

EXPLORING HIGHLY-EDUCATED REFUGEES' SUBJECTIVE THEORIES OF THEIR PSYCHOSOCIAL EXPERIENCES

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Abstract: This study aimed to elicit the meanings refugees attach to their post-migration psychosocial experiences and to explore whether these are aligned with experts' conceptualisations of refugees' problems. Semi-structured interviews were carried out with 15 highly-educated refugees in the UK to elicit their subjective theories regarding experienced stressors, resources activated, and psychological health. The participants used the notions of stress, coping, and psychological health in all their richness and did not create necessarily negative meanings. In contrast to stereotypes often implied in experts' theories, the participants did not emerge as "vulnerable" and "passive". In their subjective theories they talked about problems but also how they tackled these. At the same time the resources and psychological outcomes they discussed varied. The findings of the study suggest that experts should consider refugees' subjective theories when planning psychosocial interventions.

Key words: Migration, Psychosocial health, Refugees, Subjective theories.

INTRODUCTION

International migration is a complex and diverse phenomenon, which affects not only migrants and refugees but also the sending and receiving societies (United Nations Population Fund, 2005). Fortunately, it is increasingly accepted that further research on refugee health should be carried out and that care should be continuously provided. However, it is not clear how refugees could contribute to the design and implementation of care services (Ahearn, 2000; Timimi, 1998). One important way in which refugees can influence the design of their own service provisions is through

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their contribution to research (Ingleby, 2005). One way to achieve this is by eliciting the participants' *subjective theories*, which are the meanings people actively create when they interact with others in order to make sense of their psychosocial experiences. By comparing these with *expert theories*, which are the concepts through which scientists, researchers, and policy makers explain the participants' experiences, psychosocial health interventions can be planned along users' own understandings and therefore can provide them with services suited to their needs.

Subjective theories do not refer to "objective" stocks of knowledge that people hold; they are shaped by existing social norms and cultural values and are influenced by the others one interacts with. This is because all individuals create meaning from the interaction between their existing beliefs and the new ideas and situations they encounter in social settings (Schwandt, 1998). Acknowledging the above entails that the meanings refugees attach to their experiences are being constructed through various interactions in the different social contexts refugees have found themselves after migrating to the UK but are also articulated as the participants interacted with the researcher. Expert theories, on the other hand, are more static and make claims that attempt to describe an "objective" social-psychological reality. The researcher in this case is supposed to remain detached and uninfluenced by the people he/she examines, in order to discover this underlying reality and its laws (Denzin & Lincoln, 1998).

This paper juxtaposes refugees' subjective theories and expert theories to examine whether the former could challenge any aspects of the expert knowledge. By "challenge" it is not meant that it is possible to confirm or refute experts' scientific assumptions about refugees' migration-related experiences and psychosocial health through the meanings the participants attach to their experiences. The aim of the study was to open a dialogue between what is "objective" (namely, expert knowledge) and the "subjective". One expert theory that *could* be challenged refers to stereotypes that have emerged from the prevalence of the stress and coping theory. This theory, along with certain socio-historical circumstances, has played an important role in formulating the stereotypes of the "vulnerable" and "passive" refugee. However, not all refugees can be subsumed under these two categories, particularly if they have successfully settled in the host country.

This paper discusses highly-educated refugees' subjective theories of their psychosocial health and aims to explore how they use the stress and coping concepts while creating these theories. It also explores whether the stereotypes of the "vulnerable" and "passive" refugee, emerging to a large extent from experts' work on migration and psychological health, are present in the participants' subjective theories. The term "refugees" here refers to all displaced persons who have applied

for asylum in the UK. The research was carried out with a group of highly-educated refugees for reasons discussed below.

Main theoretical approaches to migrants' and refugees' psychosocial health

Three main theoretical approaches can be identified in the migration and psychosocial health literature and each one suggests a different level of difficulty for the individual, while he/she tries to adapt to the new environment. These approaches are the following: (a) social learning models, (b) clinical perspectives, and (c) stress and coping approaches.

According to social learning models adaptation is considered to be a matter of learning new behaviours appropriate for the new cultural context (Furnham & Bochner, 1986) and may be accompanied by some "culture conflict", when incompatible behaviours create difficulties for the individual. When major difficulties are experienced then the "psychopathology" perspective is regarded as most appropriate. According to this clinical perspective, changes in the cultural context exceed the individual's coping capacity and may lead to psychological disorders, such as clinical depression and incapacitating anxiety (Berry & Kim, 1988). Recently the clinical approach has been called the "severe mental illness model" (Silove, 2005). This approach focuses on a rather small group of migrants and/or refugees, who urgently need clinical help because of severe disorders (Bhugra & Jones, 2001). Finally, when serious cultural conflict exists, individuals may experience acculturative stress (Berry, 1984) if they cannot easily change their behaviours. This view of migration-related experiences as a series of stress-provoking changes demanding coping responses was shaped by theorising on factors mediating *stress and coping* reactions (Lazarus & Folkman, 1984).

The stress and coping model proposes that there are several types of stress-generating events and circumstances in which people use coping resources in order to respond to them. Three major components of this stress and coping process have been identified: stressors, resources and manifestations of stress (Pearlin, Lieberman, Menaghan, & Mullan, 1981). Stressors refer to any condition having the potential to disrupt people's adaptive behaviours. Coping resources are social and personal elements upon which people may draw when dealing with stressors; they can either directly deter distress or mediate the potential adverse consequences of stressors. The outcome of stressors and resources is usually assessed as subjective distress. These components of the stress and coping process are closely interrelated, so that changes in one result in changes in the others (Pearlin, 1999).

