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The Forgotten Women:
A Hermeneutic Study of Refugee Women and Their Mental Health After Resettlement

by

Karen Elizabeth Burton

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ABSTRACT

The following is a study initiated to better understand refugee women's mental health following a forced international relocation. Six women met with the researcher one-on-one to talk about their resettlement. Following a hermeneutic approach, the researcher used transcripts of the conversations to create an understanding of refugee women's experiences. Together with the women, the researcher discovered similarities that can be themed as: The definition of mental health, "let me tell you my story," the profundity of resettlement: bridging the cultural chasm, English and employment, family: the paradox of freedom and repression, and the relativity of suffering. The researcher reflects on the findings, suggests avenues for further research, and provides implications for nursing practice.

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DEDICATION

To my parents, who first taught me to respect

and appreciate the experiences of others.

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Chapter One

Introduction

Day after day, month after month, year after year, media broadcasters report on refugee situations in Africa, in Southeast Asia, in the former Yugoslavia. We see pictures of war-torn villages on the front pages of our newspapers, and we watch film footage on the evening news. We shake our heads, sigh, and remark on the tragic circumstances of people caught in the midst of nations' political and economic battles. We think about how helpless we feel, about how we can do nothing to change the atrocities. Then, we go about our daily lives and we concentrate our own issues and problems.

What becomes of the people who are seen on television? Where do they go? How do they survive? We rarely hear about the world's refugees unless they are being filmed in their countries of origin in tragic circumstances. Refugees are many in number, but they remain, essentially, invisible. The refugee population has grown 500% since 1970, compared to a 20 % growth in the world's population, registering nearly 16 million refugees in 1992 (Sapir, 1992). Further, refugees are coming to North America. Canada, the United States and Australia are the main receiving countries for refugees from all over the world (Carballo, Grocutt and Hadzihasanovic, 1996). The United Nations High Commission for Refugees (UNHCR) states that, in 1998 the United States welcomed 83,000 new refugees and Canada welcomed 7,300 (UNHCR, 1999a). It is projected that in 1999, The United States will allow another 78,000 refugees to settle and Canada has set the quota for another 7,300 entrants (UNHCR, 1999a). Refugee women and their children make

up the bulk of this group (United States Commission for Refugees, 1999). Clearly, there are significant numbers of refugee women entering North America each year. However, we rarely 'see' refugee women and we hear from them even less. Without hearing from refugee women themselves, how can we support our new citizens?

One way for refugee women to be heard is through conversation, through taking time to listen to what has happened to them. I have used my master's thesis as a means to participate in conversations. I have completed a study of refugee women's experiences after a forced international move. I have asked refugee women to tell me about their lives after such a move, and how resettlement has influenced the way they feel about themselves and their lives. The question for this project was, "What has your experience been, as a refugee woman in North America?" More specifically, what has been the impact of resettlement on these women? What has it been like in North America? I was particularly interested in refugee women's mental health, as articulated by the women themselves. How would mental health be defined by the participants? Is mental health important? How is a refugee woman's mental health fostered in a country of resettlement? What do these women think nurses and other health care professionals should know about them?

Relevance and Significance

There has been a preponderance of literature related to the study of refugees, and researchers have spent time asking many questions of refugees. However, the information I have gathered seems fragmented. As a result, it has been difficult to form a true understanding of refugee women's experiences. I sought information on women exclusively, but found the research has focused more often on the adult

experience versus the child and youth experience. Further, researchers have tended to study one particular refugee group at a time: The Cambodian refugee experience as opposed to the Serbo-Croatian experience as opposed to the Armenian experience. "Women are rarely seen as women in...places of refuge. Women may be counted as Palestinians, Rwandans or Bosnians, but rarely as women" (Mertus, Tesanovic, Metikos and Boric, 1997, p. 13). So, there are in-depth studies of specific groups, but few general investigations. That said, there are some authors who do attempt to address the issues of refugee women as a group. Publications sponsored by the United Nations are especially likely to include articles about refugee women. An observation has been made on several occasions: Health, and particularly mental health, is an important but neglected part of refugee women's experiences (Carballo, Grocutt and Hadzihasanovic, 1996; Sapir, 1993.)

To the best of my knowledge, no one has yet published a hermeneutic inquiry of refugee women and their mental health after a forced international move. A study informed by hermeneutic philosophy has allowed me to gain an understanding of these women, their lives and their experiences. As Kvale (1996) notes,

> Hermeneutic human sciences study the objectivations of human cultural activity as texts with a view to interpreting them to find the intended or expressed meaning, in order to establish a co-understanding, or possibly even a consent; and, in general to mediate traditions so that the historical dialogue of mankind may be continued and deepened. (p. 47).

Hans-Georg Gadamer is a philosopher who has re-emphasized practical hermeneutics as a way to further understanding in the human sciences (Annells,

1996) and I have followed Gadamer's (1998) suggestions to further my comprehension of the refugee woman's experience. Gadamer refrains from articulating specific steps in order to gain meaning and understanding of texts. Rather, he proposes certain ideas that he considers helpful for interpretation. Through interpretation, I have come to a better understanding of refugee women.

Terms to be Used in This Paper

Definitions

Immigrants. Immigrants can be simply defined as people who arrive in a new country for the purpose of settling. Immigrants are distinguished by refugees because immigrants make a conscious decision to move from one country to another.

Refugees. The United Nations' (UN) official definition of refugee was first established in 1951, with modifications to the definition made in 1967. Refugees are

> Those who have fled their country because of a well-founded fear of persecution for reasons of their race, religion, nationality, political opinion or membership of a particular social group, and who cannot or do not want to return home (UNHCR, 1999b, p.1).

Both the Canadian and the American governments currently use the United Nation's (UN) definition of refugee to determine who qualifies for asylum (McDougall, 1991; Martin, 1991). The UN definition has been heavily criticized because of its strict parameters (Mayotte, 1992). As Mayotte notes, the UN definition "remains the *official definition* of a refugee, yet, in the strictest sense, most of today's refugees do not qualify." (p. 4).

What, then, constitutes a refugee? Refugees are people who have been forcibly uprooted in order to live, people who have left family and friends, homes and possessions. Refugees seek shelter in countries that deign to allow them sanctuary for a period of time. Refugees, though a decision made by others, change their culture, their language, and their traditions.

> TO BE A REFUGEE WOMAN
>
> Is to face persecution. It is the anguish over the decision to flee the land of your birth, the enveloping arms of the extended family, the way of life which has passed down from generation to generation...
>
> ...TO BE A REFUGEE WOMAN
>
> is to be grateful for sustaining relief but to thirst at the roots for the justice which will bring enduring peace...It is to reach across to the enemy as her son, too, dies in the conflict.
>
> TO BE A REFUGEE WOMAN
>
> Is to act into hope by daring to live each day as it comes. (Comerford, as cited in Mayotte, 1992, pp. 147-148).

Most refugees are selected for admission to Canada or the United States while in their country of origin or in their country of first asylum. Refugees are usually selected to come to North America based on the admission levels and priorities set by the host country, as well as on other admissions standards such as the number of the refugee's family members already living in the host country and the refugee's likelihood of adjusting to the new country (Martin, 1992).

Refugee claimant/ asylum claimant. A refugee claimant is a person who seeks refugee status after entering Canada (Adelman, 1991). An asylum claimant is a person who seeks refugee status after entering the United States (Zucker & Zucker, 1991). Typically, refugee claimants and asylum claimants have far fewer government resources on which to draw while awaiting a decision about their claims through the refugee- or asylum-determination systems of the federal governments.

Mental health. In lieu of using a standard definition of mental health, I have sought definitions from the women themselves, because each person may have a different understanding of mental health. At the outset, I believed mental health to be a process, an ongoing, fluctuating states of mind and emotion that influence a person's behaviour.

My Experience and Observations

My parents were born and raised in Quebec, much like their parents, their grandparents, and generations before that. Each family has a long-standing Quebecois history, and firm roots have been set down in the Eastern Townships, southeast of Montreal. Each of my parents was born and raised in one home, and neither strayed far from home. They met at college in Montreal, married, and settled down in a town near their respective childhood homes. They had two children – my brother and I – and appeared content to live close to their families.

However, my father worked for the federal government, and he and my mother had an adventurous spirit. In 1973, they made what they considered to be a radical decision. Accepting a transfer, we moved to a small town in Alberta. We moved away from our extended family and our friends. We also moved from one

culture to another. My parents, to this day, call the westward move "a great adventure", and neither regret the decision to do something "different." The initial move west sparked in our family a desire to travel, experience change and grow in unexpected ways. Since that initial move, I have lived in Edmonton, Ottawa, Vancouver, Calgary, and now California. While I am happy to have had the chance to live in different parts of North America, I also know how hard it is to move. Regardless of distance, moving means excitement, anticipation, and possibilities. Moving also means loneliness, fear, and sadness. I have only moved within North America, and I have only moved when it has been my choice to move. I have moved to and from places where English is the language of choice. Wherever I've gone, I've had friends or family to support me. I simply cannot imagine how formidable it must be to negotiate a new culture, language and locale with little support. Further, what must it be like to cope with a move that is not one's own choice, but the result of a usually human-created disaster? I began to volunteer and work with refugees when I was 24 years old, and I chose to do so because of my life experiences. Through Immigration Services Society in Vancouver, I hosted a woman who had fled the former Yugoslavia. She had been in Canada for less than two weeks and she knew little English. Her parents and her boyfriend remained in Sarajevo. I was to befriend her and help her adjust to Canada. Throughout the year I spent hosting, I met a number of others from the Serbo-Croatian community. This was my first insight into how refugees come to Canada and are treated once they arrive. I was shocked and unhappy with what I observed.

Services for refugees were few; further, they were poorly coordinated, if coordinated at all. Refugees were given a place to stay for two to three weeks after arrival in Canada. After that, they were expected to find their own accommodation. They were placed on social assistance on arrival, and with social assistance money they were expected to rent an apartment, buy groceries, and obtain a bus pass. They were given little help with translation if they spoke no English, and had no support in finding accommodation, food or transportation. Refugees were given money with which to buy clothing, but there were several stipulations. First, they could only buy their clothes at the Salvation Army on Hastings Street. Second, there were limits to what each person could spend on select items of clothing. For example, if a person wished to buy a pair of pants, the pants could not cost more than $20.00.

The woman I hosted wanted to return to school to improve her English, as well as to upgrade her computer skills. Unfortunately, her English was too good for her to be placed in a free English course. At the same time, her English was not good enough for her to get a job. There was no funding for computer courses at that time, so she waited six months to get into a computer class. She lived in a one-bedroom apartment with two other women refugees. She had no money, no job, no school work, and no family or friends. I would see her and she'd say, "Oh, Karen, I am very depressed." She would not elaborate. She wanted to go home, despite the dangers inherent in a return to Sarajevo. I felt at a loss, as she did not want to seek help for several reasons. First, she felt her English was not good enough for counselling to be effective. Second, she was mistrustful of counsellors who spoke Serbo-Croatian. Third, she had very little money.

At the same time I volunteered with Immigration Services Society, I also worked in North Vancouver as a nurse in psychiatry. I worked with clients of Iranian, Ugandan, and Serbo-Croatian descent who had issues related both directly and indirectly to their earlier, forced, international moves. They were labeled in assorted ways, with diagnoses such as post-traumatic stress disorder, personality disorder, or depression. Although I provided care and help to the best of my ability, I felt limited by time, by my understanding of their experiences and by the North American, medical model we employed to treat people at our facility. Further, I was frustrated by the lack of community resources available. The clients would spend time as inpatients, then return to the community with few supports.

My volunteer work and my nursing experience provided me with different perspectives and therefore with some insight. First, I was afforded a glimpse of what it is like to be a refugee. Through spending time with the woman I hosted and with her friends, I learned of the time, energy, persistence and strength required to survive. Also, I learned that health care professionals have little understanding of what refugees go through to succeed in their new countries. This lack of understanding seems to translate into a visible lack of support for people who may desperately need it. My research has given me an opportunity to better understand the experience of refugee women, and, consequently, it has improved my nursing practice. I am optimistic that I have contributed to knowledge by offering an in-depth look at what it is like for women following a forced international move.

Contrary to many other research approaches, hermeneutics is about *co-creating* truth between researcher and participant. Therefore, the knowledge,

assumptions, and beliefs a researcher brings to a project are considered essential contributions to the discovery process. And, as Gadamer (1998) suggests, people remain open to others' meanings through knowing "one's own fore-meanings and prejudices" (p. 269). On July 4, 1999, I wrote the following in my journal, *I guess what it comes down to is this – I think we all have a unique, individual filter that provides us with...original ways of viewing life.* My experiences and observations led me to ascertain certain assumptions about how the world works.

- I believe that, given free choice, people desire health and well-being.
- I think political and economic structures in North America uphold existing power imbalances among its citizens.
- I believe there are multiple determinants of health, including economics, social considerations, politics and biology. I also think health is affected by childhood experiences, our capacity to adapt, our support networks and our sense of control over our environments.
- I think the health of society depends on the collaboration of many people, not only health care professionals.
- I assume refugees, especially refugee women, are not provided the opportunity to collaborate in health decisions.
- I believe that refugee women, due to their circumstances, are generally mistrustful of information-sharing with people in authority. Therefore they miss the chance to meaningfully contribute to health-related decisions.

During the process, I also discovered that I have another core belief about health:

- I believe health care is a right, not a privilege.

Theoretical Underpinnings

I subscribe to theories that make sense to me and these theories help me to understand how the world – and its inhabitants – work. So, along with the assumptions and beliefs I have listed, I also must pay attention to the theories and models that guide me through life, because they have unquestionably been a part of my fore-meanings and prejudices.

