which may influence behaviours. This has been referred to in the last chapter relating to child and young refugees' stories.

Meso-level

Meso- level interactions as a third paradigm, occur between *micro-* and *macro-*, a point often overlooked. This middle level frequently features groups and institutions, where there may be a shared culture and values, a common purpose or goal, etc. (Klein and Kozlowski, 2000) and where there is the

potential for societal divisions, (Phillips, 2011) e.g. race, ethnicity, class, gender, etc., as seen in the earlier agency description.

Barbour (2017) notes the biases that can potentially occur in organisational research, unless the significance of its multilevel character and the 'top-down' and 'bottom-up' streams of influence are fully acknowledged (see Diagram 1). As such, the exploration of the agency in which the research was undertaken recognised that:

"...very few organisational phenomena are inherently, solely micro -, meso-, or macro-level…" (Barbour, 2017, p.4).

Diagram 1   Macro -, Meso -, Micro – Levels & Feedback Loops

Macro

The global/Socio-political-cultural context

Meso

The local/Health & Welfare Agencies

Micro

Individual interactions
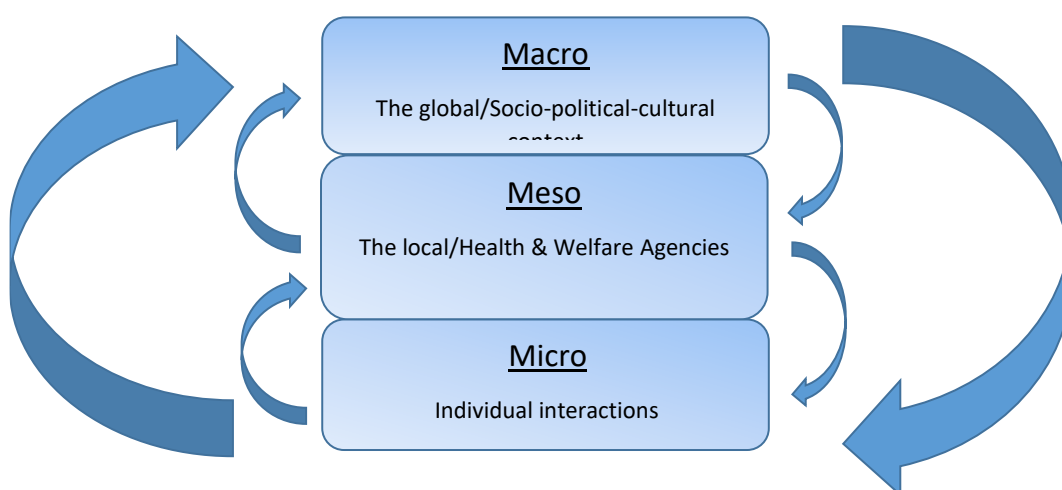
Diagram adapted from: 'Innovative Care for Chronic Conditions', Global Report, WHO (2002, p.34)

Macro-level

The significance and potency of a *macro-level* analysis for social work with refugees, is its capacity to generate an increased awareness of issues on the lower levels, evidenced in what appeared to be the mirroring of powerful *macro-level* social processes and systems of power within the agency setting (i.e. at the *meso-level*). Which have the potential to produce biases in casting refugee

figures within the scope of the (Western) medico-therapeutic model, which defines and prescribes treatment (Loizos and Papataxiarches, 2001).

Inter-active Feedback Loops

The idea that the levels are linked and dynamically influence each other (see Diag.1) through *'interactive feedback loops'* has been referred to in a World Health Organisation study of health care systems for chronic health conditions (WHO, 2002, p.30). The study found patients respond to the systems in which care is provided. In parallel, health care agencies respond to policies, which in turn influenced patient care – perpetuating 'feedback loops'.

Although gaining increasing interest (Barbour, 2017), the three level descriptive analysis has been viewed as problematic in some cases. For example reconciling the differences between the levels, or their clear delineation, the latter indicated in the WHO (2002) study mentioned above. Or questioning the links between the levels and the dominance of one over the other two; or the overestimation of effects at a singular level (de Munck , 1994).

Discourse & Multi-Level Analysis

Two further multi-level phenomena are considered - firstly, the nature of communication as a multi-level phenomenon and secondly the multi-level production and re-production of racialization (Phillips, 2012).

The nature of communication and its role in the conceptualising and operationalisation of discourse has significance in the context of this study. As mentioned in the last chapter, writing on issues of institutional discourse, Holzscheiter (2010) has referred to 'conventionalised' and 'proceduralised' discourse. The interesting clinical debates described in the previous chapter, demonstrated how the discourse of psychoanalysis and trauma was routinised within the agency, ascribing identity to the refugee patients and directional in terms of the therapeutic work, (as noted by the clinical discussions).

Fairhurst and Putnam, (2004, in Barbour, 2017) identify 'types' of discourse-organisation relations, one of which, *'grounded in action',* views the function of the discourse as dispensing with the three levels, thereby creating an active and continuous flow of conduct. With regards to the agency described in this study, this might suggest a wider prosletic agency agenda in terms of its particular

beliefs, practices, trainings and public consultations founded on psychoanalytic theory. A point that has received earlier attention. For example, sociologist Robert Bellah (1991), commenting on the extent to which the agency's dominant discourse has become established, suggesting that the ascendancy of the 'therapeutic culture' has now become:

"...a way of thinking rather than a way of curing psychic disorder" (p.67)

<u>Racialization & Multi- Level Analysis</u>

Coretta Phillips (2011), refers to increasing globalisation as a context for the emergence of the *"modern racial state"* (Goldberg, 2001 in Phillips, 2011) which shapes articulations and exclusions in various forms. A point made in the last chapter. Her multi-level analysis of institutional racism and ethnic inequalities (in both educational attainment and stop and search responses), infuses acute insights into static understandings of racism. She employs the term *"racialization"* (Rattansi, 2005) which allows the intersection of race with class, gender, sexuality and even nation to be accommodated into any investigation at *micro-, meso- and macro-* levels. Thereby viewing individuals as multiply-positioned, with each identity, (e.g. race, social class, even occupation), unable to be reduced to a single simple homogenous category or experience. Significantly, this approach allows the young refugees in this study to be viewed in positions other than just 'victims' (of wars and political conflicts). A point clearly evidenced in the following stories.

The various axes of differentiation and their interaction with disadvantage and discrimination can inevitably result in highly complex social relations (Brah and Phoenix, 2009 in Phillips, 2011), as indicated later in some of the young people's narratives. Dismissing traditional notions of institutional racialization (at meso-level) and micro racialization levels, (through interaction and practices), Phillips considers the complex arrangements of identities and discrimination at intersecting and overlapping levels of strata. Importantly confirming that racialization and inequalities are continuously being produced and reproduced at each of the three levels - the *micro-, meso-* and *macro-.*

To conclude this section, I have outlined a theoretical framework for this study. Explicitly promoting a multi-level approach to therapeutic social work practice with refugees in order to formulate sound social work decisions. The deemed

superiority of the unconscious is perhaps an example of how psychoanalytic thinking and practice can be perceived as having *"some roots in colonialist assumptions"* (Frosch, 2013, p.147). A point referred to earlier.

Ecological approaches to social work which acknowledge the consequences of hierarchies of power, oppression and discrimination whilst simultaneously recognising resilience and personal resources, enables the focus to shift away from the potentially unhelpful emphasis given to refugee psychopathology.

The next chapter, the first of the two Literature Reviews, explores the academic discourse on migration, which is relatively unheard in the public domain, although part of a complex discursive formation. This offers a different understanding of the refugee subject, their experiences and their needs.

CHAPTER 3

Literature Review 1

The aim of this study is to explore relevant 'frames' for understanding therapeutic social work with young refugees. Pursuing a multi-level, multi-disciplinary approach to the study this chapter seeks to recognise and separate the levels which highlight activities that occur beyond and between individuals and places, prior to the stories of the young people described in this study.

Introduction - The Psycho-Social Context

The particular vision of the State described, in this study depicts an inter-relationship between State and society. Rather than the State being viewed solely as a driver, Gill (2010) refers to upward, downward and outward movements of responsibilities and actions, associated with social biases and the national and cultural context, (represented in Diag.1). Within health and welfare agencies the micro-political dimension of inter-personal 'racialization' towards forced migrants may play a significant role in sustaining broader macro-level aspects of racialized power, as witnessed in the agency and the responses of some Social Services departments (e.g. Ayotte, 2000). An example of how micro and macro levels of power may work in tandem and where lower order processes are serving or benefiting higher-order, state (Hook, 2007). From this it is possible to see how migration is able to shape structures and institutions and how structures and institutions can shape the migrants through discourses and practices (Castles, 2010).

Geosocial Perspective

Recently, Mitchell and Kallio (2017 examining the various means in which transnational relations become established, through masculinised capitalist power, argue for an openness to interdisciplinary approaches, languages and interventions, which resists hierarchies, locked perspectives and *"situated knowledges"* (p.11). Pressing instead for feminist understandings of geopolitics, which examine how categories of identities may both cross borders and *also*

construct *"power-laden borders"* (p.8). The latter shown earlier in this study to be present on the *macro-, meso- and micro- levels*; borders and boundaries which allow for the emergence of new forms of 'racialization' in response to vulnerability.

In a similar vein, a multi-level theory building approach involves amassing information from adjacent fields and disciplines (Klein et al, 1999). Acknowledging areas of knowledge are rarely discrete, but are inter-connected, inter-dependent, as are professions whose knowledge and actions interact, (Payne. 2001; O'Reilly, 2012). This explains why the literature drawn on in this study is necessarily wide ranging and inter-disciplinary.

Pursuing a multi-level theory focus from the perspective of scholarly migration studies, Simmons (1987, in Piche, 2013) describes it as a fragmented field. More recently O'Reilly (2012) reflects on the continued *"vacuum"* in providing a single coherent theoretical framework demonstrating the interaction between the *macro, meso* and *micro* levels of migration theory. As with listening to the accounts and narratives offered by the young people, so students of migration studies:

> *"...use what they can obtain to piece stories together"* (O'Reilly, 2012, p17)

Forced Migration as a Social & Cultural Construction

Forced migration is not a core topic in migration studies (O'Reilly, 2012), yet interestingly the effects of forced migration continues to be the subject of a host of mental health publications. Kleist, (2017) notes that despite limited exploration, forced migration can be identified through history. Stevens (2004), appears uncertain and Malkki (1995) has stated that there is no *"proto-refugee",* instead key moments in history could shed light on the emergence of a '*refugee form'*.

A University of Oxford Refugee Studies Centre Report (2010) highlighting trends in forced migration has advised that refugees may comprise of one specific group of forced migrants. Other groups would also fall under the umbrella of 'forced migrants', e.g. Internally Displaced Peoples (IDPs). A point made earlier by Loizos, (2002) when stating there are too many 'types' of forced

migrants for the term 'refugee' to be anything more than suggestive. In fact Turton (2003) regards the term as a social and cultural construct. As a concept it takes both an abstract and obscure form serving as:

"...a mental representation which stands for, or represents something…"
(Turton, 2003, p.6)

A point which appears to resonate with Li's (2012, p.63) concept of *"the engineering of reality".* Refugees as a *heterogeneous* category of peoples, exist with multiple definitions (Shacknove,1985), unambiguously confirmed by Soguk (1999, p.4) when he states there is:

"...No intrinsic paradigmatic refugee figure - but thousands of refugee figures and experiences whose meanings and identities are negotiated in the process of time and place..."
Confirming Hein's (1993, p.49) anthropological view that they are *"an unstable object," "a moving target"*, not open to discovery, but created to provide meaning.

No legal category existed for refugees until the 1951 United Nations Convention on the Status of Refugees. Kneebone et al (2014) regard the shaping and identity of 'refugee' as first and foremost the consequence of the introduction of the legal regime. Soguk (1999), regards the emergence of modern Western states reconstruct the historical 'alien' into the refugee. The discrete identities or mutually exclusive categories of the political refugee frequently contrasted with the voluntary/economic migrant is a binary created for legal and policy purposes (e.g. Williams, 2015; Zetter, 2007; Haddad, 2008); to structure thinking and language (Mitchell and Kallio, 2017); and the management of the other, (as described in Chapter 1). This binary also serves mental health professionals. For example Wilson and Drozdkek in *Broken Spirits* (2004), addressing the complex issues of assessment and treatment modalities for refugees, make a stark distinction between forced and voluntary migrants, attributing the former with a particular psychological state, or assumed pathology.

This false dichotomy between forced and voluntary migration, suggestive of mutually exclusive categories and maintained (in terms of policy), is gradually giving way to a growing awareness of 'mixed migration' flows and the complex relationship between economic and political migration. This critically challenges

traditional, or colloquial notions of forced migration, (Oxford Refugee Studies Report, 2010; Crisp, 2009). A point highlighted by the heterogeneous group of participants in this study.

Violence - Migration Nexus

As indicated above, migration studies research has faced a number of in-house dilemmas within an already highly complex and debated field of social study. Chatty and Marfleet (2013), for example highlight the tensions between the notion of forced migration as a significant feature of contemporary life, (i.e. wars and political conflict), or as an inevitable consequence of globalisation. (This tension in perspectives was identified in Chapter 1). Forced migration relies on how central theoretical concepts such as 'voluntary' and 'involuntary' migration, 'choice' and 'constraint' are defined. Critically, within legal discourse, policy-making and health and welfare institutions, the lean towards the 'sedentarist' approach, ignores increasing global mobility. Long and Crisp (University of Oxford, Forced Migration Review, 35) argue that the search for 'rights that have been denied', reflects the reality of refugee migrants' decision-making processes.

Regarded as a "benchmark" study owing to its methodological rigor (Fiddian-Qasmiyeh, et al, 2014), Shmeidl (1997) studied migration flows over a nineteen-year period (i.e. 1971-1990), involving 109 countries. She concluded there was considerable variation in migration between conflict-affected countries, even though political conflict was the primary determinant of forced migration. Economic and intervening variables were viewed to have limited impact (on predicting refugee migration). Bohra-Mishra and Massey (2011) note that most *"aggregate-level"* studies confirm a strong connection between violence and migration. Although contemporary debates have centred on whether the effects are direct or indirect. For example Jones (1989) in a study of migration to the USA from El Salvadore, found that the effects of violence were indirect, in that it was *the consequences of violence*, e.g. local economic dislocation, which provoked movement. Similarly Morrison and May (1994) identified economic turmoil resulting from violence as a predictor of outward migration. The geographic extent of violence and the degree to which it effects urban areas, rather than its intensity are viewed as associated factors producing migration (Melander and Oberg, 2007). There also appears to be some evidence of

'bottom-up' processes, in that Balcells and Justino (2014) note that local socio-political and economic dynamics (i.e. at a *meso-level*) can have important consequences for how peace and conflict negotiations progress. Further, it seems that there are clear ethnic differences in migratory decision-making (Bohra-Mishra and Massey, 2009). However Balcells and Justino (2009) question the correctness of conceptualising ethnic groups as *"monolithic entities"* (p.1344), noting that during times of conflict ethnic identities are more likely to evolve and also:

 "...ethnic defection is the norm in a significant number of conflicts…" (Kalyvas, 2006; Lyall, 2010 in Balcells and Justino, 2014)

Recent shifts in thinking have focussed on the relationship between *"state fragility"*, and the growth and control of *"warlord economies"*. This in addition to economic collapse or environmental disasters, can precipitate migration flows (University of Oxford, Refugee Studies Report, 2010). Accounts given by 'Abdullah' one of the participants in this study, describes the on-going turmoil and lawlessness that existed as a result of the collapse of the Somali state at the time of his departure. (See Appendix 1). Previous studies have similarly highlighted a common link between economic factors, violence and human rights abuses in the mass movements of people (Richmond, 1994a; van Hear, 1998a).

For those regarded as 'legitimate' refugees, they may also have economically motivated reasons for leaving their home country. In much the same way as political circumstances could be a factor in those deemed to be economic migrants (Lindley, 2008). Where dire economic consequences; the persecution and oppression of ethnic groups; discrimination; and lack of opportunities exist, *"the world's excluded"* can see mobility offers an opportunity for wealth. Offering an explanation for the continuing upsurge of asylum-seekers and undocumented migrants (Vasta and Castles, 1996, p.61). This may have some bearing, on the fears and anxieties that are aroused by the other in the collective psyche, discussed earlier. Recent media reports and images of the rescue by non-governmental agencies of boatloads of migrants, men, women and families with babies and small children, attempting to make the perilous journey from Libya to Italy, reaffirm that they had no choice but to leave. The matter of choice is likely to have played some part in a decision to remain rather

than flee, in the same way as individuals seek an improvement away from conditions in their home country (Lindley, 2008).

Macro & Micro-Level Decision-Making

Historically, theories on migration have focussed on the *macro-* (i.e. global or structural) in determining patterns in population movement (Faist, 1997). However, Balcells and Justino (2014) and similarly O'Reilly (2012), comment on the importance of linking the *macro -* and the *micro -* (i.e. the dynamics and outcomes of conflict from the macro level), discussing the problems that arise with single-level analysis and acknowledging the significant challenges posed by a multi-level approach. One of these difficulties being *"specifying and explicating the level of constructs"* (Klein et al, 1999, p.244) which has so far failed to gain consensus amongst researchers (e.g. Faist 1997). Hayden (2006) also addresses the issue of solely examining forced migration from a macro-level, (which ignores the micro-basis of individual decision making). Highlighting problems in determining the motivations and volition of forced migrants, for practical, legal (or indeed research purposes). Hayden (2006) argues that if there is no choice, then macro-level explanations are sufficient in understanding this phenomenon. If however individuals have some choice either to stay or to leave - difficult, frightening and uncertain as these choices may be - then it is essential to acknowledge and examine micro-level issues, i.e. individual reasons that may influence decisions. Balcells and Justino (2014) have cast doubts regarding the external validity of micro-levels studies. Further, Justino (2009, in Balcells and Justino, 2014) questions whether micro-level analysis is capable of accurately explaining wider political and economic processes, taking the view that communities and individuals cope and adapt in contexts of violent conflict independently of what is happening on a macro-level.

Bohra-Mishra and Massey (2011), mentioned above, note the dearth of analysis connecting violence and migration with individual or household level decision-making. During Nepal's ten-year Maoist insurgency (1996-2006), using measures of violence, (i.e. bomb blasts, landmine explosions and clashes between various government and Maoist forces), the researchers attempted a detailed study of both types of migration i.e. international movements and also internal displacement. Three types of determinants were employed: *(i)* 'root causes' (i.e. poverty and disadvantage); *(ii)* 'proximate causes' (i.e. the intensity

of violence) and 'intervening variables' (e.g. local alternatives to migration); and more significantly *(iii) "social capital"* (Loury, 1977; Bourdieu, 1986). This latter concept referring to available resources through membership of social networks; a contact or tie to a migrant, that can provide advice or information, resources which would decrease the costs of migration (Massey, et al, 1998). The study's findings identified lack of household amenities, education, or occupational skill *in addition* to social capitol, prompted the likelihood of migration. Factors also identified amongst the five young people included in this study. The authors also found social capitol strongly influenced place-specific migrations, where there were ties to other international migrants, (a point shown in the Findings), thereby increasing the possibility of international movement. However, increasing age had a decelerating effect on migration; and the effects of gender and marital status were variables that were complicated by cultural values. Males were significantly more likely to migrate than females, (a point discussed later), when both conflict-related and non-conflict related variables were considered. Arguments that appear to uphold the middle ground are proposed by Lindley (2008), suggesting that simultaneous elements of both 'force' and 'choice' are likely to exist in many migrations, whether they are deemed to be forced or not:

"...People are seeking a better future in holistic terms...wanting to minimise their human security risks and maximise their human development prospects. In doing so they make trade-offs...trying to maximise their welfare within the opportunities presented in immigration and the refugee regime" (p.11)

Academics, such as Crawley (2010), have continued to confirm the significance of conflict in refugee migration flows to Europe, conclusions upheld in a recent UK study of asylum-seekers and refugees by Kirkwood and colleagues (2016), where interviewees described their home countries as *'places of death'* (p.43). However, Morantz et al (2011) in a study of adult and child refugees in Canada, found the two groups encounter disparate relocation experiences, which may have some bearing on perceptions of past difficult, or extreme experiences and also the ability to overcome these. The subjects in the Kirkwood study were aged between 28-41 years of age, a substantially older cohort than the participants included in this study, who were younger (between 16-17 years old at the time of referral). It may be, that the adolescent group included in this study are what Adam and van Essen, (in Wilson and Drozdek, 2004) refer to as

"in-between" (p.530), examples of contemporary forced migrants associated with increased globalisation. Whether the *"in-between"* are the same as the group formally referred to as *"survival migrants"* (p. 29, University of Oxford, Refugee Studies Report, 2010), is unclear. However, what this appears to confirm is the heterogeneity of the various individuals that are all encompassed under the generic umbrella of 'forced migrants'.

Mixed Migration Flows

Acknowledging that both force and choice can simultaneously co-exist (Lindley, 2008), Williams (2015), conceptualises the phenomenon of mixed migration as a continuum. A line stretching between two poles of *'unquestionably forced'* and *'unquestionably voluntary'* migrations. A similar paradigm to both Faist (1997), who refers to *"degrees of freedom"* (p.69) and Richmond (1994), who refers to the extreme positions as *'proactive'* and *'reactive'*.

Motivations - Poverty, conflict and inequalities existing together in large parts of the globe mean that migration is 'mixed' in terms of both *"motivations and the character of the flows".* Motivations of individuals may be mixed at the point when there is both choice and force. Individuals may well travel in mixed migratory groups and motivations and intentions may alter en route, (van Hear et al, 2009, p.17).

In the host society, labels and categorisations defined by the state set into motion organising concepts, (including language), which become the site of struggle, manipulation and contestation over meaning (Dauverne, 2004) and identity. Migrants as a diverse set of peoples can encompass foreign students, foreign labourers (e.g. from the EU), as well as refugee migrants, who will shift into different categories, either by choice or force. For example the foreign student may continue to remain in the country on completion of his studies, the asylum-seeker maybe deported, or gain refugee status, etc.

Non-Linear Process – According to van Hear et al, (2009), the notion that migration is a linear, one-directional process simplifies and reduces four essential components to movement: outward, inward, return and remaining. All migration involves outward movement - departure from a home or residence. It necessarily involves inward movement, the arrival in a host country, or temporary location. The process might also involve a return to home or previous

location, or onward move to another location. The fourth essential component is non-movement, to stay-put. Importantly, each of these four components involves degrees of choice and force. This pattern of outward/inward/return/onward process was a very significant feature in *Abdullah's* disclosure of a highly complex migration history (see Appendix 1).

"The Crucial Meso-Level" (Faist in Hammar et al 1997) and Demographic Behaviours

This chapter has endeavoured to outline the evolving academic perceptions of refugee mobility, noting that theorising the dynamics of migration have shifted from traditional linear, push-pull, one -directional notions, to conceptualising it as circular, an interdependent series of self-modifying systems (Faist, 1997).

Macro-level analysis in migration decision research has focussed attention on global and structural factors that prompt the movement of people. *Micro*-theories have explored individual motivating factors. *Meso-level* analysis, between the other two levels, addresses the relational, social ties between individuals, kinship groups, friends and communities which help answer the question of why people migrate, or stay-put and how migration is sustained over time (Haug, 2008; Faist, 1998). 'Pioneer migrants', (two of the five young people in the study, a young man, *Alseny* from Guinea and *Elizabeth* from Uganda, can play an important role in spreading information and theoretically establish a stream, which gains in momentum as networks develop. Serving to reduce financial and psychological costs and increasing or opening opportunities for future migrants (Faist, 1997). In these systems:

"...movers and stayers are regarded as active decision-makers…" (Fawcett, 1989, p. 73 in Faist, from Hammar et al, 1989)

In the context of inequalities and hostile policies of many receiving states, Faist (1997) describes how families and individuals develop strategies to cope with the alternatives to remaining or leaving, weighing up the costs and benefits involved. Lee (1966), in a founding text on migration (Piche, 2013), focused emphasis not so much on actual factors in the home country and destination, but, the *perception of these factors*, which result in migration. Amongst these perceived factors, Lee identifies personal contacts and sources of information about the situation at the destination. However, more recently Williams (2015)

states that decision-making occurs within a specific political, economic and cultural context, determined by *existing opportunities.* These differing perspectives, reflect the lack of consensus on *"necessary and adequate"* migratory decision factors, (Haug, 2008, p.599).

Attention towards the role of migrant networks, which characterise the *meso-level*, have prompted calls for an interdisciplinary approach in advancing migration theory (Haug, 2008). Bohra-Mishra and Massey's (2011) study on macro and micro-decision making, (acknowledging the geopolitics of the specific location), offers some introductory demographics and insights that can be applied to the five participants of this study, (three male and two female). Three of the young people, *Abdullah* (Somalian) *Dafina* (Kosovan) and *Yazid* (Afghani) had 'weak' family ties or some other known connection(s) prior to their arrival in the UK. Immediately placing these young people as members of potentially wider networks, confirming some of the *meso-level* characteristics and demonstrating how social ties and social capital connects the *macro* with the *micro.* Social capital and the resources inherent in such social ties, enables individuals and networks through affiliations to co-operate in the pursuit of goals. For example, these connections can provide safety, accommodation and care (to varying degrees); also knowledge about benefits, health and welfare systems. Social capital is not the attribute of individuals; the amount available, depends on the extent of the network of social ties that can be mobilised at any given time (Faist, 1997).

In the case of all five young people the issue of 'home' was of significance, in that none claimed to have a home, either physically or emotionally. Either because parents had died, been arrested and detained, or the family had been made homeless as a consequence of violence. All the young people in this study spoke of the role of education in their family. For three of them their parents had very clear expectations and educational aspirations for their children. De Jong (2010) points out that the chances of future goals being attained at home, versus alternative locations, in addition to family norms regarding migration are major determinants in migration behaviour.

In a comparative report by Heering et al (2000), the researchers note that aiming to improve one's own life conditions, as well as their families, is a powerful motivation for migration. Exemplifying the potential exchange,

reciprocity and solidarity in relationships at the *meso- level.* The researchers found that for male migrants, economic motives may be a major factor and for female migrants, family-related reasons are deemed important. A more recent study by Stecklov et al (2010), of gender and migration from Albania, confirm the predominance of males in migration movements and also the contexts in which female migration seems more likely. Within a *"neo-patriarchal"* (p.937) culture, the dominance of male family members as decision-makers behind female migration, noted the very limited evidence of female personal agency. The study identified an increased dependency on a daughter's migration, (more than sons), particularly in situations where economic and or health pressures were present. Female migration was generally driven by family needs. Societies such as Albania which depend on remittances from migrant children are more likely to witness families establishing their children abroad. These issues match the circumstances and the flight scenario of the young female participant, *Dafina,* from Kosovo, (see Appendix 4). Despite the possibility that her family had sent Dafina away with some expectation of later dependency, the move could be seen from the perspective that it provided her with much needed health care and cultural emancipation, confirming a reciprocity and exchange between 'mover' and 'stayer' mentioned above.

Studies such as Stecklov et al (2010), highlight the issue of gender relations in migration decisions and more widely confirm the place of women in society. Morokvasic (1983, in Piche, 2013) emphasising the scant regard for women in migration research, examined the diverse trajectories of female migrants around the globe, in many cases resulting in labour exploitation and confirming gender inequalities. However, she notes, as in *Dafina's* case, migration can also offer positive outcomes for women, in terms of emancipation and financial independence. Kanaiaupuni (2000, p.947, in Stecklov et al 2010) also refers to the lack of agency attributed to women migrants, which is similarly reflected in migration research, positioning women as *"secondary"* of *"associational"*. (This issue of gender inequality is highlighted in the intersectional analysis discussed in the Findings).

 Allied to the above, Ybarra and Pena (in Mitchell and Kallio, 2017) examining the effects of trans nationality on families, describe how it can become the source of new gender roles and applies pressure on the family to re-model, or

re-site themselves. This was reported by two of the five participants (see Appendices 3 & 4). Hence, on a *meso level*, the family becomes *'the space'*, the focus of emotion and transfiguration which has to be negotiated (Mitchell and Kallio, 2017).

Reflecting on the progress of recent migration literature, Van Hear (2010, p.1532) refers to de Haas (undated) contribution to the field. Firstly, in terms of the emphasis on the role of networks, which is seen to underplay *"feedback mechanisms"* emerging from the wider contexts of both the sending and host countries, which in themselves contribute to shaping migration. Secondly, there is as yet no explanation as to why some networks fail to become established. *Alseny's* situation is perhaps an example of this latter point. From Guinea he described having no contact with any other fellow countrymen except meeting a couple of other young men who were (fee-paying), studying in the UK. He described the encounter as awkward, feeling they had little in common due to the clear difference in their legal statuses and social class. Thirdly, the problematic circular nature of *meso-level* network theory, suggests that migration can continue indefinitely and ad infinitum. Whereas greater attention should be given to mechanisms which weaken migrant systems over time. Again, proffering a cautious example, from *Elizabeth's* descriptions, one gained the impression that despite the fairly large Ugandan community linked to her church, there was little sense that the members of the community were a well-defined group with social capital.

The significance of social capital in the 'transactions' of trust, solidarity and as a pre-requisite to acculturation (Faist, 1997) cannot be overlooked in terms of meeting the psychological costs of migration and acculturation in the host country. The examples of *Alseny* and *Elizabeth* are interpretations that draw attention to the transfer of social capital and the efforts required by movers to join networks in the host country; and of course as seen with both these young people, the possibility that networks cannot be relied upon. (Further examples are offered in the stories provided by the young people). What seems unclear from the literature are the effects of gender on accessing social capital particularly where there may be stigma. For example in situations where a woman has been the victim of (multiple) rape, as in *Elizabeth's* case.