Stress and coping in migrant and refugee populations

In the research field of migration and psychosocial health, there has been convergence toward adopting stress and coping as a theoretical framework (Berry, 1997; Rogler, 1994). Yet, there is still confusion regarding this theoretical framework when applied to migration (Aneshensel, 1999). Indeed it is not clear how to distinguish between stressors, because different researchers have proposed different types of them; for example, there are socio-cultural stressors (e.g., racism), demographic (e.g., SES), or post-migration-related such as social isolation, language difficulties and the challenges of economic survival in the host country (Hovey, 1999; Pourgourides, Sashidharan, & Bracken, 1995; Williams, Yu, Jackson, & Anderson, 1997).

There is also debate on whether, when examining social support, the focus should be on ethnic support, non-ethnic support or both. Some researchers have shown that co-ethnic relations are the most powerful source of social support for migrants and refugees and that social networks can reduce experienced distress (Colic-Peisker & Walker, 2003; Jasinskaya-Lahti, Liebkind, Jaakkola, & Reuter, 2006). But it has also been suggested that intense involvement and ties confined within ethnic networks can be dysfunctional (Robinson & Reeve, 2006; Salant & Lauderdale, 2003; Stansfeld & Sproston, 2002). Indeed, even though members of an ethnic community share a common ethnic background the competition for limited resources in deprived neighbourhoods (where immigrants in the UK often live in) can raise tensions within the community. Additionally, some members of culturally or linguistically distinct groups or immigrants of very low socio-economic status may experience more difficulties negotiating a position within a long-settled ethnic network. Also, people perceived to belong to particular groups (e.g., people thought to be Muslim or people matching stereotypical views of who is an asylum seeker) may be less readily accepted by existing members of an ethnic community and more likely to be harassed.

The most persistent controversy concerns the conceptualisation of psychosocial health, and which of its aspects relate to migrants and refugees. One debate refers to whether psychosocial health is a prerequisite of long-term adaptation in the host country and if so, how the latter should be conceptualised. Some authors (Berry, 1997; Searle & Ward, 1990) consider psychological health as constituent of the process of psychological adaptation, which is conceptually distinct but empirically related to socio-cultural and economic adaptation. Others who regard ethnic identity formation as the main process involved in psychological adaptation have argued that adaptation does not include psychosocial health as a component

(Moghaddam, Taylor, & Wright, 1993; Schönplflug, 1997). Relevant research has shown that when the degree of migrants' adaptation is at a medium level and needs for inclusion in the host group and for differentiation from it are at medium intensity, psychosocial health shows an optimal level but decreases to a minimum at either extremes of adaptation, high or low (Brewer, 1991; Schönplflug, 1999). According to this view migrants may be fully adapted to the host society but may not necessarily experience optimal psychological health.

Another debate regards the conceptualisation of self-esteem in migrant populations. The major point of disagreement has been on whether self-esteem, as an indicator of psychological health, should be regarded as a generally positive or negative feeling about the self or as a collection of evaluations about personal assets and liabilities, in which case we are talking about self-concept (Emler, 2001). In the case of migrants and refugees, it has been argued that it may be more appropriate to study self-esteem as a collection of judgements about one's self as their self-concept might change after the experience of migration (Bhugra, 2004).

Finally, an ongoing debate has to do with which aspects of psychosocial health should be mostly studied, that is, symptoms of distress, such as depression or aspects of psychosocial well-being, such as life satisfaction. Even though positive aspects are increasingly being studied, there is still disagreement on whether researchers should focus on individual evaluations of one's life as a whole, or evaluations of satisfaction with life domains (Hird, 2003).

It is clear that the debates regarding the conceptualisation of stressors, resources and psychosocial health outcomes emerge from a dynamic research dialogue, which however seems to unfold exclusively among experts in the area, while the participants' own understandings are left aside. Indeed, the participants' voice seems to be missing from these debates (Littlewood, 1990). This observation highlights the value of eliciting the meanings that refugees attach to their psychosocial experiences in the host country and the need to pay special attention to the way they use the stress and coping notions while creating and articulating these meanings.

Stress/coping research and the negative images assigned to refugees

From the previous literature overview one can see that stress, migration-related experiences and psychological health have been strongly linked, which has led to the assumption that many migrants and especially refugees are vulnerable to stress and even characterised by it for varying periods of time (Shuval, 2001). Even though the stress and coping approach was meant to provide a less disorder-oriented outlook on

refugees' psychological health than the clinical approach did, it nevertheless, continues to cultivate the "pathological" image of this population.¹ The general picture regarding refugees is that their psychosocial experiences in the host country are deemed to be stressful and that they have such experiences primarily because they do not take action to resolve their problems, and prefer to remain passive. Highly-educated refugees are regarded as being at an especially high risk of suffering from stress symptoms. There are studies showing that status inconsistency (the situation where refugees have lost the socioeconomic status from their last socioeconomic position/job in their home country to their most recent one in the host country) exacerbates the psychological problems of adaptation (Beiser, Johnson, & Turner, 1993; Iredale, 1994; Vinokurov, Birman, & Trickett, 2000).

Even though the 1990s saw the emergence of critical views on the pathological focus when studying refugees' psychological health (Kleber, Brom, & Defares, 1992; Summerfield, 1999), the negative images assigned to them have not faded away. Rather they have been reinforced by the media coverage and seem to have become *stereotypes* in Western societies, including the UK (Donnellan, 2002; Market & Opinion Research International, 2002). Indeed, in the UK the media frequently portray refugees as prone to mental health problems (Bailey, 2005), while additional labels such as "dangerous threats" are assigned to groups, such as Muslim men refugees (Said, 2004; Threadgold, 2002).

Overall, it is this combination of features attributed to refugees in the UK, that is, having high educational background,² facing various stressors, and being portrayed as "vulnerable" and "passive", which informed the choice of the research population in this study. Undoubtedly, there is strong interest currently in research that explores this group's understandings of their psychosocial experiences and in policy which can provide them with adequate psychosocial health care.