Critical Theory

Critical theory emerged in Germany in the 1930s, from a Marxist premise. Various scholars from the Frankfurt School used Marxism as a springboard for their ideas by following Marx's idea that theory and praxis lead to social transformation (Rasmussen, 1996). So, critical theorists' aim was to overcome the chasm between theory and practice (Bubner, 1988). Critical theorists veered away from Marxism by rejecting the notion of the working class as the sole medium of revolutionary action. Instead, critical theorists believed that change could be achieved through "an interdisciplinary theory of social developments and institutions guided by the philosophical ideal of contributing to the realization of a reasonable social order" (Forst, 1996, p. 139). Forst notes that a reasonable social order, according to critical theorists, is a rational, emancipated society with a harmony of interests: true free trade, free market conditions, and an absence of class domination. Only through reflection and contemplation can people become aware of a contradiction between social reality and the romantic understanding society has of itself.

Freire (1971) notes that there are two phases to an oppressed group's liberation: Unveiling the oppression and rejecting negative images of one's own

'culture.' I believe that Hermeneutics has been an effective way to disseminate information on a vulnerable group of people, therefore unveiling the oppression. Hermeneutics facilitates understanding through texts, and thus is a way in which people can come to understand one another's life-conditions. Perhaps hermeneutics can be considered an approach to the reflection and contemplation required to build a more equitable society. Hermeneutics requires listening to discern the lived experiences of others. Through such listening and sharing, there can be a broadening and deepening of understanding that critical theorists deem a necessary precursor to social change. I have incorporated critical theory by trusting the relationship between knowledge and praxis. That is, if we know more about the realities of others, we will be more likely to work to change social inequities.

Feminist Theory

Feminism is a catch-all phrase that attempts to encompass the beliefs of many, many groups of women. In reality, feminism should be 'feminisms'. Every woman I know has a different definition of feminism, and no one seems to be able to distinguish what qualities make a feminist. I have drawn from both liberal feminism and cultural feminism to create my own ideas and opinions. For me, feminism starts with recognizing women as persons who should have the same rights as men, but who are habitually not afforded such rights. I believe, though, that liberal feminists do not necessarily take into account the complexities of inequality. It is not enough to legislate balanced opportunities, although this is one step. Rather, one must look beyond formalized policy to other structures and institutions that perpetuate the idea of women as subordinate to men. Cultural feminism celebrates women's culture as

distinct and different from men's culture. And, while continuing to recognize the importance of critical thinking and self-development, there is also importance placed on the importance of the non-rational, the intuitive, the collective - qualities generally attributed to women (Donovan, 1992). These qualities, whether genetically- or socially-determined, are qualities that I would like to see nurtured in our communities. Cultural feminism moves beyond women's rights as an end in itself, but as a means towards social reform. Cultural feminism's positive regard for 'feminine' qualities fits well with hermeneutics' quest for understanding. It is essential that women's voices be heard, uninterrupted by men. And hermeneutics offers women a way to contribute to the meaning-giving process "which is so heavily influenced by the authoritative voice of academic research" (Tomm, 1989, p.1).

Community Change

Since the Lalonde Report (1974), health has been conceptualized as more than just illness care, but as a complex matrix of health determinants. Various authors have refined and reworked Lalonde's document, and now the determinants of health include psychological, social and cultural determinants, economics and politics (Hancock and Perkins, 1985; Mustard and Frank, 1991). Now more than ever, there is consideration given to the power dynamics of health and health care. As Labonte (1994) suggests, there is consideration given to who hold power, who does not, and which ideologies support a large power differential. Nurses are frequently a part of the power differential. Nurses are considered by some to be ghettoized within the health care system, an oppressed group of professionals

(Valentine, 1996). If one follows Freire's (1971) beliefs, the oppressed group internalizes the dominant group's values in anticipation that such internalization will lead to increased power. As a result, some nurses are complacent by perpetuating inequity because they are an oppressed group themselves, vying for a modicum of control.

By teaching their oppressed clients to adapt and cope, nurses may forego the opportunity to engage in emancipatory nursing, the goal of which "is to help oppressed and disenfranchised persons gain freedom from the people, ideology, or situation that keeps them oppressed." (Kendall, 1992, p. 2). Kendall writes of the nursing profession's need to move away from its concentration on adaptation and towards an emphasis on emancipation from the forces that perpetuate oppression. Chalmers and Kristajanson's (1989) community change model helped me visualize and define my role as a nurse. The community change model's premise is that social, political and economic factors profoundly affect health and it behooves health care professionals to help alter destructive systems. In this approach, all professional actions are, by nature, political: they either support or destroy the existing power distribution and the values that uphold such a distribution. The ideas which support this model guide my daily nursing practice, and have guided me in my education. It has definitely been a part of my research as well.

I noted earlier that I am committed to improving my nursing practice by better understanding others. More specifically, in this project, I wanted to be able to learn about how we are serving a vulnerable group of women. A hermeneutic approach gave me the opportunity to learn more about what structures impede

refugee women's wellness, according to the women themselves. Plus, it allowed me to think about ways in which I can contribute to positive change – both as a health care professional and as a member of the community. As Paterson (1971) wrote,

> ... "coming to know" is essential to a professional caring nursing relationship. This "coming to know" occurs through an inclusion of our "being in the situation." The question then arises whether nursing's spirit is not burst asunder in attempting to exclude our "being" from the situation for purposes of objective study (p. 143).

Chapter Two

Literature Review

I delved into a variety of different types of literature in order to gain a better understanding of refugee women and their mental health after resettlement. As is accepted practice in hermeneutic research, I continued to learn as much as possible about my topic of choice throughout the research process, from beginning to end. In the following pages, there are works from a variety of sources. I did not restrict my reading to scholarly works, but pursued autobiographical and biographical works as well. Kelley (1989) wrote a practical guide to assist people working with refugee women, based on her experiences working in international aid. One of Kelley's salient points is that, while mental health is recognized as an issue for refugee women, it is "seen as a luxury item" (p. 80). As a result, emotional support is severely limited. Kelley goes on to list a variety of problems with which refugee women may be struggling, including the lasting effects of torture, loss of traditional support systems, overwork, sexual abuse, and domestic violence, to name a few. So, the question is, how can emotional well-being become recognized as an essential part of health? Kelley suggests more emphasis be placed on the links among emotional health, physical health, and financial health in order to catch the attention of government officials. Specifically, an emotionally healthy woman is less likely to become physically ill and is therefore a more productive member of society.

Carballo et al. (1996) echo the sentiments of Kelley (1989), and further state that women who migrate are a public health issue, and are especially vulnerable to the stress of migration. "As a result of the physical and psychological conditions

under which people move, both voluntary and forced migration can be associated with adverse health outcomes" (p. 160). Carballo et al. go on to state that, of all health outcomes associated with resettlement, psychological problems are probably the most striking. At the conclusion of the article, the authors suggest that the health of migrant women needs to be a priority, and recommend that such women be supported.

Martin (1992) gives readers a clear idea as to how the mental health of the refugee woman is at risk, and why there is cause for concern. As with other refugees, refugee women are subjected to potentially radical changes, from language and culture to economic roles and community structure. At the same time, though, refugee women are charged with reconstructing some semblance of familiar lifestyle for their families. Martin states that refugee womens' responsibilities reach far beyond the scope of domestic activities; Women are also the principal maintainers of traditional culture, the facilitators of smooth changes in family structure and members' roles, and the predominate connections to formal and informal support systems for all members. It is for these reasons that Baczynskj (1991) hypothesizes that refugee women are feminists. "Although feminism for many refugee women is not the primary espoused goal, the actions of the women capture its essence." (p. 219). As a daughter of refugees, Baczynski believes that mental health is maintained by creating a semblance of familiar order in the private world, the home. So, it seems, there is a conundrum. While there is a natural desire to create a familiar home, there is also the pressure and expectation to be a bridge on the family's behalf.

I read a book, a book that appeared to be written for children, that succinctly sums up the refugee woman's tremendous responsibilities and her relative invisibility. The book is titled, We came from Vietnam (Stanek, 1985), and the American author writes an account of the Nguyen family's settlement in Chicago. There are six members of the family. Five of the six members of the Nguyen family are highlighted; the author spends time writing about each of the children and the father. Only Mrs. Nguyen is not portrayed as an individual. She takes a place in the family's background, supporting the rest of the family. There is little written about her, except in relation to her children or her husband. This was typical of my search to find information on refugee women. Instead of having a forum in which to tell about themselves, they were often excluded or lumped together with their significant others, their children, or their extended family members.

Research

Resettlement and Mental Health

Because of a burgeoning refugee and immigrant population in Alberta in the 1980s, Alberta Manpower Settlement Services (1985) started some preliminary qualitative research on newcomers. The authors used surveys and interviews to establish what factors in the immigrants' experiences were potential sources of distress. They found that a combination of traumatic experiences from the past, coupled with the complexities of building a life in a new culture, equaled difficulties expressed by psychological symptoms, health-related symptoms and behavioral disturbances. In this study, Alberta Manpower Settlement Services place immigrants and refugees into one category, although the information contained within the report

appears to be gathered more from refugee groups. Specifically, the authors note they gathered information from Guatamalans, Chileans, El Salvadorians and Vietnamese, but do not refer to these study participants as refugees. So, although this study is interesting, and it appears that refugees were clearly represented in the surveys and interviews, it is difficult to distinguish between refugee issues and the concerns of immigrants.

Several years after Alberta Manpower Settlement Services (1985) completed their report, the Canadian government published a comprehensive literature review on migrant mental health (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988b) and a companion book on how to facilitate mental health in this diverse group of people (Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees, 1988a). The literature review is particularly interesting. The members of the task force articulate a bias toward quantitative research as evidenced by their desire to *measure* mental health across cultures and their need to establish a 'cause and effect' to explain risks to a migrant's mental health. The authors concluded,

> several researchers recommend that before any attempt is made to quantitatively
>
> > assess...mental health...a qualitative assessment on the basis of open-ended interviews and detailed phenomenological description is called for (Canadian Task Force on Mental Health Issues Affecting Migrants, 1988b, p. 3).

Based on their literature review, the authors do not elaborate on the sorts of mental health issues migrants may or may not face. Instead, they simply conclude that the

migration experience alone "does not determine mental health status" (Canadian Task Force on Mental Health Issues Affecting Migrants, 1988b, p. 5). The remainder of the study is dedicated to establishing what factors indicate higher mental health risks for migrants.

Barudy (1989), based on his own work with refugees in Belgium, reviewed 157 refugee client clinical histories to establish a list of their most pressing concerns. He found anxiety, depression, psychosomatic problems, marital discord, personality disorders, psychosis, and sleeping disorders were all problems with which his refugee clients had to cope. Barudy attributes such symptoms to the refugee's profound "personal feeling that something deep has changed in their perception of themselves" (p. 716).

Ortiz (1985) published a paper using a life history method to learn about refugee experiences. Having refugees tell Ortiz about their lives allowed her to observe "pathological degrees of anger and depression, post-traumatic stress syndromes and psychosomatic illnesses." (p. 106). She found that talking with refugees allowed her to gain much understanding of what refugees endure after resettling in a new country.

Chung, Bemak and Kagawa-Singer (1998) recently published a study that they conducted with Southeast Asian refugees. They interviewed 959 women and 1221 men to establish the frequency of depression, anxiety and psychosocial dysfunction in the participants. They found that the female participants reported significantly higher levels of psychological distress than did the men. Further, multiple traumatic events and older age caused increased distress in both men and

women. The researchers suggested that two factors decrease the likelihood of psychological distress after resettlement: 1) identity and belonging, and 2) social support from family and from a refugee's own or alike community.

Allotey (1998) summarized the health needs assessments of 67 Latin American refugee women. Based on self-reports, the women identified insomnia, depression, social isolation and marginalization, and domestic violence as psychosocial concerns. Allotey notes that the problems that refugee women face are generally more severe than the problems of immigrant women.

Sundquist, Behmen-Vincevic and Johansson (1998) compared random samples of 120 refugee women from Bosnia-Hercegovina and 292 Swedish women for quality of life. They used the Goteberg Quality of Life instrument to measure quality of life and found that the Bosnian women reported a poorer perceived quality of life than did the Swedish control group. The Bosnian refugee women scored particularly low on indicators for energy, patience, mood, sleep, appetite, memory, and leisure time.

Saldana (1992) published a case study of a Vietnamese refugee woman who has moved to the United States and settled. Saldana first tells the story of "Le", and then tries to determine how Le has lived through the resettlement experience. In her analysis, Saldana focuses on how Le has survived. She attributes a combination of personality traits, coping skills and social supports to Le's success. Saldana's aim is to delineate a successful adaptive reaction, and so the article abounds with what a positive experience resettlement has been for Le. This accounting of a refugee's experience provides a contrast to what has been established in other articles. Le sees

her experience as positive, and is extremely optimistic about the future. Saldana is backed up by Olness (1998), who writes that refugees are people of vast inner strength. The same energy that assisted their escapes leads them to conquer the suffering and distress and to adjust very well in their adopted home.

The country of resettlement appears to have some bearing as to how a refugee woman may adjust. D'Avanzo and Barab (1998) completed an interesting comparative study of Cambodian women in the United States versus France. The Hopkins Symptoms Checklist 25 was used to determine the presence of anxiety and depression in 155 women, and it was found that women in both France and the United States reported a high level of anxiety – about 82 percent. However, women in France were much more likely to be suffering from clinical depression. The study results indicated that 87 percent of the participants in France were living with depression as opposed to 65 percent of women in the United States. D'Avanzo and Barab suggest that the differing social systems and cultural practices of adopted countries may influence the mental health of refugee women.

Refugees and Torture

Hougen, Kelstrup, Peterson and Rasmussen (1988) studied refugees from Turkey to compare and contrast the experience of refugees who experienced torture versus those who did not. Although participants from both groups reported emotional lability, poor concentration, heart and lung problems, dyspepsia and reading disturbances, torture survivors also complained of headaches, sleep disturbances and impaired memory. This is an interesting study, as it shows that while many refugees have difficulties following an international move, difficulties

are compounded for survivors of torture. At the close of the article, the authors point out that the torture experience poses grave risk to the health of survivors.