Accenting the thrust of the globalisation debate, Crisp (1999, p.5) confirms social networks act to *"prompt, facilitate, sustain and direct"* movements of forced migrants to Western Europe; where often there are clear ideas and preferences in respect of their ultimate destination (Piexoto, 2008). Only if the potential gains in accessing social capital exceed the perceived costs of migration are potential migrants likely to move (Faist, 1997). Unless as seems likely in Elizabeth's situation, she was close to an extreme end of the continuum suggested by Williams (2015), where her choices following the murder of her entire family were extremely limited.

In conclusion, the chapter has outlined the complex nature of forced migration and the significance of *meso-level* social networks on potential *micro-level* decisions to migrate. Despite increasing traction and agreement in academic circles regarding 'mixed migration', it seems clear more research is required. Williams (2015), notes a resistance in some quarters, (e.g. non-governmental organisations), to fully accept this new paradigm shift, as it requires changes to the aims and nature of their work. Perhaps confirming the tendency to categorise migrants based on status rather than needs (Linde, 2011). This was noted in Chapter 1, when describing the agency and referrals received to the service.

Even in the most extreme circumstances, forced migrants have choices, but within a narrower range than voluntary migrants. Regarding them as *"purposive actors"* (Turton, 2003, p.14), reinforces a feminist analysis which recognises the need to not only unsettle existing categories and stereotypes, but introduce new approaches to thinking and understanding (Mitchell and Kallio, 2017).

The next chapter, Literature Review 2, addresses the issue of therapeutic social work with young refugees in the context of an increasingly globalised and *boundaried* world (Mitchell and Kallio, 2017).

CHAPTER 4

Literature Review 2

The aim of this study is to explore relevant 'frames' for understanding therapeutic social work with adolescent refugees. The first part of this Literature Review 2, will focus on the coupling of knowledge and power in psychiatry and the construction of the 'psychological subject'. The second part, will consider an alternative therapeutic approach to working with refugees, reflecting a globalised world and social work in a globalised world (Dominelli, 2004).

Chu et al (2009), raise concerns regarding what they see as a rapid decline in the profession's attention to the moral and political foundations of practice, (particularly in the West) and with this a failure to address the core values of social justice and human dignity. A charge which seems difficult to separate from the ongoing malaise that continues to plague the profession in the UK (Moriarty et al, 2015). Chu et al (2009) highlight what they see as a tension between therapeutic relationships and the commitment to social justice, practices apparently deemed incompatible (Wilson et al 2008). The findings of this study challenge this position.

Growth and Development of Psychiatry

Recent practices and trends in psychiatry offer a picture of an increasingly anxious profession responding to collective anxiety and fear based on fact or fantasy, (Lakeman, 2006). This generating a need for defensive responses, such as black and white categorisations; *"psychic rigidity"* (Kinnvall and Linden, 2010, p.600); and which at worst, finds security in *"extremism and fanaticism"* (Lakeman, 2006, p.395), elements indicated in Chapter 1. This would appear to suggest a movement away from notions of the world that offer explanatory pluralism and which harness social justice. Nikolas Rose (1988) has carefully revealed the underlying historical pursuit of the growth and development in psychiatry and the psy-disciplines, through constant processes of re-definitions (i.e. diversifications and developments of theories and texts which fit their self-

image at the time - *"policing the boundaries of the discipline"* via processes of *"inclusion and exclusion"*; and delineating what is *"sayable and the unsayable"* (p.189); examples described earlier in the agency.

These shapings of reality, Rose (1988) regards as formulations in the service of creating *"certainties"* (p.190), which leave other contradictory or less predictable aspects or perspectives of the present to exist on 'the margins'. Such 'rules', or *'Games of truth'* (Foucault, 1972) have been highlighted in the previous Literature Review exploring forced migration from the perspective of academic migration research, which reveals alternative realities of human survival, to that described in psychiatric literature (e.g. Wilson and Drozdkek, 2004). In a similar way to how my own perceptions living and working in Northern Ireland, were not aligned with descriptions of a 'traumatised society' described in some of the psychiatric literature.

Referring to the research question regarding the institutional shaping of refugee identity, the next section will explore the construction of the psychological subject.

Construction of the Psychological Subject

As described earlier, dominant processes of 'policing' (Mountz, 2011) and 'visibility' (Ong, 2006), on the *macro- level* construct the identity of the other and can similarly be traced in the construction of the 'psychiatric subject'. Technologies of power and the exercise of psychiatric discourse, its categorisations and labels manage subjectivity, by informing the subject who they are and how to understand themselves. As mentioned, for refugees these 'unquestionable' identities and psychiatric labels create a further experience of identity ascription to the already familiar negative images and discursive construction of *"unwanted invaders"* (Parker, 2015).

Institutional power (on the *meso-level*) also produces the micro-frame for the ongoing rules governing interaction and the relationship between the subject and practitioner (see Diag. 1). The implicit asymmetry and domination that exists in embodied forms of dialogue with clients, gives license to excavate and explore the private and personal through 'pastoral care', (Foucault, 1977). Thoughts and feelings are excavated in order to predict future wellbeing. At the core of this dynamic is the search for *"the confession"* (Foucault, 1998, p.58),

revealing the 'true voice' or experience of the subject, which is believed to demand expression (Roberts, 2004). A reluctance to 'confess' is regarded as proof of the need for paternalism. Commonly, subjects of mental illness are seen to justify paternalism, due to a belief in a diminished capacity to act in an autonomous manner. However, regular acts of paternalism occur in the everyday practices of psychiatry, which raise ethical concerns to autonomy, or self-govern (Fulford, 1995 in Roberts, 2004).

Hence the 'therapeutic' encounter can become a 'space' (Brah, 1996) associated with sovereignty and power. The 'gaze' through practices at lower levels, (e.g. appointments, supervision discussions, multi-disciplinary consultations, etc.), demonstrates the continued workings of *Panopticism*, where mental health 'care' can create:

> *"...a state of conscious and permanent visibility..."* (Foucault, 1991a)

In Foucault's (1991a) analysis of *Panopticism,* the power relation is *"disindividualised"* (p.202) and decentred, in that the subject may be monitored by a number of professionals. Roberts (2005) writing on mental health nursing, notes how this *"faceless gaze"* (Foucault, 1991a, p.214) of unknown and diffuse observers, can be recognised by patients and induce feelings of uncertainty. For refugee service-users it creates a sharp intersection between external world anxieties (regarding their claims for asylum), with anxieties created by the therapeutic relationship and institutional power. This was witnessed in the concerns and anxieties expressed by the young people in this study, regarding what notes were written about them; who these notes were shared with; and what conversations were taking place between professionals. Intense anxieties which extended to suspicions about interpreters and any possible conversations with carers. Views and feelings that were considered front and centre in the encounters, requiring the need to diverge from normal agency practice, (i.e. copying and translating letters and reports written to GPs, solicitors, etc. and repeating to the young people their right to access their notes). As trust began to develop, these documents began to assume less and less importance.

These points raise ethical, moral and political issues, which have implications for social workers. Recently in social work practice, values and ethics have taken increased significance (Barnard, 2008). Increasingly philosophical

concepts, such as 'ethics of care', emerging from the feminist writings of Gilligan (1982) have gained prominence. This views ethics in terms of responsibilities of care within meaningful relationships. It stresses the importance of each situation being unique and requiring an appropriate ethical response to vulnerable clients through an 'engaged involvement' with their particular needs. Highlighting the significance of 'emotional-responsiveness' within the practitioner- service-user relationship (Beauchamp and Childress, 2001 in Roberts, 2004). The potential complexities of this issue in the practice-research context are discussed in the Methodology Chapter.

Social Work in a Globalised World

The aim of this study is to explore relevant 'frames' for understanding therapeutic social work with young refugees. The following section on social work in a globalised world, seeks to address this.

Considering the changing nature of social work today, Dominelli (2004) and more recently van Wormer (2015), both highlight social work practice in the context of an increasingly globalised world. The former referring to oppression and structural inequalities, the latter to the recognition that contemporary social work now demands a global framework. In a similar vein, Miehls and Moffat (2000) refer to the struggle in social work practice models to adequately reflect the confluence between the *macro-* and *micro-.* As migration and the movement of people grows, there is increasing evidence of the significant role social networks play in the development of new migrant communities (Crisp, 1999). In an era of massive change, the poor and underpriviledged can see the spectacle of wealth and a better life. This can highlight old colonial tensions, create new antagonisms, lead to the enforcement of borders and boundaries and re-construct and re-define identities and the need for categories and essentialised identities (Kinnvall and Linden, 2012). A requirement for social work to 'bridge', 'link' or integrate theories which acknowledges these rapid social changes is a central tenet of this study. In Chapter 2, emphasis was placed on the need for theoretical integration, acknowledging that areas of knowledge are rarely discreet, but inter-connected (Payne, 2001). An approach that seeks to avoid near-sightedness, or bias in social work practice. Examining the literature on forced migration (Chapter 3), it similarly highlights the need to converge various disciplines, (e.g. sociology, psychology, economics, anthropology, etc.) in order

to formulate a coherent theoretical framework for migration studies. A point made by Haug (2008).

Viewed as socially and culturally suited to a globalising and increasingly 'boundaried' world, (Mitchell and Kallio, (2017), 'Dialogical Self Theory' (Hermans 2002) is described not as a grand theory, rather a broad conceptual framework which can create 'bridges' between disciplines and provide links between practices. Arguably it is presented to counter grand theories of the psychological sciences that are regarded as too broad and biased. Traditional theories, which it is believed cannot adequately capture the increasingly complex nature of self and identity when differing cultures come together, for example in therapeutic settings (e.g. Hermans, 2003).

Dialogical Self Theory' (Hermans, 2002) makes three propositions:

(i) In an age of accelerating globalisation, contact with diverse cultures increases an awareness of how we think, feel and relate to the other, allied to how we think about ourselves and our own identity;

(ii) Various cultural practices or ways of thinking prompt irreconcilable challenges, as the self becomes extended with other cultures creating 'multiple voices and positions':

"...when the world becomes more heterogeneous and multiple, the self, as part of this world, also becomes heterogeneous and multiple" (Hermans and Hermans-Konopka, 2010, p.30); and

(iii) Viewed as a consequence of globalisation, relations of social dominance become an intrinsic part of social dynamics. In this context, emotions can play a crucial role in whether we allow ourselves to be open to ever-changing global influences, or not (Hermans and Dimaggio, 2007).

The intense interconnectedness of the local and global create 'contact zones', such as the agency, (described in Chapter 1). Like Brah's *"dyasporic spaces"* (1996), mentioned earlier, Hermans (2013) views these zones or 'spaces' as the location of *"antagonistic unities"* (Hermans and Hermans-Konopka, 2010, p.28) between cultural groups, voices and identities; and where the subject may encounter *"epistemic violence"* (Phoenix, 2009, p.101), i.e. the infliction of harm against subjects through discourse.

However, Hermans (2002) also recognises these locations have the potential to offer promise, in the continuous interchanges and negotiations, enabling new understandings to emerge and develop.

"Society of Mind"

In a world that has become increasingly interconnected, Hermans (2002) views the need for dialogical relationships not only *between* individuals and groups, but also *within* the self. Regarding the self and society as interconnected, (meaning the internal is infused with the external and vice versa), the collection of tensions, contradictions and inconsistencies described above forms a *"society of mind"* (2002, p.147) comprising of a number of possible *'I- positions'*. These I-positions, are *"impelled"* (Hermans, Kempen and van Loon, 1992, p.27) to move and fluctuate, position, re-position and counter-position within the self and between the self and others, depending on time and circumstance. When the self responds, or functions as a "*society of mind",* then it is seen to become more heterogeneous and complex, in parallel with an increasingly heterogeneous and complex world society. Of key importance in Hermans theory (e.g. 2002), is when differences in positions is accepted *within* and *externally*, dialogical relationships can emerge and enable the self to grow.

As the self is seen to be extended into society and not encapsulated from the external, individuals and groups in society at large can become incorporated within the self. Consequently the voice of the speaker is neither neutral, nor isolated, but created from the various voices (*I-positions*) the individual is engaged with in groups, agencies, etc. (Hermans and Kempen, 1993).This was clearly noted in some of the young people's stories. For example during one encounter with *Alseny* a rather spiritual young Moslem Guinean, he openly shared his internalised dominant voices of societal prejudices, as he spoke of his disappointment and feelings of loss that his *"nice"* white solicitor had left on maternity leave and been replaced by a black, Afro-Caribbean temporary solicitor, who he doubted was as good. This internalisation of powerful dominant societal voices of prejudice and discrimination also highlight the enormous challenges that migrants like *'Alseny'* face in negotiating acceptance and a *"site"* (Falmagne, 2004, p.826) for themselves in the host country, whilst simultaneously managing the various tensions representing home and host cultures. This requires *"emotion work"* (Hermans and Hermans-Konopka, 2010,

p.55) in dialogical interchanges and relationships, both within and between themselves and others, in order to clarify and resolve the possible fusion between both tasks.

As previously mentioned, Dauverne (2004) notes how in the context of migration, protecting *national identity* becomes significant. The issue of national identity, or the failures of the nation state to guarantee national identity are also significant in Beck's (2012) model of 'risk society' referred to in Chapter 1. These same 'uncertainties' and responses, (at the *macro-level*), were seen to be mirrored at the *meso-level* in the agency, focussing around myself as an ethnic minority social worker, with no psychotherapy qualification, tasked with the job of increasing refugee referrals. The agency responses reflected deep anxieties of a perceived threat to professional identity, evidenced by the various struggles.

'Securitizing Subjectivity'

Globalisation introduces new realities, heightening the demand for *"securitising"* certainty both internally and externally. Within this socio-cultural context, positions and voices can and do breach boundaries, forcing intimacy with other cultures, challenging power relations and creating *"ontological insecurity"* and *"existential uncertainty"* (Kinvall, 2004 in Hermans and Dimaggio, 2007, p.40), as an individual's sense of safety and trust in the world can become undermined (Giddens, 1991), or a particular belief is called into question. Within this context stereotypical perceptions and categorisations of forced migration (noted in Chapter 3) and *"unwanted invaders"* (Parker, 2015) are likely to prevail and need to be recognised by social work practitioners.

Processes of division and discrimination enable some dialogical voices to become powerful and privileged whilst others unheard or silenced. When some of the voices or *I- positions* silence or close down other *I-positions*, *'monological relationships'* can develop (Hermans, 2002). In monological relationships, or *'monological closures'* using Bahktin's (1984/1999) term, few voices dominate, (contrary to dialogical relations), or others have limited space to express themselves, as one single authoritative voice monopolises meaning. The dominance of one voice or fewer voices, leads to an immediate reduction in 'uncertainty' and internal disagreement. In these circumstances, practitioner

service user relationships are 'at risk' when the less privileged and disempowered are prevented from explaining their experiences from their own perspective, in their own 'language' and in their own way. A vivid example of a monological relationship was provided in *Abdullah'*s stories of his very difficult interaction with a social services department, who repeatedly rejected his request for services, (see Findings 1) and also in *Yazid's* encounters with me.

Globalisation, is seen to increase the potential for monological relationships, where complexity, ambiguity and unpredictability, heighten the desire for securitisation of subjectivity (e.g. Hermans and Hermans-Konopka, 2010). As mentioned in *'Abdullah's* and *Yazid's* cases. Similar patterns of thinking and practices can also emerge in disciplinary technologies (Foucault, 1977). *Meso-level, "monological fundamentalisms"*, (i.e. ideologies) can offer liberation from the unfamiliar and discordant noises, confirming identity and a sense of certainty (e.g. Hermans and Hermans-Konopka, 2010, p45). Frosch (2009) associates the retreat to these types of social groups or traditions to a (melancholic) nostalgia. A belief of once more certain times, which makes 'uncertainty' bearable, to the extent that all involved are tightly bound together (Brothers, 2008).

Here, the use of the concept of 'uncertainty' encompasses the socio-political, thus having broader appeal than the traditional psychological view of anxiety (Vassilieva, 2016). Imbued with emotions of certainty, security and the notion of "home", within a specific spatial context, (Hermans and Dimaggio, 2007, p.40), the agency discourse was seen as highly significant in providing 'ontological security'. A discourse which seems to have become *"valourised"* (Foucault, 1983) through *"internal systems of exclusion"* (Hook, 2007, p.107) and consequently whose power (voice) is embedded in a particular cultural context and reflected at all levels of the social body (see Diag. 1). The more powerful the discourse, the less it is questioned. In this way, other (competing) discourses, (and voices), such as scholarly forced migration can become effectively silenced.

Biological Needs

Hermans and Dimaggio (2007) emphasise the drive for basic biological needs - security, safety and stability - to be met as a priority. Ideas which resonate

strongly with Maslow's (1943) early conceptualisation of a hierarchy of needs and familiar to many social workers. Referring to neurological studies, Hermans and Dimaggio (2007) state that adaption under extreme circumstances (where biological needs remain unmet), *prevent* the subject from sufficiently making the necessary shift from a monological, along the continuum to a dialogical position, (Lewis, 2002; Shore, 1994 in Hermans and Dimaggio, 2007). In such situations, certain voices in narratives demand urgent attention, as earlier described by Maslow (1943); and dialogue moves towards the monological, as relationships become closed, increasingly rigid, inflexible and lacking movement between different voices. Again this was particularly evident in *'Abdullah's'* experience, where social services repeatedly refused to recognise he was a minor and his right to his basic physical needs being met. His repeated demands to be heard were met with resistance. The failure to recognise his basic physical needs was further aggravated when on one occasion, he refused to leave the building and the Team Manager called the police to evict him.

 Failures to meet basic biological needs, for example where there is an over-emphasis on the internal world, is also open to being viewed as a potential rejection of the moral aspect of the social work relationship (Chu et al, 2009). Particularly when this can greatly exacerbate service-user distress and overwhelmingly negative and angry responses (Lewis, 2002; Shore, 1994 in Hermans and Dimaggio, 2007).

"Homesteading"

Linking the social with the biological, reflecting profound feelings of vulnerability and fears for survival (Kinvall, 2004; Maslow, 1943), within the agency, the notion of securitizing subjectivity and the accompanying need for 'home', prompted processes described as *"homesteading",* (Sylvester, 1994 in Kinvall and Linden, 2010, p.241). This is a strategy which actively seeks to carve out a socio-political space for oneself as a protection from societal anxieties and contradictions (Kronsell, 2002). (Witnessed for example in the belief that refugee patients' have stable, essentialised identities). *Similarly*, amongst the young refugees, the host society's hostile responses, generated attempts to negotiate a position for themselves between the host and home cultures, (shown in the Findings Chapter). In effect managing conflicting voices of home and host, in order to find a dialogical position (Hermans and Dimaggio, 2007). In

the case of the young people, it highlights the significance of social networks (discussed in Chapter 3), which can potentially provide the intimacy and security that has been lost, plus offering a representation, or re-construction of their previous lives, providing them with much needed 'ontological security'.

<u>Focussing on Therapeutic Social Work and "Dialogical Relationships"</u>

Lack of Practitioner Authority

To reiterate, the aim of this study is to explore relevant 'frames' for understanding therapeutic social work with young refugees. For the purposes of this study specific themes, or constructivist counselling practices from Dialogical Self Theory have been identified for consideration by social workers, aimed at encouraging therapeutic reflection and which recognises the political and moral purpose inherent in practice (Chu et al, 2007) and having particular relevance to vulnerable groups such as refugees.

Within this theoretical framework, the function of therapeutic work is to reflect on the dialogical self in order to help in any collapse or limited dialogue and support the *"client's self-exploration and development"* (Neimeyer, 2006, p. 106). This takes place in the knowledge that the context is not neutral and practice is undertaken in a particular historical, political and social context, influencing understandings on both sides, (i.e. practitioner and service-user), which can create unseen constraints and can shape the ensuing interaction, relationship and narrative. In this context the client holds solutions to problems rather than this being the responsibility of an 'expert'. Inevitably this undermines the certainty of authoritative voices and *"power-knowledge"* (Foucault, 1980), without providing ready replacements (Holzman and Morss (2000, in Neimeyer, 2006). In the absence of certainty, where *"nothing is fixed"* we accept being threatened with *"intellectual and moral chaos"* (Bernstein, 1983, p.18).

Hermans and Dimaggio (2007) identify various aspects of 'uncertainty', which are clearly relevant to the therapeutic encounters: *(i) 'complexity'* relating to the variety of cultural contacts and relations; *(ii) 'ambiguity'*, i.e. the lack of clarity, flux and variation in meanings, (a significant feature of the encounters with these young people); *(iii) 'deficit knowledge',* i.e. the absence of a knowledge structure that is capable of resolving all contradictions, opinions and theories, (e.g. the inconsistent and contradictory narratives of the young people).

Resulting in the need to impose a theoretical way of thinking or relating that actively avoids 'uncertainty', (discussed earlier in relation to the agency); and finally *(iv) 'unpredictability'*, referring to the lack of control and chaos, characteristic of the global situation.

For example, *'Alseny'* was referred to the agency by his GP for *"therapy"* to address traumatic experiences, (although the GP was not clear what these were). *'Alseny'* was socially isolated and told his GP he was struggling to make headway in college. However during our encounters, he showed a rather pragmatic approach to his emotional and immediate difficulties. Viewing the solution to his short-term problems was to have more money for himself and also to try to send money home to his family, (with the hope of securing his parents release from prison). He was very keen to get a part-time job working in a shop and during some of our encounters he focussed on these ideas.

Listening and 'Open Dialogue'

Hermans' (2002) theory of the dialogical self suggests a particular way of listening and responding to another person, described as *"open dialogue"* (e. g. Hermans and Hermans-Konopka, 2010, p.52). An approach which has resonance with the '*I/Thou'* vision of Martin Buber (1937). This approach to the therapeutic encounter is not viewed as significantly removed from Bion's (1970, p.43) psychoanalytic reverie *"without memory or desire",* where each meeting between analyst and client has no history or future, but requires the capacity to *"concentrate the mind on the present"*, to engage with the truth of each encounter. Similarly, Miehls and Moffat (2000) have also referred to a *"state of disassembly"* as an ideal position for social workers, where the security of the 'known' is relinquished. Arguing that social work identity is *"enriched"* when:

"…social workers experience their selves as complex and dialogical, they are more open to the influence of the other…" (Bakhtin, 1993 in Miehls and Moffat, 2000, p.339)

Earlier, Levinas (1989) described the relationship with the other as neither idyllic nor necessarily harmonious, something that Hermans (2015) would also agree with. Instead one may be able to recognise the other as 'close to' resembling us, but 'exterior'. Again, uncertainty is inescapable confronted with otherness and the practitioner must face an experience of 'not knowing'.

Notably, Seikkula (2011) observes how simply being heard and to have a response that is given and received is therapeutically fulfilling and a successful methodology in mental health. This approach of *"reciprocal elucidation"* (Foucault, 1991d, p381) was employed in this study with some success, enabling understanding and meaning to be *found between subjects*, rather than knowledge being held by a *"polemical' practitioner"* (Foucault, 1991d in Roberts, p.37). It is only through this form of engagement, listening and responding, the professional gains insight and knowledge that was previously not available to them before the commencement of that particular dialogic encounter (Seikkula, 2011).

Empowerment

All the young people were sensitive to the disparity in the working relationship. At times this was alluded to, for example despite *Elizabeth* knowing my name, I was respectfully referred to as *"Miss"*. The issue was raised more directly, by *Abdullah* when he peevishly complained that he knew he could not have my mobile telephone number. On occasions the young people employed the differential power relationship to their advantage, e.g. by requesting help in contacting other agencies or voluntary groups on their behalf.

As mentioned a core feature of dialogic practice is the belief that the client is the source of knowledge. This avoids any notion of 'deficit', an aspect of the postcolonial discourse (Bhabha, 1994). Through *"reciprocal elucidation"* (Foucault, 1991d, p381) the aim of the practitioner is one of understanding *all* the issues and empowering the client through their full participation and the mobilising of their resources, in addition to those of professional support networks:

"...vulnerable group members must acquire the tools, knowledge, and resources needed to exercise greater leverage...Only if equal access to resources and power is provided...can they be expected to become less preoccupied with the search for security" (Kinvall and Linden, 2010, p.610).

However, 'open dialogue' is not the same as having an open exchange of views. Within the practitioner – service-user partnership, the practitioner commences the dialogue without pre-constructed categories that would occur under the *"normalising gaze"* of the disciplinary expert (Foucault, 1977, p.170), as discussed earlier. Recognising the differences, tensions and 'uncertainties' in

contact with the other (e.g. Hermans and Dimaggio, 2007), these struggles in dialogical relationships need to recognise the perspective of the other. Invariably, because there are no pre-constructed categories, encounters are seen to lie on a continuum between dialogical and monological elements and control of the 'territory' (in terms of the subjects for discussion) and 'territory exchanges' (Hermans in Tafarodi ed., 2013, pp 41-65). Asserting one's own position and view point serves to limit the dialogical self (Hermans and Dimaggio, 2007).

Linden and Cermak (2007) identify principles that manage the tensions and insecurities, which can helpfully be applied in therapeutic practice, one of these is an acknowledgement that the dialogical encounter requires feelings of trust amidst the anxieties of overcoming strangeness. This is perhaps most apparent on the *meso-micro levels*, reflecting both dichotomies of power and the perceptions of others, e.g. asylum-seeker/immigration officer; refugee/therapist. These positionings serve to make the actions and stories of the subject understandable, (suggested by the manner the agency sought to categorise all refugee referrals as 'trauma').

Raggat (2007) suggests an analysis of positioning in order to capture the 'fluid self', through:

 (i) Narrative, or expression of the service-user, i.e. how do they present themselves, their relationships and narratives?

(ii) 'Personal positioning', i.e. how does service-user position themselves, e.g. victim, survivor, migrant, etc.? And

(iii) 'Social positioning', i.e. reflecting political, hierarchical or institutional roles. For example the legal status of asylum-seeker, unaccompanied minor, traumatised refugee, etc. Social positioning was seen to be central to all referrals to the agency.

Raggatt's (2007) formulae offers a helpful insight into both personal and cultural constructions of self. Dialogical relationships emphasise change, and progression. There is the potential to re-define the self if alternative positions can be introduced into the repertoire, allowing greater flexibility and adaptation

(Hermans, 2002); and opening the possibility for new narratives to be produced (Linden and Cermak, 2007; Linden, 1996).

However, attention to service-user positioning is in itself insufficient. Raggatt (2007) has also emphasised the need for a multi-level response. For example individuals to question and challenge positioning and stereotypes that arise from social and political hierarchies, a point which resonates with Parton's (2003) view of the professional social work role (mentioned in the Introduction); and which also concurs with Chu et al's (2007) reference to the political and moral aspect of social work.

Intersectionality

As an analytical tool, intersectionality helps promote social justice and social change (Dill and Zambranam, 2009) and has implications for social work practice. Positioning, offers insight into intersectionality, providing a temporal - spatial indicator of the intersection. In dialogical social work with refugees, it is not simply the notion of power linked to various social categories, e.g. female, heterosexual, Kosovan, Roma, asylum-seeker, etc. that are brought to the intersectional analysis, rather *how* these social categories are inter-related with each other in a variety of ways (Yan ,2016)

Mc Call (2005, in Yan, 2016, p.8) identifies three approaches to the application of intersectionality: *(i) "anticategorical complexity",* (which challenges the fixed notion of categories); *(ii) "intracategorical complexity"* (which does not totally ignore social categories in the analysis, but rather focuses on the unseen points of the intersection). Favouring the third approach *(iii) "intercategorical complexity"* this accepts existing social categories, e.g. refugee, asylum-seeker, economic migrant, etc. However, unlike the other approaches, although recognising the potential for inequality amongst various configurations of social groups, it is the *relationships between the social groups* which is seen as the focus for analysis. (This is shown in the Findings Chapter). For example, in a study exploring wage inequality by gender, race and class, Mc Call found that inequalities exist not simply *between* categories, but also *within* categories, when they are situated in larger structures that generate inequality (Walby et al, 2012 in Yan, 2016). Perhaps also evidenced in the agency's responses to myself as a BAME worker and to the refugee clients. In that the differences

between myself and the refugee patients were initially clear, however as members of separate social categories, at the intersection of race we became connected over time.

Acknowledging a 'translocational' perspective (Anthias, 2013b), Guruge and Khanlou (2004) adopt an ecological approach to exploring the 'intersectionalities of influence' within a health context; recognising the effects of multiple influences on the physical, mental and spiritual health and well-being. They view this as having particular relevance to immigrant and refugee women. From a postcolonial feminist perspective, they examine issues at the intersection between, gender, race, culture and class, moving beyond single factor, isolated entities, or internal deficits and instead recognising how historical, cultural, political and socio-economic contexts can affect and shape health and the experiences of immigrant and refugee women and their access to health care.

However, as an analytical conceptual tool, intersectionality has also been seen to have limitations. One of these being its lack of subjectivity, highlighting the difficulties for social workers endeavouring to understand multiple oppressions experienced by their clients and more importantly what becomes co-constituted at the intersection between practitioner and client and its influence on mutual understanding. (Mc Call, 2005, in Yan, 2016).

"Sites of Engagement" and Narrative Coherence

Within *"sites of engagement"* (Georgakopoulou, 2006, p.125) stories exist to be told and as such need to be understood. Mc Adams (2006), has questioned the various propositions attached to what are deemed to be coherent life stories. Aided by therapists, other individuals, groups and even culture, the notion of narrative coherence can perhaps be seen to represent something akin to an ideal. Vassilieva (2016), has suggested that it might be quite possible to have a highly coherent detailed life story which may be *unhelpful* if handed down by parents and uncritically internalised by their children.