¹ Of course, the stress and coping approach is not the only "culprit" for the pathological image assigned to refugees. Phenomena such as (a) the change in refugee populations at the end of the 20th century (i.e., only in the past 25 years refugee resettlement has involved flows of people of radically different cultural orientations); (b) host governments' health policies targeting diseases that refugees could "import", and (c) a preoccupation with disease which pervaded refugee-related policies, program development and research, have all led to a focus on refugees' pathology, which still haunts their health picture today (Muecke, 1992; Watters, 2001).

² In the UK an estimated one third of the refugee population are graduates or have professional qualifications (Davenport, 2004; Waddington, 2005), which places them at level 4 and above of the National Vocational Qualifications. Even though there is a higher proportion of qualifications and skills among refugees compared to native populations, refugees are consistently the most unemployed or underemployed group in the UK (Anderson, 2005; Bloch, 1999; Knox, 1997; Shiferaw & Hagos, 2002).

Based on the above literature overview, the predictions to be explored in this study were: (a) The participants would all discuss very similar psychosocial experiences (Hypothesis 1). (b) The participants, through their subjective theories, would all emerge as “vulnerable” and “passive”, as they are often portrayed (Hypothesis 2). (c) The participants would distinguish themselves between different types of stressors, social support, and psychosocial health outcomes (Hypothesis 3), as experts in the field of migration and psychosocial health have already distinguished.

METHOD

Design – Procedure

The research presented in this article is based on part of a larger original research project, which studied how highly-educated refugees in the UK understand the relation between their post-migration experiences (with an emphasis on employment-related experiences) and their psychosocial well-being (Psoinos, 2007). In this study the epistemological position of social constructionism was adopted, which assumes that knowledge is not a particular kind of product that exists independent of the knower, but an interaction process between people where meanings are socially negotiated (von Glaserfeld, 1991). This epistemological position is relevant to this study, which views the participants’ subjective theories as constructed through various social interactions in the different contexts that refugees have found themselves since migrating to the UK. This also means that a dialogue unfolds between the researcher and each participant, who in a way co-construct the meanings.

The qualitative methodology and the technique of semi-structured interviewing served the purpose of prompting the participants to formulate their subjective theories and of exploring how they employed the stress and coping concepts while discussing these theories. It also allowed the researcher to critically reflect on personal features and presuppositions which entered the interview context and shaped the participants’ subjective theories.

Refugees are described as guarded in their personal interactions because they have to protect themselves and their families (McSpadden, 1987). This means that the level of distrust may increase when they are approached to speak openly about their experiences. Therefore, they were assured that everything they would say would be kept confidential, that all responses would be anonymous, and that their identities would be protected. It should be noted that the common feature with the participants,

that is, the researcher being also a foreigner in the UK, could have made them feel more at ease to discuss their experiences and perhaps encouraged them to disclose their dissatisfaction with life in the UK because of experienced discrimination (see third subjective theory in the following pages). Some participants agreed to be audio-recorded while some others expressed their wish not to be recorded; in the latter case hand-written notes were taken. Each interview lasted approximately one hour (for interview agenda see Appendix A).

Participants

Participants were refugees or asylum seekers residing in the UK who had an economically active age and a high educational background, that is, all of them had completed graduate education or had at least two years' certified technical training after finishing high-school education. Using the snowball technique, 15 adults with the above characteristics were selected. Of them, 8 were men and 7 women. The participants originated from Africa, Asia, Eastern Europe or the Middle East. They had been living in the UK for six years in average and spoke English fluently. Regarding their migration status, 9 participants had obtained full-refugee status due to well-founded fear of being persecuted in their home country, two participants had DLR (Discretionary Leave to Remain) status, and four described themselves as asylum-seekers. An overview of the participants with their characteristics is presented in Table 1.

Of the 15 participants, the first five were located through two local organisations in Cambridgeshire. The first organisation gives advice (e.g., on legal issues or housing problems) and support to refugees and asylum seekers and the second one is a group of local people who work to improve awareness of why people are driven to seek asylum and what it is like for them to live in the UK. So by joining and attending the meetings of the second group, contact was able to be made with people who were asked whether they would be interested in participating in the study.

The first organisation did not allow the researcher to "simply join in and conduct interviews". They suggested that the researcher volunteers and helps out with various tasks, mainly administrative work and in exchange, they would allow interviewing some of the clients – of course, only after obtaining their consent. This "restriction" was also evident in the interview questions: due to ethical considerations in order to ensure that the questions would not make the interviewees feel that the researcher was "intruding their world" the organisation asked for the presentation of a specific interview agenda, which they first checked and then allowed the researcher to proceed with the interviews. The agenda contained closed and some open-ended

Table 1. Overview of the participants

Gender	Ethnic origin	Education/job in home country	Education/job(s) in UK	Migration status	Employment status
1. M	African	Graduate in computer science / IT consultant	No further education / shop assistant, computer officer	Refugee	Employed
2. F	African	Training in accountancy / accountant	English / catering assistant	Refugee	Employed
3. F	Eastern European	Graduate in economics / no work experience	English and IT / no work experience	AS	Unemployed
4. M	Middle Eastern	Postgraduate in management / accountant	No further education / accountant	Refugee	Unemployed
5. M	Middle Eastern	Training in computing / computer officer	No further education / shop assistant	AS	Unemployed
6. F	Asian	Graduate in engineering / researcher	IT training / industrial worker	Refugee	Unemployed
7. M	Asian	Training in engineering / engineer	English / community worker, interpreter	Refugee	Employed
8. F	African	Training in nursing / nurse	IT courses / nursing assistant	Refugee	Employed
9. F	Middle Eastern	Education in history and sociology/no work experience	English and graduate course in sociology/ interpreter	Refugee	Employed
10. M	Eastern European	Graduate in linguistics / no work experience	Postgraduate in linguistics / telecom analyst, shop assistant	DLR	Unemployed
11. F	Eastern European	Graduate in neuro-psychology / psychologist	Clinical psychologist	Refugee	Employed
12. M	Middle Eastern	Postgraduate in accounting / accountant, lecturer	English / shop assistant	DLR	Employed
13. F	Middle Eastern	Graduate in history / teacher	English / community worker, teacher	AS	Unemployed
14. M	Middle Eastern	Postgraduate in economics / researcher	English and IT / no work experience	Refugee	Unemployed
15. M	Eastern European	Training in computing / computer technician	English and IT / part-time jobs in security	AS	Unemployed