Holtz (1998) completed a similar study, comparing 35 students and nuns who had suffered torture with 35 control participants who had not. Holtz evaluated for anxiety disorders, affective disturbances, somatic complaints, and social impairments, and found that the torture survivors' scores were significantly higher for anxiety only. Holtz noted that, with his participants, coping was related to social support while in exile, political commitment, and on preparedness for the torture experience(s).

Survivors of torture have generally been studied without reference to gender. However, Fornazzi and Freire (1990) studied the effects of torture on women. Interestingly, they concentrated on both those who suffered direct violence and those who suffered indirect violence. Indirect violence refers to those with a family member who suffered torture. The researchers examined symptoms of torture and the persistence of symptoms. The symptoms included mistrust and suspiciousness, sleep disturbances, depression, and poor memory and concentration. The big difference in those who suffered direct violence versus those who suffered indirect violence was that of persistence. Those who suffered direct violence more frequently experienced persistence of symptoms.

Other Consequences of Resettlement

Fox, Cowell and Johnson (1995) examined the effects of family disruption on Southeast Asian refugee women. They worked with 75 refugee women who had been in the United States since at least 1983, and used the Hopkins Symptom

Checklist 25 to establish the factors associated with pre- and post-migration distress. Fox et al. discovered that broken family ties cause the most grief. The broken ties can take many forms including the abduction of a loved one, the abandonment of a spouse, or the loss of children. The authors note that "The double burden of family loss and new roles was further complicated by stresses associated with the lack of assistance and emotional support" (p. 30). Neff-Smith, Enos and Coy (1998) come to a similar conclusion, stating "war scatters families and communities and fractures social support systems" (p. 45). Based on their literature review, Neff-Smith et al. state that refugees are frequently labeled with post-traumatic stress disorder. Interestingly, the authors believe that post-traumatic stress disorder is a misnomer, and that the diagnosis should actually be "continual traumatic stress disorder" (p. 50). Not knowing the fate of friends and family leads to suspended, or frozen, grief. Therefore, there is continual trauma.

Kulig (1994) published a case study that illustrates the difficulties women can have when they lack the support of their own community in their resettlement country. While working on a larger research project, Kulig spent time with a young Cambodian refugee who had been shunned in her community because she was divorced and because she had several children by different fathers. 'Theary' was not welcome because the community perceived that she had not behaved in an appropriate manner. In the Cambodian community, it was expected that women "(hold) their culture" (p. 103) by behaving 'properly'. Unfortunately, as a new refugee, she had few supports in her adopted country. Therefore, Theary was

isolated, and had "no voice because of social, cultural, and language barriers" (p. 104). The isolation is potentially mentally devastating.

Researchers have proposed that a combination of past political violence and current economic disadvantage equal psychosocial risk (McClosky, Southwick, Fernandez-Esquer, and Locke, 1995). Using Mexican-American women as a control group, McClosky et al. studied Central American refugee women and their children to distinguish differences between the two groups. The Central American women were considered to be at a much greater risk for mental health problems. Unfortunately, the researchers had difficulty finding refugee women willing to participate in their research; they articulated a need for researchers to make special efforts on behalf of these women. Refugee women "have endured extraordinary hardships as a result of war and displacement, yet we know relatively little about their mental health profiles" (p. 96).

Meridith and Rowe (1986) examined changes in Hmong peoples' marital attitudes after arriving in the United States through the use of a combined lickert and faces scale. They interviewed 134 people about their feelings regarding marriage. Meridith and Rowe found that although marriage roles have generally been maintained throughout migration and afterward, refugees with more education tended to have more radically different ideas from traditional beliefs. Separation and divorce were considered confusing to the Hmong people interviewed, but the researchers anticipated further changes with increased exposure to the media, to other Western relationships, and the American education system.

Nurse-researchers D'Avanzo, Frye, and Froman (1994a) interviewed 120 Cambodian refugee women at two sites about their use of alcohol and prescription drugs. Their findings included multiple narrative reports of alcohol use for medicinal use or self-medication – especially in cases of stress, pain, and following childbirth. As well, participants spoke of widespread, inappropriate use of prescription drugs. In particular, the women in the sample used sleeping pills for stress reduction.

In a related study published the same year, D'Avanzo, Frye, and Froman (1994b) used a comparative-descriptive study to learn about stress in Cambodian families. All participants were women. Their results indicate that there is much somatization of stress, and wide-spread reluctance to seek formal help. The women sought help from other women within the family. However, interviewees also felt unable to seek help or assist others in need of aid.

> To feel responsible, yet powerless, is a predicament regardless of cultural background. This state, accompanied by the process of acculturation, limited social supports and low income may produce a cycle of stress that cannot be managed without culturally-sensitive health care. (p.105).

Spero (1985) completed a study on refugee and immigrant women in order to find out what was known and what was not known about the 1980s wave of immigrant women. Although the study was to focus on migrant women and their status in the labour force, Spero found that employment was related to many other issues. Based on interviews with refugee women and key informants, Spero concluded that labour force issues must be secondary to the mental health needs of these women. Spero cited severe depression and domestic violence as only two of

multiple stressors that impeded women's ability to cope with survival activities such as employment. "The commonality of needs among refugee women is remarkable" (p. iii)

Refugee Women Speak

Refugee women have written of their own experiences, but these books, pictorials, and articles are not to be found in the shelves of university libraries. The materials that helped me the most were found in small branches of local public libraries and hidden away in refugee agencies. There was some literature written by Caucasian writers who attempted to capture the experiences of refugee families; others were published works composed of vignettes written by immigrants and refugees themselves. The biographical and autobiographical information was full of thick description, and from the information I gathered much wisdom.

In Second lives (Smith and Dixon, 1983), immigrants and refugees tell of their experiences as newcomers to Orange County, in Southern California. The writers recount their stories and accent aspects of the resettlement process that have been significant to them. Maria, an Armenian refugee, highlights change. She says that she is happy in the United States, and she has had many opportunities. However, Maria returned to visit her friends in Armenia several years ago, and was shocked to be confronted by the changes within herself. She felt guilty about the changes she'd made, and felt unable to find anything in common with old friends. Another woman, Chu Vu, writes of her constant uncertainty as a result of change. Vu likens her life to "a piece of paper that blows wherever the winds push it" (p. 39). Feeling she has few choices, and being unable to direct her life, Vu has adapted to life in a new country,

but constantly dreams of home. "I live here, but it's like I live in the dreamings. You dream of home all the time." (p. 41)

Related to the change and uncertainty is the powerlessness of which some women speak. Mai Cong says that, the moment one becomes a refugee, "...you are nothing, you are helpless and without a home." (Smith and Dixon, 1983, p. 122). Feelings of powerlessness may be a result of external factors, such as dependence on the government for assistance. At the same time, powerlessness may come from within. For example, after spending years at the mercy of Pol Pot's dictatorship in Cambodia, Mearady felt unable to cope with life in a new country (Criddle, 1992).

> I was exhausted physically and emotionally from years of hard labor and the struggle to survive. Coping with a new culture and learning a new language overwhelmed me. I felt handicapped and incapable – a broken reed just when I needed the resiliency of bamboo. (p. 21)

Mertus, Tesanovis, Metikos and Boric (1997) have compiled stories, poems, and letters written by refugees from the former Yugoslavia. Although some sections were written by men, over 80 percent of the book is composed of women's prose and poetry. There are many themes running through the part of the book dedicated to resettlement, including sacrifice, uncertainty, change, resiliency and strength. What women write about most, though, is their past, their loss of identity, and their need to reconcile their past lives with their present personas. One woman writes about being torn apart, of no longer feeling whole after having to flee her home, her work, her normal life. She has changed so extensively that she is unable to recognize herself, and cries out for helping hands to see her value. She says, "I am behaving strangely,

I don't recognize myself. I am lost, I am scared, I don't communicate. That is not me. That is the refugee, as they call me. " (p. 170). Another woman wrote,

> Half of me left, half of me stayed.
>
> Now,
>
> Two halves of one soul and one body,
>
> Unknown to each other. (p. 174).

Identities are lost, and women struggle to reconstruct a sense of self:

> My work in the center is my escape from the new reality. I am facilitating self- help groups for refugee women, trying to help them regain control of their lives. What about my life? Did I not need to regain control, to find identity – woman's identity? (p. 187).

Graff (1993), in her portrait of an extended Cambodian family, spends time with two women in the family: Sokha, mother of three, and Sok Eng, mother of Sokha. Graff does not delve into great detail about themes of change, uncertainty, or lost identities. Instead, she focuses on the profoundly difficult nature of resettlement and describes what she sees. So, Graff writes of Sok Eng as the family matriarch who knows three languages but can use none in America. Sok Eng is a woman who survived the killing fields of Cambodia but lives in "constant fear that she will not understand" (p. 18) if her grandsons' teachers speak to her. Sok Eng, who should be accorded respect as an elder, must rely on her grandsons to help her survive. Sokha's life is a whirlwind of activity. She works all day, goes to school in the evening, and caters Cambodian events on weekends to support her family. She is very busy, and has overwhelming financial responsibility. "Sokha is the centerpiece.

With every advance she makes toward a better-paying job and a college degree, she carries her whole family with her toward a better life." (p. 24). Sokha is also the cultural mediator of the family. She straddles two cultures out of necessity: Her mother is steeped in a Cambodian way of life, and her sons are growing up in America. Her children and her mother cannot communicate, and so Sokha is the bridge.

Chapter Three

Research Process

Assumptions of Qualitative Inquiry

It is essential to articulate the differences between the quantitative approach and the qualitative approach. Because North American research tradition is steeped in logical positivism, it is normal for people to base their opinions of qualitative research on criteria used to evaluate quantitative research. However, the philosophical dimensions, and thus the operational dimensions, are fundamentally different (Denzin & Lincoln, 1994). Within the realm of qualitative research, there are also competing paradigms that include positivism, postpositivism, critical theory and constructivism (Guba and Lincoln, 1994). While critical theory underpins the theories articulated above – feminist theory and community change – hermeneutics is a reflection of constructivism. The aim of this study is to understand the experiences of refugee women. Consequently, I have followed the ontological and epistemological premises of constructivism. Constructivism is based on the belief that the realities are continuously socially and experientially created. There is no one absolute reality. Instead, realities are co-constructed by interactions. Guba and Lincoln (1994) state that knowledge is actually co-created between the researcher and the study participant, and so the lines between ontology and epistemology are blurred.

From the qualitative paradigm comes research approaches that can seldom be judged by the traditional indices of sound quantitative research. Instead, such approaches require an understanding of the inherent methodological differences. For

example, qualitative inquiry is flexible and evolving. The relationship between the researcher and the participant is interactive and involved; there is generally active participation by the researcher, as well as a sense of cooperation between the researcher and the participant. The research sample is small, non-representative. The research data is not quantifiable by numbers. Rather, it is full of description, abundant with participants' own words and experiences.

The qualitative research paradigm offers special opportunities for learning. In-depth exploration and description are the hallmark accomplishments of qualitative research. In this study, I searched for a deeper awareness of refugee women's experiences. By using a qualitative approach – hermeneutics – I paid attention to context, to setting, to what and how women described their experiences. To illustrate this attention, I have used quotations from the conversations I had with the women. And, because the researcher is a co-creator of the research, I have included some quotes from my journal I kept throughout the duration of this project. The journal quotes are italicized to differentiate between the actual text of the thesis and the contents of my journal.

Study Participants

In order to keep this research project a manageable one, it was necessary to create some criteria for inclusion in the study.

Length of Time Since Arrival

The participants in this study have all resided in the United States for over two years. They have all lived in the United States for between ten and twenty-four years. Gadamer (1998) proposes that historical distance is a positive situation when

pursuing hermeneutical understanding. Historical distance allows the participant time with which to reflect on particular experiences in order to properly understand them. The historicity of dasein will be further explored in the data generation section of this thesis. To respect Gadamer's (1998) concept of the historicity of dasein, I established two years as the minimum. Researchers suggest that, during the first two years after arrival, refugees are at a higher risk for psychological distress (Bowman & Edwards, 1984; Westermeyer, Vang & Neider, 1983). Women who have been in their adopted country for less than two years may not yet be approaching their experiences from a historical perspective.

Official Refugee Status

Women who chose to participate in this study have been recognized by the United States federal government as refugees. I support the legitimacy of refugee claimants' experiences; at the same time, it is my impression that their circumstances are different enough so as to warrant an altogether separate study. Refugee claimants may or may not have similar issues to refugees with official status, but for the purpose of this study, I focused on the experience of refugees versus refugee claimants.

Fluency in English

One of the criterion for this study was to be fluent in English. The agencies that helped me to recruit participants were aware of this necessity. I intended to have preliminary discussions with all of the potential participants before we started the research conversations, but I was unable to do so for three of the six participants.

This was because an intermediary set up the meetings for me in advance, and I was not able to contact the participants beforehand.

Talking with women who cannot speak or understand English would have necessitated the use of a translator. This, in turn, could have created several potential concerns. For example, would women be more comfortable with an official translator or a trusted family member? If a woman requested an official translator, I would have needed to further consider anonymity and confidentiality issues. If a trusted female family member were to translate, would I have known the extent of the translator's English capabilities? Could I have trusted their translations? Again, ethical issues would certainly have arisen from a compromise of confidentiality.