In the social context, coherence of a story holds considerable importance. A lack of coherence, can stifle and hinder communication. Therefore a story must be coherent enough to convey something, no matter how simple, in order to hold the attention of a particular audience. If stories are reproduced in a manner

where events and actions happen randomly with regards to human intention, this is also seen as a sign of incoherence (Ricoeur, 1984). The absence of a clear goal, intentionality, plot or meaning, which provides a causal account that is in some way satisfying can cause the listener to quickly lose interest, resulting in the motive or function behind the storytelling to be undermined.

Listeners are unknowingly searching for a chronological beginning, middle and end and if this is not heard then these absent features may be introduced. Bruner (1986, p.26) describes the use of *"subjectivising devices"* by the listener faced with ambiguity in stories, forcing them to make presuppositions, or 'fill in' the gaps. On occasions when listening to fragmented or inconsistent accounts by the young people in this study, there was either a wish to 'fill in' their stories either literally, or inside my head, in order to limit uncertainty and sometimes with the hope of feeling in command of the situation. Confirming Bruner's (1986) view that these and other techniques reflect the fact that narratives are:

"...trafficking in human possibilities rather than settled certainties…" (p.28)

Strawson (2004) has questioned whether narrativity may be an inherent natural ability which is beneficial for all. Reissman (1988) has urged caution in assuming that the 'rules of structure' are universal, rather they may be highly dependent on the cultural context and tradition (McLeod, 2001). Similarly, warnings of *"narrative imperialism"* (Phelan, 2005 p.206) and the desire to 'claim' more than is wise, indicates the need for more than a casual acknowledgement of the ethnocentric nature of narrative as a:

"...middle and upper class concept, as the universal mode of shaping and articulating subjective experience…" (Schiff, 2006, p.21 in Vassilieva, 2016). In the therapeutic setting, the lack of *"therapy plot"* often requires coaching from the listener, (Hillman, 1975 p.136 in McLeod, 2001). Frequently therapist and client co-construct new narratives where disorganised, incoherent, or fragmented stories exist. This is assumed to provide more meaning and coherence to life (Mc Adams, 2006a). The particular type of narrative reconstruction and life story is one that is inevitably embedded in Western cultural milieu (Mc Adams and Pals 2006, p.211). The therapeutic frame is one where both dominance and power exists, in this context in which the exchange between practitioner and service-user is *not* neutral, but imbued with social and

cultural norms and values, (see Diag.1). Failure to adopt a *"presuppositionless position"* (Gadamer, 2002 in Roberts, 2005, p.35), i.e. one which acknowledges uncertainty and not knowing, is:

 "...to try vainly for total comprehension…a search for power on our part. The most we can do is pick out some filaments..." (Kovel, 1981, p.37).

The use of mental health diagnoses, or labels, e.g. 'traumatised', function to signpost how psychiatry will respond. Professional responses which seek to "securitise" certainty in the encounter in this way, can become engaged in shaping *the narrative* and *the subject identity*, and also play an active role in *positioning the narrator*, as a direct consequence of deficit knowledge (Holzman and Morss, 2000 in Neimeyer, 2006). Crowe and Alavi (1999, p.29) in *"Mad Talk: Attending to the Language of Distress",* discuss how narratives are composed of a combination of the figurative and the literal and *"floating signifiers"* (Laclau and Mouffe, 2001, p.113), which allow meaning and metaphors to be considered from a variety of competing discourses. (This will be shown in the Findings chapter). Providing a case study of a woman suffering from schizophrenia, Crowe and Alavi (1999) show how the patient's narrative was listened to from a feminist, (as opposed to a psychiatric perspective), which offered different meanings, insights; and the impetus for practitioners to consider alternative discourses in understanding service-user distress.

It should be noted that for the young people, within such an intense and complex social situation, there may be a need to manage emotions in order to deal with the immediate priorities of their situation, which may influence their capacity to engage in therapeutic relations and or provide a coherent narrative (Summerfield and Petty, 1998).

Conflicting Histories, Incompatible Subject Positions and Narrative Coherence

As mentioned earlier, from a social constructivist perspective, the practitioner's understanding is not deemed privileged. Within the context of dialogical relations, the various *I-positions* are often involved in a complex struggle, negotiation, integration of stories and experiences, which recognises the multiplicity of self. It is seen as important in the therapeutic encounter to

recognise and acknowledge these various voices, which allows for the fluidity of identities (Hermans, 2013).

Despite at times there appearing to be disharmony and incoherence in all the young people's voices (stories), this could be interpreted as not only predictable, but indeed *a helpful response* to rupture and change (Bhatia, 2007). Burke and Stets, (2009) regard social identity as possessing two functional characteristics, firstly a 'knowledge of belonging' and secondly, 'emotional and evaluative signification', i.e. the norms, expectations and how to perform within a social group. Further, integration of the migrant does not foreclose on discrimination and marginalisation (Bhatia, 2007); and Hermans and Dimaggio (2007) emphasise the struggle of the migrant in the presence of dominance and social power, which helps explain processes of positioning, repositioning and counter-positioning.

Within this conceptualisation it is possible to view the dialogical self as adapting and negotiating *I-positions* during times of significant change and tension. The five refugees in this study continued to attend appointments for at least one year, most for longer. During that time, various contradictory voices linked to confusing stories would emerge. For example, their deep distress and confusion at leaving their families and home countries, yet at the same time for at least three of the group a desire to invest and put down roots in the UK, with the aim of potentially assisting family left behind. *Alseny* (from Guinea), was perhaps the most socially isolated and marginalised of the group. He was acutely aware of his racial difference and being a practicing Moslem, was sensitive and anxious to populist notions that he might pose a threat as a terrorist. Like the subjects in Bhatia's (2007) study of Asian immigrants in the USA he was able to retain this voice (*I-position*) as feeling an intruder, with another voice (I-position) which expressed considerable hope for his future in the UK - the desire to *"be the boss of his own business"* and own *"a big car".* Otherwise his back-up plan was to join the police or army. Within this therapeutic scenario the encounters were at moments invariably a composite of both dialogical and monological elements, with some interaction resting in the middle.

One particular example of re-positioning was in the case of *Yazid,* who appeared for many months to have a singular (monological) voice (*I-position*), one of the inconsolable grief of a son who had been forcibly separated from his

mother, home and the extended family he loved and honoured. Little mention was made of his dead father. His suffering seemed all-consuming, creating a tortuous predictability in our regular weekly encounters and restricting any possible space to develop a dialogical relationship. However, it was only within the latter months of our contact, that the direction of our dialogue began to appear to shift. Alongside the profound grief, emerged a new I-position that bitterly and painfully acknowledged that he could not return home to Afghanistan, but also he could not reconcile himself with living here. His immigrant and racial *I- position* here in the UK, was in conflict with the privileged, gendered *I- position* he had held previously at home, which seemed to add to his considerable feelings of loss and anger. Kahn et al (2010) note that in the context of a globalising world, there are a vast array of constructions of maleness (i.e. masculinity), which for *Yazid* required negotiation through interactions based on his own conceptualisations, definitions and meaning-making in the world. A further re-positioning then occurred just weeks before we were due to end. That meeting again commenced with an expression of his profound feelings of loss of home and particularly his mother, who he now openly blamed for sending him away. His anger preventing him from making contact with her. Then quite suddenly in what seemed an almost begrudging manner, Yazid slowly moved on to inform me that he had been successful in gaining a place on an 'Access' course in plumbing, with the long-term plan to go to university to study engineering. (An occupation his mother had long since chosen for him). This re-positioning came as a total surprise, as there had been no previous mention of any plans on leaving school, or his future. For the first time, it introduced the possibility of a new 'voice', depth and meaning in our regrettable ending encounters. Reflecting movement towards dialogical relations, *"dialogical continuity strategy"* and *"continuity repair"* (O'Sullivan-Lago and de Abreu, 2010 in Hermans, from Tafarodi ed., 2013, p.56). These latter concepts refer to the break in individual cultural continuity which can have a profound impact on the subject's identities as an *I-position* is no longer meaningfully connected. Dialogical continuity strategy is a process which restores cultural continuity through identifications (O'Sullivan Lago and de Abreu, 2008). This seemed particularly evidenced in the cases of *Dafina* and *Elizabeth* who both became single-mothers.

From an alternative discursive position (to the agency's), despite offering *Yazid* physical safety, potential opportunities, (in terms of education) and the chance to fulfil parental expectations, forced migration had quite abruptly brought to an end his significant relationship with his mother and by all accounts the comfort, protection and status afforded to him within his extended family and cultural home. His culture, steeped in a long history of traditional Moslem values which included defining his identity and position, was deeply felt by him to be lost, undervalued, or even needing to be suppressed. The loss of cultural values (Eisenbruch, 1990; 1991) became significant in understanding the *"emotion work"* (Hermans and Hermans- Konopka, 2010, p. 55) required to help him think about 'renovating', 'extending' or 're-building' his internal home, which would allow new voices to emerge. Until then, the tension between dialogical and monological self were likely to persist.

This chapter has provided a theoretical therapeutic framework responsive to the complexities of a globalised world. It reflects the challenge for therapeutic social work practitioners seeking to achieve a state of political and therapeutic neutrality (Blackwell, 2005).

For the emergence of complex issues of both assumed and imposed identities and the interaction of these with other identities and subjugated knowledge, it requires a loosening hold of discursive regimes, or the critical deconstruction of expert theories. Attending to the *"politics of experience"* (Denborough, 2009, p.96) in this way, allows for those whose identities have been marginalised to be able to 'reclaim' their stories and their lives (Denborough, 2009, p.96). Clearly, these points must inform larger debates on moral and ethical practices.

The issue of ethical practice within the practitioner-research context is discussed in the next chapter – Methodology.

CHAPTER 5

Methodology

The chapter commences with a description of the parallel journeys undertaken during this study and the subsequent re-formulation of the original research problem, (see Diagram 2). Following a brief analysis of the social research debate, the chapter moves on to discuss the qualitative research design and the reasons for the selection of the methods employed. The context of the study is discussed, as is the use of the stories of the five young participants. Focus on positionality leads to the final section of the chapter, the ethical challenges inherent in the study. This covers all required amendments.

Overarching Aim of the Research

To explore relevant 'frames' for understanding therapeutic social work with young refugees.

Research questions:

1. How does the institutional context construct the identity of these service-users?

2. How far do the therapeutic encounters assist with understanding the needs of these young refugees?

3. What constitutes ethical mental health social work practice with these young service-users?

Parallel Research Journeys - Genealogy and Positionality

Similar to an account given by Walker (2001), there were a number of journeys travelled whilst undertaking the doctoral research. The first journey, relates to my own positionality and its effects on the research. The second inter-connected journey concerns the attempt to develop an adequate conceptual framework in order to explore the research areas.

(i) My Positionality and Effects on the Research Journey

The current study reveals how agencies can create 'experts' on race issues, by dint of colour and or being perceived as 'insiders'. In itself not an uncommon experience for both qualified social workers, (e.g. Burgess et al, 1992), or social work students according to Aymer and Bryan (1996). However, Leonard (2010) with specific reference to Prasad (1997), reflects on amongst other things, the meaning of 'spaces' given to non-whites. Through contact with early referrals to the Adolescent service, I became aware of a juxtapositioning of the social vulnerability and disempowerment of the client group and the limited professional entitlement afforded to my own perceptions as a non-white generic social worker within the agency.

Linde (2011) has drawn attention to health and welfare agencies preoccupation in categorising groups of migrants based on legal status, rather than through a comprehensive assessment of their needs. A reflection of the 'top-down' stream of influence in the feedback loops, (see Diag. 1).

The agency's dominant discourse appeared to have the capacity to skew the young people's narrative and or shape a particular way of understanding their lived experience. Clinical approaches attempting to synthesise highly complex and interrelated psycho-social-legal issues the young people presented, within 'tight' psychological or psychoanalytic narratives confirmed Mountz (2011, p.257) conceptualisation of *"manipulation of identities".* The consequence of this, was to exacerbate the fragmentation of their needs, necessitating referrals to other agencies, reflecting the *meso-macro* relationship of the *"dispersal state"* (Clarke and Garner 2004, p.199).

From the perspective of Dialogical Relations Theory (Hermans, 2002), the various professional challenges presented by the young refugees created *"ontological insecurity"* and *"existential uncertainty"* (Kinvall, 2004 in Hermans and Dimaggio, 2007, p.40), for the agency, (discussed in detail in Literature Review 2). It pressured alternate patterns of thinking and practices that were fought against by *"monological fundamentalisms"* (Hermans, 2013, p.55).

Principles of human rights and social justice, fundamental to social work practice emphasise the moral and political nature of the professional role and its

values, (Chu et al, 2009). Registered at that time with the General Social Care Council, professional ethics and values were intricately involved in the regulation of my own professional conduct. Faced with these various complex issues, it required me to re-position myself fully within a social work role and engage with the social and political; creating the need for me to diverge, to some degree from some aspects of formal clinical practice. For example, allowing a more flexible approach to client contact.

My role as a doctoral student which should have held prominence, instead became a further role that required re-positioning. None of these various roles and functions were clearly delineated, or necessarily compatible. My location and identity within the agency, suggested I had been *"hailed"* (Althuser, 1972, p.175) into a subject position constructed primarily through difference and differentiation. This ultimately prompted the second journey.

(ii) The Theoretical Journey and Resulting Framework

In 2003, at the time my original doctoral research proposal was submitted, efforts to develop the adolescent refugee service had just commenced. It is probably fair to say that at that stage I had gained a fairly broad superficial understanding of the psychoanalytic .The original research questions duly reflected this and the degree of confidence in the predicted issues likely to emerge in the context of therapeutic work with the participants.

The original research questions were:

1. "What clinical issues emerge in individual therapeutic treatment of this patient group?"

2. "Are there any themes that arise from the clinical work which can be used to develop a framework for psychotherapeutic care of young refugees?"

3. "What issues emerge in the development of a mental health service for adolescent refugees?"

However, although experiences and contact with the early referrals confirmed themes and features, these did not altogether 'fit' with what had been anticipated from my study of the literature. Mentioned in the Introduction, Payne (2001, p.133) argues that the belief in a specific knowledge base as a crucial

element to practice is not only flawed, but serves to create *"occupational closure";* regarding the aim of the social work task, to construct and reconstruct professional knowledge. By extending and exploring a review of the literature, it soon became clear that refugee studies and mental health alone, are hugely complex areas in both substance and implication. The scope of the combined subjects traversed far beyond psychiatry and psychology, as both fields become legitimately linked with government policy, sociology, cultural anthropology, history and economics. Joining together a vast array of networks of theories, discourses and practice domains that are frequently contesting. Further western conceptualisations of childhood and child development, (which form the basis for psychoanalytic understandings) and the associated paradigm of vulnerability and dependence, are countered by anthropological perspectives (e.g. Bracken and Petty, 1998; Hart and Tyrer, 2006; De Berry and Boyden, 2004), which can offer divergent insights of children, in situations of armed conflict, for example. Jackson and Scott (in Lupton, ed.1999, p.86) have linked western notions of childhood and vulnerability, with society's pervasive preoccupation with risk (Beck, 1992), discussed in Chapter 1. Collective anxieties which become more *"pernicious"* when they are seen to threaten a child's wellbeing, or the institution of childhood.

In re-positioning myself outside the role of quasi- psychoanalytic therapist, it placed me *"at the edge"* (French and Simpson, 2003, p.195) metaphorically, through an inter-subjective experience of uncertainty, in my contact with clients, but also seemed to confirm my 'spatial identity' within the organisation. This re-positioning, had a resonance with Bhabha's (1994) observation of the subject who slides ambivalently between constructions of sameness and difference.

Through a process of critical reflection (D'Cruz et al, 2007), the construction and privilege of a particular type of knowledge, (i.e. psychoanalysis) as 'truth' was internally questioned and re-questioned, whilst being open to the possibility that there were alternative meanings and interpretations of the service-user's experience to emerge and be considered.

New Conceptual Framework

All five young people included in the study, had been, or were legally unaccompanied asylum-seekers. *Yazid,* (from Afghanistan) had at the time of

the referral, already been granted asylum.

According to the referrals, all five were likely to have experienced extreme events and considerable social and economic turmoil and hardships as a result of the political context in their home country. However certain points seemed significant: *(i)* exploring studies of forced migration (see Literature Review 1) it was clear that the term 'forced migration' encompasses a variety of forced migrants, which form a heterogeneous group within the umbrella category; *(ii)* psychoanalytic discourse, leans towards the homogenised construction of 'forced migrants' and the pathologisation of the refugee situation (Sinason, 2002), tending to view subjects as having no agency, or choice and where the complex social and economic dynamics behind the migratory processes may not always be recognised; *(iii)* that despite leaving their home country, many young migrants continue to suffer within the socio-political context of the host country.

These new perspectives informed the second research journey and ultimately the revised research questions, (see Diag. 2.). By adopting a meta-position, the young people's stories during our encounters, are viewed as existing within a culture and *"drenched in social factors"* (Bakhtin, 1984, p.40). As such becoming a composition of numerous stories and voices *and* which contain aspects of the 'master narrative'.

Through this reflective process, I began to regard the young people at the heart of this inquiry not through a single lens of clinical/mental health patient, but rather their stories reflected them as *an amalgam* of clinical, organisational, social and political subjects. An approach, suggesting I had arrived at a (hermeneutical, pluralistic, reflexive), postmodern epistemology from which to undertake the research.

Diagram 2   Re-Formulation of Research Problem
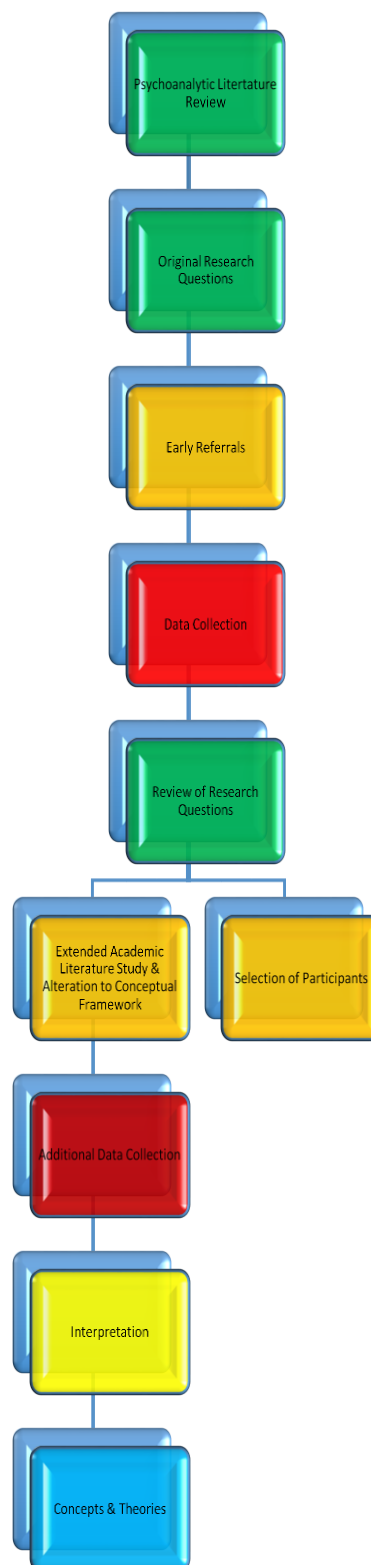
<u>Social Research Debate - Paradigm Wars?</u>

The quantitative-qualitative research paradigm debate has refused to be 'put to bed' as predicted by Miles and Huberman (1984). However progress has been made in recognising that the methodological distinctions are not quite *"hermetically sealed"* (Haserman, 2006, p.98). The incompatibility of the two paradigms has given way to a somewhat reluctant capitulation of 'what works' (Howe, 1988). Interestingly, Hacking (1999, p.4) commenting on relativism, has observed a social climate for these types of intellectual 'wars', referring to *"culture wars", "science wars", "Freud wars",* etc.

Differences between both orthodox approaches (i.e. qualitative and quantitative), depends primarily on ontological perspectives. The quantitative paradigm is based on notions of positivism and 'science' - that there is only one 'truth' and therefore one objective reality, which is independent of human reality. Epistemologically, both researcher and the researched are viewed as entirely independent entities. The researcher is at liberty to study phenomenon in the absence of reciprocal influences, or any contaminating values. As Guba and Lincoln (1994) describe, the researcher is 'distant' and uninvolved with participants in order to preserve objectivity. Techniques that demonstrate this are the highly structured nature of investigations where the researcher brings to bear what he/she regards are concerns or concepts, that become the focus of measurable study.

In contrast the qualitative paradigm employing the rhetoric of constructivism-interpretivism, is both inductive and exploratory. Within the interpretive/constructivist position, both reality and meanings are socially constructed, offering multiple realities or 'truths'. Epistemologically there is no pathway to reality except through our minds and no *"external referent"* which can assist in considering various claims of 'truth'. Such a perspective calls into question the *a priori* existence of reality, which fails to exist once it no longer remains the focus (Smith, 1983, p.8). A view closely allied with postmodernist positions. The qualitative paradigm gives credence to the researcher's background, (e.g. Asian, female, etc.); the interpretation of findings (Cresswell, 2009); and equally the participants views of the world, (which are particularly relevant to this study).

My own positionality and features would have influence on my view of 'truth'; just as who I am as a researcher in terms of gender, race and age are likely variables to effect participant responses. Within this approach, the researcher and the researched interact and findings become co-constructed. In the context of this study, the young people and I became involved in a mutual discovery of their experiences through a relational process. Given this, it can be understood why some might argue that there is little to separate the task of research and therapy (Vossler and Moller, 2015). A point that has been discussed in the bioethics literature when establishing descriptions and models for the relationship between clinical and research roles (Yanos and Ziedonis, in Hay-Smith et al, 2016).

McLeod (2015, p.42) warns of the necessity to:

"...maintain philosophical consistency across the specific methods that are used, and the underlying methodology and epistemology of the study..."

A view not necessarily shared by other research academics. For example Patton (2002) has argued that although differences between the two research paradigms are based on their epistemological and ontological allegiances, the connection between the research strategy and the philosophical arguments are far from deterministic. In his view, the relationship between the philosophical arguments and the research methods is more *"free floating"* (p.64). For example Bravo-Moreno's (2006) exploration of the identity of Spanish migrant women in London, quotes Kvale (1996):

"...The research interviewer uses him - or - herself as a research instrument, drawing on implicit bodily and emotional mode of knowing that allows a privileged access to the subject's lived world..." (p. 125)

Not to be interpreted as a veiled postmodernist attack on science, Bryman (2001) quotes early studies by Snizek, (1976) and Platt (1986). The latter concludes that research methods frequently reflect *"an intellectual bricolage or post-justification"* (p.85), as opposed to being selected by clear fundamental assumptions. Raising doubts as to whether any research methods necessarily reflect, or stand for assumptions regarding knowledge and social reality, but rather the selection of methods is based on what is perceived as 'fit for purpose'.

Four sources of data were employed in this study:

Participant Observations: Observations of 'inside' and 'outside' the agency, are discussed below. A significant amount of data was obtained from the former observations amassed over the five year period (i.e. 2001-2006). Data gained from observations outside the agency was considerably less, reflecting the lack of professional and agency involvement in these young people's lives.

Clinical Data: Data collected from the encounters with the young people relied on clinical notes primarily required for the department case files. Initial efforts to write my own notes, in addition, to the detailed clinical notes, was not manageable due to time constraints. All the participants were aware that clinical notes were kept of the encounters, which they could have copies of at any time. [The use of clinical notes as data are referred to in Professor Punchard's letter, dated 21.11.14, included as Appendix 6].

Reflective Journal: Contemporaneous observations, reflections and any other points or issues not included in the clinical notes were written in the journal, which was maintained over the five-year period.

Alternative Scholarly Literature: discussed earlier in this chapter and referred to again below.

Qualitative Research Design

Wolcott (2008) identifies categories of ethnographic research, involving the activities of: *experiencing*, *enquiring* and *examination*. In this study the categories - *participant observation* and *archival strategies* are employed in the research process.

Participant observation

Participant observation is based on first- hand experience, during the course of naturally occurring events (Wolcott, 2008). Wolcott's, (2008) tracing of the development in the ethnographic tradition, distinguishes ethnography as more than merely a set of field methods and practices, but rather as *a way of seeing* through the lens of culture. A good example of this is a study of female,

intravenous drug users (Taylor, 1993, p.8 in Bryman, 2001). The study revealed the women to be far from *"pathetic, inadequate individuals"*, as their culturally ascribed identities might suggest, but instead, they were rational individuals who made informed choices.

Social interaction between researcher and those being observed within the latter's milieu, distinguishes the observer's own experience as the starting point and filter (Wolcott, 2008), a legitimate source of data (e.g. Brewer, 2000) which involves reflexive self-observation (Gold, 1958 in Flick, 2009). In contrast to most other methods, reasoning employed in this method, is better described as 'abductive', rather than 'inductive'. The researcher is anchoring theory of the participants, their contexts and experiences through *their* perspectives and meanings. Examples of this type of inquiry are Gilgun and McLeod's (1999) study of male sex offenders and Brown's (1987) earlier study of women who have killed violent partners. *"Thick Description"* (Geertz, 1973), offered by these studies provide a world through rich, descriptions of people, events and patterns that unfold over time, with an emphasis on describing the context.

This strongly interpretive process has risks. Criticisms of 'observer effects', 'reactivity', 'bias', 'going native', or seeing through the eyes of some, rather than all the participants, are seen to ultimately invalidate research findings. Frequent mention in the extant literature of reactivity and 'observer effects' draws attention to the individual characteristics of the observers, (e.g. race, gender, etc.). Yet, research studies have also shown how 'observer effects' act as a source of reactivity in the observational setting, e.g. Adler's (1985, in Spano, 2006) study of drug-dealing, where as an observer he loaned money and supervised children as part of the observation. Norris (1993, in Spano, 2006) in a later study of police in the USA, helped by making tea and providing first-aid. These researchers have argued that by refusing requests to become involved, it undermined rapport with the research subjects, encouraging a tendency for the subjects to provide stock- answers, particularly during the early stages of the observation.

Field research as a process seeks to uncover inconsistent reports, lies and pretence, (Douglas, 1976). Monahan and Fisher (2011), argue that instead of focusing on *"researcher-induced distortions"* (Le Compte and Goetz, 1982, p.37), it is possible for the ethnographic researcher to have an effect and in so

doing, identify valuable and accurate information. Spano's (2006, p.523) large scale study of the police, employing both descriptive and quantitative data, found that 'observer effects' were helpful to police officers and at times *"significantly altered the course of events"*.

(i) Participant Observation in the Agency

I was a complete participant - observer within the agency. As an employee, I had access to 'backstage' areas (Goffman, 1959). I attended various clinical and organisational intra and inter-departmental meetings and part of my job description also involved teaching, organising courses, or psychoanalytic training programmes for social workers and allied professionals, (e.g. the M.A in Social Work). Through these activities, I was in a unique position to observe in detail the agency's theoretical frameworks and practices as a *"going concern".* (Hughes, 1984, in Gubrium and Holstein, p. 2008). Confirming the influence of the dominant trauma discourse in directly informing practice and particular ways of framing, formulating and affirming the client's accounts, (Gubrium and Holstein, 2008).

With such close familiarity, it enabled the identification of the types of data that needed to be gathered and the analysis that would be required. Perceived and experienced as an 'outsider on the inside', despite this *"difficult and inherently unstable space between us"* (Katz, 1994, p.67) it seemed to heighten reflexive self-observation. This inevitably calls into question whether my own perceptions take a particular epistemological 'standpoint' - as a social worker (amongst non-social workers); an Asian woman in a predominantly white middle-class organisation, etc. Arguably such standpoint epistemologies are themselves discursive formations (Hekman, 1997).

The complete participant-observer identity has both advantages and disadvantages. (Issues relating to 'reactivity', and 'observer effects' have been addressed above). Staff had been aware that I was also a doctoral student (which in hindsight may not have been a helpful position from which to undertake an observation of the agency and its practices). Some in the department were aware of my participant observation role, although this had not been made formally clear to *all* staff. This has ethical implications. Clearly if I was undertaking the study again, this issue would be addressed more carefully,

by formal notification to *all* staff about my role and subsequent canvasing of opinion.

(ii) Participant Observation of the Outside of the Agency

My contact and close observation of outside agencies, (face-to-face meetings, telephone contact, e-mails, professional reports, letters, etc.), enabled me to gain insight into the complex socio-political-cultural world the young people inhabited. Features and influence it was believed would emerge in the young people's stories. The critical examining gaze shifting between inside and outside the agency inevitably meant that there were times when my own perceptions could not be fully relied upon.

Narrative Ethnography - Archival Strategies

My contact with early referrals to the service, prompted me to extend my reading and research. This has been discussed earlier. *Archival strategy,* Wolcott (2008) is a category in ethnographic research, normally employed by anthropologists and archaeologists. Extending my knowledge beyond the confines of the psychoanalytic domain, prompted a critical reappraisal of the original research questions.

The absence of a linear research process in this study is in keeping with qualitative studies, particularly resonating with heuristic studies (Moustakas, 1990).

Reasons for Narrative Ethnography

Narrative research situated within sociocultural theory, offers the researcher the opportunity to understand how individual actions are related to the social context in which they occur and also how and where they occur through growth (Moen, 2006). Narrative ethnography as an approach which makes explicit the relationships between the ethnographer and participant, in which they *"create a world of shared intersubjectiity"* (Tedlock, 1991, p.70 in Hampshire et al, 2013) and the "*co-production of ethnographic knowledge"* (Sluka and Robben, p.20 in Robben and Sluka, 2012).