Note: M = Male; F = Female; DLR = Discretionary Leave to Remain; AS = Asylum seeker.

questions, therefore this interview context which predefined the general themes to be discussed can partly explain why the participants' subjective theories emerged as rather homogeneous.

Analysis of the interviews

Thematic network analysis was used to organise the interview material and to interpret the participants' subjective theories (Attride-Stirling, 2001). In what follows, three thematic networks, consisting of basic and organising themes will be presented. The basic and organising themes are first discussed and relevant quotes are integrated, to illustrate how these themes link together into one subjective theory. Along with each quote the gender, occupation, and ethnic origin of the particular interviewee are noted in brackets.

The first step in a thematic network analysis is to code the material; this was carried out by dissecting the text into meaningful text segments with the use of a coding framework (by "meaningful" reference is made to segments that convey the meanings the participants attach to their experiences but also that seem to go against or agree with "expert" presuppositions). Coding was based on the stress and coping approach; therefore, the codes were created based on the categories of stressors, resources and psychological health outcomes.

The fact that only the researcher did the coding and no judges were involved to check the validity of these codes needs to be justified. Indeed the value of this study's findings could be doubted based on the argument that these reflect the researcher's own interpretations. Such a belief rests on the assumption that there is one "objective" truth and the researcher can know it by examining the phenomenon of the study as an observer detached from the participants. However, research belonging to the social constructionist tradition sees more value in understanding a phenomenon rather than knowing the truth about it (Wolcott, 1990). It also assumes that researchers are not neutral observers but agents who have their own conceptual orientations and understandings, as they too, are members of a particular culture at a specific historical moment. The fact that data are collected in a specific local context and interpreted by the researcher, who holds certain ideas, is *not* considered a problem in this approach (Varto, 1992). On the contrary, it allows the researcher to explore the meanings the interviewees construct regarding their experiences and also to reflect critically on the presuppositions he/she holds while collecting, coding and interpreting the data.

The codes were then applied to the text to dissect it into segments: meaningful chunks of text, that is, meaningful quotations, in the present case (Miles & Huberman, 1994). Once the text was coded, the themes were abstracted by going through the text segments in each code and then extracting the common or significant themes in them. The emerging themes were assembled into groupings, an action made on the basis of content and on theoretical grounds. These groupings became the

basic themes and by creating clusters of basic themes centred on larger, shared issues, the organising themes were created. Finally, in light of the basic themes, the main claim the organising themes referred to was summarised and this claim was the subjective theory. Three different subjective theories emerged from the interviews that contained similar basic themes (i.e., stressors) but diverse organising themes (i.e., resources and psychological health outcomes).

RESULTS

Basic themes

The basic themes cut across *all* three subjective theories as most participants mentioned similar stressors. Questions like “What are the differences between living in the home country and living in the UK?” and “What has been difficult while living in the UK?” were used to address the stressful factors they had experienced since arriving in the UK. These stressors constituted the basic themes and are as follows:

Acculturation problems. This is a commonly discussed stressor, referring to problems with understanding and speaking English and/or difficulties in getting familiar with the country and the place one lives in. The quotes below illustrate respectively these experiences:

“...When you have to deal here with official people or educated people, they are so nice, but when you have to deal with uneducated people it is completely different...I think when people come from overseas in this country the only sort of help they can rely on is some people from their country, that's it...At the beginning it is like this...For someone who comes from the Middle-East it is very difficult to establish a life here...”

(male, accountant and lecturer, Middle Eastern)

“The language, that's what I found very difficult. Before I came here I learnt some English many years ago...But when I came here I found it very difficult, even when going to a shop I could not understand what somebody said”

(female, electronic engineer, Asian)

Employment-related problems. Many participants discussed the experience of unemployment. It included several adverse experiences such as difficulties in finding

accommodation, poverty and loss of valued social and occupational roles they had in their home country. The three issues of housing and financial means and employment were interrelated:

“For about six months I lived with friends. Because I had friends they could offer me accommodation without charging me. But if I had not had friends, I would not be able to stay and I had no other way to get the money. So absolutely no control, I did not have a proper job, I also did not have a place of my own...I mean it’s important to have a job because that gives you control. It puts you into a legal status. And once you exist legally that’s when you are in control and then of course when you have the money to have your own accommodation...”

(male, graduate in Linguistics, Eastern European)

The most commonly discussed experience related to unemployment was losing previously held social and/or occupational roles. For example:

“Of course I want to work to make some money, this is common sense. The only thing is that it is very hard for foreign people to find a good job, a job that matches their skills. And you see skilled people either unemployed, or having some low job, while they deserve better...I was unemployed for some time, when I was waiting for the status and I did not have a work permit...That was a very bad time for me, I felt completely useless, there was no point in carrying on, really”

(male, IT officer, African)

In addition, some interviewees discussed how underemployment, that is, having a job that did not match their high educational qualifications and skills, was one of their major difficulties in the UK. The participant below discussed how she could not find “a proper job”, that is, employment to match her professional skills and work experience:

“First thing I did after I came here, I was going to work in a company, where they do assembling work. I think it is very hard because my background is scientific and then you come here and you have to do this. So I find it very difficult... There are a lot of things you have to face and that keeps the pressure on...I feel that I just go to work to make money and that’s it...”