Participant Recruitment

Convenience sampling was the primary method of recruitment, with emphases on both accidental sampling and network sampling. Convenience sampling was of special importance in this study because of the experiences refugee women may have had in the past. As D'Avanzo, Frye and Froman (1994) noted, past "interviews may have been punitive or humiliating" (p. 420). Participants were recruited through two refugee assistance agencies in Orange County as well as through word-of-mouth via friends and the participants themselves. I hoped that each participant would be from a different country, but I was unable to meet this expectation. It was difficult to recruit participants, and when women volunteered, I did not want to refuse because I had already met with a woman from the same country. Therefore, four of the women are from Vietnam, one is from Laos, and one is from Cambodia.

Number of Participants

I have chosen an approach to inquiry that focuses on thick description and lengthy, intensive conversation, and my conversation with each participant was long and involved. As a result, it was practical and appropriate to limit the number of participants in this study (Morse, 1994). My aim was to talk with between six and eight women, and I spoke with six women. All of the women were interested and shared much with me, and I believe I reached a unity of meaning by the close of the sixth conversation.

Data Generation and Transcription

Data were generated by conversations held between the participants and me. I used an audio tape recorder to record each interview, which lasted between sixty and ninety minutes. One participant did not wish to be audio-recorded and I respected her wishes. I offered an alternative: We conversed and I took notes after the conversation. With the audio-recorded conversations, I transcribed the tapes onto computer and used the transcripts from which to interpret the woman's experience. For the one woman who was uncomfortable being audio-recorded, the notes were re-typed and used as transcripts. By transcribing the conversations myself, I became more intimately connected with the women's words and the undercurrents behind the words. The transcription process was time-consuming, but worth it because of the quality of understanding I believe I gained.

I continued to look for books, poetry, diaries, and pictorials completed by refugee women. Any autobiographical information that enriched my understanding was exceptionally helpful. For example, I attended a series of lectures on cultural

competency at one refugee agency, and had the opportunity to listen to several refugee women talk about their experiences of resettlement. I also asked participants whether they'd like to share any of their own works – journals, artwork, or other creative work. However, no one came forth with any material of this nature. Understandably, works of personal expression are private and may be difficult to share, especially with a researcher. As is an accepted tradition of hermeneutic inquiry, I continued to read academic literature to further my knowledge throughout the research process.

I acknowledged my personal journey through this project by journalling my thoughts and experiences. This proved to be helpful for me both academically and emotionally. I was able to write about articles I had read, people I had met, and themes I was discovering. At the same time, I also used the journal to record my fears, anxieties and my slow progress through this thesis.

Interpretation

Gadamerian hermeneutics has guided me through my study, and provided structure for reflection on the data that have been generated. Gadamer (1998) focuses primarily on arriving at a good Gestalt (Annells, 1996), on arriving at an understanding between researcher and participant. This understanding is, according to Gadamer (1998), impossible to objectify or quantify, but is instead co-created. Gadamer writes, "It consists of the fact that neither the knower nor the known is 'present at hand' in an 'ontic' way, but in a 'historical' one – ie., they both have the *mode of being of historicity.*" (p. 261). Thus, hermeneutics is considered an art rather than a method. Gadamer suggests "(hermeneutics) work is not to develop a

procedure [italics added] of understanding, but to clarify the conditions in which understanding takes place" (p. 295). Gadamer focuses on the fundamental question of being. According to Annels, in Gadamer's works the ontological is primary. Humans create their own reality. Behaviour is intentional, creative, and explainable but not predictable. As a result, knowledge comes from interpretation, and meaning is essential to understanding. Dasein is central to Gadamer's belief system. Dasein's literal translation is there-being , but Annells defines dasein as "being-in-the-world" (p. 706), that is, people must make sense of the world while participating in it, not as a detached observer. The lived experience is of primary importance.

Gadamer (1998) consciously refrains from providing a step-by-step process to discover understanding because he views hermeneutics as more than an interest of science. Rather, "the problem of hermeneutics goes beyond the limits of the concept of method as set by modern science..." (p. xxi) and "...(hermeneutics) is not concerned primarily with amassing verified knowledge, such as would satisfy the methodological ideal of science..." (p. xxi). Gadamer proposes the human sciences have historically been guided by methodologies of the natural sciences, and perhaps there are other ways to understand the human experience. Human experience is, by nature, subjective; hence, truth is relative and mediated. In an endeavour to understand the totality of our experience of the world, "a formal technique would arrogate to itself a false superiority" (p. xxiii).

Gadamer (1998) does not, though, leave human sciences researchers without guidelines for interpretation. There are certain tenets that must be respected in order to venerate the process of hermeneutic inquiry.

The Hermeneutic Circle

At the basis of hermeneutics is the concept that understanding is always a circular movement, a "repeated return from the whole to the parts and vice versa" (Gadamer, 1998, p. 190). Further, the circle continues to expand forevermore. As the understanding of the individual part changes and grow, so does the context of the whole. Associated with the concept of the hermeneutic circle is that of the unity of meaning. Once preliminary meanings emerge from the text, the researcher is fore-projecting the whole. Rival fore-projections are compared and contrasted until some sort of unity of meaning is achieved. "Interpretation begins with fore-conceptions that are replaced by more suitable ones. This constant process of new projection constitutes the movement of understanding and interpretation." (p. 267).

Theoretically, the hermeneutic circle never ends. Unfortunately, it is impractical and impossible to go on and on, creating new fore-projections to compare and forever enlarging the circle of understanding. The researcher must, at some point, establish an end point, where a certain unity of meaning is achieved. The process "ends in practice when one has reached a sensible meaning, free from inner contradictions" (Kvale, 1996, p. 47).

After I completed transcribing the conversations, I spent time reading and re-reading the transcriptions. Remembering Gadamer's (1996) caution about method, I did not attempt to establish a particular structure. However, I did find the concept of hermemeutic circle very helpful. I expected to have difficulty using the hermeneutic circle, but it turned out to feel like a natural progression – whole to part, part to whole. Over time, I was able to discern certain themes and clusters through the

conversations. I wrote and re-wrote parts of chapter four until it felt like I had provided a meaningful summation of the conversations that took place.

Prejudice

The concept of prejudice is based upon Heidegger's belief that researchers are unable to put aside, or bracket, their beliefs to understand participants' meanings (Bailey, 1997). Instead, researchers must embrace their prejudice, or " preconceived opinion...bias, partiality" (Oxford Dictionary of Current English, 1992, p. 703). Prejudice has been construed as something that obstructs science. Gadamer (1998), based on Heidegger's teachings, instructs the researcher to use prejudice to construct fore-meanings based on his pre-judgements. The only dangerous prejudices are the ones which the researcher does not acknowledge, as they obstruct the text that is trying to speak to him.

Language

Hermeneutics is based on the interpretation of texts, and the texts, in this case, are based on conversation. Therefore, words are the building blocks of this work. As mentioned previously, the researcher using a hermeneutic approach respects prejudice, believing that it is impossible to achieve an 'objective' understanding. The researcher must be aware that often, the text does not initially yield meaning, or the meaning seems irreconcilable with our expectations. At this point, it behooves the researcher to acknowledge the necessity of co-creating meaning with the participant. As Gadamer (1998) writes,

> ...the language in which something comes to speak is not a possession at the disposal of one or another of the interlocuters. Every conversation

presupposes a common language, or better, creates a common language. (p. 378).

In the end, the goal is to "come under the influence of the truth of the object" (p. 379) and to be essentially transformed by the conversation.

Language was an especially important consideration, as I conversed with people whose first language is not English. Theoretically, will such an issue be a barrier to understanding? Gadamer (1998) writes, "Someone who speaks the same language as I do uses the words in the sense familiar to me...The same thing is true in the case of a foreign language: we all think we have a standard knowledge of it and assume this standard usage..." (p.268). It sounds deceptively easy; however, the challenge lies in remaining open to the text and to the meaning of the other person (p. 268).

Historicity of Dasein

Dasein, or "being-in-the-world" (Annells, 1996), was introduced by Heidegger, but expanded upon by Gadamer (1998). Gadamer writes that meaning is not only co-determined by the researcher and the text, but also by the "historical situation of the interpreter and hence by the totality of the objective course of history." (p. 296). Further, historical distance is considered by Gadamer to be a positive and generative situation that facilitates understanding. While it is never definitive when an event becomes exclusively historical (Gadamer, 1998), and while time may filter true meaning Gadamer believes in the advantage of temporal distance because "It not only lets local and limited prejudices die away, but allows those that bring about genuine understanding to emerge clearly." (p. 298). If not on data

analysis, the historicity of dasein has direct bearing on the selection of participants for this study. Genuine understanding may more freely emerge from refugees who have had several years to reflect on their experiences.

Horizons

When one thinks of the horizon, one thinks of where the earth meets the sky – the end, the limit, the range of one's vision. Gadamer (1998) uses horizon in a similar way. In order to gain a true understanding of a phenomenon, it is essential to have a horizon on which the phenomenon may be juxtaposed. " 'to have a horizon' means not being limited to what is nearby but being able to see beyond it. A person who has a horizon knows the relative significance of everything within this horizon, whether it is near or far, great or small." (p. 302). The researcher is obligated to also respect the historical horizon - to understand the past and the future and how it related to the present - in order to gain a more meaningful understanding of the phenomenon in question.

The Question of Technique

There has been debate between Gadamer and Betti about the importance of using specific technique when using hermeneutics (Gadamer, 1998; Kvale, 1996). However, Gadamer notes that, in personal correspondence with Betti, Betti denies advocating a method per se. "Fundamentally, (Betti is) *not proposing a method;* (Betti is) describing *what is the case*" (p. 512). In a way that respects Gadamer's reluctance to establish a concrete method for hermeneutic interpretation yet – in the spirit of Betti - provides neophyte researchers with some structure, Radnitsky (as cited in Kvale, 1996) advocates adherence to seven canons of hermeneutical

interpretation. These canons act as a succinct summation of hermeneutics, and have served as practical reminders for me throughout my research.

Ethical Issues

One does not have to search hard to find examples of research that has violated human rights. Historically, little emphasis has been placed on the rights of the research participant. In fact, it has only been since World War Two that attention has been paid to the rights of research participants. Today, the Code of Conduct for Research Involving Humans (Tri-Council Working Group, 1996) identifies four ethical principles that must be respected when engaging people in research: Respect for persons, non-malificence, benificence, and justice.

Respect for persons refers, essentially, to the fact that people are capable of making choices for themselves. Further, respect for persons reflects a regard for humans' "capacity for self-determination" (Tri-Council Working Group, 1996, p. 14). Non-malificience relates to a researcher's obligation to do no harm. Non-malificience, though, is not always absolute. Sometimes, it is necessary for the potential participant to consider the ratio of risk to benefit of being involved in a particular study. Benificence means doing good, and can be divided into three categories: Good for society, good for the research participants, and good for the researcher and affiliates (Tri-Council Working Group, 1996). In order to proceed with research, it is imperative the researcher first demonstrate a commitment to the benefit of the participants, then to the good of society. The fourth principle, justice, relates to the need for an even dispersal of research's benefits and burdens to groups

of people. The Tri-Council Working Group, for example, says that women have historically been excluded from research studies, and have suffered as a result.

The Special Considerations of Qualitative Research

The nature of qualitative investigation.

Qualitative research offers the researcher a special opportunity to learn, in-depth, about participants. However, along with this privilege lie special considerations. The premise of qualitative research is that it is generative, a process of discovery. Although the researcher has some idea as to how the research will proceed, there is no way of knowing whether the research process will digress and diverge, creating new and exciting insights. This creates difficulties with the participant's ability to make an informed choice about taking part in qualitative research, and therefore with the principle of respect for persons. Munhall (1993) notes, "informed consent is a static, past-tense concept. Qualitative research is an ongoing, dynamic, changing process." (p. 396). When people participate in qualitative research, consent should be continually negotiated and renegotiated throughout the process to ensure the study is ethical.

I established the following consent process. First, I had a written statement of the title, purpose, and explanation of my study, followed by the risks and benefits of participating. I also ensured that each participant had had an opportunity to ask questions and knew that she was free to withdraw from the study at any time without a penalty of any kind. Prior to commencing our conversation, I read through each part of the written consent, explaining it. Each participant was free to have another person in attendance at this point, especially if she was unable to read English or if cultural norms dictated her family was to take part in the consent process. The nature

of my research instructs that I could contact each participant more than once to check understandings. However, re-contacting was not necessary for this project.

The relationship between researcher and participant. Another concern, related to the principle of respect for persons and to the principle of non-malificence, is the authority of the qualitative researcher. There are two ways of approaching this issue. From one perspective, the inherent power imbalance may be decreased when qualitative research is conducted. For example, the participant is often interviewed at home or at work, and the participant can choose what he or she discloses. The participant is the expert on the topic of study (Ramos, 1989). However, from another perspective, respect for persons can be easily breached when conducting qualitative research. The researcher and participant forge a unique alliance, one that entails close teamwork. Such teamwork involves working closely together in a trusting relationship. Boundaries may easily become blurred. Dependencies may be created. A pseudotherapeutic relationship may be fostered. Ethical violations then occur, with potential to harm the participant and the research.

At the beginning of the conversation with each participant, I gently reminded her that we were meeting for the purpose of research. I kept a list of local agencies that offer affordable, supportive counseling; if any of the women had expressed a desire for additional help, I would have referred her to the local agencies.

Anonymity and confidentiality. Respecting participants' right to privacy is essential in any research; however, researchers using a qualitative approach may need to be particularly vigilant to maintain participants' anonymity and confidentiality. Although they can be broken at any time in the research process,

anonymity and confidentiality are especially at risk at two points. The first point is at the time of data collection. The researcher risks revealing participants' identities when keeping track of tapes, notes, and transcriptions. The second point is after the generation of data, with the dissemination of results. One of the characteristics of qualitative research is detailed description. The detailed description that the researcher uses may inadvertently uncover the identity of the informant, consequently violating the ethical obligations of the researcher.