As both theory and method (Gubrium and Holstein, 2008), it is an approach which is critical of sharp analytical distinctions between 'self' and 'other',

('knower' and 'known'), characteristic of traditional empiricist approaches to psychological enquiry. Instead, 'self' and 'other' are known as fundamentally interrelated. Interpretation necessarily involves a circularity of understanding - *"a hermeneutic circle"* (Tappan, p.50 in Tolman and Brydon-Miller, 2001). Further this approach also questions efforts that strive for objective, significant or meaningful data extracted from the dialogue and where all evidence of the audience presence is erased, (for example in the case of counselling and psychoanalytic case study research). Instead narrative ethnography, highlights the manner in which *the conditions* of the communication and the *encounter* can create the potential for certain types of narrative to occur, recognising stories are *multivocal,* hence, eschewing notions of the subject's own 'voice' or 'story'.

The significance of the *narrative environment* is discussed by Gubrium and Holstein, (2008), who make the case for narrative ethnography. The issue of whether there is a difference between narratives and stories, has been addressed in various forms, (e.g. Reissman, 2008; Frank, 2010). Copes (2014) notes that both terms are used interchangeably in qualitative research. Frank (2010) has argued, stories contain characters with strengths and flaws, that unfold over time and that activates the imagination. This is evidenced in the five stories contained in the Findings 1 chapter. The narration of stories allows the ordering of characters in space and time, enabling the researcher to understand the construction of subjectivity in greater depth. It also offers insight into the resources available for the narrator to tell their stories; the types of stories; and which versions might receive more attention than others. Through the emergence of various characters in the stories and the manner in which they become positioned vis-a-vis one another, stories can show the stances and values held by the individual (Bamberg, 2004). This was also evidenced in the young people's stories. Over the course of the encounters, it was believed that the development of the client's experience and position(s) could reveal insight into their identity, interaction and agentive capacity (or lack of) in the social world, as they sought to situate themselves in various groups (Frank, 2006).

Reasons for Dialogical Narrative Analysis

Dialogical Self Theory, discussed in the Literature Review 2 is a theory that is not curtailed by the boundaries of a specific discipline, or sub-discipline and is

directed towards providing insights into the workings of the self and identity across various scientific fields. A number of studies have applied this perspective to explain various phenomena in multiple settings e.g. divergent fields of psychotherapy (Hermans and Dimaggio, 2004); developmental psychology, (Bertau, 2004; Fogel et al, 2002); brain sciences (Lewis, 2002; Schore, 1994); and philosophy, (Cooper, 2003), etc. See also d'Alte et al (2007).

Although there is little doubt as to the fertility of the theory, it remains relatively embryonic in terms of empirical application (Herman, 2008). Batory et al (2010) also confirm that the theory's empirical status has yet to be firmly established, specifically there are aspects of the theory which appear difficult to operationalise. Despite being viewed as a qualitative approach these authors confirm that dialogical assumptions have to date already been verified in a number of quantitative studies (Pallard, 2008 in Batory et al, 2010). Dialogical Narrative Analysis (DNA) focuses in hearing how multiple voices may find expression in any one single voice. For example, Frank (1995; 2004), describes how illness stories, contain the voices of doctors, nurses, other professionals, medical jargon, family members etc.

In dialogical theory, pathology is recognised by an *absence of voices*, a lack of awareness of their existence, or an inaccessibility, or repression of unwelcome voices, (Hermans, et al 2007). This reflects a monological self, where one position is entirely dominant and suppresses all others (Hermans, 2004a). The challenge for further dialogical research and pertinent to the aims of this study is whether in therapeutic social work with the young participants it is possible to evidence identities which are dynamic, fluid and responsive to their situations and can manoeuver between being both *"complicit"* and *"countering"* master narratives, that may both guide their actions, but can also serve to constrain and limit personal agency; (issues that clearly emerged in the stories).

Whilst some academic research has the propensity to render those that they study as:

"...something totally quantified, measured and defined to the last detail..."
(Bakhtin, 1984a, p.965 in Frank, 2005)

An approach to research confirming the authorial status of the professional/researcher, it can also be seen to offer a self-fulfilling prophecy to the subject, (i.e. they are what they are described to be). A perspective at odds with the notion of the *"unfinalised person"* (Frank, 2005, p.966) who has the capacity to change, outgrow and alter externalising and finalising conclusions about themselves. As such, the young people's dialogues during the course of this study are seen very much as 'in a moment in time'. In this way, the stories presented in this study are not deemed 'fixed', but relevant in terms of their potential to create new and revised stories. Therefore narrative analysis cannot claim *finality or conclude* on what the stories mean and what they represent. Rather the stories serve as a 'tool' in shaping the future (Frank, 2005).

It therefore follows that no attempts were made to identify themes through methods such as Thematic Analysis (Braun and Clarke, 2006); or specific features, or characteristics of the young people which would enable them to fit typologies. The dialogical alternative was to clearly focus attention on the young people's stories as both *"struggles of becoming",* (Frank, 2005, p.968) and products of their engagement with me (Mishler, 1986).

The Moral Analytic Argument for Stories

The moral argument for stories is pursued by academics such Bochner (2001) and Frank (e.g. 2002; 2005), the latter in his exploration of 'illness stories'. The relevance to social work, lies in the profession's mandate to social justice and social change (Bradbury and Reason, 2013). Stories are used as vehicles for recounting how individuals seek solutions about how to live and improve their lives. They hold power, legibility and a sense of morality. There is also significance in the world as a 'narratable place', where stories can be made sense of, revised and re-told. As such events and lives become affirmed as legible, dialogical and worth recounting and living, (Frank 2002; 2005).

The Narrative Environment

The new research questions demanded a 'hybrid' approach, a *"Personal Practice Model"* (Mullen, 1983) - one that was both flexible in terms of the social work role, but at the same time, respectful of the importance of the 'therapeutic frame'. As a trans-theoretical model, no one single theory or practice approach

was seen to best serve the needs of this particular service-user group. To this end efforts were made to meet with each young person weekly for 50-minute appointments in the same session room in the Adolescent department. Acknowledging the unpredictability of their lives, additional contact, either face-to-face, or by telephone could also take place.

As with other young people attending the department for psychotherapy, where concerns arose regarding changes or a perceived deterioration in their psychological well-being, I would discuss with the young person the need to refer to one of the psychiatrists.

<u>Interactional Control</u>

During the course of the many meetings I had with the young people, my focus was to resist the use of the discursive regime of the agency and the 'institutional control', which were anticipated to shape the participants' stories. The aim was to provide a 'space' for competing narratives, (including counter narratives), or narratives that were disregarded by the agency (Bamberg, 2004). However, I was also aware that apart from the setting and 'occasion', my own presence as a professional would also likely condition the narrative endeavour.

Psychoanalytic practice which values and interprets silence in the unconscious interaction between client and practitioner was responded to reflexively during the encounters. At times the stories needed to be invited, or initiated, when I might say *"How are things...?"* or *"What would you like us to talk about today...?"* Like psychotherapists, I avoided suggesting the direction of the conversation. Or adding resources which induced the young person to elaborate or enrich accounts, which might point the course and direction of their stories, *unless* this was seen to open the dialogue between us further. In this way it was hoped that I would be able to identify the sequence in which the young person's story emerged. I also endeavoured not to use jargon, or vocabulary specific to the institutional setting, e.g. *"depressed", "trauma", "symptoms", etc.;* this was also, because for all five young people, English was not their first language.

<u>Participants</u>

In order to enhance research validity, the following points were considered:

The Heterogeneous Sample

The sample were inevitably heterogeneous in terms of ethnic backgrounds, life histories, legal status, and psychological well-being, and whether they were in receipt of either formal or informal social supports, at the point of referral. (See Table 1). The sample's lack of universal homogeneity was a reflection of the various young people referred to the service. Hence there were clear practical limitations to legitimating homogeneity.

The Sample Size

The small sample size was helpful in that it allowed the individual's stories to receive intensive analysis and also gave each young person their own 'place' in the study.

Sample Strategy - Purposive Sampling

The sample (see Table 1) included three males and two females. At the point of referral they were all aged between 16- 17years of age. Only one had been granted asylum. The others were to make asylum applications on or just before their eighteenth birthday. All of the young people had been referred by medical practitioners, indicating a statement of pathology. The requests ranged from *"assessment with a view to on-going psychotherapy"*, (in *Dafina's* case). To simply a request for *Alseny* to receive *"support". Elizabeth* had initially been referred by a Community Adolescent Mental Health psychiatrist, but she decided at the time that she did not wish to take up the offer of help, but was subsequently re-referred a few months later by her new social worker.

In order to allow for disruptions emanating from the external world, (e.g. benefits, housing issues, threats of dispersal outside London, etc); and also the time needed for the young people to engage and develop a degree of trust in the alliance, (which would enable me to trace their experiences), only those young people who attended for appointments for at least 12 months were eligible to be included in the sample.

Table 1:   <u>Five Participants – Listed in Order of the Presentation of Their Stories</u>

Name	Ethnicity/ Attendance	Traumatic Experiences	Reason for Referral
"Abdullah"	Somali 19 months	-Harassment of family by militia; -Witnessed the murder of father; -Present in the home during the rape of his older sister	Low mood Late onset PTSD
"Alseny"	Guinean 17 months	-Witnessed parents being arrested. Assumed they have been imprisoned. No information since then.	"In need of support"
"Yazid"	Afghani 18 months	-Own community harassed by Taliban; -Witnessed father & older brother arrested by the Taliban; -Father's body returned to the family; -Brother believed to be a forced recruit of the Taliban	PTSD Difficult behaviour at School
"Dafina"	Kosovan (Roma) 38 months	Abducted & raped	"Unknown trauma"
"Elizabeth"	Ugandan 18 months	-Witnessed mother's rape by soldiers; -Witnessed both parents being murdered; -Whereabouts of younger siblings unconfirmed – believed dead -Raped in prison as a form of torture	First Referrer: PTSD & Depression Second Referrer: to address her sexual identity

Cross-Cultural Research

As mentioned for all five young people, English was not their first language. They also had little or no understanding of western notions of mental health and even less understanding of what to expect from the agency. As such the research was being conducted between cultures of significantly different power to each other. This raised obvious implications in terms of promoting welfare, empowerment, collaboration and specifically containing and aiming to make visible the axes of power in the practice- research situation (Selby in Murray and Chamberlain, 1999). The complexity of research with this vulnerable group of service-users is discussed in greater detail in the section on Ethics.

The next two sections aim to address the issue of my positonality in more detail.

Practitioner - Research Position

The research proposal had been prepared prior to any contact with the various young refugees referred to the service. Their presentation and particular anxieties and fears regarding issues of trust, confidentiality and safety had not been adequately anticipated and were characteristics that presented unique challenges, as described earlier in the study; and addressed later in the section on Ethics. Language and cultural differences mentioned above added to the complex mix of factors that needed consideration.

Comprehending the duality and dichotomy of the practitioner-researcher roles not only became more significant but equally more difficult. The blurring of the internal boundary between the clinical and research mandates, inevitable became a feature at certain points in the study. However, Corbin Dwyer and Buckle (2009) warn against trite, rigid dichotomies, suggesting instead that in reality the concept of the researcher's position is multi-layered and fluid. Intersectional understandings, realise multi-dimensional subject positions which are predominantly contingent, disunited and continually being shaped (Phillips and Earle, 2010).

Arguably the model of engagement employed with the young people leant itself to an over-identification with the practitioner, rather than research self. However, the *"high clinician - low researcher"* identity (Paquin, 2017) was very

much in keeping with the culture of the agency at that time. (This will be discussed further in the section on 'Ethics'). As time progressed there was perhaps a shift towards producing research to inform practice, rather than active participation in producing research per se.

<u>Researcher - Researched Position</u>

Refugee Research

Applying Foucault's (1979) concept of the 'circulation of power' to the research context, Dona (2007, p.211) refers to the *"microphysics of participant refugee research",* suggesting participants are not only undergoing the exercise of power, but simultaneously exercising power themselves.

 For example, in the recent UK study by Kirkwood and colleagues (2015) of adult asylum seekers, mentioned in the Literature Review 1, the perceived authority and power of (white) academic researchers and the participants' vulnerable socio-legal status, should prompt questions. However, issues of trust and mistrust which can result from very difficult and painful refugee experiences, mean that for the researcher, *"backstage access"* (Goffman's, 1959, in Miller, 2004) is dependent on the participant's exercise of power, in deciding what they choose to disclose or not.

Some in the field of refugee research have been critical of researchers taking a political, moral or 'advocacy' stance. Dona (2007) observes the difficulty in representing refugees in anything other than essentialist ways, where trauma and suffering dominate representation (e.g. Bracken et al, 1997). She notes how the plight of refugees, implies any position other than one that is in full alignment with them is ethically, (and morally), reprehensible. This might perhaps reflect a valency that is mobilised in these representations of suffering – however, it confirms the need for an appropriate balance to be struck between scholarship and advocacy, (Voutira and Dona, 2007), reflected in neutral language used by researchers and others.

Not confined to refugee research subjects, Drake et al (2015, p.136) have similarly reflected on the humanising motivations when researching the prison population, which can also generate feelings of pain, disloyalty and exploitation. They refer to this particular mode of relating to (certain) research participants as

"sympathy-as-obligation", discussing ways in which this can be addressed. For example, by making the interpretive process more transparent.

<u>Black and White Thinking</u>

The positioning of BAME social workers as 'experts' on culture and race has been discussed earlier. The young people were a diverse group, ethnically, religiously and culturally. Our encounters took place inside the mental health agency, (with its notably white middle-class staff group and other patients), a *"dyasporic space"* (Brah, 1996). They attended without family, community members, or interpreters, who could mediate the language and numerous cultural differences.

Altman (2000) refers to the spectre of unconscious racism as an expectation within any clinical encounter. In my contact with the young people, I was at times able to recognise, but slow to discuss *"racial enactments"* (Leary, 2000, p. 640), sequences of cultural attitudes towards race and racial difference that occur on both sides of the encounter. An example of this, mentioned in the Literature Review 2 was Alsenny's concerns and discomfort that his white solicitor had been replaced by a black Afro-Caribbean solicitor.

Viewing issues of racial difference along a continuum comprising of a number of variables, can introduce different meanings when intersected with other variables, such as socio-economic status. (Thompson, 1996; Altman, 2000). *"Black is never simply black"* (Leary, 2000, p.649). It refers to a range of psychological and social experiences as opposed to simply colour, (Russell et al, 1992 in Leary, 2000). I and the participants shared a common identity only to the extent that we were all ethnic minority migrants, (using the term 'migrant' in its broadest sense). My own features, in terms of personality, race, gender ethnicity, even accent and wardrobe could all be instrumental in evoking dialogues.

In conclusion, the first part of this chapter has described the parallel research journeys, culminating in a re-formulation of the research problem and how this influenced the research design and consideration of the data analysis. This reflects the study's primary propositions regarding the changing nature of social work in a globalised world (e.g. Dominelli, 2004) and the confluence between

macro and micro levels.

Research involving vulnerable groups such as refugees, poses particular conceptual, methodological and ethical issues (Schweitzer and Steel, 2008). The complexity involved in undertaking research with such groups, precludes the notion that any code of ethics can fully appreciate, anticipate or resolve the various dilemmas that can arise (Birman, 2005), as discussed below.

Ethics

The stated aim of this research is to explore relevant 'frames' for understanding therapeutic social work with young refugees.

Changes in research governance in the UK require social researchers to work within regulated and legal frameworks. Research undertaken within the health service domain can be fraught with decisions, choices and approaches requiring justification in ethical and moral terms (Marks and Yardley, 2004). Schweitzer and Steel, (2008), reflect on the complex issues relating to concepts, methods and ethics prompted specifically when undertaking research with refugees. Issues taken up earlier by Jacobsen and Landau (2003), who argue strongly that scientific rigor in researching vulnerable groups is an ethical issue for researchers, owing to its significance in informing both policy and interventions. The view that concepts and methods *cannot* be separated from the whole subject of ethics and instead needs to be subsumed within a broad ethical framework is pursued in this section.

Original Research Proposal

The original research proposal was submitted to the university Research Committee in 2003. This was some years prior to the agency establishing its own Ethics Committee, (i.e. 2010). The clinical- researcher within the agency at that time, very much reflected the traditional culture of the institution best described by Paquin (2017, p.229) as *"high clinician - low researcher,"* (mentioned above), where there was a high level of therapy activity and lesser research engagement by therapists in their preparation of clinical case studies. Since then the agency's culture and approach to research has been modified.

It is fair to say that ethical issues involved in this study had been under

consideration from the very beginning. Firstly recognising that as English was not the young people's first language, this could indicate specific challenges in explaining the aims and processes of the study. It was envisaged that translating information into the young person's first language and written in a letter form for them to take with them to read and sign after an initial explanation, would be sufficient. A copy of the letter would be retained in their clinical file, as would the returned signed copy. If the letter was not returned, it was assumed that consent had been withheld and as such, the young person would not be included in the sample. Aware of the importance of informed consent, it was later confirmed that funding would be made available for interpreters to be used to explain the details and reasons for the research, in addition to translating individual information leaflets and consent forms. However, *"ethics in practice"* (Guillemin and Gillam, 2004 in Black et al, 2012) in terms of responding to the context dependent variables proved challenging. The naiveté of this and similar research approaches to refugees has been noted by Birman (2005), prompting the demand for on-going reflexivity in the research process, highlighted by a number of researchers, (e.g. Block et al, 2012).

Challenges Resulting From Informed Consent

The young people were reported to be between 16-17 years of age at the point of referral. (Although this was both formally and informally disputed in two of the cases). All had arrived in this country without parents, relatives or legal guardians. Two of the young men had 'uncles'. *Yazid* was living with his maternal uncle, but due to the strained relationship between them declined permission for his uncle to see me. In the case of *Abdullah*, the 'uncle' was not believed to be a direct birth relative, but belonged to the same tribe. However, the uncle had made it clear that he did not wish to be involved with any professionals, (possibly due to his own legal status in this country). *Dafina* had been moved to the home of a young Albanian couple, who were known to her father. The couple had agreed to become her carers. However, *Dafina* was also very reluctant for me to have any contact with them. (Although this was challenged when concerns arose regarding her misuse and abuse of prescribed medication). *Alseny*, the young man from Guinea had no family or friends and had very limited Social Services involvement. Similarly, *Elizabeth* was without family or friends in the UK, but was 'Accommodated' by Social Services (s20.

CA 1989).

It was clear for all, that schooling in their home country had been disrupted for one reason or another. There were varying levels of comprehension of English and obviously no prior experience of being involved in any kind of research projects.

I had at that time limited knowledge of the various cultures of the communities these young people had come from and no colleagues within the agency that were *"cultural insiders"* (Birman, 2005, p.171). This meant I was limited in the knowledge of potential challenges, risks and benefits in undertaking the process of informed consent. My own efforts involved providing simple translated written explanations and consent forms, for each of the young people. However, it soon became evident that not only was it very confusing for them, but it also aroused varying degrees of anxiety. A point similarly noted by Czymoniewicz-Klippel et al, (2010 in Block et al 2012). For example, notions such as 'confidentiality' and 'voluntary participation', were issues that all five young people struggled to fully comprehend, perhaps reflecting the argument that these concepts are culture-bound, having very limited meaning for those from different cultural backgrounds; and or those who may have experienced rights' abuses (Birman, 2005). Further, although following this process was seen to satisfy formal *"procedural ethics"* (Guillemin and Gillam, 2004 in Block et al, 2012), I personally and professionally found it a subjectively uncomfortable intrusion, which served to confirm my position of power, authority and 'expert' status, running directly counter to dialogical practices.

In all five instances, it was very likely that if pressed, each of the young people would have provided written consent to participate in the research, (perhaps to please me), without *fully* understanding what this actually meant. Casting doubts as to the nature of the fully informed and meaningful consent of participants and raising concerns about the possible use of coercion.

Early contact with these young people also revealed their anxiety about divulging certain information about themselves. As discussed earlier (Literature Review 2), they expressed concerns about knowing where and with who information might be shared. Suspicions and discomfort also extended to interpreters and concerns that information may be 'leaked' (to the Home Office),

or gossiped about (in their own communities), particularly for *Dafina* and *Elizabeth* who had been victims of rape. This was recognised as an established survival strategy. Similar anxieties amongst research participants was noted by Birman (2005) in her study of immigrants from the Soviet Union; and Yu and Lieu, (1986, in Birman, 2005), noted prospective Vietnamese refugees expressed considerable fear of being located by communist spies. This meant the planned use of the interpreters to explain details of the research had to be reconsidered. However, concerns regarding the use of employing translators has also raised issues of bias and the potential to influence the quality of the data (Jacobsen and Landau, 2003).

Rogers (2012) discussing three dimensions of power, in social work research refers to a behavioural dimension of power, which can be seen to be potentially oppressive, in treating (social work) service- users as subjects, whilst ignoring *their* interests. As a group of young people whose rights and freedoms were subject to considerable restriction, they were a *"captive"* population (in the agency). My role at points resembled one of a powerful 'gatekeeper' to resources or communication with other professionals, (e.g. solicitors) and other agencies. A role that is not that unusual in refugee research (e.g. Jacobsen and Landau, 2003). The *"dual imperative"* strongly advocated by Jacobsen and Landau, (2003), reflects the tensions that can emerge in research of this nature. That is, the requirement to balance the concern to reduce suffering, whilst at the same time complying with research standards.

Ethics and Methodologies

 A number of researchers have discussed methodological and ethical concerns in tandem, when working specifically with refugee populations (e.g. Block et al, 2012; Donna, 2007; Schweitzer and Steel, 2008). Dona's (2007) examination of participatory research methods, is critical of its limited benefits to 'empower' *unless* the aims for research include advocacy for political and social transformation. Similarly, Turton (1996), is clear that any research into others' suffering, is only justified if reducing suffering is an explicit objective. Or that refugee research provides knowledge and understanding, which is employed in the protection of refugees, or informs governments and international bodies working with refugees (Jacobsen and Landau, 2003). In the same vein, from a

social work perspective, Rogers (2012) warns against the 'mobilisation of bias,' by controlling the research agenda to reinforce hegemonic power, which can occur through both positivist quantitative studies and interpretive qualitative methods, (such as employed in this thesis).

Limitations of the standardised trauma model approaches, where a priori assumptions are relied upon and psychiatric constructs are employed, potentially obscure cultural conceptions and expressions of psychological distress within a broader socio-political understanding (Schweitzer and Steel, 2008). In that they may fail to reveal the full range of cultural and political contexts associated with forced migration, understood by employing ethnographic methods, which enable the 'full richness and complexity' of the refugee's experience to emerge (Hinchman and Hinchman, 1997 in Schweitzer and Steel, 2008). It therefore follows that it is important for those researchers that work with vulnerable groups like refugees, ensure that the methodologies selected, accurately capture the participants experiences (Liamputtong, 2007). Again emphasising the need for a trans-theoretical or trans-disciplinary model, (as mentioned above and also referred to in Literature Review 1); which offers a more holistic understanding of the complex issues faced by refugee groups.

Jacobsen and Landau (2003) argue forcefully that ethical research with refugee groups also requires that methodologies are not only sound, but also are *explicit* as to the limits in both generating data *and* drawing conclusions from them. The issue of representativeness is highly problematic when researching refugees (e.g. Jacobsen and Landau, 2003; Birman, 2005), as highlighted in the Literature Review 1; where various refugee groups are subsumed under the broad umbrella of 'forced migrants'. Those refugees who form part of a sample as a result of belonging, or attending an agency, (such as in this study), may not only present a self-selection bias, but in terms of the conclusions and recommendations aimed at helping, it *may* not be possible to generalise; and or may indicate different outcomes or consequences for those refugees that have been *excluded* from the research.

Arguments for Relational Ethics

Issues of trust are paramount when working with refugees. This involves researchers entering into a relationship with the participants as 'co-researchers',

(Kaukko et al, 2017; Schweitzer and Steel, 2008); as in this study. The former-named authors stress this particularly when the participants are minors whose rights have been ignored. Like older refugees, there is a need to respect the fact that they may have been instructed to say certain things, whilst withholding other information (Hopkins, 2008; Kohli, 2005); and may feel under increased stress or duress in certain situations. The need to develop trust therefore becomes a priority in the context of the research, but this also entails a willingness to enter into a relational process that acknowledges the bonds that develop and takes responsibility for situational events, (for example requests for financial help), or unanticipated decisions, in a manner that cannot be predetermined by procedural ethics. This ensures the dignity and beneficence of the participants, in life situations that are highly complex and which cannot be predetermined by ethics applications.

The following chapter, Findings 1, provides the stories of the five young people, listed in the order of presentation.

CHAPTER 6

Findings 1 – Stories of *Abdullah, Alseny, Yazid, Dafina & Elizabeth**

"Abdullah" – *The Minority Tribesman*

On our first meeting, Abdullah stated that he knew I *("Mrs M")* was *"his doctor"* and he wanted to tell me *"everything"* and to keep in mind that *"things won't always be the same".* He particularly wanted to tell me about Social Services and that was why he had come today. He was also very grateful to his own doctor, (Dr J.), who he felt was keen to help him. Dr J., had even asked Abdullah to come and see him following his appointment with me. Abdullah reflected that doctors *"had different hearts"* to Social Services, who were *"like a wall".*

He had another appointment at the Home Office, but was receiving support for his application to stay in the country from his case worker at the Refugee Council and also his 'uncle'. But he felt upset at receiving yet another visit from a social worker, asking lots of questions, such as whether he had ever had sex with a woman. His interpreter had whispered to him that he should not expect any help from Social Services, as they clearly did not believe a word he said. He was angry and confused about why Social Services did not believe what he had told them and offer him help; and also why they kept insisting that he had already made a claim for asylum in Germany, a country he had never been to. He could not help thinking about this in the light of his poor treatment in Austria and then Norway's refusal to grant him asylum.

There was nothing but fear in his home country. He came from a lower tribe, who had *"no guns or weapons".* Although keen to explain issues relating to tribal conflict and spoke briefly about the murder of his father and rape of his sister, he barely mentioned the death of the young boy in the madrasah, which was understood to have motivated his departure from Somalia.

*All details or features which can identify these young people have been anonymised.

When we next met nearly two weeks later, Abdullah continued to describe his ongoing conflict with Social Services. Despite now being legally represented, Social Services continued to dispute his age, arguing that he was not a minor, as he claimed and therefore not entitled to their support. They sent him for a specialist dental examination outside London. Abdullah said the journey was difficult and confusing and he had found himself at Luton airport. His solicitor was going to make a complaint to Social Services about their treatment of him.

He was at that time sleeping on the floor in a council bedsitter. The bedsitter belonged to a friend of his 'uncle's'. The friend worked, so Abdullah was alone for most of the day. When this friend's girlfriend visited, Abdullah would have to leave the flat and sometimes could not return until the early hours of the morning. On these occasions he would sit in a bus shelter, or go to another Somali home where he would sleep on the kitchen floor.

During our continued, at times irregular contact, Abdullah would ask for anti-depressants from his GP, who he spoke of with great admiration. He was worried about his mother and sister, and fearful that he would be killed if he was returned to Somalia and had recurrent dreams of being killed by a man with a spear. On occasions he would lift his T-shirt to show where the spear had pierced his skin.

Approximately eight months after we commenced meeting, Abdullah's situation changed and he was 'Accommodated' (s20, CA 1989) by Social Services. He arrived very excited, stating he had *"good news"*. The court had *"agreed his case"*. He had been *"one hundred per cent confident in what he had said and what his witnesses had also said"*. He had liked the *"lady judge"* a lot. *"She was like my mother…she was with me and a part of my life"*. The judge had fully accepted Abdullah's story about his father's shop in Mogadishu. A point the Home Office had questioned, in addition to raising doubts about Abdullah's finger prints and legal name. Abdullah admitted that he had used a different name in Norway, but had not disclosed this here. His mind now turned to thinking about trying to make contact with his mother and sister in Somalia. It was the first time he mentioned an uncle in Kenya, who he said was able to get news about *"his people"*.

He went onto talk about college. Last week, despite having very little sleep, he attended to sit four exams. He got twenty out of twenty-four questions correct in each paper. He smiled telling me that even some of the English students had not done as well. This had been publicly commented on by his teacher. Abdullah felt he was very *"popular"* with his classmates and *"is so isolated and happy".* When I pointed out this contradiction, Abdullah laughingly stated he had *"lots of friends and girls really like me".*

A few weeks later when we met, Abdullah began by expressing anger with his social worker, who he felt was accusing him of being *"too dependent"* on Dr J and myself. She had raised this issue at his recent Statutory Review meeting, describing him of *"making my problems big",* which Abdullah had felt was tantamount to accusing him of lying. He spoke of feeling enraged at what he felt were attempts to thwart him gaining help which was his right. However, other professionals at the meeting had *"got angry with her",* which appeared to satisfy his wish for her to be reprimanded.

Six months later when we were nearing the end of our contact, Abdullah said he had been thinking about the appointment and seeing me. It made him feel *"warm inside".* He didn't want to talk about the ending, but said he had made lots of friends at college and *"enjoyed"* being there. Settling into a Science Foundation course, which had both boys and girls, he was thinking he would like to become an optometrist. Also, he had *"good news",* he had a new social worker, who he quite liked. However, she would only be working with him for two months, helping him prepare his housing application. For the meantime he was allowed to remain in the residential unit he had been placed in. He thought this decision was based on the fact that he had not caused any trouble, unlike some of the other residents. He felt things had moved on since when we first met. Now that he had been granted leave to remain for a further five years, he had been advised he could probably apply for citizenship in the next two years. Now, he had plans to apply for travel documents and wanted a provisional driving license.