(female, electronic engineer, Asian)

Lack of time structure. This commonly discussed post-migration experience referred to not having any meaningful activities to be occupied with as well as having a lot of idle time:

“I am an academic, so money is not important for me, graduating was very important for opening my mind...In my country I used clever ways to do anything, I was active. But I lost that because I don't have any activities and I don't have opportunities to be creative”
(male, researcher, Middle Eastern)

The participants who discussed in detail the experience of “lack of time structure” focused on the problem of having too much free time, of not undertaking any activities and consequently of feeling useless.

Social life-related problems. Finally, another theme concerned the experiences of “missing friends and one's own community” and of “feeling isolated” in the host country. In the next quote the participant discussed missing her family and her compatriots:

“...In the beginning I made some English friends, we are still good friends. It was ok for some time, but I think that friends here cannot take the place of your family, and the people from your country. With them you don't feel foreign, you have the same language and traditions and the same memories. Some people get used to this, but for me it is getting worse every year, I miss them more and more and I don't know what to do about it...”
(female, graduate in Economics, Eastern European)

Organising themes

The organising themes refer to the *active use of resources* the participants used to cope with post-migration stressors. This active use of resources was selected as the main principle linking the basic themes, because it showed what the participants claimed to do to cope with these stressors. The resources referred mainly to the *social networks* the participants turned to in order to receive several types of help.

Turning to local refugee group for job information and career advice. There were several interviewees who previously mentioned their employment-related problems and afterwards discussed how they turned to groups for receiving advice. It is interesting to see the statements of *not* wanting to approach an ethnic community for help and/or advice because according to the interviewees there is often tension between people from the same ethnic group who are competing for the same jobs.

“I don’t have strong connections with my own (ethnic) community, because it does not give me any satisfaction to see somebody from Turkey, I just want to see people who have some quality. There are lots of Turkish and Kurdish people here but I don’t want to be close to them. There are different reasons why they are here, and this can make things more complex. So no, I am not keen to be with others from my own community. I used to think that seeing somebody from my country was a big thing, but as time goes by you change your mind”
(female, teacher, Middle Eastern)

“...I was worried that I would have to compete with other immigrants or refugees, other Eastern European people can be very competitive about jobs. But because I wanted to avoid all this, I went to a local organisation for refugees for asking for help I think it was a good decision to stay away from others from my country...”
(female, clinical psychologist, Eastern European)

Turning to ethnic group for job information and career advice. At the same time there were interviewees who discussed the importance of their *ethnic group* as a source of advice and informational support, especially regarding employment-related issues:

“If you want information on your asylum application or how to apply for income support, the local organisations for immigrants are good, I have not been there but people say they give a lot of help. For other things there is of course the ethnic community. When I first came here I worked for a couple of months and the only reason I found that job were the people from my ethnic group...”
(male, computer technician, Middle Eastern)

Unlike the participants in the previous theme, who approached local groups because they did not trust their ethnic community, the interviewee above pointed out the importance of turning to one’s ethnic group. According to him, the fact that all people in the ethnic group had been through the same difficulties, made them affiliated and willing to help one another.

Turning to either group for social networking and bonding with others. Social networking seemed to be an important way of coping with several of the above stressors (e.g., having a lot of spare time, missing family and friends) and for some

participants the way to start this networking seemed to be by turning to social groups, like ethnic communities and/ or local refugee organisations:

“...I have not made any friends, maybe because I stayed away from people but until now I did not have time for that...I guess I will meet at some point people from my ethnic group, I know there is a strong African group here and it is easy to make a few friends like that, but I have to settle some things in my life and then start the social relations”

(male, IT officer, African)

Turning to either group for information about further education opportunities. To cope with difficulties, such as acculturation problems as well as finding employment, some interviewees discussed how they turned to different groups to receive advice on further education opportunities:

“Then I went to my college and their social services helped me with so many things... They told me about the available English courses, they helped with getting the books...and I felt some sort of respect because they gave us all the information we needed and they helped us to start a life here”

(female, graduate in Economics, Eastern European)

It should be noted that my identity of a University researcher could have triggered the above emphasis they seemed to put on wanting to restore the valued role of the highly-educated individual.

Turning to either group for finding activities. As previously discussed, having a lot of idle time and no meaningful activities, emerged as one of the main experienced problems in the participants' lives in the UK. Nevertheless, they approached different groups in order to stay active:

“English people have been very helpful because I have met most of them in organizations or centres for social services and they *are* doing their job, they help you with the papers, the applications... And they help with English courses, they put me immediately into classes, and also gave me the books, that was very good... But with my application that is not fixed and without qualifications, I cannot find a job. And my application could take years. I keep myself busy with I.T. and language classes-they will be useful if I am accepted to the course for the diploma”

(male, computer technician, Eastern European)

The above reveal that most participants discussed how they turned either to ethnic communities or local refugee-assisting organisations to receive different types of help. It should be noted that my other identity as a volunteer in the local refugee group which most of the participants frequently turned to, most certainly shaped the findings. Indeed my role as an active member there could have put indirect pressure on the participants to talk more about such networks, which could also explain why most interviewees presented them as very helpful.