I used pseudonyms to identify each participant. So, after each conversation was audiotaped, I labeled the tape with a name I chose. I will be the only person who has access to the tapes. They will remain in my home in a locked drawer until seven years after my thesis has been completed. I will also keep the transcribed notes for seven years; after seven years have passed, I will shred the transcribed notes. I have been careful to change any details that may be associated with a given participant.

Ethical Issues Particular to This Study

This is a study that uses a qualitative approach; Therefore, I have endeavoured to understand and respect the distinct ethical issues that qualitative research raises. At the same time, I am cognizant of issues specific to this project. The women with whom I worked during this study merit special attention for two reasons.

Refugee women as a vulnerable population. Refugees usually leave their country of origin because of a man-made disaster such as war or related political discord. As Lipson (1994) notes, refugees may "demonstrate a well-founded paranoia when asked to participate in research...in this sense, they are similar to

other stigmatized, powerless or vulnerable populations." (p. 334). There is recognition that powerlessness has been socially created and the researcher has an obligation to not perpetuate the exploitation (Tri-Council Working Group, 1996). To this end, I have followed the lead of each woman with whom I talked. For example, each participant chose the time and locale of our conversation. I wore casual clothing that were distinctly non-clinical. The nature of our conversation was such that I did not use research tools other than a tape recorder; however, the participants were informed of the tape recorder before we commenced.

Cultural attitudes toward the ethics of research. I worked with women from a variety of different backgrounds. How was I to know what would be considered ethical and what would be considered unethical? Bioethics is based on Western ethical principles (Lipson, 1994). However, the principles we consider important may not be important to others. Lipson suggests a relativist approach to culture is not appropriate; instead, "the question to ask is this: To what extent are we facing conflicting ethical standards in our research?" (p. 341). The women with whom I spoke were from not one culture but from several. I approached each conversation with an intention to respect each participant's background and beliefs. Lipson concluded by saying that we must "trust in our own gut feelings about what is right in the immediate situation and whether there will be later repercussions." (p. 353).

For a variety of reasons, refugee women's voices have not been heard in academic research; these women remain, largely, an invisible part of our North American society. We have little knowledge about these women, yet refugee women are rapidly becoming a part of our society's multicultural mosaic. How can we, as

members of this society, welcome these women and learn from their experiences? And, as a health care professional, how will I know how to care appropriately for these women when I work with them? As interested as I was in finding meaning in these conversations, I also enjoyed the process itself. I think that the conversations themselves allowed me to grow and change by honing my listening skills to find shared understanding. The intricacies of hermeneutics offered a challenge and allowed me to better appreciate the complexities of peoples' experiences. At this point, I hope to be able to share with others what I have learned and ultimately contribute to more knowledgeable, sensitive professional health care practice.

Chapter Four

Interpretation

The Narratives

Lynn

Lynn was the first person I interviewed. We met in an empty counseling room at her workplace and talked about her experiences as a refugee woman. Lynn has been in the United States since 1988. Lynn is a woman who appears to be in her early forties. She is very quiet, but, at the same time, has a lyrical, expressive voice. She seemed genuinely interested my research and had obviously thought about our conversation in advance. She independently broached several topics that I had not previously considered, and had thoughtful answers to the questions I asked. Lynn and I had difficulty conversing at times because she had difficulty expressing herself, to her satisfaction, in English.

Lynn lived in her country during her formative years. Born in the north part of her country, she and her family moved to the south part when she was five years old. She remembers she had a comfortable lifestyle when she was young. Lynn did not talk very much about her early life, but she did make two comments about her life after the fall of her nation to Communist rule in 1975. She noted that she learned English by reading contraband books. " I did not use English too, very very often. Well, you know, I try, I try to keep some books hidden..." She also noted that she attempted to 'legitimately' emigrate from her country of origin, but the government refused: "...the communists, you know, did not let us go. That time, you know, more difficult for people who work for the government." Subsequently, Lynn began to

plan her escape. Lynn proceeded to make many escape attempts over a period of eleven years – from 1978 to 1987. She finally succeeded in 1987. Lynn told me, in detail, about her trek. She traveled by foot and by boat to the refugee camps across the border:

> I escape, you know, only wear one, only with the clothes on my back. And one in my bag. Only. They did not let us to bring a lot of stuff. You know, and so. I was cold, you know, at night. No cover in the small boat. We would row down the canal. With no cover. No boat cover. And wet...I walk like that in mud (motions to mid-leg) and I fell down many times. And you know, wet and very cold. COLD! You know, it's terrible. Very, very terrible.

Lynn arrived at the refugee camp and found that it was difficult to tolerate. She believes it was because Thai people did not know the refugees who were coming into the camp, and were suspicious. "Because uh they don't know us well, you know? We just entered to their country." Also, other refugees who came were sick and traumatized, and that placed a strain on everyone. For example:"...the, the, the lady who live in the shelter with me, she have problem on the sea, you know. She was raped. So many times." The roommate was understandably in bad physical and emotional condition, and was eventually transferred to a hospital.

Lynn lived at the refugee camp for approximately five months. After she passed an Immigration and Naturalization Services (INS) examination and achieved permission for asylum in the United States, she went on to a transitional country for English classes and culture training. At long last, Lynn flew to Honolulu to Orange

County to meet with her former boss who had sponsored her. There are certain things that Lynn remembers after arriving to her new home.

Lynn focused on two topics when I asked her about her resettlement in Orange County. Instead of talking about clinical topics like stressors, feelings, and coping mechanisms as I had initially hoped, she wanted to talk about employment and learning English. Lynn told me about her job at a local grocery store, and then about her employment at a refugee assistance agency. "I like to, to, you know, to help people...so I come to ask the director of public health, you know, and I asked for a job...so (laughs), my dreams is come true! Come true.Yes." She also talked about the challenges of mastering English. Whenever I tried to redirect our conversation, she would talk again about these two activities. I finally decided not to push too hard for my desired information as I thought this could be a cultural difference.

It was only after spending many hours transcribing and considering our conversation that I realized that Lynn could be giving me some knowledge in an indirect way. I noted in my journal on June 4, 1999:

> *After listening to the taping, I couldn't believe what L. gave to me. It was not necessarily the topic I was looking for, but it must have been unbelievably emotionally draining to talk about her escape from (her country.) These conversational drifts happen for a reason.*

I believe, in Lynn's experience, finding a job and learning English were lifelines. They were a way for her to gain confidence and self-esteem after years of fear, persecution and trauma. Knowledge of conversational English led to a wider

potential support net, a sense of accomplishment at learning a new language, and more job opportunities. Employment led to structure, income, and the ability for Lynn to sponsor her family members to come to the United States as refugees. English and employment led Lynn to survive a profound life change. As a result of her courage and tenacity, Lynn has successfully bridged two cultures. This does not mean that Lynn does not miss her country of origin, though. When we spoke of her country of origin, Lynn became tearful and we needed to take a break from our conversation. She has not forgotten her roots and clearly has a longing for her homeland.

Lela

Lela is full of life! She exudes spirit and positive energy wherever she goes. She is an extroverted woman in her fifties who has had many life experiences and loves to talk. She wanted to give me all the information that she has gleaned, both as a refugee and as someone employed to assist new refugees. Lela moved to the United States in 1976 when the communist government came into power in her native land. Lela grew up surrounded by luxury, as her father was a senator. "I was uh surrounded the very good neighbors who work and I would grow up in the, in the special block with the senators..." However, when the communists took over, her father was taken to re-education camp and killed. Lela and her family were considered enemies of the state and were treated very poorly. For example, Lela's brothers and sisters were denied education; instead, they were forced to do hard labour. Usually, they hauled rice from the paddies to nearby villages and cut wood.

Because Lela was the eldest, she had already completed her education, was married and had children of her own.

Lela came to the United States with her husband, her six children (aged 14 months to 12 years at the time), and her younger sister. "It was difficult at the time because we have a large family. I have six children, plus...and I have a sister. So there was nine! And it was difficult." She did not tell me of the circumstances of her flight from her country of origin. She and her family first settled in a large mid-Eastern city. Lela and her family were sponsored by a group of many people, none of whom had enough space for the family to live:

> ...(I)t was very difficult for them to find a place in a small community like that, so they have to look for the house. So, in the meanwhile, you know what I have to do? I have eight sponsors and every day we have to change the house. From house to house...

Eventually, they settled down into their own home and began to re-establish themselves in a new country and a dramatically different culture. Lela remembers her early days, coping with the overwhelming responsibilities of new culture, new home, children, marriage, work, and volunteering. She would work the second shift as a nursing aide in a nursing home in order to get her older children to school. She would mind the younger ones, and finish the cooking and the cleaning before going to work. She became of expert at doing several things at once to conserve time. Lela cites the example of every afternoon before going to work, she would mind her youngest child, fold laundry, learn English through watching a situation comedy on television, and make a grocery list by watching the commercials, simultaneously! "I

don't leave any minute to pass without doing anything." On June 7, 1999, I reflected upon the women's workloads:

> *I do NOT know how these women are able to keep up with their schedules. They are the epitome of the 'second-shift', meaning, going to work, coming home, and then working at home for the duration of the day. How is it possible to manage without time for oneself? Surely they are too busy to even think about their feelings.*

After Lela and her family had settled, Lela's mother and younger siblings achieved political asylum in the United States and arrived in California. Lela, her husband, her sister, and her children moved to the West Coast after several years in order to be closer to Lela's family of origin because, as Lela phrases it, "Money is good, but family come first." Lela's accomplishments are many. She has a happy marriage, she has raised six children who are doing well in their adopted country, she has assisted her mother and her siblings to settle in the United States, and she has been successful in her professional life. She feels content, and she says she feels free. She says she is no longer constrained by traditional cultural values, and no one looks at her "toe to head" as they would a senator's daughter. However, she misses her country, especially when thunder clouds crowd the sky. Storms with thunder and lightning remind Lela of her tropical home, and still make her cry.

Lela coped successfully with an international move She was able to develop, and draw upon, numerous coping skills that helped her to survive and to prosper in the United States. In the very beginning, Lela relied upon her sponsors and her strong work ethic to get through. To be sure, Lela would have survived in any

circumstance, but she was assisted by a group of sponsors who helped with food, housing, and jobs. Lela noted during our conversation that she was scared, she often got lonely and cried many tears, but she survived and now teaches other refugees to do the same.

One of the things that struck me during our conversation was Lela's consistently positive attitude. She seems to have found meaning in every experience she has had; she has been able to convey each experience into a life lesson. She is able to focus on the positive in every situation. For example, Lela came from a very wealthy family and would have easily been able to regret the loss of her influence, wealth, and power. Instead, Lela focuses on the freedom she has found in the United States, the ability to do what she wants when she wants. Lela frequently works with refugees who are having difficulty living with the changes in their life circumstances, and she reminds them that they are not alone. All people have challenges and setbacks. However, Lela believes that it is important to remind them that there are always other people who are in even worse circumstances.

In our conversation, Lela made a special point to mention the difficulties that older women have when they relocate to a new country. She said that frequently older refugee women go "mental." Lela then explained that, by saying mental, she means that they get very depressed. She attributes this to their experiences of being "important women" in their countries of origin. After spending their lives in luxury, they come to a country that devalues immigrants and also devalues older people. They feel useless because they are not able to work, they do not know the language,

and they are a drain on their childrens' finances. Lela states that this is a population of people who are terribly neglected.

Lela has an ability to look to the distant future. She does not measure events by days, weeks, or even months. From the beginning, Lela looked at what she wanted to accomplish over a course of many years. She wanted her children to have a good education. She wanted to have a career. She wanted to have a house. She did not expect immediate results, and she attributes this to her sponsors. Her sponsors were clear about the reality of her situation as a new refugee in the United States. Today, Lela works with some refugees whose families and friends have introduced them to exclusive department stores and expensive cars. Unfortunately, when the refugee receives her cheque, she is unable to afford the clothing, the car, the lifestyle that she expects. Devastation ensues. Lela is strong about emphasizing reality because she feels that people need to know that, while there are opportunities in North America, there are also significant challenges and that there will be no success without a great deal of effort. Lela asks people to give themselves 20 years to achieve their goals.

Mim

Mim met with me in her office. Mim was quiet and appeared somewhat guarded initially, but she gradually opened up to talk about her experience as a refugee. She was pleasant and cooperative throughout our time together, but I sensed that I should not ask too many questions. Rather, I decided to sit and listen to what this woman wished to tell me about her life and her work.

Mim came to the United States in 1989. Mim did not escape from her native land. Her brother escaped from the country in 1980 by boat and gradually sponsored all of his brothers and sisters. She remembers life in her country as difficult and was happy to leave. She talked about living in constant fear, of having no freedoms.

> After 1975, we scared of everything, you know?... (L)ike, my father? He had a lot of books, like a, a small library, you know? We had to burn out everything. Because, because we scared that when the communists come, um, come to my house, that if they find it, it's a problem, it's a big problem...They just wear like uh the black and the brown clothes. And if we have uh, um, the bright coloured clothing, like, um, red, yellow, we had to burn out everything. Or throw away. Throw away all.

After Mim was approved for entry into the United States, she spent eight months in a transitional country. She has bad memories of this time; she said it was "very, very hard." She attended cultural awareness classes and English classes while at the camp in order to prepare for her transfer to America.

After Mim arrived in the United States, she lived with her brother and his family. He paid for her shelter and food, generally took care of her. However, Mim wanted to be independent, so after three months, she applied for welfare and got her own apartment. For six months afterward, she attended English classes and vocational training. She remembers learning how to shop for food and how to take public transportation. She was unhappy to be receiving welfare, and she expressed great relief when she got her first job offer. She worked as a receptionist in a doctor's office for a while, and is now employed as a case worker in a refugee

assistance agency. Mim took four semesters at a local college, but found the combination of work and full-time school exhausting. She worries that she was too lazy to finish. She expressed a need to make a positive impression to Americans. Mim said, "Americans do not know about...refugees, just the war. We try to do the work, the job here to show them that we, uh, we do not take advantage of them."