There was still no news of his mother and sister. But there was *"a chance – a hope".* He spoke about a recent Open Day at college, where he felt he was the only one in his class who did not come with a parent. He has told his friends about his parents and that he is *"looked after by Social Services".* This made

him feel *"shamed"*. He spoke of his dismay that Moslem would fight Moslem in Somalia, yet in the UK lots of different ethnic groups lived relatively harmoniously side-by-side. As before, he spoke fondly of his mother who had sent him away in order to protect him. He now doubted whether she or his sister were still alive. He had approached the Red Cross Tracing Service, they had warned him it could take months before they received any information.

Analysis

Abdullah's narrative reflects his preoccupation with the present. Applying Frank's Dialogical Narrative Analysis (DNA) approach (2012, p25-49), throughout our time together his stories depicted him as the major character, surrounded by a handful of minor characters – most of these being various professionals, (e.g. his GP Dr J; B his Refugee Council Caseworker; social worker, etc.) playing minor but significant roles. This small group were split into those professionals who Abdullah regarded as sympathetic and helpful to his cause and those who were not. The few professionals that fell into the latter category were nameless. All of these were social workers, who he would simply refer to as *"the first woman social worker"* or, *"the old Caribbean man", etc.*

The plotlines were simple and told of a constant battle having to fight for his rights and unable to feel at ease and let his guard down. Whether this involved practical and material resources, or on a more emotional level, there was the constant need to not be excluded.

These features, reflected Abdullah's awareness and the internalised dominant voices, of the normative hostile, socio-political discourse towards refugees and asylum seekers. However, from the description of his earlier experience in Austria (see Appendix), where he reports being held in an armed detention camp, followed by his subsequent failed claim for asylum in Norway, it seems understandable that cumulatively these migratory experiences would have led to a much heightened sensitivity, exacerbating feelings of being an *"unwanted invader"* (Parker, 2015).

Whilst Abdullah's stories were unambiguous, there remained a vagueness to other past details of his life. For example, he had told the psychiatrist that he had been wrongly accused of the death of a young boy who attended the same Koranic school as Abdullah, when in fact the boy's death was caused by a stray

bullet. His life had been threatened and as a result his mother sought financial help from a relative and paid for an agent to take Abdullah out of Somalia. This story was never mentioned during our meetings. Also details of where he had been prior to arriving in the UK could not be fully grasped.

Abdullah told Dr C the psychiatrist (referrer) that he did not want to talk or think about the past, yet agreed to be referred for 'talking therapy'. Perhaps indicating his confusion about what this actually entailed, based on the limited information provided; cultural differences which can cause ruptures and tensions in cross-cultural communication (Brouwer, 2016); or anxieties about not be excluded. With the understanding that he had given agreement, this may have also been a sign of his anxiety about turning down a potential powerful professional ally.

 Apfel and Simon (1996, p.37) state refugees rarely seek psychological help, which is typically viewed as a low priority following violent experiences, viewing such interventions as *"stigmatising and frivolous".* Bamberg (2004) explores the issue of 'counter narratives', which he regards as the 'other side of the coin' of being 'complicit', (with the dominant narrative or discourse). Suggesting that rather than viewing the subject as either 'complicit' in the acceptance of a dominant narrative, or alternatively engaged in countering the narrative, they are simultaneously creating a sense of self that manoeuvers between both positions, that offer direction to one's actions whilst at the same time constraining one's agency. In that individuals:

 "… position themselves in relation to the discourses by which they are positioned" (Bamberg, 2004, p.367)

Interestingly, throughout our contact Abdullah continued to seek medication from the psychiatrist and then later from his own GP for his symptoms of poor sleep, lack of concentration, nightmares and flashbacks. Regarding these difficulties very much within the physical rather than psychological domain. This may possibly offer an example of a *"cultural misunderstanding",* in that diagnostic symptoms and categories derived from one culture may not easily be transferable to another, (Fernando, 2010a in Dein and Bhui, 2013).

Although it is difficult to trace within his stories clear evidence of either his acceptance or resistance of the dominant trauma discourse, perhaps because of language and cultural differences, it does however seem possible to see how

Abdullah negotiates and manoeuvers between being both complicit and countering the dominant narrative. The most obvious example is in how he shapes our contact within a mental health agency, in order to try to meet his various needs.

From a dialogical perspective, Abdullah's stories reflect the challenges he feels he faces on the *macro-, meso-* and *micro-levels*, in his considerable efforts to negotiate a position for himself. This has been described in Literature Review 2, as '*homesteading'* (Kronsell, 2002). His feelings of exclusion places him at odds with the rest of society, promoting a powerful sense of *'me'* against *'them'; 'good versus bad'; 'strong versus the weak'.* This was typified by what seemed a protracted and intense battle with Social Services and the enormous energy with which he pursues this story in our meetings. On occasions becoming quite excited as his voice grew louder and louder.

McAdams (1993) has referred to archetypal stories within a narrative tone. Abdullah's stories appeared to border either the 'tragedy' story, one of wounded dying heroes with a sense of pessimism or potential foreboding. Or the 'irony' story, where the tragic hero possess attributes or characteristics which can bring about his own downfall. There is a hint of this, when he tells me that his teacher made a point of mentioning his test score in front of the entire class. Although he was right to feel enormously proud of his achievements, he was also clearly aware of the potential envy and resentment this could arouse amongst classmates.

As the audience, the polarity in his character descriptions and plots induced a need to take sides, (usually his); or become judgmental towards those who were seen to have failed him. There was often little room for ambiguity or a situation being inconclusive. This all powerful sense of who he sought to present, was similarly promoted in a bodily manner (Francis et al, 2010) in his physical presence or 'visibility'. For example through his frequent visits to the Social Services office and his refusal to leave. This *I* – position resonates with the identity of the 'minority tribesman' in Somalia, who tells of how he and his family have been subject to extreme humiliation, oppression, violence and fear. However, from a social work strengths perspective, it revealed remarkable resilience and physical and emotional resourcefulness.

As in the description of the mental health agency, provided in Chapter 1, similar themes were noted from Abdullah's description of Social Services. Specifically the chaotic policing of the agency's borders was reflected by his descriptions of various visits from different social workers, who asked him lots of questions, (some of which seemed unreasonably intimate), only to return and ask more. Also, from his accounts, the thoughtless and humiliating manner in which he is on one occasion removed from the Social Services office by police and then later despatched for a dental examination of his teeth to confirm his chronological age. During one of our encounters a different voice is heard, as Abdullah objectively responds to this dramatization of exclusion against *"racial difference"* (Davids and Davison, 1988), when he correctly points out how Social Services act to protect Somali children by removing them from abusive and neglectful situations, yet as a young migrant his fate is ignored, (an example of a 'tragedy' narrative).

An alternative identity is seen in Abdullah's contact with other professional figures, who he recognises also hold power. This is witnessed in his considerable efforts to engage both myself and Dr J., (*"doctors had different hearts"*) perhaps even seeking a 'special' relationship with Dr J. who is concerned to help Abdullah as a young refugee.

Abdullah's connections with the Somali migrant network had initially proved helpful. His 'uncle' had put him in touch with various members of the community who could provide food and shelter. What is apparent is Abdullah's desire for independence and with this the construction of a new identity and the *"fusion of cultures"* (Mirza, 1997 in Weedon, 2004). Whilst negotiating acceptance and *"a site"* (Falmagne, 2004) for himself, he simultaneously also is having to manage the various tensions representing home and host cultures. The notion of being 'special' is again reflected in his descriptions of college, where he describes having *"lots of friends".* Implying his desire to be seen to be the same as others, or at least reduce the difference between himself and the other students. Phoenix (2009) describes how educational settings can form the location of antagonisms and struggles between voices, groups and cultures and where subjects can encounter *"epistemic violence".*

 A difficulty in accepting his alterity externally, may have been a reflection of Abdullah's internal dialogue and a propensity towards monological

relationships. This proved to be the case for many months of our contact where Abdullah's stories of battling adversity filled the meetings. However, evidence of a more dialogical encounter began to emerge very close to our ending. There was some indication of a more genuine connection between us. I had not seen him for a few weeks and he began by saying that our meeting made him feel *"warm inside".* He also reflects on the potential to have a constructive relationship with a new social worker, despite this only lasting a few months. There is also a notable shift in his position and identity as new voices speak of Moslem fighting Moslem, yet in this country, various ethnic groups can live together in relative harmony, perhaps indicative of his own more harmonious relationships. His desire to learn to drive and identifying a future career, suggest increased security whilst in a dynamic process of re-defining himself in his *struggle of becoming.* Allied to this, emerged a sad and very painful acknowledgement of the possibility that his mother and sister were no longer alive.

"Alseny" – *The Boy With The "Good Heart"*

At our second meeting, Alseny commenced by stating that he was now trying to stop thinking so much about his problems. He moved onto say that he had *"friends"* at college and was keen to have contact with them, so he would aim to meet up with them during break times and occasionally at week-ends. It was difficult to have a lot of contact with them. Limited finances restricted his use of his mobile, or being able to go out. He had a few refugee friends, but the majority of his friends were African. A couple of these were in fact foreign students studying in the UK.

Finances were a major issue, but Alseny seemed very accepting of the situation, as though this was what he should accept and not expect any more. He had been provided with information about a local church charity that offered free meals, recreational facilities and advice for refugees specifically. He seemed rather reluctant to avail himself of this help, saying instead that he wasn't quite sure where it was.

He felt he had too much time on his hands, which was sometimes spent sitting in the park watching children play, it helped his *"mind to be peaceful"*. Or more often watching television in the B & B he lived in. He had been trying hard to find a part-time job, but was repeatedly disappointed. He had even written a CV and distributed it. He had talked to lots of people, particularly in local supermarkets and was most often told that someone would look at his CV and phone him back, but they never did. He felt despite his disappointment he could not realistically *"be angry"* with these people, as they had not *"promised"* anything. Again there was a sense of very limited expectation of others. When this was pointed out, Alseny agreed that he did not feel he should expect much of others.

However, he then went on to talk about the lack of Social Services involvement. He had never had a social worker. Instead he had been advised that he could *"drop into the office"* if he needed *"advice".* He felt in an awkward position when there were outings at college. All the other students would seek permission from their parents, who would provide payment. He knew a few students who were like him, but they would get permission from Social Services, who would pay for the trips. But he had no one to ask, or who would pay. On the last trip to

Brighton, the college signed the form and his teacher eventually paid for him. This all made him feel very different from others.

He began to talk about the recent terrorist attacks in London. He didn't think that people *"had changed"* towards him, but after some hesitation said that he wondered whether *"people"* believed that he was *"evil"* and needed to be removed from the country. He didn't agree with what the bombers had done. They were against Islam and they had no right to kill people. Last Friday at the mosque a Pakistani man had denounced the bombers. Although everyone had outwardly agreed with him, Alseny wondered how many secretly supported what the bombers had done.

If the Home Office decided to deport him, he would not like it, but would understand. If he had to leave the UK he would go to Mali or Senegal, there were no wars or conflicts there. He then spoke at length about the political situation in Guinea, the powerlessness of the people against a corrupt government.

Approximately eight months later, Alseny began by saying *"There is nothing new"*. He then repeated this. I assumed that he was referring to news from the Home Office as this had recently understandably dominated his thoughts. He agreed saying that he was still waiting for a letter from the Home Office. His benefits were still coming through. But the manner in which he said this seemed of little importance or help to him. His friends had told him to see his MP. He had got her details, but he was not sure whether to phone or write. He produced a letter for me to read. He wondered whether he should ask the Advisor from the Refugee Council to help him and perhaps go with him. She was *"good at helping him"*. I agreed this seemed a very good idea.

He liked coming for these appointments, but the first thing he needed was a clear decision that he could remain in the UK. He fell quiet for a few minutes, then saying his college had arranged for students to visit what sounded like a careers fair. He had gathered information about joining the army or police. But when he enquired further he was told that unless he had 'indefinite leave to remain' in the UK he could not join either. He described feeling trapped, not able to belong anywhere.

He wanted to work and *"pay- back"* the money he had been given in benefits. But there was nothing he could do except sit and wait. Even sleeping was now getting to be a problem, because he wondered whether when the morning came he would still be in his own bed. He admitted being afraid that the police might come and detain him. He had gone to the Social Services office and they had confirmed that this could happen. Alseny felt that as they were *"so powerful"*, they must be right. Although he didn't actually know anyone this had happened to, he knew *"Social Services were right".*

I noted that he had become tearful and he looked away, saying he felt he had to keep smiling as it was *"helpful"* to him. He said he needed *"a plan".* He knew that if his mind *"went"* then he would no longer be able to plan for himself. He wanted to be able to go to bed late and know that when he woke up in the morning he would know that he would be going to college and then onto his job, or the other way around.

Currently, he goes to college and then goes home; he may listen to some music, cook a meal and after this there is nothing else for him to do. He wanted and needed to work to 'pay back' the money he had been receiving in benefits.

If he had been at home he would have been working and he would have given some of his money to his family. He would be expected to work if he was at home now. His father had lots of relatives to take care of. Giving money depended on whether one had *"a good heart".* If one is a good person he would be generous, if not he would give very little. He wanted to work and send money back to his family, perhaps to get them out of the country. It was because of his family that he had ended up here. His family had not been rich, but had given him what they could and taken care of him. If he had no family he would not have to worry so much. He saw himself as *"a simple person",* he did not want to be *"a millionaire".*

He had been made to study at a Koranic (not French-speaking) school. His father would argue with him all the time about the need to study. Sometimes he would get a beating that he would not forget. He thought that his parents would be worried about him. It was unlikely that the man that had brought him here would have been able to tell them he was safe. They would worry about him being far away and on his own with *"no supervisor".* Back home boys were

allowed to leave Guinea and go to a neighbouring country to look for work. This was usually at the age of 20, not before.

Analysis

The situated nature of Alseny's account, (like Abdullah's) immediately orientates the listener to the harsh socio-political context he finds himself in. Like Abdullah, Alseny's moving stories fall within the genre (Reissman, 1991) or mythic (Mc Adams, 1993) of 'tragic' stories, which he uses to structure both the events and his experiences, so that they are meaningful and relatively easily communicated. There is a deeply sad and increasingly pessimistic and menacing narrative tone as his life and asylum status becomes more and more uncertain. This confirms his position as, 'unwelcome', 'undeserving' and 'taking benefits'. Societal voices which have become internalised and lodged.

This harsh, hostile voice is also emphasised by how Alseny shapes his accounts, which confirms him as a young man who is a good son and good Moslem, with a strong work ethic. An identity, or *I- position* which has emerged through dialogical relations with his parents, family and community and remains a constant preoccupation and is constantly at stake throughout his stories.

Despite his best efforts, failure to make considered headway at college, (which he reports to the GP) may reflect Phoenix's (2009) view of the tensions and struggles that are contained in such *"micro-cultures"* (Haywood and Mac an Ghail, 1997). However there is clear evidence of his efforts to try to cope with this 'field of tensions' (Hermans et al, 2016) and maintain an identity as a 'student', despite it creating an additional source of pressure. He responds to this pressure by seeking to reposition himself with a 'dual-identity' as student and *also* part-time worker, which only seems to add to his feelings of lack of progress and hopelessness.

This dialogical process reflects the constant movement back and forth between cultural voices that are connected to 'here' and 'there' (i.e. sociocultural contexts). He describes how boys of his age in his own culture are expected to contribute to family finances and the care of extended family members. Finding a job offers a means by which his real or imagined connections to his home are recognised. Further it can also be seen as an attempt to establish 'sameness' and the equivalence of power (Bhatia, 2012).

As with Abdullah, the genre of the stories Alseny shares serve as a technique for understanding the cultural framework that is available to him based on his position and the societal context (Elliott, 2005). His stories position his identity as 'other', carving out an isolated space to occupy. With no other narrative resources available to him, his stories repeatedly indicate the oppressive influence of the macro which constricts his legal, financial and social situation to adapt, negotiate and develop new *I-positions*; (which might over time, even replace traditional cultural positions). Thus highlighting his intense *struggle of becoming.*

However, these narrative features cannot be separated from the particular narrative environment (i.e. a mental health out-patient agency) and the narrative occasion (Gubrium and Holstein, 2008), i.e. the *meso-* and *micro-* contexts. There is some indication Alseny may have had some understanding of 'talking therapy'. During one encounter he clearly positions himself within the mental health discourse, when he speaks of his "*mind"* 'going', or breaking down under the stress that confronts him. As in Abdullah's analysis his comment may reflect a *"double-voiced discourse"* (Bakhtin, 1984 in Vitanova, 2013) where Alseny's dialogical voice is also heard with the dominant voice of the Western trauma discourse. His expression of anticipation and expectation during our encounters and serious concerns regarding his very limited financial resources, might suggest there were possibly other unspoken reasons for his attendance.

Throughout his regular attendance, he does not mention any troubling psychological symptoms, except for difficulties in sleeping. Nor does he seek further help in the form of medication from his GP, who made the original referral. In fact he presented as psychologically unaffected by the trauma of his sudden dislocation (see Appendix 2). His poor educational progress and the distress he experiences in response to a variety of psychosocial stressors, might more helpfully suggest his difficulties were perhaps less trauma related and instead fall within the scope of an 'adjustment disorder' (Despland et al, 2015).

This perhaps might raise questions regarding the implied universality of the trauma discourse and also draws attention to the significance of the various mediating variables involved in trauma responses (e.g. Ritchie, 2006). Francis et al (2016), in a multi-cultural study of adolescents, note that factors such as

'family strengths' and 'positive parent-adolescent relations' were significantly correlated with adolescent well-being. This might help to explain Alseny's responses to his very difficult and frightening experiences. Perhaps allied to this point, Mc Adams (1993) observes that the formulation of personal stories that contain life threatening elements, (such as the risk of deportation), can enhance the individual's ability to cope by concentrating on positive images. There may be some support for this view, as Alseny's thoughts turn and he moves to another spatial position in accordance with his changing situation. He speaks of the need to have *"a plan",* in the event that his asylum application is turned down. He would then attempt to go to a safer African country, such as Mali or Senegal.

Like Abdullah's stories, on a micro level, there is a paucity of characters. In Alseny's case these are limited to nameless other African students and young refugees. This might suggest a particular acculturation strategy of *"separation"* (Berry and Sam, 1997 in Bhatia in Hermans and Gieser, 2012), i.e. where the individual from a non-dominant group, places greater value on their original culture. This is significant in as much as it suggests three things. Firstly, his identification with a few other African and asylum seeking young people, may offer Alseny a sense of a collective community, *in the absence* of a migration network (that would provide help and social connections) and reduce uncertainty and insecurity. Providing an example of the phenomenon of *"homesteading"* (Kinvall, 2004). A strategy for coping with a psychological homelessness, (discussed in Literature Review 2). Secondly, identification with other young people who are similar to him may serve to protect him from embarrassment or fear of rejection (that was similarly noted in Abdullah's stories), the effects of racism and the 'silencing' by members and practices in the host country (Bhatia, in Hermans and Gieser, 2012). Thirdly, Alseny is clearly deeply aware that his religion and legal status, as asylum-seeker, act as 'identity markers' (at a point where his future is uncertain). Seeking reaffirmation from a localised group could suggest that (unlike Abdullah), Alseny finds it difficult to change the identity ascribed to him. Or due to the considerable stress and anxiety induced by his new cultural context, there is a degree of resistance, towards an 'integration' strategy and cultural 'hybridity', which marks diasporic

survival (Mirza, 1997 in Weedon, 2004) and the development of a heterogeneous and multiple self (Hermans and Hermans – Konopka, 2010).

Outside the agency, Alseny passively accepts his own 'invisibility' and what he is told by Social Services. The absence of any significant professionals in his life *may* have been a factor in his steady attendance at the agency which offered a degree of reassurance or security. Although concerns regarding the suitability of the referral and *"dumping"* by other agencies remained a source of tension. His belief in the status and power of authority figures, (particularly white professionals) is reflected in his comments about Social Services being *"so powerful"* and *"right"*, interpreted as a feature of the legacy of colonialism (Blackwell, 2005). His 'invisibility' forms part of the character of the *inter*-active feedback loops between the three levels – *macro, meso and micro.* The policing and strengthening of border controls on a societal level in response to uncertainty and fear of the other, are once again witnessed in the mirroring of Social Services and the hospital psychiatry department responses and in Alseny's fears that people may view him as *"evil"*.

Finally, Alseny's story of his departure from Guinea, perhaps lacks the compelling idioms included in Abdullah's story. Suggesting a degree of freedom and choice regarding both departure and destination, in the absence of an established migrant network. Placing him at some point along the continuum between 'unquestionably forced' and 'unquestionably voluntary' (Lindley, 2008).

His stories were a composite of the hopelessness of his current predicament alongside plans for the future. He speaks of being unable to return to Guinea, despite his attachment to his country and family. He also alludes to the fact that a possible motive for coming to the West was to make money, particularly to send home (remittances). Aiming to improve one's own life conditions and their family is a powerful motivator in migration (Heering et al, 2000). He states that if his asylum claim is rejected, he will attempt to return to Africa, but one of the *"safer"* countries. This provides a return to a context of relative certainty and an identity rooted in his culture and closeness to family. Confirming the view that migration can be seen to be circular, inter-dependent (Faist, 1997) and a sequence of events (Boyd, 1989); and where there are degrees of choice at each stage.

<p style="text-align:center;">"Yazid" – The Inconsolable Son</p>

Yazid was the first young person to be referred to the Adolescent Refugee Service. His attendance remained very regular throughout the fifteen months we met. Often in the initial months he would arrive early but would find it difficult to remain seated in the waiting room and instead would hover outside in the corridor looking out for me. A characteristic of our encounters were the lengthy silences, usually during the beginning of each encounter. He would lean back in the armchair, close his eyes and appeared to fall asleep. After a brief period and gentle encouragement, he would 'awake' from his slumber and begin talking.

During our first encounter he hesitatingly began by speaking of his feelings at the loss of his mother and family. He was certain that no-one could ever fill his mother's place. Not ever. Certainly not any girlfriend or wife. His mother was the most important person in his life. When I suggested that perhaps he was telling me that there was little point thinking about what this meant. He nodded saying *"Yes".* After a pause he began to talk about life in Afghanistan, explaining that he and his family had lived in his paternal grandfather's home with other extended family members before moving to their *"own house".* In Afghanistan, even if families did not live together, they did not *"move far away".*

His considerable worries about his mother were heightened by his suspicions that his older brother had left the family home, or worse been recruited as a fighter by the Taliban. This meant there was no man in the house to care for her. He was sure that his brother wouldn't have joined the Taliban voluntarily. He had made repeated requests on the phone to his family, asking to speak with his brother, but was given various reasons why this was not possible.

He now lived with his uncle, but was *"not happy"* with the care he received. His uncle did not *"talk enough"* and was not interested in him. He didn't like his cooking and never seemed to have enough time to take Yazid out and *"other things like that".* His uncle neither treated him as *"a son or brother".* His uncle had lived with the family until Yazid was approximately three or four years old, but then they lost contact with him, although he kept in touch with an uncle in Pakistan.

His uncle was getting divorced, this would certainly have not happened if he had remained in Afghanistan. Yazid believed his uncle cared little for him, his sister (i.e. Yazid's mother) and the family left behind. This angered him.

Five months later, during another encounter after the Christmas break Yazid commenced after some encouragement by saying he had *"lots in mind"* and didn't know where to begin. A boy from Pakistan, who was a pupil at his school had been granted leave for his family to join him in the UK. Yazid was annoyed and upset as the boy had arrived in the UK after Yazid. Yazid repeated that he still had not heard *"from the government"* about his own application for family re-unification. He complained bitterly about how lonely and difficult his life is now. He had *"no family to laugh and eat with and play games".* On New Year's Eve he and some friends had gone into London. He had enjoyed himself and felt part of the group – even when they were all trying to push each other into the fountains at Trafalgar Square. But that was then. He was back at school and it was all pointless. There was nothing at all in his life, no-one to talk to *"no fun, no laughing".* He had discussed before Christmas the idea that he might apply for a holiday job. He had made an application for a Saturday job in *Next* in the menswear section. However, he was told that he required previous retail experience. He would *"see about doing any more".*

Adding to his misery, he also felt he was receiving insufficient help with his schoolwork. He had gone to see one of his teachers about this and had been shouted at. He felt he was *"trying hard"* but getting nowhere with his life. When he was at home, they would nag him to get on with his school work. His parents would say that if he didn't do it, no-one was going to do it for him. He then quite suddenly became uncharacteristically animated as he spoke about his family. He was seen as the most talkative member of the family and was constantly being told to *"shut-up!"* Now when he meets up with his friends he does nothing but chat. He feels this makes up for the time he spends by himself in the flat, when his uncle is out.

Six months later and during the latter phase of our contact, Yazid arrived wearing a T-shirt with *FCUK* in large black letters. He was sorry to have missed last week's meeting. He had been at a friend's house and it had been too late to come to the appointment, saying, he knew there *"were rules".* He went onto talk about his recent visit to his cousin's home, (see Appendix 3). There had been *"a*

special meal" to celebrate an important religious festival. There were eleven members of his cousin's family, plus Yazid and his uncle, seated at a long family dining table. After the meal Yazid played with his youngest cousin who was five years old. They were both playing with *"a water melon".* He was laughing as he began to describe the scene – lots of people talking, laughing and many food dishes being passed around the table.

He once again felt part of a family. He sees them two maybe three times a week, but *"it is not enough".* They had told him to come whenever he liked. But he did not think they necessarily meant this. Anyway, he had to take two buses to get to their house. He felt good about things when he was *"a part of a team",* like being at his cousin's house. Also, he had been on work experience placement in a general office. As the *"office boy",* he did the photocopying, shredding, making tea and emptying the waste paper baskets. He had also enjoyed this experience, it had given him a sense that he 'belonged'.

He returned to the subject of his visits to his cousin's home, saying that his uncle and he go *"together".* Yazid was aware that his uncle *did* have his own issues and worries, but he did not drink and he was not *"a bad Moslem".* His wife on the other hand was different. Afghani women do not divorce, this was entirely unheard of.

Analysis

There is a sense particularly with Yazid's stories of how they appear *"nesting dolls"* (Gubrium and Holstein, 2008). In that each story can be embedded in larger stories about home and culture, which are further embedded within even larger stories about the undermining and threat to traditions and culture through migration. The narrative is very different in tone and content to the previous narratives by Abdullah and Alseny. The stream of thoughts that create Yazid's stories are populated with family members and the voices of Imans, school teachers, the *"society of mind"* (Hermans, 2002). Yazid's 'thinking self' is a dialogue derived from the various relations the self has with others and community. He shows at the beginning how he positions himself close to this community, e.g. in his brief comments about his pre-migratory life with his extended family, then nuclear family and particularly in his relationship with his mother; and then in his expectations of his uncle here in the UK.

Conflicts between the voices emerge specifically around Yazid's expectations of his uncle's role within their culture and traditions and what Yazid perceives as his uncle's abandonment of traditional Afghani mores. Suggesting initially that his uncle had sought to relinquish cultural and psychological contact with their traditional culture. Whereas Yazid, faced with the anxiety and stress of his new cultural context endeavoured to hold more fervently to an old way of life. Movement between monological and dialogical and the negotiation of positions and the extended self, emerge in his stories during the second encounter. New voices or *I-positions* describe the New Year's Eve fun, excitement and play *with* friends at Trafalgar Square, but these voices quickly retreat back to *"no fun, no laughter".* The split between the two experiences, might suggest Yazid's feelings of insecurity and a lack of control. Aware that on some level some social attitudes and behaviours that exist within the dominant host contradict the norms and values of home in Afghanistan. Potentially creating a sense of self that is divided between two cultures that appear to him at times, hierarchical and irreconcilable.

Within a globalised world it is no longer possible to exist in bounded societies or those that are significantly different from other societies (van Meijl in Hermans and Geiser, 2012). It is may be that this uncertainty regarding cultural identity, fuels his worries, concerns and focus on schooling, which nevertheless offers a 'continuity strategy' (O'Sullivan and de Abreu, 2010). A Concept discussed in the Literature Review 2.

However, Yazid's attempt to obtain a Saturday job in *Next* menswear seems highly revealing. It suggests a desire and capacity to make shifts that involve significant transformations in clothing, social attitudes, behaviour, etc. Perhaps an example of this was the particular T-shirt he chose to wear during one encounter, which might indicate the movement towards 'hybridity' (Bakhtin, 1981).

The movement, or oscillation between *I-positions* (also evidenced in Alseny's stories) cannot be separated from the sociocultural context and issues of power and the constructions of 'other' (Bhatia in Hermans and Gieser, 2012). An acculturation strategy that seeks to hold onto the culture of origin, regarded as *"separation strategy"* (Berry and Sam in Bhatia in Hermans and Gieser, 2012) can maintain his position of 'other', in spaces on the 'border'. His comment

regarding the need to feel *"part of a team"* appears to epitomise this awareness of his identity as 'other', of not the same and not 'belonging' in the dominant society (Bhatia in Hermans and Hermans-Konopka 2012).

As the self is defined by a number of voices or *I-positions*, then it is possible to see that society is not only able to address the 'self' but also inform the self of how the self and *I-positions* are approved, or indeed disapproved (van Meijl in Hermans and Gieser, 2012). Without him elaborating on the reasons why he was unsuccessful in gaining a job in *Next,* it may be an example of how cultural domination prevents this *I-position* being made available to him. Instead Yazid is seen to identify with the *"office boy".* A further such example arises when Yazid comments he was not sure where to begin at the start of an encounter, suggesting an awareness that there needed to be a certain *way of talking* between us. This appeared to be linked to his recognition of the agency as a specific 'narrative environment' (Gubrium and Holstein, 2008), where there are *"rules".* Like Abdullah and Alsenny, Yazid also is seen to position himself within the mental health discourse when he speaks of *"lots in mind",* reflecting *"a double-voiced discourse"* discussed earlier (Bakhtin 1984 in Vitanova, 2013).