Not turning to any social resource and being self-reliant. At the same time there were few interviewees who discussed how for some of the problems they experienced they did *not* turn to a network for help:

“No [I did not ask for help] because I did not need anything else. They gave us the information about asylum-seekers and that was the only necessary thing. Of course it was strange to be in a new country and I felt alone, but I did not want to go and see other refugees and I stayed away from my ethnic community. I have decided to stay away from them, we cannot be friends and we cannot help each other. If they want help, like information, they can ask someone or they can read the documents for asylum-seekers, I did that, why don't they do the same?”

(male, accountant, Middle Eastern)

Since the basic and the organising themes, which cut across all three thematic networks, have been pointed out, it is important to describe the subjective theories the three subgroups of participants presented. Three subjective theories emerged from the interpretation of the interview material. Their differences were not blatantly evident but the most significant ones rest on the resources the interviewees said they activated for coping, and in the psychological health outcomes they presented.

First subjective theory

Six participants made sense of their psychosocial problems in the UK through the first subjective theory (see Table 2). Its main point was that all six participants claimed to have activated social resources to cope with their problems and that all discussed having positive psychological health.

In this subjective theory the basic themes were employment-related problems, social life-related issues, and also the problems of acculturation and of having no time structure. With regards to the organising themes, there were several resources the participants said they used, such as turning either to an ethnic community for receiving

Table 2. Basic themes, organising themes, and first subjective theory

Basic themes	Organising themes
• Unemployment/underemployment	• Turning to ethnic group for job advice or to local/ethnic group for education opportunities
• Social-life related problems	• Turning to ethnic or local group for networking
• No time structure/accluturation problems	• Turning to ethnic or local group to find activities

First subjective theory

This group made sense of their experiences by discussing stressors, resources they activated and their increasing psychological health

employment-related information, and turning to any group for keeping busy and meeting others. Finally, this theory contained a positive psychological outlook, since this group presented themselves as having high self-esteem, strong sense of adaptation and life satisfaction. Regarding self-esteem, there were some interviewees who presented themselves as *strong* and *determined* to overcome problems:

“Your self-esteem is going up and down from one extreme to the other. Especially when you go for a job and you do everything right but then you don’t make it to the final cut...I know people and I have heard of people who got completely depressed because of such circumstances. But I think the difference between me and these people was that I don’t think I had many other options...and that’s what made me persist and try to stay here”
(male, graduate in Linguistics, Eastern European)

As far as sense of adaptation is concerned, they discussed *feeling in general adapted* in the host country. It should be noted that they distinguished between different types of adaptation, such as financial and social adaptation:

“I do like it here, since my child was born here and his school is here and his friends are here and sometimes I feel that I would like to go back to my country but he does not. So anyway I think life can be ok. But I miss home and I think of my family...Anyway, I am quite happy to live here because everything is here and all you have to do is do something about it”
(female, electronic engineer, Asian)

Finally, regarding life satisfaction, these participants said they were satisfied with their present life as a whole. It should be noted that they also discussed their satisfaction with *particular* domains, i.e. their occupational situation and social life:

“I feel I am satisfied because I have plans...Of course one is never happy, there are always more things we want. Well, I wanted to try for more nursing jobs, but now things have changed in my life. I will soon get married and my fiancé works for many hours and if I become a nurse then I will work overtime...So I have quit my plans to become a nurse and now I will do some re-training...And getting married and having a proper family is very important...”

(female, accountant, African)

Second subjective theory

Six participants made sense of their psychosocial problems in the UK by talking about stressors, resources they activated and their fluctuating psychological health. In this theory (see Table 3) the basic themes were those already presented in the previous one, that is, employment-related problems, social life-related issues, as well as the problems of lacking time structure and of acculturation. The participants said they used several resources to cope with stressors, such as turning to either an ethnic community or local group for meeting others and finding activities. It is interesting to note that for employment-related problems this subgroup discussed how they turned to *local groups* and not to their ethnic community to receive job advice.

Table 3. Basic themes, organising themes, and second subjective theory

Basic themes	Organising themes
• Unemployment/underemployment	• Turning to local group for job advice or to local/ethnic group for education opportunities
• Social-life related problems	• Turning to ethnic or local group for networking
• No time structure/acculturation problems	• Turning to ethnic or local group to find activities
Second subjective theory	
This group made sense of their experiences by discussing stressors, resources they activated and their fluctuating psychological health	

Finally, by looking at the subgroup of participants who presented this subjective theory, it seems they portrayed a fluctuating psychological health, because the self-esteem, sense of adaptation and life satisfaction they discussed was not consistently positive, as noted in the previous subgroup. The following interviewee when talking about her self-esteem presented herself as content but also as having lost her strength at different points in time while living in the UK.

“I am happy with the people I have met here, this is fine for the moment...But there are days when you realise you are poor, you are still waiting the result from your application, you have no house or money of your own and you feel weak...I have been feeling sad and weak for a long time. But these feelings come and go, you cannot feel like this forever”
(female, graduate in Economics, Eastern European)

As far as sense of adaptation is concerned, these participants pointed out that it would take time to feel “having some small part in the host country”, as noted in the first quote below. It is interesting again to note that they distinguished between professional and social adaptation as seen below:

“After finishing education if I get a proper job in a short-time, then it is ok, but if I don't find a proper job and I stay here, it is going to be bad. So far everything is ok...People can adapt but it depends on the definition of adaptation. For example, I am a Muslim. I have different rules than the majority of people living here. In the office when we go for the company's lunch, I cannot eat everything that the other people can eat. So if adaptation means this, then it's very difficult and then for someone it never happens. So it depends how you define it...I haven't had any problems living in this society...”
(male, accountant and lecturer, Middle Eastern)

Finally, as regards life satisfaction, this subgroup discussed being satisfied with their present life as a whole, especially when they compared it to their life in their home country. At the same time they seemed dissatisfied with specific domains of their life, such as their family situation and their social life:

“Things have improved a lot for me, from a material point of view I have many things that I wanted...But there are other general things I want to have. For example, I know I must be very patient until I can feel I am adapted here...Of course I miss family and the people from my country and some friends I used to have, but now I am here and I have to make the best of it”
(male, IT officer, African)

Third subjective theory

A subgroup of three participants made sense of their psychosocial problems in the UK by talking about stressors they experienced, the resources they activated but also the resources they chose *not* to activate, and negative psychological health.