Like Lynn, Mim emphasized the profound importance of learning English and gaining vocational skills. She said that these tools were essential in her journey to become an independent, self-sufficient woman. She was self-conscious of being on welfare, and wanted to work as soon as possible. For Mim, learning a new language and getting employment were challenging tasks. Especially after she started work, she dealt with an overwhelming fear of not being able to communicate with others. She persevered, though, and forced herself to continue. "At first I was hiding, you know? Sometimes I was scared to pick up the phone. It's very hard. But, you know, I, but I, I, I made myself to try and try and try." Mim says that it took her five years to become comfortable speaking English and doing her job.

For Mim, the change of atmosphere and culture has been difficult, and she watches her clients struggle with those issues every day. Family has helped her to adjust as best she can, and she is appreciative of their presence and also their support. Today, she is still trying to negotiate an identity for herself that connects two very different cultures. Mim has been surrounded by American culture since she arrived here, 10 years ago. She has had to adapt to American ways of life and living in order to succeed at work and at leisure and in doing so, she has modified some of her original beliefs and values. Mim is learning to respect her family's opinions and,

at the same time, embrace new, alternative ways of thinking. For example, Mim is a single woman who has expressed a desire to meet someone and get married, but she says it is difficult; while Mim believes in bicultural, biracial marriages, her family does not. She is torn between following her own values, and respecting her family's wishes for her to marry a man from the same ethnic background. Mim talked in the third person about interracial relationships by using an example of a mother-daughter interaction: "They say, 'Mom, now I have a friend, an American friend.' 'Okay, friend is okay. But no boyfriend!'" Mim knows that a decision like marriage will not only affect her future happiness, but may destroy a big part of her social support system – her family.

In fact, we spent a fair amount of time talking about family conflict. Mim sees a great deal of family problems that arise in refugee situations. She noted that mothers and fathers want to preserve traditions, but children rebel against them. Children are going to school, learning new ideas, and meeting new friends who reinforce the values they learn in the classroom. Then, they go home, and parents are "very, very upset" with the way the children behave. Children will often rationalize their behaviours with the idea that the United States is a free country and therefore they can do whatever they wish. Further complicating the issue is the fact that, while parents were allowed to physically punish their children in their country of origin, it is against the law to do so in their adopted country. So, not only do parents have to cope with children who may reject traditional values, they may also have to learn new ways to relate to, and discipline, their children.

Peggy

Peggy is a 30 year old woman who appeared to be very happy to contribute to my research project. We met in the boardroom of her workplace. Peggy is an outgoing, professional woman who has spent most of her life in America. She has a degree from a prestigious university, and could be working in her choice of jobs. However, she is so passionate about helping people that she recently started work at a non-profit, employment center in order to contribute to the lives of new refugees. She is articulate, she is opinionated, and she was a fun person with whom to spend time!

Peggy is the youngest in a family of nine children. She and her family escaped from their native country in 1975. Because her father was a congressman, it was imperative for them to leave at the earliest possible moment. They took a boat, sailed out onto the ocean, and were rescued by an American war ship:

> ...there were two methods of getting on the ship. One was through rope, they'd throw a rope down. And you can, you can just visualize ten dozen, two dozen small fishing boats all trying to make their way into getting on the ropes. And half of my family were on the fishing, to go up by way of the rope, and with me and my Dad, and my other brothers and sisters, we came up the other way, through a rope ladder, that we'd, like, have to climb up, as opposed to being fished up, like fishes...really dramatic for a six year old. You can see the waters crashing against the ship. And my Dad, he really, he really held on tight to me and my brother, uh, you know. I almost fell into the ocean, but my brother grabbed me by the arm and he just, you know, climbed

> up. People were hysterical. It was understandable, but they were pushing and shoving. So, um, we got up there, and I remember crying.

Surprisingly, the entire family got onto the ship without incident. They traveled, on the ship, to a transitional country, where they stayed for a while in a refugee camp. After that, Peggy and her family were transferred to a marine base in Southern California. A little while later, the family of eleven moved into a three-bedroom home and began a new journey - one of resettlement in the United States. Peggy and her family were sponsored by a church; members of the church gave them essentials, like clothing, and non-essentials, like free trips to Disneyland. Peggy remembers the people of the church acting as mentors, teaching them about American culture.

In school, Peggy remembers being introduced by the teacher as a refugee who fled her country. Peggy was unhappy about her teacher talking to the children about her escape, because Peggy felt they were her experiences to tell. Afterwards, when other children were nice to her, she thought they were treating her like a charity case.

> I always thought, it, uh, they were, it was like a charity. They were being nice to me because the teacher introduced me as 'Oh, she fled the, the, the country.' And I didn't like that. I mean, she was always very nice and she just told the class where, what my experiences were. But I felt like somebody was making nice to me and like somebody made them. And I hate that.

Today, Peggy feels that this incident has had a profound effect on her personality, and on the way she interacts with others. Peggy is often mistrustful and believes people are insincere, only being nice to her because of her refugee status. When

asked to reflect on what she thought would have been helpful for her as a new refugee, Peggy was quick to say that people should have been more trustworthy and genuinely caring. Peggy also pointed out that she would have liked someone to listen, just listen, rather than try to identify with her experiences as a refugee. Peggy asks people not to pretend that they know what a refugee goes through, because they can't ever know unless they are refugees themselves. Even then, Peggy notes "every person who has fled another country has a different story, too..."

Once again, the issues of English and employment were broached by this participant. Peggy, though, had no qualms about addressing the generally poor quality of English instruction available to refugees today. She believes that people are not being afforded the opportunity to learn conversational English, which becomes an impediment to job searches, to their ability to settle in the United States, and to their sense of self-worth. When refugees attend poor quality English classes, they severely limit their prospects. Although they are eligible for work in factories, they will not be considered for promotion because they cannot effectively communicate with others. Thus, people who were in professional positions in their country of origin are relegated to menial work. Peggy refuses to place people in janitorial work, because she feels this is a job without potential for advancement. Instead, she places many people in utility clerk positions at grocery stores because there are multiple possibilities and room to move upward into other, more interesting and important positions.

Peggy brought up an interesting point when talking about refugee women and employment. She notes that in many entry positions, people are forced to work

odd hours. Because of this, many refugees must take public transportation during the early morning and late at night. "Yeah, one client, she works the second shift. And, buses shut down at a certain hour." For women especially, this poses a safety issue. Refugee women may not speak English, may not be familiar with the municipalities where the bus travels, and therefore may become lost. Refugee women may not know how to ask for directions, or how to find help if they need assistance. They are vulnerable, the quintessential 'easy target' for criminals.

In Peggy's experience, feigning mental illness has often been a way for her clients to avoid working. Although there are clients who are genuinely suffering, there appear to be more who are playing the system. Clients will attend English language classes for a while, then show up with a doctor's note to excuse them for a period of time. Often it will be for a period of a month or two – if a client is excused for only one to two months, chances are the client's case will not be reviewed by the Medical Review Team (MRT). She cites a recent example of two refugees who, after being placed in entry-level positions in a Fortune 500 company, both brought in a note from a psychologist saying that they were depressed and paranoid and could not work for a month. There are health care professionals who are corrupt and will write excuse notes for a fee, but they have not yet been exposed.

Peggy closed the conversation by saying that she applauds me for doing research that may contribute, in a positive way, to the lives of refugee women. She noted that refugee women are an invisible group of people, a group that not even other refugees think about, "let alone someone that's not a refugee." I was extremely

encouraged after meeting with Peggy because I felt like I'd received unofficial permission to continue with my work.

Pansy

Pansy and I met at her workplace one morning. She was nervous and clearly uncomfortable when I used the tape recorder. Although she consented to being taped, she then said she could not find the proper words because she was anxious. Not far into the conversation, I turned off the tape recorder and Pansy began to talk in earnest. Pansy was, initially, very shy and I worried that she was doing this out of sheer obligation to her boss. However, she gradually became more and more talkative and seemed to be driven to tell me her story.

Pansy left her native country with her family of origin in 1979, shortly after a new, brutal political regime took power. She was thirteen years old at the time. She left with her parents and eight of her nine siblings. They walked from their country to a neighboring one, along with 100 to 200 other refugees. The escape was dangerous, and it is surprising that Pansy's entire family survived. The journey took two days and one night, and people traveled by foot. Along the way, there was no food or water; Pansy remembers drinking from ditches that contained human corpses. There were thieves along the way, and they would steal valuables from the refugees. At night soldiers lit flares to find runaways, and everyone ran for cover into the trees and bushes. There were also land mines, which all the refugees tried to avoid. Pansy remembers some people in her group being dismembered by detonated land mines. Pansy repeatedly used the phrase "horrible, horrible" to describe her escape.

Pansy and her family crossed the border and lived in a refugee camp for a year. The soldiers at the camp were "terrible" and Pansy has blocked most of her memories. After a year, Pansy and her family were transferred to another camp in yet another country. The situation was not much better. After a period of time, they were sponsored by an uncle and were allowed to enter the United States. Pansy and her family arrived in a mid-Eastern city in the middle of winter, and were handed winter clothing. Pansy remembers having no concept of snow, and was shocked by the cold climate. On the way home from the airport, Pansy remembers her uncle teasing her, saying there was no rice in the United States – everyone would have to subsist on bread! She remembers wondering how she could ever survive without rice, and was terrified.

Pansy started ninth grade at a local school, and spoke no English. The only consolation she had was that there were other children at the school who spoke her language. She spent all of her time at school or at home learning English and completing homework. She had no friends, partially because her father was a strict disciplinarian who frowned on socialization. Pansy and her sister were not allowed to leave the house; they were not even able to go to the library to study. She never spoke to boys because she was afraid that her classmates would tell her parents and she would be punished. She was extremely frustrated with her perception of a double-standard within the family. While Pansy and her sister stayed at home and were closely supervised, her brothers enjoyed freedom to do whatever they wished.

Pansy eventually became bilingual, and graduated from high school. She then attended college and graduated from a two-year program. After her graduation,

Pansy was stunned that her parents had arranged a marriage to a man who lived in another part of California. She had never met the man, and she was informed that she and he would wed – soon. There was an engagement party where Pansy met her fiance, although she was too nervous to speak to him. She was devastated with the arrangement and fought against it. However, three months afterward, she and he married and she moved to a new city to begin yet another new life. Pansy talked a lot about her sense of powerlessness during the time of her wedding, and vowed that she would never force her children into an arranged marriage.

It has now been ten years since her wedding, and Pansy remains married to the same man. She has two children. She is working with people from her country of origin, in the field of primary health care. From Pansy's perspective, a person's mental health stems from many different social factors, so her work extends beyond traditional boundaries. For example, Pansy spends time doing things like translating utility bills and ferrying community members to and from health-related appointments. She is intricately involved in the refugee community, and attends all religious and social functions. However, such immersion also has its costs. Pansy is called out to all emergencies, is asked to help with a multitude of family problems, and the daily human suffering she witnesses takes its toll on her.

Pansy says that the flight from her country of origin, her travel through intermediary countries, and her subsequent resettlement have caused her many problems. She sees that she has been caught between two cultures and has difficulty managing to embrace each one. She sees herself as a modern career woman at work, and as a traditional wife and mother at home. As such, she completes a full days'

work at the office; when she gets home at night, she starts her 'second shift' of housework and child-rearing. Especially in the area of mothering she is conflicted. She knows that she is unhappy with the way she has been raised, but is raising her children the same way because it is familiar.

Pansy says she, like the majority of refugees from her country, suffers from Post Traumatic Stress Disorder. Only recently has this issue been addressed. For a long time, people did not talk about their experiences. If there were specific signs of mental illness – usually unmanageable acting out, delusions, and/or hallucinations – people were medicated by a local psychiatrist. However, Pansy says this was ineffective because people were not permitted to talk. They would go to the health care professional, where they were asked specific questions about sleep patterns, appetite, and the effectiveness of previous medications. Then, they would be sent away with a prescription for some unidentifiable pills and a reminder to return in two or three months for a follow-up appointment.

Pansy believes that people want to talk about their experiences. It is difficult, and it is painful, but it is necessary for healing. There are now two groups, separated by gender to facilitate comfort, that people can attend when they wish to talk about their life experiences. Pansy says that the groups are very well attended and have achieved what Western medicine has failed to provide: A forum for discussion. In Pansy's opinion, the way for health care professionals to improve their quality of care is through listening. Contrary to popular belief, people do want to tell their stories. Sometimes it takes extra time and energy, but it is a worthwhile investment.

Jennifer

Jennifer is a woman in her thirties who describes herself as an Asian extrovert. She is warm and quick to laugh, and talked readily about her resettlement experiences. It took a long time to connect with Jennifer face to face; however, when we eventually met, she was very willing to share. Interestingly, Jennifer decided not to talk about her move from her country of origin. Instead, she started by telling about her family's arrival at the airport. Jennifer's parents had died, so it was her siblings who accompanied her to the United States. Jennifer and her family were sponsored by a woman who worked for a resettlement agency, and who had a lot of experience bringing people over to the United States.

Jennifer feels that her sponsor was the key to her quick and healthy adjustment in the United States. She remembers her sponsor paying a lot of attention to her, helping her learn and experience new things. Her sponsor allowed her to learn by doing, and provided many activities to help her understand the new American language and culture. Jennifer was motivated to speak English because her sponsor could otherwise not communicate with her. "Everything they did, they didn't just do it for me, they did it with me. They showed me how to do it."