<u>"Dafina"</u> – <u>*The Special One*</u>

At our first encounter, almost as soon as she eased herself gently into the chair Dafina became very tearful and without prompting told me that she was *"Roma"*. The Roma were not liked during the war. She had been raped by two Albanian men on her way home from school. The face of one of the attackers had been covered. They later told her father that their attack had been in revenge for what they perceived as the Roma's siding with the Serbs against that Albanians.

Dafina had previously seen *"a psychologist"*. He had told her to try and forget about her past and just think about the future. He had also prescribed medication for her pain and something to help her to sleep. She found sleeping very difficult and was often disturbed by nightmares. Consequently she slept for long periods during the day. She was not sure why she could not continue to see the psychologist, but thought it was something to do with having a new GP.

She returned to the subject of the rape. On trying to escape from her captors she had broken her leg. She had not been able to receive much medical treatment and shortly after this, her father paid an agent who brought her to the UK. She now suffers continual pain particularly in her back and has been diagnosed as suffering from scoliosis. Sometimes the pain causes her to *"black out"* and her carers *"phone an ambulance"*.

The agent had originally brought her to stay with a family in Barkingside, but she was now being taken care of by an Albanian couple who had offered to take care of her. *"Lots of people"* ask her whether she goes to school or college, but she is in too much pain to attend and has never enrolled since she has been here. She went on to briefly describe the care she received from the couple, who *"promised to take care of me like their own child"*. Dafina's family had lived next door to *"a good Albanian neighbour"*, but all this changed following the war. During the day she and J (the female carer) watch television, they *"talk a lot about things"* and their problems. J showers Dafina and washes her hair.

In Kosovo before the war, Roma and Albanians lived side-by-side and attended school together. Dafina had been a *"good student".* She had learnt to play the piano and would have liked to have been a professional pianist. But that is not possible if you are Roma.

Her mother was now ill in hospital with cancer. Dafina was unable to speak with her and felt her father deliberately withheld news about her mother and the treatment she was receiving. Dafina was beginning to wonder whether her mother had died and her father did not want to break the news to her because she was *"so sick".*

She then spent the remaining time talking in detail about the extent of the medical care she received from various departments and specialists at the hospital. On leaving the room, she paused in the doorway and said *"Good-bye doctor…"*

Five months later during another encounter Dafina stated that she was *"annoyed"* that a decision had been made for her to receive only one week's worth of medication at a time. She was also *"not happy"* that she had been asked to see Dr X for a psychiatric assessment. *"Dr Y is my doctor"* (i.e. the hospital consultant physician). She did not like seeing Dr X and did not like him coming between us. She also did not like talking to others about what had happened to her and often wanted to tell *"a different story – a happy story".* In a recent dream she had, there is a man, whose face she never sees, but believes that in some way he is connected or related to her mother. He speaks both Albanian and English and she feels he is very kind to her and wants to help her. He tells her that she needs to *"move forward".* She admits that although she likes him, this makes her very angry. Her mother appears at moments in the dream but then quickly disappears.

She had accompanied J on her first driving lesson. The car was an automatic and the driving instructor had confirmed that Dafina could learn to drive in it also, despite the pain in her leg. But the lessons were too expensive for her or her carers to afford. She then moved on to say that she had been very good at remembering her family's birthdays. In fact on one occasion she had organised a surprise birthday for her grandmother, which had delighted the whole family. She thought she was still able to show care and love to others. The *"the old lady"* from Connexions had visited last week. When Dafina came downstairs she had found her and J both crying in the kitchen. The Connexions worker's mother had just died and J was crying because she was still struggling to get pregnant. Dafina said she had made them both tea and sat talking with them for a while and was able to make them both laugh.

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At the following encounter, Dafina's mood had changed. The hospital had terminated the transport telling her that she should try and walk and use the light telescopic stick they had provided. Three weeks later when she returned again she told me angrily that she had decided not to attend any further physiotherapy appointments because she thought she was likely to be *"very, very rude"* to the staff who were pressing her to become more active. She was now convinced that since the rape *"only bad things"* happened to her. She stated in a rather matter- of- fact manner that she needed help *"rebuilding my life"*.

Shortly after this, Dafina returned from a further visit to her mother in Albania, who sadly died whilst Dafina was there. Since her return, Dafina had since started 'talking to her mother'. She knew she was *"mad"* and that others also thought she was *"mad"*. She didn't *"trust"* the nurses. They stared at her whilst she 'talked to her mother'. This unfortunately all coincided with her claim for asylum. Her benefits had been stopped and she had lost her temper with staff in the benefits office and had consequently been told that she would have to wait for a new claim to be processed. She angrily stated that she had been raped (in Kosovo) and now she was faced with having no money.

Filled with anxieties she spoke of her fear of being returned to Kosovo, of either being killed by her attackers, or that she would die without the provision of the medication she received here. She spoke of feeling *"trapped"*. She could not leave except to return to Kosovo and she was adamant that she would not return. She knew failed asylum seekers were *"picked-up off the streets"* and deported, or their homes were raided in the early hours by immigration officers. She had no confidence in her solicitors and instead was gaining advice from other Kosovans here.

Some months later, the Home Office informed Dafina that they were unable to reach a decision about her asylum claim. She began to chat cheerily about her wish to learn to drive and wondered what papers she would require to gain a driving license. A few weeks after this the Home Office advised her that her application had been refused on the grounds that there was *"no evidence"* her family had *"registered"* as Roma. Further that the medical and psychological treatment she was receiving here was also available in Kosovo. During the following months her attendance became erratic. She confirmed that I was of

little benefit to her, that although she continued to *"love"* me, it was now only her mother who could be "*with*" her.

Dafina was eventually granted leave to remain for a further five years. In one of the last sessions she spoke of being her parent's *"princess".* She was now aware that the small army of professionals, (i.e. doctors, physiotherapists, the Connexions worker, solicitors, etc.) that had become so heavily involved were slowly drifting away. Some weeks later at our last encounter, Dafina informed me that she was pregnant (for a second time) and had been confined to bed as a day patient in hospital. When I asked whether she had planned to become pregnant again she stated in a pressing way that she wanted *"to change",* to not *"be the same"* *"to be different – and not take tablets and sleep all time".*

At home in Kosovo, women who are raped are talked about and *"looked at"* in the community and less likely to find a husband who has not been married before. Her maternal aunt who had come from the USA to look after her had overstayed her visa and had to return. Dafina's application for residence in the USA had been declined. Her aunt had bought a house in London and hoped to return in time for the birth. She had also applied for Dafina's father and siblings to come to the UK. She was prepared to vouch for them (financially), but this application for Family Re-Unification had been refused by the Home Office. Since then, enquiries had also been made about whether they could be brought into the country illegally, but this would prove too expensive for her aunt. Dafina wanted her family here, so that they could *"look after each other".*

She had also sought legal advice about changing her name, but had been told by the solicitor that this would not be possible because of her legal status in this country. She spoke of her disappointment and upset, as she felt this was another way of allowing her to leave the past behind.

Analysis

Dafina's stories were perhaps the most powerful of the five young people. Like Yazid's stories there is a sense of how they were populated with voices of others - her family, community and multiple professionals, creating the *"society of mind"* (Hermans, 2002). What is worthy of note in Dafina's case is firstly the formulation of *I-positions* that develop and are reflected in her stories; and

secondly, of 'identity as narrative achievement', (Neimeyer and Buchanan-Arvay in Hermans and Dimaggio, 2004).

Dafina's experiences of being Roma and the victim of rape in her home country appeared to have produced a *"rigidly dominant" I-position* preventing the *"accessibility"* of other *I-positions* in her inner self (Hermans and Hermans-Jansen in Hermans and DiMaggio, 2004). In situations of 'disorganised self', other *I-positions* may *contribute* to the disorganisation, e.g. in Dafina's case these were for example: *I –position* as no longer perceived by her community as 'pure'; *I-position* as Roma and therefore unable to fulfil her potential (as a professional pianist). The dominant narrative in Dafina's case was imbued with socio-cultural influences of *her* home (in Kosovo) and the specific discourses of ethnic discrimination, which obscured alternative renditions of herself.

These stories formed from a very frightening and painful experience created a dominant narrative, seen to have a disruptive effect on self-narrative and preventing other accounts of the self. White and Epstein (1990) have observed how dominant narratives can confer 'problem-saturated identities', which individuals can become trapped in (Meehan and Guilfoyle, 2013).

During our early contact, Dafina was eager to tell me about her physical health problems and the medical attention she was receiving from the hospital. This *I-position* in the external world is directly related to her being the victim of rape. The power of the *coalition* of these *I-positions* works to reduce the potential for her to access other more helpful positions in the external domain, (Hermans and Hermans-Jansen in Hermans and Dimaggio, 2004). For example, she is in too much pain and dependent on her carers to be able to attend school or college and engage with aspects of an age-appropriate life. As her physical health improves, Dafina becomes angry with hospital professionals who she feels put pressure on her to make progress; by cancelling hospital transport, encouraging her to walk and become more physically independent.

Hermans and Hermans-Jansen (in Hermans and Dimaggio, 2004) identify the need for therapeutic intervention to prevent this ongoing dialogically disorganising process, by counterpositions of the self, which are powerful enough to allow the (healthy) reorganisation of self. Paradoxically, on her arrival in the host country where she seeks asylum, the dominant narrative *I-position* of

the rape victim appears to be *exchanged* by a different and equally powerful *I-position* (dominant narrative) and form of stigma through the discourse of asylum migration. This 'exchange' in stigmatised identities, (*I-positions),* is particularly noted by her description of her visit to the benefits office. Dafina becomes angry when she tries to discuss the termination of her benefits, stating that she has 'been raped and now also is without money'. Within this small example, is also clear evidence of the influence and potency of the macro in relation to micro processes, in almost replicating the dynamic of the sexual assault and Dafina's position as a victim. However, her interest in learning to drive, can be seen as one attempt at the emergence of a new *I-position,* where she seeks to establish 'sameness' and the equivalence of power with the dominant society, (Bhatia, in Hermans and Gieser, 2012), and which also potentially gives access to the external world.

Dafina's *I-positions* in her internal domain appear to shift around the time when her mother dies, which coincides with her first application for asylum. In response, movement between different sociocultural voices can be evidenced by her comments that she is no longer "*trusting*" of hospital nurses, her solicitors and perhaps even me, (although she does not directly say this). Her stories instead indicate that she seeks to rely on her own resources and shows some indication of her capacity to be agentive and proactive in gaining advice about her asylum position by talking with others from within her own community.

The emergence of the *I-position* associated with the (Western) mental health discourse is initially resisted by Dafina, seen in her reluctance to see Dr X for a psychiatric assessment and in her statement that Dr Y, the hospital consultant physician was 'her doctor'. However this *I-position* or identity gradually becomes more dominant and powerful, *alongside* her *I-position* of a physically sick young woman. This is reflected in her comments of 'knowing' she was "*mad*" and that others also thought she was "*mad*". Even 'talking to her mother' which could be seen as an understandable response to a tragic loss of a loved one, is included within the frame of 'madness'. (A position that is seemingly benign becomes incorporated into an identity of self as "*mad*", forming a *coalition*). Her dialogical voice of 'madness' completely aligns itself with the discourse, reflecting a "*double-voiced discourse*" (Bakhtin, 1994/1963). Yet, similar to Abdullah, Dafina's attendance at the mental health agency deteriorates, becoming

irregular or erratic. It is possible to speculate that the mental health discourse, may have offered Dafina a strategic retreat from the hostile spotlight and identity ascribed by asylum migration, (similar to Abdullah). The identification with the voice of mental illness perhaps offered a sense that it could protect her from the dangers that potentially awaited if her claim was refused.

The issues of her pregnancy and impending motherhood are discussed in more detail in the following chapter.

Finally, Dafina's aunt had left Kosovo during the Balkan war and settled in the USA. Dafina the next generation in her family also left Kosovo for Europe, perhaps with a long-term plan to move onto the USA. This may be an example of 'mixed' migration discussed in the Literature Review 1. It certainly reflects the extent to which migration between geographical spaces has now become common and the nature of international borders. It also shows the role played by the *meso-level* of the social network, which in this case fits the definition of a diaspora offered by Toloyan (1996). In that the immigrant community see themselves and act as a collective community, maintaining links with the homeland and also holding narratives of migrant discrimination and hardship, (Bhatia, in Hermans and Gieser, 2012).

<u>Elizabeth – *The Obedient Daughter*</u>

Some of the early encounters with Elizabeth contained stories with details and inferences that related to the rape of her mother and the murder of both her parents and were extremely distressing to hear and watch her recount. Often our encounters were filled with lengthy silences. At first she chose to sit on the floor beside my feet, but was persuaded to sit facing me so that we could look at each other. On a few occasions she would stretch out her hand, inviting me to hold it.

"You know Miss bad memories are in my mind all the time…You know I was so close to my parents it's like having a big nerve cut". She had been feeling bad and had gone to see the doctor to ask him to prescribe sleeping tablets. A girl at college told her that she thought Elizabeth was *"mad".* She did not make clear the context in which this was said. She admitted feeling particularly bad the last two or three weeks. She couldn't concentrate or think. Sometimes in college her mind would just go blank. The only thing she wanted to do was to stay in bed. It did not make her feel better, just calmer.

We had been talking before the Easter break about her efforts at college. Was she finding it too difficult to cope? It was more comforting and safe to withdraw to bed. Elizabeth responded by saying emphatically that she did not want to talk to people. She did not mean *"everyone",* just *"some people".*

She had mentioned a while back about having *"a boyfriend".* Her previous social worker had introduced Elizabeth to a young Ugandan who was the same age. (I immediately recognised him as another young refugee who attended the service). The social worker had thought it a good idea, as they both spoke the same language. Although they did not attend the same college, they were both studying A-level maths. *'O'* (the young man), had been giving Elizabeth some help and support with this. She thought he wanted more from the relationship, than just friendship; but she did not feel she wanted a close relationship. She liked them being friends and they phone each other from time to time and meet up.

She said that she talks when she comes here, but did not feel she could talk this way to others. There was *"a gap".* She wanted to come here and she wanted me to understand how she felt. I would remember that *"before"* she had

not understood what *"the talking"* was for, but now she did. She admitted the Easter break had been difficult. *"Miss you don't know, I was so lonely with nothing to do – no college – and I couldn't even read a book…"* Sometimes when we meet it feels like a weight has been taken from her shoulders, at other times she feels *"stirred up inside".*

Seven months later, it had been agreed that as I was leaving Elizabeth was to be transferred to one of the clinicians for psychotherapy. The encounter commenced with a lengthy silence and then unprompted she stated *"I had to come!"* She had a dream last night, where a woman sits on her bed at which point Elizabeth feels all the strength leave her body. She felt the *"signs"* in the dream were *"not good".* I should know that she is a Christian. The dream had disturbed her to such a degree that she had phoned a friend (another Ugandan young woman), who agreed with Elizabeth, the dream did not seem to be a good sign. She went on to say that previously she had dreamt two men had entered her flat. One of them she beats and he runs away, the second intruder runs and hides and she believes that she had also managed to get rid of him. I wondered what she made of this last dream. She said she did not think the men had come to do her harm, but nevertheless, she had decided to get rid of them.

Elizabeth admitted she found the planned change in workers was unsettling. She spoke of feeling that she had to *"battle alone with it in her mind".* She had got used to me and now she had to start again. She realised she had to *"be strong"*. Her social worker (who is African), tells her she has to "*be strong"* and get on with her studies. He knows she wants to do well. Her parents would also expect her to be good and study hard. The teachers at her boarding school had been strict and would expect her to be top of her class.

This change in workers was another and different struggle, to keeping her flat clean and tidy, going to college and keeping appointments.

<u>Analysis:</u>

Elizabeth had originally been referred by her first social worker for a psychiatric assessment at the local Community Adolescent Health Service (CAMHS), where she had been diagnosed as suffering from PTSD and depression, prompting a referral for psychoanalytic psychotherapy in the Adolescent department. Elizabeth declined to take up the offer of help. A second referral

was made for psychotherapy by her second social worker. The reason for this referral was *"identity issues"* associated with being the victim of rape, both referrals emphasising her need for mental health intervention.

One of Elizabeth's stories provides evidence of circular feedback between the micro-meso-micro levels - where Elizabeth reports that someone at college had commented that she was *"mad"*. This prompts her to remark that she had previously not understood what *"the talking"* in our encounters was meant to achieve, but now from her attendance at the agency, she understood better. Seeming to imply that she accepts there was a legitimate basis for the apparently 'throw-away' comment made by the other student (and possibly the two referrals made to the agency).

Her subsequent dream which held culturally negative interpretations, (for Elizabeth), was also brought into the 'frame' forming an aspect of her 'madness'. (Again, bearing similarities with how Dafina employs 'talking to her dead mother'). This again confirmed for Elizabeth that she needed to attend a mental health agency. In the cases of both young women, it reflects the dominance of the mental health discourse and its subjective meanings. This small example of Elizabeth's not only implies the power and influence of the host society's worldview, which when internalised comes to assume dominance *over and above local and cultural understandings;* but also demonstrates the subject's passive acceptance.

Recognising that stories are a product of a particular culture and understood through the dominant culture's understandings, Lee and Horvath (2013) conclude from their study of six cross-cultural dyads *"the gap"* created by the difficulty experienced therapists have integrating vastly diverse cultural material into the therapeutic dialogue. This has been referred to earlier in Literature Review 2 in respect of the various aspects of 'uncertainty' that can imbue therapeutic encounters (Hermans and Dimaggio, 2007).

Seen as influenced by the level of the therapist's understanding of the client's culture, misperceptions were identified in the dichotomy between *"internal/psychological"* and *"external/culture"* (Berzoff et al, 2011 in Lee and Hovarth, 2013, p.207). In the study, culture was *mistakenly* assumed to relate to *"context"*, rather than *"content"*, so viewed as distinct from clinical issues and

producing what was seen to be a *"false dichotomy"* (Seeley, 2000 in Lee and Horvath, 2013, p.211). The study's authors believed that this explained why the therapists shifted the focus of the client's narrative to a more *"narrow/psychological"* focus, i.e. relevant clinical issues. As a consequence, the client who is culturally different from the therapist, is responded to as *culturally-neutral*. The client's cultural uniqueness is either removed, or worse pathologised (Lee and Hovarth, 2013). In *"silencing the emic voice"* (Seeley, 2000 in Lee and Hovarth, 2013, p. 211) it is possible for the other to become *known* and *knowable* (Bhabha, 1994), fitting within the *"tight narratives"* (Mountz, 2011) of the agency.

It is difficult to know whether Elizabeth's stories may have always lacked fluency and richness; or what the effects are of telling stories in a language which is not one's own. Also, Buckholdt and Gubrium, (1979 in Gubrium and Hosltein, 2008), warn of the influence of the therapeutic environment in marginalising certain narratives in favour of *the master narrative* (as seen above) and ways of *narrating experience.* There is little doubt that Elizabeth's traumatic losses would have severely disrupted her original self-narrative. Access to other voices or positions were restricted for many months as her identity was limited to one dominant rigid *I-position* - a victim of rapists and those who had slaughtered her family. Her comment referring to the loss of both her parents as a *"big nerve has been cut",* might suggest that her identity had been defined by her parents with whom internal dialogue (as well as external dialogue), was now tragically no longer possible.

From anthropological perspectives, Mann (2004) has referred to the sense of identity, not simply being associated with people and places, but with familiar and predictable elements of one's life, which includes an understanding of one's place in the world and expected roles and responsibilities. Elizabeth had been fortunate in attending a private boarding school, reflecting her parents' socio-economic status and desire for her to be educated. This identity may have had particular significance in the context of the lack of access to education for girls in Uganda. In a country where sociocultural, political and particularly economic factors can be serious obstacles to education, (particularly for girls). For example, only a *"very small fraction"* of girls are able to access higher education and trainings (Atekyereza, 2001, p.117).

What appears to emerge in Elizabeth's later stories after several months of irregular encounters, is her apparent *reconnection* with earlier goals. Aims that in the past that had been linked to the voices of her parents, teachers and peers. The reclaiming of her identity in education was clearly culturally relevant and may have provided a degree of comfort or solace, not least in terms of meeting parental expectations. The resumption of these aims, provided structure, direction and also some degree of hope (Sleijpen et al, 2016). Regarded as a dialogical strategy, it can also be seen as a significant act, by which *Elizabeth* was able to convert her 'difference' into 'sameness', with peers in the host society, which not only gives meaning to her 'difference', but also enables her to gain equivalence of power (Bhatia in Hermans and Gieser, 2012). However this self-assertion involved *Elizabeth* positioning herself within a field of social relationships (Bhatia in Hermans and Gieser, 2012), which came into direct conflict with her need to withdraw and disengage with others. (A position directly related to her experiences at home). Yet, unlike typical examples of the stories of other depressed persons, (white Americans), Elizabeth's stories suggest a *lack of dialogue* between the *I-positions* of the traumatised victim; the obedient, conscientious student; and the young attractive Ugandan woman (Lysaker et al, 2001). One possible explanation for this, may reflect the diverse nature of narrative genres across cultures (Barthes, 1977 in Vitanova, 2013).

The murder of her parents and her own imprisonment and rape are likely to have had a profound effect on Elizabeth's characterisation of various actors. Her stories contain a paucity of characters -two friends and her new social worker. All three are African and emerge as supportive, both practically and also emotionally. Rather than regarding these contextual factors as secondary in the understanding of Elizabeth's psychological well-being, peer relationships are seen to play a highly significant role in terms of reducing the uncertainty created by a major transition; the loss of culture and countering the risks of social isolation. They also act as a source of resilience, (Mann, 2004; Luster et al 2010) *and* distraction from very difficult experiences (Sleijpen et al 2016).

CHAPTER 7

FINDINGS 2

The aim of this study has been to explore relevant 'frames' for understanding therapeutic social work with young refugees. It asks how the institutional context constructs the identity of these service-users; how far therapeutic encounters assist with understanding the needs of these young refugees; and finally what constitutes ethical mental health social work.

This study has emphasised the significance of a three-level analysis – *macro-, meso-* and *micro-* in the delivery of therapeutic social work practice with young refugees. As such the following major findings have been organised under these three headings.

The Influence of the Macro level - Positioned

Four of the five young people were legally categorised as asylum- seekers. The fifth young person had been granted indefinite leave to remain in the UK. It remained unclear exactly how long each had been in the country, but it was believed that they had all be resident in the UK, at the very least nine months, but possibly much longer. It was thought that the four claiming asylum may not have entered the country through legal channels having been brought into the country by agents, who may have passed them off as their own children, or children of those already settled in this country (Bhabha and Crock, 2007). Confirming the problems raised by Mann (2004) regarding the complexity of definition and data collection of separated children entering the country.

All five had been referred by medical practitioners, with requests for psychoanalytic psychotherapy services for trauma-related issues. *Except* in the case of *Alseny*, where the request was simply for *"support"*. In *Dafina* and *Alseny's* referrals the referrer was not explicit about the actual experience of trauma, but was nevertheless clearly aware that the young person was an asylum-seeker. No mention was made in any of the referrals except *Yazid's* of the young person's current material conditions; and no comment was made regarding the four young people's socio-political context of uncertainty.

Labelling within the dominant biomedical framework can present potential risks, in terms of individual recovery (Kinderman et al 2013 in Lacasse, 2015). For ethnic minorities the process is prone to *"cultural misunderstanding coupled with racism"* (Fernando, 2010a in Dein and Bhui, 2013, p.777), or what has been termed 'cultural fallacy'. (A point raised in Abdullah's analysis, Findings 1).

Seen as 'hailed' by the trauma discourse and interpellated into specific subject positions (Althusser, 1971) the young people became subject to a binary dual assignment of identity by powerful others. Outside the agency, the criminalised 'bad' refugee. Inside the agency, the victim or 'good' refugee victim. Evidence on the *macro-, meso-* and *micro-* levels indicated the young people's attempts to *re-work* the shaping or *"manipulation of their identities"* Mountz (2011, p.257) and the different (societal) 'voices' of the dominant majority:

"…at once assimilated, integrated, privileged and marginalised" (Hermans and Hermans-Konopka, 2010, p.27).

Placed in an arena of incompatible or contradictory *I- positions*, the young people were seen to be continually negotiating and re-negotiating their identities. For example, witnessed on a *macro- level* by *Abdullah's* acceptance of the referral made by the psychiatrist, despite saying that he does not want to talk about his past. Then again on the *meso- and micro- levels* where his passive acceptance of the referral for mental health treatment is re-worked. In that, he tailors his contact with me to meet *his perceived* needs, e.g. in mediating the tensions between himself and Social Services; assistance in getting legal representation and court reports, whilst also coming to talk. Also seen in *Alseny's* reluctance to accept the offer of help from a charitable organisation working for refugees. This repositioning of self in relation to the dominant other, not only reflects an awareness of their own vulnerability and powerlessness within the socio- political-cultural context, but also indicates their efforts to reassert themselves as *agentive* and *establish equality* with the dominant group. In that way, they were seen to be reconstructing meanings surrounding their perceived difference and re-positioning the dominance between their various internal voices (Bhatia, in Hermans and Gieser 2012).

There was also evidence of clear attempts by the young people to convert their difference into 'sameness', like other migrant groups. Whether this be through education and career channels, or through the adoption of socially accepted

gender roles, e.g. being a young, single mother. An example of this process is provided by Bhatia (in Hermans and Gieser, 2012) in a study of Indian migrants' re-settlement in the USA. Endeavours to conjoin with the dominant host society, suggests a dialogical relationship which to some degree is founded upon a strategic identification with the voices of the dominant majority. Seen earlier (Literature Review 2) in the example of *Alseny's* comments regarding the replacement of his white, English solicitor by an Afro-Caribbean solicitor and his concerns that she may not be as good. Or another small example which could so easily be missed is his isolated comment, (referred to in Findings 1) about his state of 'mind'. This, in the context of his increasing fears of being refused asylum and his need to develop an alternative *"plan".*

Abdullah, Dafina and to some degree *Alseny,* make efforts to place themselves in relationships with helping professionals who they perceive as powerful. Abdullah's relationship with his GP was a case in point. However, these relationships (and other professional relationships which may have been viewed as less significant), had the potential to produce incompatible or contradictory *I - positions*, (Bhatia in Hermans and Gieser, 2012) e.g. Abdullah's referral by the psychiatrist for therapy; *Dafina's* Connexions worker's referral for *Dafina* to join English classes and have piano lessons; the social worker's referral for a volunteer 'befriender' for *Elizabeth.* Examples where there are clear efforts by professionals to provide help, the young person is seen to make an active decision whether to take up these new positions (identities), or not. This points to an aspect of the therapeutic challenge, which is to create strategies that modify existing *I-positions* that are more adaptive (Hermans and Hermans-Jansen in Hermans and Dimaggio, 2004).

The Meso Level – Health & Welfare Agencies

For *Abdullah* and *Alseny*, the story characters seemed limited to professionals, who were distant, impersonal and often task-focussed. Multiply positioned the young people's complex arrangement of identities and discrimination at intersecting and overlapping levels confirmed racialization and inequalities repeatedly being produced and reproduced (through the interactive feedback loops) at each of the three levels, (see Diag 1). This seemed particularly highlighted in *Abdullah's* case.

Alseny's stories of his relationships with welfare and health agencies at the *meso-level* can be seen to reflect the difficulty marginalised groups in society have accessing mainstream services. From an intersectional understanding, it suggests he is 'positioned' other than a 'victim' (of war or political conflict).

The issue of agency 'gatekeeping' either in the form of resisting referrals, or by re-referring onto another agency, was not just documented within the agency in which this study was undertaken, but also within other health and welfare agencies, (see Appendix 2). It is a point which is highly relevant. These observations from over ten years ago, resonate with broad concerns raised in a recent authoritative parliamentary report on the situation of unaccompanied minors in the UK. The document highlights four areas of concern – *(1) 'a culture of disbelief'; (2) the reluctance (of Member States) to accept responsibility, share burdens and show solidarity;(3) poor implementation of existing laws and policies; and (4) a loss of trust experienced by unaccompanied migrant children and young people* (House of Lords, European Union Committee, 2nd Report of Session 2016-2017).

A study of young African migrants in Vancouver, Canada identified numerous *"gaps"* between the needs of the young people and the services and help available to them. Agency failings were seen to *"inhibit integration"* into the host society (Francis and Yan, 2016, p.87). Maintaining the young people in spaces 'on the border', accents the dominant host's intra-psychic fears of vulnerability to risk (Beck, 2012), *"… contagion and contamination"* (Vermeulen, in Buelens et al 2014, p.151); discussed in Chapter 1. Fears aroused by increased globalisation, increase the need for the medicalization of life referred to earlier (e.g. Lacasse, 2015). These Canadian findings are similar in tone to the reports from the UK voluntary sector on the plight of young refugees, mentioned in the beginning of this study (Russell, 1999; Ayotte, 2000; Ayotte and Williamson, 2001), where evidence of 'othering', through processes of marginalisation, stigmatisation and racialization (Fernando, 2010 in Moodley and Ocampo, 2014) were noted.