In this subjective theory (see Table 4) the basic themes evolved again around employment and social life-issues, and the problems of lacking time structure and of acculturation. Regarding social resources, the participants discussed the resources they activated to cope with their problems, but it was noteworthy that for some stressors, and specifically employment problems, they said they did not turn to *any* resource for help or advice and preferred to rely on themselves for eventual solutions.

Table 4. Basic themes, organising themes, and third subjective theory

Basic themes	Organising themes
• Unemployment/underemployment	• Turning to neither an ethnic nor a local group for employment information
• Social-life related problems	• Turning to ethnic or local group for networking
• No time structure/acculturation problems	• Turning to ethnic or local group to find activities
Third subjective theory	
This group made sense of their experiences by discussing stressors, resources they did and did not activate and their deteriorating psychological health	

As regards self-esteem there were those interviewees who presented themselves as *lacking the confidence* to overcome difficulties they were facing:

“Psychologically, I am depressed, I lose my mood. I used very clever ways to do anything in my country, when I was there. But I lose that because I don’t have any activities and I don’t have any opportunities for activities and to be become a creative person...I am still intelligent but if my environment provides for me, if the opportunity comes to me I will do anything, I will lose my depression and I will get back my mood again”
(male, researcher, Middle Eastern)

As far as sense of adaptation is concerned, they discussed *not feeling adapted* in the host country. As in the other lay theories, they distinguished between types of adaptation, such as economic and social adaptation and pointed out the different time scale that each type of adaptation would require in order to be attained:

“Being comfortable is one thing, adapted is another. I feel comfortable in England and with the other people... But adapted? I don’t think this will ever happen. Maybe if I had a career after many years. But I don’t even have legal status, so what adaptation are we talking about? An English friend was teaching me how to speak the language, to use the English accent. It was impossible for me...So I said “I will speak the language with

my accent, because if I don't, it is not real". I am a foreigner here, and this is what is real"

(male, computer technician, Middle Eastern)

Finally, as regards life satisfaction they discussed being *not satisfied* with their life as a whole, but also noted their dissatisfaction with specific domains, such as their employment situation and social status:

"After my education I would like to migrate to the United States...I don't have any experience in the United States but as far as I know they are multicultural and they cannot be racist because all operations come from around the world...That is the reason why I am not feeling very confident and flexible in this country... I don't like this waiting from everyone around to improve my life because I was a very active person, I would never stay at home. I am 36 years old, I haven't had an experience like this before until now, during these years I am here. Also I lose my patience...My mentality changes, I haven't been like this before"

(male, researcher, Middle Eastern)

DISCUSSION

Differences across the emerging subjective theories and tentative explanations

All interviewees discussed similar post-migration stressors and how they turned to several sources of social support to cope with them. Yet, they differed in the resources they said they activated for specific problems and in the psychological health they presented; therefore, the stereotypical viewpoint that they would all describe very similar psychosocial experiences (Hypothesis 1) was not confirmed. In particular the second subgroup of participants said they deliberately turned to local organisations and *not* to ethnic groups in order to receive advice for employment-related issues. One possible interpretation of this could emerge by looking at their migration status: five out of the six participants of this subgroup had not secured full refugee status in the UK. The fact that their immigration status was either temporary (in the case of those with DLR status) or undecided (in the case of asylum seekers), yet they were competing over limited resources along with others in the community, could have made settled immigrants or refugees, even if they were compatriots, regard them with hostility. This possible hostility received from their compatriots could explain why this

subgroup preferred to turn to local groups for job advice and why their psychological health was fluctuating and not increasing.

At the same time, the subgroup who presented the third subjective theory, claimed *not* to have activated any social resources to cope with employment-related problems. These participants were all unemployed and acknowledged the stress that employment-related problems entail, yet, they chose *not* to approach others for help. These participants' socio-political identity could perhaps give some insight on this finding: they were all male, young and Muslim, in other words, they had characteristics which have very strong socio-political implications in the context of contemporary Britain. The threat labels that apply to this group define them as unacceptable and can potentially marginalise them. So if these individuals had perceived hostility around them but had also faced discrimination from specific social actors in the UK, such as local authorities and job centres, then it is not a coincidence that they did not seek advice or support from others and also presented more negative psychological health than the other participants.

The above highlight how important the broader social context is in shaping the meanings refugees attach to their experiences. Experts should therefore elicit refugees' own understandings of their experiences but should also keep in mind that this is a heterogeneous group, with diverse needs they need to take into account.

Challenges to the stereotypical images of vulnerability and passiveness

All interviewees discussed how they used social support in order to cope with several experienced problems. This activation of resources is very important because it challenges the main claim the stress and coping approach has been criticized for, namely, that it focuses on resources that the refugees lack and, thus, make them succumb to stress. The prediction then that they would all necessarily emerge as "vulnerable" and "passive" (Hypothesis 2) was not verified.

Although to some extent the third subgroup of participants seemed to be "vulnerable" and "passive" because they did not activate resources for their employment-related problems, nevertheless they challenged these negative stereotypes because they did not portray themselves *only* in terms of employment-related roles. Indeed, all participants presented themselves as having had several valued social and family roles: in particular, being a devoted family member was highlighted and this is seen when, among other stressors, they discussed missing their family. Being an active member in one's community was also regarded as an important social role, which is probably why they mentioned social isolation as one of the main post-migration problems.