When Jennifer first arrived, she was placed in a fourth grade classroom, instead of a sixth grade classroom. The theory was that Jennifer would have to take several years to catch up in school. Jennifer initially accepted happily, and made many new friends although she could not communicate well with the others. She had a teacher who cared very much about Jennifer, and Jennifer believed that people were genuinely interested in her progress. The next year, the administrators

attempted to move Jennifer to sixth grade, but by then she understood the age differences. "Um, I remember when, at the end of the school year, I knew I should be in seventh grade." She begged to be placed in grade seven, but no one listened. "They wouldn't hear it...So they kept on saying, 'we're going to put you in sixth grade' and that's what was, I felt, demeaning." In the next two years, Jennifer skipped from sixth grade to ninth grade, based on her excellent scholastics. Jennifer found this to be a trying situation, as she felt people did not believe her when she told them of her ability. She wishes that people had listened more effectively, and had given her a chance.

Jennifer talked about her family, and their struggle to understand men's and women's roles in the United States. In Jennifer's country of origin, women have access to few life options. Usually, they are restricted to child-bearing and rearing. Women have no voice. They are first dependent on their fathers, and then on their husbands. Once women are in the United States, they are expected to be outgoing, assertive. They must go to work to contribute financially to the family. This was demonstrated well in Jennifer's family when her older brother would continually speak for her sister, who was the oldest sibling by many years. The brother felt it was his responsibility to manage the family. Although Jennifer was too young to go to work when she arrived, she saw her sister's difficulties. She was expected to go to work and behave in a way that was foreign to her. She was supposed to make decisions and give answers. It took a long time to adjust. Jennifer notes that the women's role in the United States causes many problems in refugee families. An

assertive woman, a woman with a voice is a threatening thing. Consequently, Jennifer sees a lot of domestic violence.

Jennifer said that learning to effectively communicate in English was her biggest hurdle. After she learned, she was able to cope well. All along, even as a new arrival, she was able to see the opportunities available in the United States, and wanted to be open to all the opportunities. She believes she would not have had nearly as many options in her country of origin.

Jennifer, as well, brought up the issue of refugee senior citizens. She believes this is a serious and sensitive problem facing refugee communities today. Seniors have to deal with the same issues that every other refugee must face, however, they have additional concerns. They are often isolated due to physical health problems, so they are lonely. There are many seniors who cannot work – again because of health problems – and cannot contribute financially to the family. As well, seniors cannot draw Social Security unless they become citizens, and they must take a citizenship test in order to do so. Many do not pass. Very little is being done at this point to assist this vulnerable group of people, and Jennifer wished to inform me of the situation.

All in all, Jennifer's resettlement process has been positive, and she feels she has been blessed. At the end of our conversation, Jennifer offered the following advice:

> I would encourage everybody, everybody who has not had the experience of working with the refugee people...(to) learn about that, that country's

specialty. What's so unique about them? And how does it feel to be on the other side of the world?...Take time to learn another culture. Another person.

The Common Threads of Experience

The Definition of Mental Health

When I considered my research, I thought it would be interesting to find out about the participants' definitions of mental health. I thought it would be essential to know how these women made sense of the phrase 'mental health.' I expected each woman to give me a neat, concise, dictionary-type answer. I was wrong. With one participant, there was a cultural and a language barrier that prevented us from reaching an understanding of the term mental health. The others found it difficult to express the definition in a question-and-answer format, but rather, they felt more comfortable relating the definition to their experiences.

The women defined mental health in relation to the absence of mental illness. For example, if one is not overtly ill, one is to be considered healthy. However, the participants also seemed to have different ideas about what constitutes mental illness. Two women associated mental illness with post traumatic stress disorder. One talked about people going "mental"; when I asked her about how she defined "mental," she responded that "mental" meant depressed. One woman believed mental illness to mean psychosis, specifically hearing voices. And one woman defined mental health in relation to mentality. By mentality, she meant the way in which a person relates to her world. So, for example, she spent a lot of time talking about the way in which she had to change her world-view when she moved to the United States.

By asking each woman about her definition of mental health, I was able to ascertain that mental health means something different to everyone. And although I may have access to more precise, academic definitions, I must attend to how the participants interpret the phrase 'mental health.' This is the essence of creating a better understanding among people.

"Let Me Tell You My Story"

I had many fears prior to meeting with the participants, but my main concern was for the women and what they wished to share with me. I worried that they would not want to talk about themselves and that this project was doomed because no one would wish to remember such painful times. This was reflected in my journal on April 26, 1999: *Another several assumptions, I think. First, that people do not want to talk of their experiences, second, that I'll be rejected, and third that I'll have to really 'sell' my work – and would that be ethical?* When I met with each participant to discuss her experience of mental health and resettlement, I expected her to begin the conversation by telling me about the resettlement process. I was surprised to find that five of the six women started by talking about their lives in their country of origin. They would give me details about their families, their financial circumstances, and their lifestyle. After that, they would talk about the circumstances of their departure and their escape. Only after this would they begin to tell me about resettlement. It appeared important for the women to give me a context, some sort of a backdrop. Moreover, the women seemed driven to talk about their experiences – they really wanted to tell the whole story, not just the epilogue. Initially, I worried that I wasn't getting the material I needed for my research, but I

later began to listen to what the women were saying indirectly. Resettlement cannot be divided up into before, during and after. Likewise, mental health cannot be discussed without acknowledging the past experiences of each woman.

I have heard, and I believed, that people do not like to talk about their departure from their country of origin. People have often been subjected to political persecution, imprisonment, re-education camps, and torture. People don't want to remember, they want to forget. However, I have now reconsidered my opinion. When I spoke with Pansy, she addressed this topic. As a member of a group of people who survived a brutal political regime, she was able to shed some light. She said that, in her experience, people do want to talk. They want to share. She explained that such sharing is difficult, and that people worry about becoming tearful while they talk. But, if the listener is respectful of the emotional nature of the story, the story will be told.

The Profundity of Resettlement: Bridging the Cultural Chasm

It is not a surprise to find that the women in this study have been forever, irrevocably influenced by resettlement. As I considered the narratives, I was impressed by the depth of each woman's thoughts and feelings about relocating to the United States. Resettlement has been a life-transforming event, and each woman talked about her life in relation to relocation. Lives have been divided up into 'before' and 'after': Before the move and after the move. And I think this is because resettlement has brought about change. At one point, Mim said, "I think (the) big change, big change is atmosphere. Ah, we change from our country to here is very difficult...we, we try our best to adjust." All people grow and change over time;

however these women have had an additional life experience that has caused them to metamorphose. The participants have all had to reinvent themselves in some way to survive in a new land.

The cultural changes for women who resettle appear to be especially profound. The women with whom I spoke described their countries of origin as restrictive. The male and female roles were rigidly observed, and the women had an obligation to follow the lead of their fathers and husbands. Jennifer noted that, had she stayed in her country of origin, "I would have had much less options." And as for her naturally extroverted personality, "It would have been suppressed. I know that for a fact. It would have been suppressed to the level of 'Stand here somewhere.'" There were particular cultural expectations about how to conduct oneself in public, and on how to dress and how to wear one's hair. Lela remembers that she was expected to act very conservatively, to wear her hair in long, complicates styles, and to present herself in "native dress" at all times. She felt scrutinized – people would talk to one another and ask, " 'What kind of jewelry she wear today? What kind of dress?'"

The participants agreed that life in their adopted country is good, and cited freedom as the best part about their move. Women have more options in North America, more choice and more voice. They have their own identity. Suddenly, not only is assertiveness allowed, it is also expected. Women have to learn a whole new way of communicating – with the expectation of being heard. Jennifer illustrated this point by talking about her sister's struggles to adapt:

> And being here and when she went to work, she has to make the decisions, okay, you know, what time am I going to go to work, or how am I going to get there? She had to talk with our sponsors, you know. This is what I want, this is the way I prefer. Not what my brother wants. Not what her husband wants. But rather, what is comfortable to her. So the mentality is that they have the equal rights. They have, they are their own individuals. They have their own identity.

Although the women with whom I spoke considered change good, they also acknowledged that change is not easy, and further, that some refugees have an especially difficult time. For example, such is the case for women who were used to wealth and status in their countries of origin. Often, women who grew up with much money were forced to leave everything in the face of political upheaval. Lela, for example, remembers having three servants at home – one to cook, one to clean, and a nanny to watch the children. It is a rude awakening to come to a new country and to start all over again. To have to do the work of servants, it is very humbling. Lela made special note of older refugee women, and said that there are a lot who appear mentally healthy, but are not. Lela says that these women live in the past. "...typical if the person is wife of colonial, you know...they have everything. Maid to do this, maid to do that. When they come here, they don't have nothing." Lela and Peggy feel that older women are not making the effort because they do not wish to make the effort, but Jennifer believes it is because they are less able to adapt to change.

By the very nature of resettlement, by moving to another country and being immersed in the culture of that nation, refugees must change. However, the extent of

the change, and the speed of the change, seem to be negotiable. One participant said that change occurs over the first five or six months, another said it occurs within the first two years, and yet another suggested that change takes five years. One participant said that she tells families to wait 20 years before truly feeling settled. Further, Jennifer made a good point, that acculturation is slower and less complete if refugees are situated in ethnic enclaves. When a country is thrown into political turmoil and the first refugees from that country arrive, they are usually sponsored by a North American family or group. However, as time goes by, the first refugees begin to sponsor the next wave of refugees. As such, the refugees stick together and become an identifiable group in the community. Refugees can work and socialize together, all in their native language. And it makes sense; who would want to struggle to make her simplest thoughts understood if she could walk next door and have a pleasant conversation with her neighbor? "It's the, it's the level of comfort. That they, they stick together. But at the same time, it's the thing that's going to set them back."

English & Employment

English. Five of the six participants in this study cited English as the most difficult part of coming to the United States. The women arrived in the United States with varying proficiency in English. One knew English from prior employment, one had practiced English with contraband books. Lynn said, "Well, you know, I try, I try to keep some books hidden...I read every night. Because, uh, well, you know because the communists come to town... But...I feel I need English." Two women knew French, and were at least familiar with the Roman alphabet. Two, however,

arrived without knowing one word of any language remotely connected to the English language. All had to struggle in order to communicate effectively in their adopted country. Mim said, "At first I was hiding, you know? I was scared even to pick up the phone. But I try and try and try." The stakes are high when it comes to learning English; Pansy noted that a failure to learn English leads to poor job opportunities. As a result, refugees' self-esteem plummets and they tend to get depressed. After that, it becomes more and more difficult to adapt to North American ways, and more difficult to motivate refugees to try to assimilate.

A refugee woman with English skills is able to enjoy the simple things that are taken for granted. She can read signs. She can ask for directions. She is able to travel further afield. She can talk to people without having to rely on her daughter or son. She can communicate with her children's teachers, and in some cases, with her children. I met one woman (not in this study) who is learning English after having lived in the United States for many years. The reason? Because she would like to be able to communicate with her youngest daughter, a five year old who only speaks English.

With English as a tool, a refugee woman living in North America is better equipped to absorb the culture in which she is already immersed. She is able to explore new ideas without having to depend on another to translate for her. As well, English is the key to employment, to career advancement, and to continuing education. Without English, people are unable to pursue the careers they may have practiced in their country of origin. If a refugee is unable to learn English, she limits

herself to menial jobs with no chance of career advancement. In fact, she may not be employable at all, or she may work in illegal sweatshops to survive.

Learning English is difficult: It takes time, patience, and courage. As well, it takes education. Unfortunately, the consensus on English as a Second Language (ESL) education is not positive. Some participants were subtle, and some were outspoken about the quality of ESL classes. In fact, one participant, when describing the English capabilities of her family members made a telling remark: "their English is very, uh, like ah, adult education only." One of the participants said English was taught solely as a means to an end – employment. English is presented in a sterile, "boring" way, and the ESL teachers fail to teach English in an interesting way. English is learned by rote. One participant told me that "people (get) so bored out of their minds that, 'Okay, I'll take a job'", anything to avoid having to return to an uninteresting, uninspiring classroom.

Employment. In all of the conversations, employment was closely related to English skills. Employment signified success. All of the women who participated in this study arrived in the United States with no money, and they were initially dependent upon the charity of others. Some of the women subsisted on welfare for six months so that they could afford food, shelter, and clothing while learning English. All of the women, however, looked for jobs as soon as they were able. Welfare appears to be stigmatized as a support that quickly turns into a crutch if refugees aren't encouraged to work as soon as possible after arrival in the United States. There were only two women who admitted to having to use welfare, to survive, for several months, and Lela was proud of the fact that she had never been

dependent on welfare: "I really appreciate my sponsors, they don't allow us to do that. So if they allow us to do that, I might be abuse by the system. Because the 'Oh, I'm so tired, I need to sit.' I might want to stay home." The women told me that the first months in the United States are critical. One either learns English and works toward a job, or becomes dependent on welfare. And when one becomes dependent of welfare, there is frustration, despair, and hopelessness.

Lynn felt that work was a privilege, that freedom meant she could "pay tax and work and contribute." Pansy felt that by working, she could prove to Americans that people from her country were good, responsible citizens. Women took a variety of entry-level jobs when they first arrived, and worked their way into positions they liked. One woman started at a local grocery store, one worked as a clerk in a doctor's office, and one sought work as a nurses' assistant. The goals of working were two-fold: To become successful and to send money back to support relatives in the country of origin. Success was defined by achieving self-sufficiency – and self-sufficiency meant different things to different women. Lynn defined self-sufficiency as being able to develop one's own business and family and flourish. In contrast, Lela defined self-sufficiency as simply being able to support oneself and one's family. Success also meant sending children on to college to complete post-secondary education.

The work ethic of all of the participants amazed me, and it took time for me to make sense of it. On June 4, I wrote about the women being in denial: *I am considering the need to look into scholarly works on...denying pain by working.* However, by June 6, 1999, I soon came to view the women's hard work differently.

Perhaps instead of denial about the past through work, there is an emphasis on improving a sense of accomplishment and self-worth by working. The women did not deny their pain during the our conversations, but they did tend to compartmentalize the pain. They would talk about the pain and then 'put it away.' This appeared to me to be an effective coping strategy, one that helped the women concentrate on the manageable task of day-to-day living.