The absence of parents and family intensifies the need amongst young refugees for peer supports - others of the same cultural background. Education and professionals, can also be sources of resilience (Sleijpen et al, 2016). Although it is noted that, psychological and psychiatric services are viewed with

caution and distrust amongst many young refugees, (Sleijpen et al, 2016). A number of authors have been critical of the over medicalising of refugee experiences (e.g. Bracken and Petty, 1998; Papadopoulos, 1999) and offering services which are seen to be culturally inappropriate and failing to fully acknowledge the social, political and cultural contexts of these young people. Interventions which can undermine or threaten resilience (Summerfield, 1998; 2000; in Tol et al 2013).

The Micro- Level – The Stories

The stories are considered firstly as sources of:

 "…knowledge… moral force, healing power and emancipatory thrust…" (Sandelowski, 1991, p.161).

They were relational and provided meaning and understanding to the young people's lives (Porter, 2016). As a medium of communication the role of stories can have benefits for a number of practitioners including social workers. The stories are shaped and framed by two contrasting dominant public narratives - the hostile socio-political discourse and the trauma discourse, whilst at moments also offering glimpses of the influence of prevailing Western adolescent culture, (for example when Abdullah speaks of *"girls"* at college). They are told by the five young people as:

 "…an ongoing and constitutive part of reality…" in their lives (Bix et al, 2013, p.264).

Socially positioned to tell stories at a given biographical moment, the narrative context (i.e. the mental health setting) was an 'integral' part of the narrativity; and the stories were seen to 'conform' to the *"preferred tellings"* in which they were told (Gubrium and Holstein, 2008, p.252). Reflecting identities in transition, (which in part may be age-related), by implication they were therefore *not* expected to necessarily merge into a single coherent life story - regarded as the exception, rather than the rule (Bamber, 2004). Nor were the stories necessarily expected to have a beginning middle and end. This may not only be a cultural prerogative, but also that a story needs to end before it can be completely explained (Sandelowski, 1991). The imposition of the notion of a sequence or narrative order according to Bruner (1984, in Sandelowski, 1991, p.164) highlights the differences that exists between *"life as lived",* (what occurred) *"life*

as experienced" (the thoughts, emotions and desires that are personal to the individual) and *"life as told"* (the story). For there to be any suggestion of coherence and consistency between the three lives, there could be no difference between behaviour, feelings and how an individual chooses to describe these in their stories.

These thoughts present alternative or additional perspectives to the more widely held views regarding the experiences of trauma on narrative coherence, (e.g. Neimeyer and Buchanan-Arvay in Hermans and Dimaggio, 2004).

The stories were all recognisable to me as the audience both professionally and personally. They held my attention, aroused considerable empathy and concern and left little doubt regarding the young people's claims as genuine victims. At their core, all the stories understandably contained a strong moral emphasis and intentionality. The young people invariably positioned themselves, at least initially as powerless, confused and shamed; and all affected and burdened by past experiences. For three – *Abdullah, Alsenny* and *Dafina* the persecutory social dynamics of 'entrapment' (Gilbert and Allen, 1998), fell as a backdrop to many of their stories. Kermode (in 1967 in Bruner, 1991, p.8) refers to *"the consoling plot",* which is not necessarily the search for the satisfaction of a happy ending to an individual's plight, but rather the *"comprehension of plight"* (Bruner, 1991, p.3), which by being made interpretable, thus becomes bearable.

This might explain in part the absence or loss of many 'small stories' - of identities that might have been enveloped within religious, ethnic and cultural norms which could have offered various cultural perspectives. Also the absence of 'small stories' that could have been points of optimism and hope, as opposed to the preferred 'tellability' of the bigger story and their positioning within them. For example a potential small story was *Yazid's* mother gathering and selling her jewellery to pay for the agent to take *Yazid* out of Afghanistan. *Abdullah's* various contacts and involvement with the Somali community in London, the people that fed him and allowed him to sleep in their homes. *Dafina's* close relationship with her mother, details of relatives who had fled Kosovo earlier, her contacts within her own community, relationships with men and the circumstances surrounding her first pregnancy. Similarly, small stories involving *Elizabeth's* connections with her church and her friendship with another young male asylum-seeker. These were stories that were either alluded to by the

young person, or mentioned on passing, or reported by other professionals the young person had contact with, (e.g. social worker, solicitor, GP). The dominant narrative not only structured the self-narrative and attributed meaning to their experience but this was seen to be at the cost of obscuring alternative accounts of the young person's life experiences and identity (Neimeyer and Buchanan-Arvay, in Hermans and Dimaggio, 2004).

Dominant narratives, regarded as emerging from socio- cultural discourses such as psychopathology:

"…colonise the individual's self- narrative and that justify oppression…"
(Neimeyer and Buchanan-Arvay, in Hermans and Dimaggio 2004, p.176)

It is the local 'accruing' of these stories that creates a culture and builds a tradition which assures historical continuity (Bruner, 1991). Viewed as disempowering, they can marginalise alternative accounts of the self, (such as the lost stories of 'home' and 'self') and construct trapped *"problem-saturated identities"* (White and Epstein, 1990 in Neimeyer and Buchanan-Arvay, in Hermans and Dimaggio, 2004, p.74).

However, particularly in the case of the three young men a dialogical relationship between the stories and the dominant narratives, suggested the readiness to shape and revise the narrative regarding experiences and identities. This reflecting the changing nature, or interchange between *I-positions.* For example when *Abdullah* comments on his perceptions of harmony between diverse ethnic groups in the UK, compared with ongoing tribal conflict in Somalia. His comments reveal his construction of past and future life events at a given moment in time. These revisions perhaps seemed less evident with *Elizabeth's* and *Dafina's* stories during our time together. (This point is discussed below).

Inconsistencies or a vagueness surrounding critical events, dates, places, family details, had the potential to create dissonance, uncertainty or sometimes doubt; and a desire to somehow 'fill in the gaps' in my mind with my own explanation, or knowledge. Confirming Kermode's (1967) early observation of how the mind can be comforted by the illusion of sequence and order. Bruner (1986) describes this audience- response as *"subjectivising devices"*. For example, the apparently inconsistent details Abdullah provided the Home Office; or the confusion regarding whether *Yazid's* brother had actually left the

family home, rather than being held captive by the Taliban. 'The need to know',
on the *micro-level,* can be seen as a need to *"securitise subjectivity"* (Kinvall,
2004 in Hermans and Dimaggio, 2007). This, vividly depicted at the *meso- level*,
where professional 'uncertainties' managed the boundaries of the agency and
the composition of its members and clients, reflecting wider *macro* processes,
(discussed earlier in Literature Review 2). This desire to introduce my own
knowledge and explanations may also be interpreted as a pull towards a
position of *"power-knowledge"* (Foucault, 1984) and the sureness that can feel
contained within an authoritative voice. A movement in the direction of
monological relationships, rather than remaining and experiencing an
uncomfortable and undeniable state of 'not knowing'. This need for certainty
during some of the encounters also highlights the tension that exists between
research and practice identities and the question of whether they can truly be
integrated into a whole identity in equal measure, as suggested by Paquin
(2017).

Silence

So far the findings have highlighted the importance of narrative agency in both
'identity achievement' and *'meaning construction',* (Neimeyer and Buchanan-
Arvay, in Hermans and Dimaggio, 2004). The concept of *"transitional justice",*
suggests the significance of narrative agency in a further area, of either telling
or withholding stories (Porter, 2016). This approach to the issue of 'silence'
offers an alternative perspective to various traditional psychoanalytic
perspectives - as an aspect of traumatic memory (e,g, Laub and Auerhahn,
1993); the incapacity to use language post-trauma (LaMothe, 2001); a strategy
to survive unbearable losses (Melzak, 1992); or equally a sign of resilience
which enables healing (Papadopoulos, 2002). 'Transitional justice' explores
gendered differences in which silence is employed; and argues for a manner of
listening which is gender- sensitive (Porter, 2016). Specifically, attention is paid
to the subject's sense of self and their particular needs. From this perspective,
in the light of her extraordinarily frightening experiences, *Elizabeth's* silences
may have reflected her considerable feelings of shame, subjugation or
domination in my presence. Alternatively, silence may have provided a degree
of self-respect and therefore been felt as empowering. In the case of *Yazid's*
commitment to silences at the commencement of each of our encounters, the

meaning of this may have been quite different and felt by him as agentive, with cultural overtones, particularly in the presence of an older, female authority figure, who he assumed to be a non-Moslem.

"Floating Signifiers"

Very early in my contact with Dafina and Elizabeth, I was somewhat unprepared for their frightening and deeply distressing disclosures as victims of rape. Women are frequently the target of rape during wars and civil conflicts, although men also can be subject to sexual violence (Sivakumaran, 2007). Used strategically, rape and sexual violence is seen as a moral attack designed to humiliate and emasculate the (male) enemy (Salih et al, 2016). In Uganda, rape was widely used as a form of torture, as Elizabeth described in her brief but harrowing stories. Rape was similarly prevalent in the Balkan war as a weapon of genocide, effecting the whole community through the collective responses of survivors, family, friends and neighbours (Reid-Cunningham, 2008). In both cultures it is the subject of taboo, which held private and also very public meanings. It carries social stigma, shame and rejection and victims are ostracised by families and communities (Richters in Summerfield and Petty, 1998). Within a psychoanalytic frame, the significance of the timing of these young women's disclosures would likely be interpreted as a *"perversion of intimacy"*, resulting from trauma experiences which have the capacity to damage close, or potentially relationships (Levy, in Levy and Lemma, 2004). However, the meaning of narrative agency, to tell stories which have a uniquely restorative potential (Porter, 2016) when voices may have been very heavily suppressed, silenced or excluded, suggests an alternative perspective in considering narratives that comprise of *"floating signifiers"* (Laclau and Mouffe, 2001).

<u>Cross-Cultural Social Work Practice -Acknowledging the 'Politics of Experience'</u>

The Acculturative Process

Maier (2016) in a study of adult Iraqi refugees' adaptation in Bucharest, highlights the complex processes involved in cultural adjustment for refugees. (It should be said that it is unclear from the study whether the term 'refugees' has been applied to those who have been granted legal residence). Maier notes that cultural adjustment is made significantly more difficult as refugees are faced with a very different social reality from their home country. Although this

seems correct, the reality that the young people faced, (which does not necessarily seem specific to them), was one where they appeared to exist *between* cultures (Bhatia in Hermans and Gieser, 2012). Or feel the *disconnection* between home and host cultures (Surgan and Abbey in Hermans and Gieser, 2012). My own experience within the psychoanalytically-informed mental health agency, appeared to mirror this experience of disconnection

Earlier in the study, the argument has been made for the importance of a multi-level approach to social work practice, which recognises the significance of the 'goodness- of- fit' (Pardeck, 2015) between the service user and the environment they inhabit. Similarly, Tol et al (in Fernando and Ferrari, 2013), reflect on the paradigm shift in the research on the effects of political violence on child and adolescent mental health. This combines Bronfenbrenner's (1979; 2005a) ecological-transactional model, (which conceptualises environmental influences at different 'nested' levels), alongside the examination of resilience processes. The resulting term, *"ecological resilience"* refers to strengths and resilience processes operating at diverse contextual levels which can influence wellbeing. Accordingly Sleijpen et al (2016, p.158), have advocated building on strengths in a culturally-sensitive manner. Employing a meta-ethnographic approach to the review of 26 empirical studies of refugees responses to adversity, they identified six sources of resilience: *(i) social support; (ii) acculturation; (iii) education; (iv) religion; (v) avoidance (i.e. keeping busy to distract from difficult thoughts and feelings);* and *(vi) hope.*

From a dialogical perspective, each *I- position* provides a specific identity and perspective on the self-environment interaction, with feelings, memories, motives, intentions and a 'voice' (Hermans and Hermans-Jansen in Hermans and Dimaggio, 2004). This was particularly evidenced in the stories which spoke of multiple losses, including cultural bereavement and the intense struggle with post-migration challenges, (e.g. discrimination) and re-settlement stressors (Fondacaro and Harder, 2014). The various *I –positions* evidenced in the stories were seen to be both very painful *and also* contested. For example Alseny's wish to study and seek gainful employment to 'pay back' the money he had received in benefits, contesting the ascribed identity as - *'a scrounger' 'undeserving'* - the discourse of 'otherness'. This contestation was witnessed much more powerfully in Elizabeth's considerable efforts to gain A-levels and go

onto nurse training. Similar examples were evident in *Abdullah* and *Yazid's* stories of the various challenges they faced in college and school.

During the encounters, attention was given to the resources and abilities available to the young person to help create new more desirable positions that eventually would produce comfortable 'hybrid identities', (Hermans and Hermans-Konopka, 2010). Trust in their own capacities and resources was viewed as more likely to continue to develop along a strength's based trajectory (Weick et al, 1989).

From a Bakhtinian perspective the acculturative process is seen to reflect dominant discourses or representations through which meanings can be created, negotiated, owned, reproduced, or discarded in *unfinalizable* dialogue. Acknowledging the dialogical self as a dynamic multiplicity of *I- positions* located in both space and time, (Hermans and Hermans- Jansen, 2004) a strengths-based approach emphasised the young person's ability to be their own agents of change. During the encounters, giving 'control' to the young person meant allowing them to choose if and when they wished to share stories and to be *"masters of their own narrative"* (Coetzee and Kurtz, 2015, p.33). This was seen to increase trust and encouraged the emotional bond between us.

In addition to a strengths-based approach, intersectionality theory, (discussed in the Literature Review 2); and a social justice framework (referred to above), emphasising the socio-ecological epistemology, offered a culturally sensitive agency context in which to engage the young people and address multiple levels simultaneously. Observation of early referrals to the Adolescent Refugee Service highlighted that 'repeated exposure', (i.e. the expectation that they attend weekly), may have been a contributor to the high drop-out rate (Hinton et al, 2012). This appears to link with Sleijpen et al (2016) identifying 'avoidance' *as a source of resilience*. This would posit an alternative and positive interpretation to that given by psychotherapists regarding failure to attend appointments, or a client's withdrawal from treatment.

 A similar model to this has since been developed by Fondacaro and Harder, (2014) as a training model promoting evidenced-based psychological services for refugees. However these authors did not include intersectionality analysis.

Intersectionality

The difference between the male and female stories may confirm the *"intercategorical complexity"* (Mc Call 2005 in Yan, 2016) existing in the category of young asylum-seeker and gender as a temporal-spatial indicator of the intersection, reflecting broader societal inequalities. However, the circumstances, events and conditions of the social and political life and the self cannot be reduced to simply one factor (Lopez, 2016).The narrative tone of *Dafina* and *Elizabeth's* stories, confirm situations of subordination, oppression and marginality and as such these young women may be more vulnerable to normative narratives that are coercive, disadvantageous and non-negotiable (Walker, 1998 in Porter, 2016). Their experiences of violence may most certainly have reduced their capacity to express moral agency and to make conscious choices. Or their stories have repeatedly remained unheard or silenced, (possibly by their very own communities), perpetuating their suffering and victimisation (Porter, 2016).

Intersectionality confirms that individuals negotiate integration in various ways, based on social position, relationship to territory, perceptions and the choices available (Malischewski, 2013) and *also their understanding and interpretation* of their health and settlement needs (Guruge and Khanlou, 2004). Acknowledging that there will be differences both within and between groups, the framing of gender as distinctly lodged within the reproductive sphere i.e. 'all women are mothers' (Ferree, 2008), may offer insights, as both young women very quickly became single mothers. This immediately created new social identities, or *I-positions* in the hierarchical social space, confirming Morokvasic's earlier research (1983 in Piche, 2013). However what is equally plausible, is that although these stories of extreme suffering contributed to their identities from a number of perspectives (physical, emotional, social, cultural and legal), adapting and negotiating *I-positions* during periods of significant change, shifts the focus away from them as 'victims of war', to 'women as agents of change in transition' (Reily, 2007, in Porter, 2016). These new *I-positions* disrupt and replace the narratives of these women as victims and alters their previously accepted cultural gender roles which no longer have value to them. This *dialogical continuity strategy* provides *Dafina* and *Elizabeth "continuity repair",* (O'Sullivan-Lago and de Abreu in Hermans, from Tafarodi ed., 2013, p.56). A

concept explained earlier in the Literature Review 2. This perspective, counters notions of who is an active agent and the narrow repressed feminised identities of their birth. The significance of gender stories that break gender moulds, is to hear them as narratives of *"transitional justice"* (Porter, 2016) and to urge:

"…the development of an ethics of practice equipped to favour the development of stories that redress marginalisation and anchor people's capacity for moral agency" (Cobb 2013, p.12 in Porter, 2016, p.39).

Acknowledgement of Multi-Faceted Cultural Tensions

Yan, (2007) confirms a number of "*systemic cultural tensions"* in social work practice which were apparent during the course of this research. The most obvious being the tension between the client's culture and the dominant culture of the host country, *but also* the client's own culture and the organisational culture of the psychoanalytic mental health agency, which represents (and perpetuates) a traditional dominant narrative. The second source of tension related to the conflict between the cultural and professional values of social work which were quickly seen to be at odds with the mental health agency's own values. Specifically reflected in an organisational culture which prioritised the primary professional groups in that setting and social work's own lack of professional status. (This was in addition to the *"ethno-cultural"* differences between myself and the young people and to some degree also with work colleagues).

 According to Yan (2007) these experiences of difference and similarity are not unusual for social workers. However, 'multi-faceted tensions' occurring in the context of the changing nature of social work (Dominelli, 2004) in a globalising world and the pursuit of a multicultural approach to client reality, is one that is not without political struggles (Law and Lee, 2016). Therefore, the approach offered to the young people was essentially directed at being non-diagnostic or non-pathological and one which enabled a greater understanding of client values. This acknowledged the need for culturally sensitive methods which incorporated a social and contextual framework to support the young people's re-settlement and adaptation and overcome cultural stigma, regarded as a significant barrier to accepting mental health (Luster et al, 2015; Tol et al 2013).

 Like *'Yvonne'* in Yan's (2007) study, my creation of a *therapeutic space,* for the young refugees, was a *hybrid* of organisational and professional cultures.

Despite explanations, it remained unclear to what extent the young people fully understood the primary role of the agency and its practices. However *Yazid's* comment might offer some insight when he says that his uncle didn't *"talk enough".* The length of their attendance and periods of regularity would suggest that individually the five young people found the encounters helpful, despite the fact that they were not receiving psychoanalytic psychotherapy. A study by Luster et al 2010, confirms the importance for young refugees to have significant relationships which can also offer 'critical advice' *in addition* to emotional support. The creation of 'spaces' which invoke *'open dialogue',* through the hermeneutic process of *'reciprocal elucidation',* encouraged knowledge to emerge whereby meaning was created between myself and the young person. Located within the hermeneutic circle of (re) interpretation, it was anticipated that the narratives would alter with each telling, therefore the notion of empirically validating them for consistency, counters the very concept of narrative truth (Sandelowski, 1991).

"Homesteading" – The Significance of Social Networks

From a social psychology perspective, globalisation intensifies "*ontological insecurity*" and "*existential uncertainty*", (discussed in the Literature Review 2). A primary response is to seek reaffirmation, by moving closer to any localised group that is able to reduce uncertainty and insecurity. This was evidenced in the organisational dynamics within the mental health agency in which this study was undertaken.

For all five young people, there was evidence of *"homesteading"* (Kinvall, 2004). This concept has been described in the Literature Review 2.

 For migrants, such as *Alsenny, Yazid* and *Abdullah* where religion and or nationalism are identity markers (Kinnvall, 2004), the significance of 'home' which offers security and certainty as a spatial context has by necessity to be created, taking on greater meaning and importance in their post-migration lives. This was particularly evidenced in both *Yazid* and *Alseny's* stories. In the latter case, he seeks to shape a particular space for himself with other African boys and young asylum-seekers, in order to cope with the uneasiness and anxieties of discrimination and psychological 'homelessness'. This may have been a source of motivation for his regular attendance at college, despite being discouraged by his limited progress.

<u>Forced Migration</u>

In all five cases the stories of the young people indicated very genuine reasons for their departure from their home country and links between the *macro-* dynamics in the home country and *micro-* decision making. However, as discussed in the Literature Review 1, individuals and communities cope and adapt in contexts of violent conflict, independently from what may be happening at a *macro-level* (Justino 2009, in Balcells and Justino, 2014). Further, as revealed in the Literature Review 1, there remains a lack of clear evidence connecting violence and migration *with* individual and household decision-making. Other variables come into play, such as education, the lack of household amenities *in addition to* social capitol, (Bohra-Mishra and Massey, 2011).

This study appears to confirm that social capitol played a significant role in place-specific migration in three of the five cases. For *Dafina, Yazid* and possibly *Abdullah* also, there were established relatives, connections, and contacts in the UK prior to their arrival, providing a strong suggestion that there was a clear choice of destination and existing opportunity structures (Faist, 1997). So confirming the links between the role of wider networks and social capitol at the *meso-level*, with the *macro-* and *micro- levels.*

There continues to remain a dearth of literature on the differential experiences of both males and females who are separated from their families; a point referred to earlier by Morokvasic (1983, in Piche, 2013), in the Literature Review 1. Certainly, *Elizabeth's* stories reveal the loss of her entire family, as do *Alseny's* and the issue of 'home' therefore, becomes crucial.

Not *only* gender, but social class, ethnicity, religion and economic status are factors that are likely to affect whether a young person is separated from their family or not and his or her experience (Mann, 2004). However, from the information provided it was not possible to identify common features amongst the whole sample, which may in itself be significant in confirming the heterogeneity of forced migrants.

Characteristics such as fitness and health, or birth order, are issues that continue to receive scant attention in the research (Mann, 2004). Amongst the five, *Dafina* gave a very clear account of her physical health care needs that required immediate attention. There is some indication in her stories that her

parent's motivation for her to be taken away from Kosovo was based on the limited and expensive health care that was available at that time and their concerns for their daughter's physical and emotional well-being. It seems likely that in addition, the social consequences of being raped, would have added weight to the decision for her to separate from the family. This description appears to confirm features of Stecklov et al's (2010) case study of gender and migration in Albanian families as described in the Literature Review 1. *Dafina's* stories suggest an example of 'mixed motivations', perhaps at the point when there was both force and choice (van Hear et al, 2009).

Equally, there are likely to be factors or characteristics which influence the family or child's decision *to remain* with the family (Boyden and Mann, 2000). From *Elizabeth's* accounts it seemed likely that her three younger siblings had also been murdered with her parents. However, three of the other four young people in the sample left younger siblings behind, continuing to face insecurity, hardships and possibly dangers. In *Abdullah's* case where he was the youngest, his older sister, (who had been the victim of rape), remained behind with their mother.

Many young people and families with refugee backgrounds have high educational aspirations (Block et al, 2012). The significance of education in the lives of young refugees should not be under estimated. It offers a means by which they are able to gain some control over their lives and meet family expectations and can also be source of resilience (Luster et al, 2010; Sleijpen et al, 2016). *Yazid's* mother had been a teacher and educated the children at home. She had hopes *Yazid* would become an engineer. This seemed to be typical of the findings by Vervliet at al (2015), in their study of young Afghan refugees and their search for security and education. *Elizabeth* came from a wealthy, middle-class Ugandan family and had been educated in a boarding school. *Dafina's* family were also well-off, by Roma standards and she had attended a school for Albanian children, where she became an accomplished pianist. *Alseny,* also speaks about his parents wish for their son to study hard.

Not only improving one's own life conditions, (through education for example), but also helping to improve the conditions of those left behind are powerful motivators in migration (Heering et al, 2000). This was evidenced particularly in *Alseny's* stories, but a feature of *Yazid, Dafina* and *Abdullah's* re-settlement

plans and their wish to seek legal re-unification with their families here in the UK. Evidence of a family history of migration as in *Yazid's* and *Dafina's* situations indicate how the effects of transnationality begins to re-shape not just the nuclear family (Mitchell and Kallio, 2017), but the *wider family, as* a space that on the *meso-level* becomes the locus of both transfiguration and also emotion.

Motives and aspirations are seen to influence the migration trajectories of young refugees, as witnessed by these young people's stories and clearly these need to be actively considered by social work practitioners who provide them with help and support (Luster et al, 2015). Vervliet et al (2015) note that aspirations at the point of departure can be subject to change over time. Imposed labels and categories in migration set into motion organising concepts which can be seen to benefit structures and institutions,(Dauverne, 2005), but create 'spaces' of struggle, manipulation and contestation for the subject, as seen in the agency, (e.g. Brah,1996). Highlighting that both 'force' and 'choice' are likely to co-exist in decisions to migrate (Lindley, 2008), it is possible to conceptualise the notion of (mixed) migration along a continuum between 'unquestionably forced' and 'unquestionably voluntary' (Williams, 2015).

To conclude, the aim of this study has been to explore relevant 'frames' for understanding therapeutic social work with young refugees. The major themes from this study have been set out reflecting the emphasis given to a *multi-level* framework for social work with this client group. The major findings confirmed both the re-production of discourse and also racialization on all three levels, *macro-, meso- and micro-* (Phillips, 2012).

The influence of the *macro- level* was prevalent in all the young people's stories witnessing them being 'hailed' into particular subject positions (Althusser, 1971), by both the dominant narratives (discourses). However there were also signs of their considerable efforts to contest these positions in a number of ways. The number of axes of differentiation and their interaction with disadvantage, deprivation and discrimination were particularly evidenced in the young people's dealings with welfare and health agencies, specifically at agency 'borders' (i.e. *the meso-level* and *micro-levels).* In response to these concerns, (i.e. *the 'politics of experience'*), the development of a cross-cultural social work model,

which invoked strengths-based practice, intersectionality theory and a social justice framework, emphasising the socio-ecological epistemology, was seen to successfully engage the five young people, all of whom attended for a minimum of 12 months.

Secondary findings, relating to 'silence', 'homesteading', 'floating signifiers', 'multi-faceted cultural tensions' and 'forced migration', have also been discussed.

CHAPTER 8

CONCLUSIONS

The following chapter summarises the major and secondary research outcomes discussed in more detail in the previous Findings Chapter. A retrospective reflection highlights the limitations of the study and the discussion progresses to outline the study's contribution to social work. The chapter concludes with a statement regarding the planned dissemination of the Findings.

To restate the overarching aim of this study was to explore relevant theoretical frames for therapeutic social work with young (adolescent) refugees. The three research questions explored firstly the influence of the particular research context in shaping these service-users' identity; secondly, the extent therapeutic encounters can assist in understanding the needs of these young people; and finally acknowledging the vulnerability of this particular group of service users, the study asks what constitutes ethical mental health social work practice.

Research Outcomes

By expanding the literature review into other academic disciplines and domains, it recognised areas of knowledge are rarely discrete. Writing on social work theories, Payne (2001) has argued that *"occupational closure"* (myopic or partial perspectives), can result from an over-dependence on one specific knowledge base. Further, although social work practice employs a number of dominant discourses - such as the biomedical framework and the language of psychiatric disorder - there is nevertheless a requirement for these to remain open to questioning and contestation within the service domain (Parton, 2003). As such the study has vigorously pursued a trans-theoretical or trans-disciplinary, multi-level approach to the study of therapeutic social work with young refugees. This has the singular advantage of overcoming the limitations created by competing dominant discourses and theories. The resulting integration of theories or disciplines provided extensive insight into: *(i)* the subject's personal agency and resilience; *(ii)* organisational processes; *(iii)* state and societal structure and the global context.

The major Findings were organised within three broad headings, emphasising the significance of a multi-level analysis, *macro -, meso -* and *micro -* an ecological approach. In addition, a number of significant secondary findings were also identified.

Major Findings

1. *The Macro - Positioning of the Young People*

Migration not only shapes structures and institutions (Castles, 2010), but also has the capacity to shape discourses and practices (van Hear et al, 2009) and practices specifically at the lower levels, which create biases. Interpellated into specific positions (Althusser, 1971), the young people were seen to be subject to the *"manipulation of identities"* described by Mountz, (2011, p. 257). *Outside* the mental health agency, (the *macro-level*), crafted through unconscious phantasy and imagination, the young people were subject to negative societal stereotypes. The *"unwanted invaders"* (Parker, 2015), who "*swamp"* the country (Robinson, 2014) in their search for entitlements and security.

In addition to this, all five young people became subject to the labelling of the dominant (*macro*) biomedical framework and discourse of trauma, by *"approved experts"* (Rushton, in Kearney and Donovan, 2013, p.25). Evidenced firstly in the initial referral from medical practitioners (and also one social worker) and confirmed again for a second time by mental health staff in the agency, where the young people's identities were consigned by the dominant western discourse of trauma.

The agency discourse, was seen to broadly reflect the *"Societal Discourse of the Expert"*, (Papadopoulos, 1998b) which conferred a certain type of professional relationship between the actors, signalling an *"inescapable political context"* (Lather, 1991, p.vii), discussed in Chapter 1. Relationships which have the capacity to nurture the *"authoritarianism"* of the professional expert and the *"impotence"* of the service-user (Papadopoulos, 2002). Seen not only to mirror the exact dynamic between society and refugees on the *macro-level,* but can also serve to *sustain* broader *macro- level* aspects of racialized power. In essence, evidence of the *macro* and *micro* working in unison.

The agency's ability to shape these young people's identities through discourses and practices also identified a specific type of 'discourse-organisation', one that is free-flowing, with limited clarity between the levels. It confirmed both discourses, i.e. the socio-political and trauma discourse as *"grounded in action"* (Fairhurst and Putnam, 2004 in Barbour, 2017), active and flowing continuously between the three levels (see Diag.1). Anthropological observations of the post-colonial, identifies these processes as the construction of the colonised (Scott, 2009) through practices of power in the form of "*games of truth"* (Foucault, 1997e, p.297). As such the agency is neither context-free, as confirmed by Hoggett (in Armstrong and Rustin, 2015), nor can it be viewed as apolitical (Touraine, 1988).