The above suggest that in their subjective theories these participants did not necessarily emerge as “vulnerable” and “passive”, therefore the meanings they attached to their psychosocial experiences were not aligned with experts’ typical conceptualisations of refugees’ problems.

Distinction between stress and coping concepts

The findings reveal that the participants indeed distinguished themselves between different types of stressors, social support and psychosocial health outcomes; therefore, Hypothesis 3 was confirmed. In more detail:

One of the debates in the migration and psychosocial health area refers to the conceptualisation of stressors that migrants and refugees experience since researchers have proposed many types. Indeed it was clear that various stressors were discussed. The basic themes reveal that the participants talked about migration-related difficulties, such as social isolation and employment problems; socio-cultural issues, such as English-language problems; difficulties in getting familiar with the place one lives in as well as demographic stressors, such as having lower socioeconomic status than the one they held in their home country. The theoretical implication of this is that not only one but different types of stressors should be considered when researching refugees’ psychosocial health, as refugees *themselves* made sense of their problems along different dimensions. In addition, the practical implication is that experts involved in designing interventions for refugees’ psychosocial health should take into account different types of stressors, in order to align themselves with refugees’ understandings.

As regards the debate on social support, the participants discussed *both* ethnic and non-ethnic support since all of them talked about the local refugee groups and/or the ethnic communities, to which they turned to receive different types of support or, in a few cases, deliberately avoided. The theoretical implication of this finding is that, when looking at refugees’ psychosocial health, researchers should take into account different types of resources that individuals may activate. The practical implication is that both ethnic and non-ethnic support should be considered when designing psychosocial care interventions, since refugees themselves highlighted the importance of this distinction.

In relation to adaptation, the interview findings showed that, in refugees’ subjective theories, socio-cultural and economic/professional adaptation were indeed different. Several participants discussed feeling adapted in the UK, in the sense of “feeling comfortable with the British way of life”, but they also distinguished *themselves* between economic/professional and social adaptation and noted the different time-scale each type of adaptation requires until it is attained.

Regarding self-esteem and whether it should be considered as a generally positive or negative feeling about the self or as a collection of evaluations about personal features: All participants gave rich descriptions about their self-esteem, which went beyond a mere positive or negative self-evaluation. Several interviewees presented themselves as strong, determined to bring changes to their lives but also as patient and tolerant. Apart from few participants who discussed how they had "always been strong" and "would never change", most of them noted that "situations could change at any time", thus they acknowledged their self-esteem could increase or decrease at any point. So the participants evaluated themselves not merely in terms of a positive or negative image but mainly in terms of broader dimensions of the self.

Finally, regarding which positive aspects of psychological health should be mostly studied, the findings showed that the participants used both evaluations of one's life as a whole and evaluations of satisfaction with life-domains: The first and second subgroups said they were satisfied with life as a whole, but they discussed their satisfaction with *particular* life domains, that is, occupational situation as well as social life. In addition those who presented the third subjective theory discussed being *dissatisfied* with their life and at the same time, discussed their dissatisfaction with domains, such as family and social situation as well as their employment status.

The theoretical implications of the above are that the typical psychological outcomes studied in refugees should not be regarded as mere dichotomous indicators. In the three subjective theories, sense of adaptation, self-esteem and life satisfaction held different positions that went beyond the mere distinction of adapted/not adapted, positive/negative self-image and life satisfaction/dissatisfaction, respectively. In this way the participants' subjective theories enrich experts' theorising on refugees' psychological health. The practical implications are that practitioners who design interventions for refugees' psychosocial health should consult their refugee clients more closely in order to understand better their difficulties and actual needs and then suggest interventions that aim to improve refugees' well-being in all its richness. It is very important for service providers to elicit users' own understandings of their difficulties and needs, because this could allow them to prevent emerging psychosocial problems before these are crystallised into psychological distress.

Conclusions

The contribution of the study lies in that it explored how highly-educated refugees make sense of their psychosocial experiences, which is important for theoretical interest (subjective theories enriching certain dimensions of the theories we, as

experts in the field, hold and challenging our presuppositions), but also for practical reasons (implementing psychosocial interventions that will seem logical to refugees because they are framed in their terms).

Of course, the use of the single method of semi-structured interviewing, which directed to some extent what the participants expressed, does not allow an in depth understanding of why they conceptualised the stress and coping terms in certain ways. In addition since the study focused on a small sample it is not possible to generalise the findings to all refugees. At the same time the participants were select and atypical when compared to other refugees because they were highly educated, therefore the sophisticated way in which they integrated the stress and coping concepts in their theories could be partly attributed to their educational background. Future research should, therefore, explore refugees' subjective theories in further depth through a study with mixed methods (e.g., a large scale survey and in-depth narrative interviews) and should examine to what extent the findings apply to other populations through a larger and diverse refugee sample. Exploring whether individuals can contribute to the design of care services is very interesting for researchers in this area and understanding how users can make this contribution is becoming a pressing matter for practitioners and refugee populations.

APPENDIX

Interview agenda

- How much did he/ she know about the UK before leaving home country?
- What made the UK an attractive destination?
- What are the main differences between living in the country of origin and living in the UK?
- What has been difficult while living in the UK and what are the reasons for these difficulties?
- Who helped him/ her to cope with these experienced difficulties?
- If he/she did ask for further help, what kind of help did he/ she ask for and if he/ she did not ask for help, why not?
- Employment history in home country.
- Employment history in the UK.
- Reasons given for current employment status.
- Has it been stressful being unemployed/underemployed, yes or no and why?
- Self-esteem since coming to the UK.

- Does he/she feel adapted in the UK?
- Is he/she satisfied with his/her life in the UK?
- Short-term plans and expectations.

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