These complex identities ascribed to the young people, were seen to provide incompatible or contradictory dialogical positions which all five young people attempted to negotiate and re-negotiate on both the *meso-* and *micro-level*s, (i.e. in their contact with agencies and also on an individual level). Further, their awareness of their socio-political-cultural vulnerability encouraged efforts to reassert themselves as *agentive* and *establish sameness*, for example through education. These types of strategies have also been observed amongst non-refugee migrant groups (Bhatia in Hermans and Gieser, 2012). Hence, far from these young people being 'passive" victims', (Harrel-Bond, 1999; Grove and Ziwi, 2006 and Summerfield, 2004) they showed themselves to be highly *"purposive actors"* (Turton, 2003, p.12).

2. *Meso-Level – Health & Welfare Agencies*

Racialization and inequality were seen to be repeatedly produced and re-produced at each of the three levels through feedback loops (see Diag.1). Of concern, was evidence that where the young person was pro-active in the pursuit of their needs, or in situations where they exercised personal agency, they were met with increased resistance and viewed more negatively by agencies. For example, *Ahmed* in his protracted battle with Social Services, was a particular case in point. However this was also seen in *Dafina's* account of her contact with the benefits office, and even with *Yazid* and his anxieties in school. This confirms the *"paradoxical positioning"* (Mountz, 2011, p.256) of the young people and particularly Hage' s (1998) view of the potential 'benefits' of being positioned as passive, homogeneous, victims.

Further, observation at the time of this study in 2001-6 of agency 'gatekeeping' on the *meso-level,* has also been raised in a recent Parliamentary report (House of Lords, European Union Committee, 2nd Report of Session 2016-2017), on the welfare of asylum-seeking children. These continuing failures by agencies in responding to the needs of this group of children and young people, results in 'inhibiting integration', (Francis and Yan, 2016) and maintaining their identities as 'other', in spaces located on the border of the host society. This seemed most vividly exemplified in Alseny's sad stories.

The absence of parents or significant others from their own communities, highlights the particular importance and role of peer supports, in providing resilience (Mann, 2004; Luster et al, 2010). This needs to be understood in the context where *(i)* psychiatric services are viewed with distrust (Sleijpen et al, 2016); *(ii)* where concerns remain regarding the medicalising of 'refugee experience' (Bracken and Petty, 1998; Papadopoulos, 1999); and *(iii)* where the provision of culturally inappropriate services fail to take cognisance of the social, political and cultural context; and potentially undermine resilience (Summerfield, 1998; 2000 in Tol et al, 2013).

3. *Micro-Level – The Stories*

The young people's stories were viewed as existing within a certain culture and *"drenched in social factors"* (Bakhtin,1994/1963). As such voices within the stories would inevitably contain aspects of the dominant societal discourses, or master narratives. The "*shared intersubjectivity"* between narrator and audience recognised the *"co-production of ethnographic knowledge"* (Tedlock, 1991). As the stories were heard within the context of identities in transition and the young people's *"struggles in becoming"* (Mischler, 1986), there was no expectation that the stories would necessarily conform in terms of coherence, sequence or order. Instead they were considered first and foremost as sources of:

"…knowledge…moral force, healing power and emancipatory thrust…" (Sandelowski, 1991, p.161).

This particular approach may explain the length of the attendance of each of these young people.

Within the collective genre was a strong emphasis on the personal losses, lack of personal agency and feelings of intense shame and despair. Listening to these stories, I was left in little doubt regarding the young people's genuine claims as victims, which often filled me with a strong wish to offer whatever help and support I could. Narrated within the context of a psychoanalytically-informed mental health service and therefore regarded as *"integral"* (Gubrium and Holstein, 2008) to the narrativity, the stories in each of the cases were framed by *both* dominant discourses (i.e. the socio-political and the trauma discourses). This was noted by examples of the *"double-voiced discourse"* (Bakhtin, 1984 in Vitanova, 2013), where a dialogical voice is heard alongside a dominant societal voice, (e.g. the mental health discourse). With limited narrative strategies available, the stories often reflected the oppressive influence of the *macro-* and most importantly in each and every case the young person's efforts to adapt, negotiate and develop new *I-positions.*

It is clear from their comments that *Yazid* and *Elizabeth* had learnt to adapt to a particular way of relating, when they comment on *"the rules"* and *"the talking"*. *Abdullah's* stories reflected how he manoeuvred between being both complicit and also countering the dominant trauma discourse of the agency, by shaping his contact with me in order to meet his various needs. *Alseny* also appeared to have a similar stance, indicated by his comment: *"he liked coming for these appointments, but the first thing he needed was a clear decision that he could remain in the UK".*

Accepting postmodern notions that identity is constructed *"in and though culture"* (Frosch, 2010) it is possible to see how discourses and interaction with others lead to Butler's (1990) idea of *"performativity"*; where identity is discourse in practice and performativity is the process by which a discourse produces exactly what it names. However although the discourse is both lived in and employed, (as seen in the young people's stories), Butler states this is no more than a masquerade. Liberating as this idea may seem, it leaves unanswered questions and dilemmas regarding firstly the amount of agency and control each individual has in constructing the world, or in being constructed; and secondly how the individual navigates difference and integration between themselves and others in social interactions, particularly in groups. Further, although Butler indicates that 'performativity' cannot be fully

understood, unless through the unconscious, there remains a lack of clarity in the academic literature regarding the role and possible interaction between internal and external worlds. Should the *emphasis* be on the centrality of discursive processes in social categorisation, i.e. the 'external'? Or should the focus be on the potential influence of the subject's emotional worlds or 'affects' in investing in a certain identity positon (e.g. Redman, 2005)? This latter point would then suggest a degree of personal agency and therefore the *ability* to either accept or resist ascribed identities that may be placed on them within certain social positions as suggested by Bamber et al (2010).

Finally, two particular issues were identified in the young people's stories and alternative explanations to those offered by psychoanalytic theory have been advanced. Firstly as discussed, narrative agency is seen as highly significant in both *identity achievement* and *meaning construction* (Neimeyer and Buchanan-Arvay, in Hermans and Dimaggio, 2004). Porter's (2016) recent theory of *"transitional justice"*, suggests there may be gender difference in the telling and withholding of stories. She promotes the need to listen to stories in a manner which is both gender-sensitive and attuned to the subject's sense of self and their individual needs. This idea is a critical departure from the numerous interpretations of 'silence' and its links to psychopathology offered in psychoanalysis. Secondly the recognition of '*floating signifiers'* specifically in Dafina and Elizabeth's stories, indicates the possibility of multiple or contradictory meanings; or indeed that *any mean*ing can be imposed.

 Both these findings accent the need for practitioners to question traditional explanations that may initially appear to be proven and irrefutable.

<u>Secondary Findings</u>

4. *Cross-Cultural Social Work Practice*

In an acknowledgement of the globalised context in which social work practice takes place and the complex nature of 'forced migration' (as highlighted by the Literature Review 1) this study has purposefully moved away from mental suffering being viewed within individual psychopathologies. Instead it has pursued the argument for a multi-level ecological social work approach. This receives support by the recent paradigm shift in understanding the effects of political violence on children and young people, which has focussed attention

on the examination of *resilience processes* (Tol et al in Fernando and Ferrari, 2013). Adopting a strengths-based approach, this study clearly identified the voices of multiple losses, psychic pain and cultural bereavement and *also* the voices of ascribed identities. Yet, what was also witnessed was the dynamic nature of the dialogical self, the contestation of ascribed identities through new *I-positions,* in attempts to move towards *'hybrid identities'* as part of the acculturative process.

5. *Intersectionality*

Differences in the stories between the genders, suggests *"intercategorical complexity"* (McCall 2005 in Yan 2016) within the category of asylum-seeker, reflecting gender relations and societal inequalities. The narrative tone of both young women's stories confirmed their positions as subordinate and oppressed, suggesting their stories may have previously gone unheard or silenced making them prone to the ascription of 'disadvantageous identities' described by Walker (1998 in Porter 2016). Earlier, Morokvasic (1983, in Piche, 2013) has highlighted the particular plight of women in migration (and migration research), these *combined factors,* may serve to increase the vulnerability of asylum-seeking women to identity ascriptions (i.e. identities which may not serve their best interests).

Intersectionality recognises that integration into the dominant group is different for each of these young people and reflects *their* understanding and interpretation of their various needs (Guruge and Khanlou, 2004). It was noted that in what seemed a very short space of time, both *Dafina* and *Elizabeth* had created new social identities, or *I-positions* as single mothers in the social hierarchy. Thereby shifting attention away from being 'victims of war', to being women who were personally agentive and whose identities were in a dynamic state of transition. Evidence of identification strategies in the dialogical self, *dialogical continuity strategy* provided both young women with *"continuity repair"* (O'Sullivan-Lago and de Abreu in Hermans, from Tafarodi ed. 2013). This against a backdrop where they faced radical change and highlighted the paradox *"as we were, yet different"* (Hermans and Salgado, 2005, p.10 in O'Sullivan Lago and Abreu, 2008).

Apart from being a source of new gender roles, trans- nationality applies pressure on families to re-model or re-site themselves. This was evidenced in the stories of two of the young people, *Dafina* and *Yazid.*

6. *"Homesteading" – The Significance of Social Networks*

As described in the Literature Review 2, increasing globalisation heightens *"ontological insecurity"* and *"existential uncertainty"*, creating the desire for reaffirmation by aligning oneself with localised groups in order to reduce uncertainty and intense feelings of insecurity. This was evidenced in the organisational dynamics of the mental health agency and similarly witnessed in the actions of the young people in the face of a painful recognition of being perceived as 'other'. Endeavours to create personal 'spaces' for themselves was particularly evident in *Alseny* and *Yazid's* stories - the former, who was still awaiting the outcome of his asylum application and the latter whose legal status in the country had already been secured.

7. *Forced Migration*

It is clear that the academic field of forced migration remains highly complex (see Literature Review 1). The young people's accounts of their departure from their home country confirmed links between *macro* dynamics and *micro* decision- making. However, the evidence linking violence, migration *and* individual family decisions to date, remains inconclusive. The significance of the *meso-* in terms of social capital cannot be overlooked. Further demographic factors, such as gender and socio-economic status, can also play a role in decisions regarding family separation and the migration of children and young people (Mann, 2004).

The distinction between 'economic' migrant and 'forced' migrant is one crated in law. In reality *the distinction is far from clear cut*, (as can be seen by the stories included in this study). Motivations may be unclear where there is both force and choice; individuals may travel in mixed migratory flows; intentions may change en route; or individuals find themselves in 'mixed' communities on their arrival in the host country (van Hear et al, 2009). Indeed as this study clearly demonstrates the five young asylum-seekers *were not* a homogenous group. Recognising that there are likely to be degrees of choice, a more helpful approach is to conceptualise the phenomenon along a continuum between

'unquestionably forced' and *'unquestionably voluntary'* (Williams, 2015). This shifts thinking towards the idea of 'mixed migration' flows; countering existing categories and stereotypes. It invites new ways of thinking and approaches for health and welfare professionals - as does *"multi-faceted cultural tensions"* (Yan, 2007), discussed below.

8. *Acknowledgement of Multi-Faceted Cultural Tensions*

A number of tensions were apparent during the course of this study, perhaps the most obvious being the difference or tension between the service user's culture and the dominant host culture, of which the organisational culture was a representative. Yan (2007) regards the presence of *"systemic cultural tensions"* as increasingly commonplace. It requires social workers to be willing to engage in political struggles (Law and Lee, 2016), acknowledging contemporary social work practice in the context of an increasingly globalised world (Dominelli, 2004).

Limitations to the Study – A Retrospective Reflection

It needs to be made clear that the stories are presented as *research data* and are not intended to be read as case studies of therapeutic work. The stories were told in the young person's second language (English) and to myself, someone outside their own community. These issues may have created restrictions.

The rest of this section seeks to address the following issues: *(i) ethics regulations; (ii) selection of participants & insider-research; (iii) clinician-researcher role. (iv) the young people's 'stories'.*

Ethics Regulations

The issue of written consent has been discussed in detail in the section on 'Ethics' in the Methodology Chapter. Coupal (2005), identifies three types of problems in practitioner-research situations, one of which refers to the political problems associated with access to *"dangerous knowledge"*.

Undertaking research which seeks to explore alternative meanings from situations, (such as the focus of this study), requires consideration of the power

and knowledge (Foucault, 1977) inter-relationship and a *decision regarding the researcher's own position and standpoint. Coupal (2005) warns that insider-researchers are 'embedded' within the power-knowledge relations of the agency. Undertaking research, gathering data, etc. forces a re-positioning of the researcher, which can be perceived as threatening to the functions and agency community as 'irreconcilable interests' conflict'. It is at this point, the limitations of ethical research behaviour can be revealed and ethics regulations become the vehicle for 'organisational gatekeeping'. She concludes, by stating that knowledge production inevitably includes a variety of perspectives, therefore, it requires the regulation of research ethics to reflect this. A point that has been similarly raised but from the perspective of refugee researchers by e.g. Block et al (2012) and Birman (2005), discussed in Chapter 5.

Selection of Participants and *'Insider-Research'*

As explored in the Literature Review 1, 'forced migrants' are not a homogenous group, in fact Turton (2003) advises that they are more accurately described as a 'social construction'. For this reason alone it may be difficult to extrapolate from the research findings. Further, as mentioned in Chapter 5, Jacobsen and Landau (2003), for example, highlight that refugee research participants may be a self-selected group, i.e. in that they have sought access to services. In this study, the small sample size and questions as to whether it is representative, suggest it may be unwise to generalise the findings beyond the local.

Insider-research has a number of strengths - knowledge of agency systems and processes and a closeness to agency-specific practice issues. As a practitioner-researcher, it can provide a greater understanding of the experiences and social realities of the members of a community. However, it is also prone to bias, in the absence of honesty and reflection. As mentioned, not all members of staff were aware of my role as a participant observer. Had they been fully informed, it is possible that there may have been some resistance.

Although an advantage of insider-research is the developing sense of ownership and research-mindedness (Nutley et al, 2007), the lack of negotiation and planning with other staff and my own role and position within the organisation, are factors which may have countered these advantages. Cresswell (1998), advises against studying in one's own *"backyard"*, particularly

when exploring organisational norms and values, (as in this study), which members of that culture may be unconsciously aware of. It confirms the political nature of research, one in which the research participants can become unknowingly drawn into.

Clinician-Researcher Role

The significance and the complexity of attempting to integrate both research and practice roles in service provision of this type, cannot be overlooked. Paquin's (2017) strong advocacy and heuristic for the *clinician-researcher* role accepts that although there are benefits, there are also challenges to the integration of both aspects of the professional identity. This tension is confirmed by Hay-Smith (2016), not least in terms of the ethical and methodological implications of the dual role but also problems in potentially 'splitting off' care and welfare obligations to service users or alternatively where the clinical role takes precedence. Paquin (2017) makes reference to the agency context and culture in supporting the *clinician-researcher* role. This again seems to have particular relevance when considering my positioning within the agency and how this may have influenced my approach to the tensions and confusion inherent in the dual role.

The Young People's 'Stories'

Mentioned earlier in the section on Ethics in Chapter 5, Dona (2007) is critical of participatory research methods, unless they contain elements of advocacy for social and political transformation. The decision to collect the young people's stories in this study was not based on the quest for 'objective truth', but the emotional impact of *"purposeful action in the face of adversity and risk",* (Burke, 1945 in Greenhalgh, 2005, p.443). However it is this very perspectival, or subjectivity which provides a major limitation when used as research data. Further as made clear in the Literature Review 2, the stories are dialogical, in that they are co-created, which can shape the telling. Clarke and Hoggett (2009) note the role of the unconscious in the generation of data. It is possible that with a different practitioner on a different day, a different story would have been collected from any of the young participants. The challenge is not to in some way attempt to 'control' for the emotionality of stories, (if in fact that is indeed possible), but for the stories to provide the source of:

"…accessing deeper truths than the truths, half-truths and fictions of undigested personal experience…" (Gabriel, 2004, p.65).

That is not to imply the privileging of the researcher's listening and judgement, over and above the narrator, but acknowledges the validity of the research process depends on the reflexivity of the researcher and their ability to transform the emotional impact of the stories into research data.

A further weakness that emerges in the study is a clear justification for the selection of stories that have been included and those that have been excluded as data. Potentially leaving the study open to criticisms of the 'mobilisation of bias' (Rogers, 2012), a point referred to earlier in Chapter 5. However, although the data was collected as clinical data during the time I was employed in the agency, it has since then been repeatedly subject to interrogation from a variety of perspectives and theoretical lenses. Hollway, (2000), helpfully states that in these circumstances the researcher can claim the legitimacy of their analysis on the proviso that no claim is made to any objective status with the analysis.

Contribution to Professional Social Work Discussion

With reference to the research questions (see above) this study contributes to future therapeutic social work practice with young refugees in two ways: *(i)* an analysis of the relevant literature on forced migration and Dialogical Self Theory (e.g. Hermans, 2015); and *(ii)* by the conclusions drawn from the closely written anonymised accounts of the five young people's stories, as they were told.

Dissemination of the Findings

The findings from this study offer a contemporary perspective on the phenomena of forced migration and mental health social work with young asylum seekers. Formal dissemination of these findings, to the wider social work and mental health communities will begin with an article in the British Journal of Social Work.

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"Abdullah"

Referral

Abdullah's GP had made an emergency referral for him to be seen in the Department of Child and Adolescent Psychological Services at a London hospital, The hospital saw Abdullah twice and assessed he was suffering from late-onset PTSD. He was subsequently referred to the Adolescent Refugee Service in the agency for psychotherapy.

At the psychiatric assessment, with Dr C., Abdullah reported that he was 16-years of age. He presented with low mood and said that he continued to experience a very disturbed sleep and believed that his life was not worth living. There were also concerns that sometimes he appeared unaware of what he was doing. On one occasion he had walked out into the middle of the road in front of the traffic. He was preoccupied with worries about his mother and sister and sometimes believed that he was still in Somalia. He said that he avoided talking or thinking about home. He also did not wish to mix with other Somalis because of the memories this triggered. Dr C assessed Abdullah as showing a degree of insight and that Abdullah was keen to take medication, particularly to help him sleep. He was prescribed medication to help him sleep better, but it was explained to Abdullah that this could only be a short-term measure and that he required *"in-depth and ongoing psychological therapy for his condition"*.

Family Background

Abdullah told the psychiatrist that he had arrived in the country a year previously and had been living with an 'uncle' who had been in the UK for four years.

His family belonged to a minority tribe in Somalia and his father had been a shop-keeper in Mogadishu. He said he had witnessed a great deal of violence. He had been present when his father had been shot by militia in their home. Following this, his mother would hide Abdullah and his sister in the house overnight. On a further occasion, the militia had re-entered the house and raped his sister, before stealing money and evicting the family from their home.

Reasons for Forced Migration

The family subsequently moved to another village, where Abdullah attended a Koranic school. There, Abdullah was accused by the militia of killing a young boy and he was threatened with retaliation. Abdullah denied any involvement in the boy's death and stated that the boy had been killed by a stray bullet.

His mother asked an uncle who was working in Saudi Arabia for money to help get Abdullah out of Somalia. An agent was paid and took Abdullah to Turkey, where he was left at the airport with a plane ticket to Austria. Abdullah had no idea where he was being taken and had not heard of Austria. On his arrival in the country, he was immediately detained, as he was without the correct documents. He alleged being assaulted by armed guards and it was only when the Red Cross undertook a routine visit, he was given medical attention. He could not speak any English at that time.

Apparently, with the help of some Somalis in Austria, Abdullah was assisted out of the detention camp where he had been placed and sent to Norway. He couldn't remember how long he remained there, but described being accommodated in a residential unit for asylum seekers where he was well-treated and provided with education and health care. He was also taking language classes in Norwegian. However, his application for asylum was turned down by the authorities, who intended returning him to Austria. Again with the help of Somalis connected to the mosque in Oslo, Abdullah arrived in the UK.

Situation at Time of Referral to the Agency

Abdullah reported that up until his arrival in the UK, he was unaware that he had an 'uncle' who lived here. His uncle was a part-time student, who also had a five-month old child. Abdullah informed me that his uncle had arranged for Abdullah to stay with a friend of his.

Up until being Accommodated by Social Services (s20, CA1989), Abdullah had been refused education because of his legal status. Social Services had disputed both his age and entitlement to apply for asylum in the UK.

Referral

Alseny's GP had originally referred Alseny to a Child and Adolescent Psychiatry Department at a London Hospital, who had seen him for one appointment before making a decision not to accept the referral and passing it on to the Adolescent Refugee Service in the agency, where a simultaneous referral was also received from Alseny's GP. This reported that although Alseny was not *"depressed"*, he was *"unable to cope"* and required *"support"*.

The GP was aware that Alseny had experienced *"a trauma"* in his home country, (however he did not specify what this was). He had been told by Alseny that his parents had been imprisoned and there had been no news of their well-being. Alseny had complained of being unable to sleep and showed a generalised anxiety, reporting *"strange psychosomatic symptoms"*, e.g. strange tastes in his mouth. He also informed the GP that he was attending college regularly, but was concerned that he was making little progress.

Family Background

Alseny informed me his parents had sent him to a Koranic school to be educated, unlike his siblings. Prior to leaving his home country, he had been living with relatives and helping them by working in the fields. He defined 'family' as relatives beyond the nuclear family and spoke of how in his culture *all* adults whether related by birth or not would be responsible for a child, to care, chastise, etc.

His parents were described as *"interpreters"* who worked for the opposition, mostly with communities in the rural districts.

Reasons for Forced Migration

At an older sister's wedding Alseny had been outside playing with friends, when he suddenly saw soldiers arriving, who herded his family and guests into trucks and took them away.

He was subsequently hidden by a friend of his father's, who paid an agent to take Alseny out of Guinea, disguised as a lorry driver. Alseny said that he remembers being taken through a number of African countries on his way to the UK. He did not know why he had been brought to the UK rather than being left in another part of Africa. The agent finally left Alseny outside Lunar House, (the immigration office) in Croydon, telling him he would receive help from them. Following an initial interview, he was given the address of a Social Services office and a travel voucher. He did not speak any English at that time, but eventually managed to find his way to the Social Services office, where they undertook an assessment. This concluded that Alseny did not need to be 'Accommodated' (s20, CA 1989) and he was not allocated a social worker. Instead, any issues or problems that arose would be addressed by a duty social worker. He was subsequently provided with Bed &Breakfast accommodation and benefits.

<u>Situation at the Time of the Referral to the Agency</u>

Alseny was attending college daily. He was in receipt of £44 per week in benefits. Out of this sum, he was required to pay £7 contribution per week for his accommodation. Leaving him with £37 per week for food, travel, phone, clothing, etc.

"Yazid"

Referral

Yazid was referred by a Locum Child & Adolescent Psychiatrist from his local Child & Adolescent Mental Health Service (CAMHS), who had received a referral from the Special Educational Needs Co-ordinator at Yazid's school. The school reported concerns regarding his *"emotional welfare",* which they linked to traumas he had experienced at home in Afghanistan.

The school had observed that Yazid had found it difficult to settle and thought he seemed overly anxious, despite staff offering him a *"high level of support"*. Despite this, Yazid repeatedly complained he did not receive sufficient help and was reported to be both verbally challenging and demanding of staff time. Also, he had been witnessed on one occasion being verbally abusive to a female classroom assistant, telling her she was *"paid"* to teach him. There had been similar altercations with peers and a report of aggressive bullying of a female student in his class.

Yazid appeared to have few close friends, mainly associating with Farsi-speaking students in the school. (Dari, Yazid's first language and Farsi, are similar languages). Yazid later told me that he would avoid contact with peers and preferred to spend time alone in the library.

Family Background

Yazid had been granted Indefinite Leave to Remain in the country. The majority of the background information was obtained from a statement produced by his immigration lawyer, which was attached to the referral.

Yazid was the second oldest in the family. He had an older brother and three younger siblings. Yazid's father, who had been an army officer, who had then opened an electrical shop in Kabul. Yazid's mother was a school teacher. Prior to the Taliban regime, the family had led a relatively comfortable life, (by Afghani standards).

Reasons for Forced Migration

On seizing control of Kabul, the family's life changed dramatically. Yazid's father was arrested and imprisoned for six months. He was selling tape cassette players and radios, goods which were banned under the Taliban. Yazid's mother was banned from working outside the home, (again part of the regime's doctrine) and she turned to educating her children in the home.

The family lived in an area of Kabul which witnessed increasingly regular forays by Taliban soldiers and police, who would abuse, beat, intimidate and harass the residents in the district who were Dari, non-Pushto, speakers. (Pushto being the administration's official language). One night the Taliban police came to the family home and demanded all the men out of the house. They took Yazid's father and older brother, along with a few other men from the district, returning a week later to the family's home with the body of Yazid's father. The family were later informed that Yazid's younger brother would continue to be detained. It was feared that he would later be made to fight for the Taliban.

Yazid's mother sold all her jewellery to pay for an agent to take Yazid out of Afghanistan. On his arrival at Dover, he had the name and address of his maternal uncle on a piece of paper.

Situation at the Time of Referral to the Agency

Yazid was living with his uncle and his wife and baby daughter in a one-bedroom rented flat. At that time, the couple's marriage was under stress and shortly after Yazid's arrival the wife left the family home, taking the baby.

Yazid's GP considered that Yazid was older than his given age; believing him to be possibly nineteen or twenty years of age.

APPENDIX 4

<u>"Dafina"</u>

<u>Referral</u>

Dafina had been referred to the Adolescent Refugee Service by a Locum GP. The letter was addressed to the "Clinical Psychologist". The GP wrote that Dafina was sixteen years old and had arrived from Bosnia two years previously. She had broken her ankle and suffered from chronic pain and depression. (Implying that the three issues were linked). Further, she stated that Dafina had been living alone since her arrival in the UK, but recently had moved in with a 'cousin', who lived locally.

The GP believed that Dafina had suffered *"a very traumatic experience back at home",* but could not expand on this. A long list of Dafina's prescribed medication was included in the letter - a mixture of sleeping tablets and pain relief, for *"the severe leg pain, which necessitates the use of a crutch on a regular basis".* The GP requested the agency undertake an 'assessment' and give *"any help that you can offer".*

A week after receiving the referral, the Department received a telephone call from a person claiming to be Dafina's aunt, asking when Dafina would receive an appointment. Two days later, a further telephone call was received from Dafina herself, she was crying and stated that she needed to be seen urgently.

<u>Family Background</u>

Dafina was the eldest child in the family. She had three much younger siblings. Her father was a factory manager in a factory, owned by Serbs, and her mother was a school teacher. It seemed from Dafina's reports that the family were an untypical Kosovan Roma family, in that they were relatively wealthy and educated.

<u>Reasons for Forced Migration</u>

Dafina reported the family had lived amongst Albanians who they initially had good relations with up until the war. She had also attended a school for

Albanian children.

On her way home from school, she was abducted by two Albanian men, who raped her as 'revenge' for what they perceived to be her father's alliance with Serbs. In her attempt to escape, she had broken her leg. She received limited medical attention for this and the trauma caused by the abduction and rape. Some months later, her parents paid an agent and Dafina was taken out of Kosovo with four other adults in the back of a lorry.

<u>Situation at Time of Referral</u>

At the time Dafina left Kosovo, she understood that her parents and younger siblings would soon follow, in fact the family left Kosovo, entering Albania without papers. The agent delivered Dafina to the home of a paternal aunt and her family in East London. However due to limited space, it was arranged that she would live with a young, childless, Albanian couple. The husband's family were known to Dafina's father. This move coincided with the GP referral.

APPENDIX 5

"Elizabeth"

Referral

Elizabeth had been 'Accommodated' by Social Services (s.20, CA1989). Her first social worker had referred her to the local Child & Adolescent Mental Health Service (CAMHS).

In a distressed state, she spoke of feeling responsible for her parents' death, as she believed that she had been seen delivering letters for her father, raising suspicions about his possible links to political opposition groups. CAMHS then referred Elizabeth to the agency for psychotherapy. An appointment was offered to Elizabeth, but on the day, her social worker telephoned saying that Elizabeth had changed her mind and did not want to talk with anyone.

Four months later, a second referral was made by her new social worker, from the Leaving Care Team. Elizabeth had told her that she believed that in time she would overcome and forget her traumatic experiences. However, the social worker believed that Elizabeth was severely traumatised and her *"rape ordeal"* had *"caused her to struggle in identifying her sexual identity"*.

The social worker confirmed that she had discussed the second referral with Elizabeth, who agreed to receive *"counselling"*.

Family Background

Elizabeth was the eldest child in the family. She had three younger siblings. Her father was a doctor and her mother a nurse, (a profession Elizabeth also decided to follow). The family were not just educated, but also wealthy. Elizabeth was receiving education in one of the very few boarding schools for girls in the country, which was apparently the norm for very wealthy Ugandan families.

Reasons For Forced Migration

The exact details of what Elizabeth witnessed are unclear. A Social Services

report states that she arrived home to find both her parents dead and her siblings missing.

Government troops unexpectedly arrived at the family home. Her mother was raped and her father was shot trying to defend her. Her mother was subsequently also murdered. Elizabeth was raped before being taken away by the soldiers. She was imprisoned for three weeks, during which time she was beaten and raped as part of the interrogation about her father's political associates and activities. She was helped to escape by a friend of her father's.

Again there is some confusion regarding what happened to her younger siblings. One account indicates that they were also murdered in the home. However, Elizabeth informed me that she believed they had also been taken away by the soldiers. As their whereabouts were unknown, she could only assume that they were also dead.

<u>Situation at Time of Referral</u>

Elizabeth had been placed in a small residential unit with three other girls; where she received 'key-worker' sessions two to four times per week.

APPENDIX 6

APPENDIX 7