Family: The Paradox of Freedom and Repression

Family ties are strong among this group of women. In contrast to the North American tendency to devalue the family unit, it was apparent that all of the women in this study placed a great deal of importance on their relationships with their relatives. Family bonds create happiness, security and stability. The women who arrived with their families remain close to them – literally and figuratively – to this day. Family members have settled close to one another, and the families depend on one another. Most of the women arrived with their families, but one woman was sponsored by family who had already come to the United States, and one woman was a pioneer who arrived with no family. She has now sponsored several family members, and is currently awaiting the arrival of another sister. It is not only the immediate family that settles nearby, but also extended family. For example, one participant and her own, growing family moved across the country to help her mother raise her younger siblings. She said, "So we have, we have nothing and we have to work from the ground again. So now we don't have anything, only family. But we left from there to be together and help each other out." She takes great pride

in the fact that she has been an integral part of births, deaths, weddings, and religious rites of passage.

Families are able to offer the kind of practical support so desperately needed in a foreign place, from baby-sitting to car-pooling to language translation. Further, families can provide one another with extra financial support when it is required. Relatives often pool their resources together to help another member to become independent and self-supporting. Mim was able to rely on her family members when she first arrived until she was able to become self-sufficient. And now, she returns the favour by sending money back to relatives in her country of origin. "...the people that get the money from the United States we send back to them...(every) couple of months we collect the money, from all of us...". Families not only provide practical support but also a familiar cultural framework for one another. By their very nature as minorities, I believe refugees are forced to accept their values as sub-culture, and sometimes even counter-culture, in North America. And if this is the case, how are refugees' values affirmed? The answer lies in establishing a familiar cultural network. Families are the perfect antidote to an unfamiliar, sometimes hostile environment. While not always supportive, families are often predictable and therefore comfortable. Further, family members usually belong to the same religion and celebrate the same secular holidays. There is a sense of togetherness and a sense of cultural preservation. So, it is logical and emotionally satisfying to spend time and energy with relatives.

Unfortunately, the same common values and beliefs that are comforting can also be constraining. When family members wish to explore ideas that may be

different from the families, they place themselves in a precarious position. They risk alienating their family; if their family is alienated, their support base vanishes.

The issue of marriage seems to illustrate the risk of alienation. Although only two women talked specifically about marriage, it was a major part of each of the two conversations. Mim explored the concept of marriage from a personal point of view and as an observer. She talked about her family's prejudice against having her marry someone of another nationality, let alone race. It would never be acceptable for Mim to marry someone from outside of her own ethnic group, and as a result, Mim feels her options for marriage are very limited. She is unable to see herself married in the future because she cannot bear the thought of her family's censure. Mim feels that most refugee children are pressured to marry within their own ethnic group – as she says, mothers remind their children that " 'Okay, friend is okay. But no (American) boyfriend.'"

Pansy spoke frankly about her arranged marriage to a man whom she hadn't met before their engagement party. Arranged marriages were, simply, the way matches had been made for hundreds of years in her country of origin. For a girl who had been raised to have no friends and no support outside the family, she had no other option. She would not displease her family, because her family members were the only people she knew. As a result, she chose to marry a man and retain her connection to her family. The interesting part of Pansy's story is that her family did not care whether her spouse was from the same ethnic group as her. Rather, they only wished to follow their traditional way of making matches.

Children and family conflict. Some of the women in this study talked about how refugee parents interact with their children, and how a child's life decisions can cause a great deal of distress for the mother. The very nature of adolescence requires a search for identity. This is a dangerous time for refugee parents, and particularly mothers, who have the responsibility of rearing the children 'properly.' Mothers blame themselves for being unable to raise a child with good, traditional values. In North America, participants stated that children are forgetting their cultural roots, roots that provide them with useful boundaries. Lela said, "Because (children)...forget about their culture. They forget about um, ah, what is the limit of freedom." Mim said that when children come home from school, "the parents teach them different than the teacher in school, you know? The behaviour is different." As a result, "Some parents, very, very upset," because "when they come home, they don't obey their parents. They, they, they say that 'here is the free country. We can do everything.'" Mothers risk censure from their spouses, their parents, their in-laws, and their siblings for being unable to control their offspring. Jennifer noted that censure can even be extreme, in the form of abuse. "...A lot of it is abuse. Oh, domestic abuse, big time." Again, children go to school and learn different ways of behaving. However, the behaviour may be inappropriate at home, and the wife bears the responsibility for it. As Jennifer said, "So,...that goes back to the wife, to the women."

The Relativity of Suffering

What amazed me about this group of women was their positive attitude that kept them going throughout difficult times. They all had exceptional inner strength

that helped them push forward in the face of adversity. Some of the women had experienced so much hardship, and I was not sure how they were able to deal with what had happened to them in their lives. The unfairness of their stories struck me. However, the women were able to not only survive their earlier experiences, but also prosper. The women I spoke with compared their lives and experiences with others less fortunate. They had no self-pity; instead, they considered themselves lucky.

Lynn talked about her flight from her country in a matter-of-fact way. She did talk about some of the situations she endured, and she said that her exodus was "horrible." At the same time, though, she also talked of others who survived worse situations. She gave the example of a woman who had been raped repeatedly and thanked God that she had been spared. She was able to remind herself that others had even more troubles than she did. Similarly, Lela continually tells herself, "Okay...we are not the only ones who become victims, you know, who are victims of war. Even the king...You know? So we have to live."

One of the most incredible illustrations of this phenomenon did not come from any of the participants in this study, but from another woman from a local refugee community centre. On June 22, 1999, at a work-related event, I had the opportunity to speak with a woman who had fled her country of origin due to extreme political and ideological persecution. She did not speak English, so a mutual acquaintance translated for us so that I could understand her story. That night, I wrote the following::

> *She talked about her history, how she got married at age 17 and was taken away from her parents. She got put in the camps in 1975, and was considered*

the boss's pet. She was able to steal food and eat it, and was also able to feed her children. She was separated from her first husband, who was in the military. She never saw him again. She was then married off to an older man after refusing two marriages – three strikes and you're out, permanently. She gradually fell out of favour with the boss of the camp and had to struggle to survive. The incredible part was that there was always food, but no one was allowed to eat it. So, just beyond the prisoners' reach were fruit trees, vegetables, etc. Meanwhile, the prisoners...were starving. The woman spoke of having to eat mice and insects to survive. Some prisoners ate the prisoners who had been killed...She says she has survived by remembering her parents' advice: Always remember that there are people worse off than you. ***Now, just how many people could possibly be worse off than this woman, during her time at the prison camp?***

I cannot, conceive of a life worse that imprisonment, hard labour, rape, torture, starvation and cannibalism. However, this woman was able to survive by remembering her father's words.

Chapter Five

Analysis

Reflecting on the Study Results

Chapter Five is dedicated to reflecting on the results of this study. In particular, I hope to examine the similarities and differences between this research and other, related research. Where do the results of this study 'fit' with what is already known? In Chapter Four, I used specific topic headings, or themes, to clarify the common threads of the participants' experiences. In this chapter, I will use the same themes to compare and contrast my research with the existing research. At the end of this chapter, I will discuss possible directions for future research in relation to this study's findings.

The women who participated in this research provided me with one resounding conclusion: Resettlement is a profound, life-changing process. Resettlement cannot be looked at as an event, but rather as a lifelong journey along a rough road. They provided me with insight into some of the issues they faced as new arrivals. They also gave an understanding of their ongoing struggles. One can only conclude that the resettlement experience is extremely difficult and stressful; it provides the refugee woman with many, many challenges. In facing these challenges, many women place their mental health at risk. I chose Hermeneutics as an approach to inquiry because I felt it would be the best way to understand mental health from the refugee woman's perspective. Prior to commencing this study, I delineated, in general, what I hoped to learn from the participants. I wanted to know about refugee women's lives following an international move, and I wished to hear

about how resettlement has influenced the way the women feel about themselves and their lives. More specifically, I wanted to know about refugee women's definitions of mental health, how mental health is fostered in an adopted country, and how health care professionals can best assist refugee women. I aimed to provide an alternative approach to a topic that appears fragmented. I endeavoured to provide a forum for refugee women to tell their stories. They told me what they considered to be important in the resettlement process.

Instead of approaching the participants with an organized agenda, I focused on co-creating conversations with the women. As such, the results of my study do not necessarily 'fit' well with what is known. I did not try to force the direction of conversation with each participant. I allowed each woman to initiate the discussion topics. At times I felt anxious because none of the women spent a lot of time talking about depression, anxiety, psychosis and post-traumatic stress disorder. However, I was able to re-focus and remember that this research should not be driven by the researcher, but by the participants.

The most outstanding contrasts between this study and existing scholarly literature are two-fold: Method and language. In existing literature, there is much emphasis placed on itemizing and categorizing the refugee women's experience. The approach is decidedly quantitative, and I am unsure whether this has been the best way to start the discovery process about refugee women. The essential question is this: Who is most knowledgeable about a refugee woman's resettlement process? The answer depends on a variety of factors. In this study, the refugee woman is the expert of her experience, the one who is best able to describe her experience. I

believe the refugee woman is the most suitable person to provide researchers with insight and direction for further study, especially when little is known, or if fragments of knowledge are known.

The Definition of Mental Health

The participants in this study had the opportunity to define mental health. As I suspected, each woman had her own idea about what mental health is and its meaning. The women had differing ideas about how to describe mental health. For the most part, the women were more comfortable relating mental health to mental illness, particularly to specific illnesses they had witnessed in their own family or community. One woman, though, related mental health to a change in mentality, a change in environmental context following resettlement. Mental health is not often defined in scholarly literature, and I believe it is for two reasons. First, researchers tend to study specific mental illnesses, not mental health. Second, mental health is, as the participants have illustrated, a personal, subjective state/process and thus difficult to define in an objective way. I wrote to the National Institute for Mental Health (NIMH) and to the World Health Organization (WHO), inquiring about their definitions of mental health. The WHO never responded, and NIMH replied:

> We do not have a specific definition of mental health. However, we do consider a person mentally healthy when they have no problem coping with the stresses and problems encountered by us all in everyday life (M. Strock, personal communication, September 1, 1999).

It is telling when an internationally-respected, research-based organization like NIMH has no official definition of mental health. If I were to use Ms. Strock's

definition of mental health to guide my research with the participants in this study, I would be in a quandary. What is an everyday life? The women who participated in this study have certainly not led 'everyday lives.' And, now that they've begun to settle in the United States, their 'everyday lives' are not necessarily the same as the 'everyday lives' of other citizens because of cultural differences. Furthermore, every person I know has occasional problems dealing with the stresses and troubles of everyday life. I contend that it is an unrealistic expectation for people to unfailingly cope with all of life's day-to-day tribulations, and that no one would ever be considered mentally healthy under these circumstances. And if one cannot be considered mentally healthy, does that mean that one is suffering from mental illness?

Much of the existing research on refugee women has focused on the prevalence of various mental illnesses after forced resettlement, instead of on mental health. For example, researchers have used words and phrases such as psychosomatic illness, sleep disorders, anger, anxiety, depression, post traumatic stress disorder and psychosis (Allotey, 1998; Barudy, 1989; D'Avanzo et al; 1994b; Ortiz, 1985) to describe the various mental health issues refugee women face. Although the women in this study used words like depression and post traumatic stress disorder, mental illness was not a focus of the conversations. The women more often described their mental health in the context of practical issues, such as language, employment, family pressure, and culture conflict.

"Let Me Tell You My Story"

The women who participated in this research made it clear that they did wish to talk about their experiences. They said they wanted to be able to tell their stories to others, and this was illustrated by their eagerness to share with me for the purpose of my research. Initially, I was nervous about seeking out participants because I felt that the women would not wish to talk about painful experiences. D'Avanzo et al. (1994b) found that refugee women are reluctant to seek formal support. They also found that refugee women feel incapable of helping others in need resulting in little available help for women who need assistance. This is a direct contradiction to my study results. The women with whom I spoke wanted to talk and to share. They readily told me about their experiences and struggles. As well, one participant told me about the resounding success of the refugee support groups she had started. There is support within the community.

Unfortunately, negative encounters with mental health workers can dampen the willingness to share. Pansy said that, at times, members of her community have had bad experiences with health care professionals – they perceived that the health care professionals did not want to listen. As an example, she told me about taking a couple of clients to visit a local psychiatrist. The clients were suffering from poor sleep, poor concentration, and a sense of hopelessness about the future. She said that the two clients had hoped to talk with the psychiatrist about their problems, but were disappointed when they had fifteen minutes with the psychiatrist and then left his office with several prescriptions apiece. Although they returned to the psychiatrist, the clients said the medications did not work and they did not believe the visits were

of any benefit. As a result, Pansy's clients have since been cautious when interacting with anyone other than other community members. I wrote in my journal on July 9, 1999: *...Pansy said that psychiatrists only give out meds, ask about sleep, nightmares, etc. They do not really help. She said that they need people to listen to the stories.*

I believe there is confusion about refugees' willingness to interact with formal community supports. To be sure, there may be people who have no interest in sharing their stories – who want to forget the past and look to the future. However, I have found that there are a combination of factors that discourage refugee women from telling their stories. First, there are few connections between refugee women and formal support providers. That is, often there is not someone (like Pansy) who provides a link between the refugee community and formal supports – like mental health professionals. Second, there are inevitably language and cultural barriers that require patience on the part of both parties in order to understand one another. Third, there may be a gender issue for refugee women who access male support providers. Finally, there may be a reluctance, on the part of the refugee woman, to access help because of negative past experiences. These past experiences may be similar to the experience of Pansy's clients, as noted earlier. However, it is also important to remember that health care professionals around the world have coordinated torture on political prisoners. "(T)he use of medical professionals in the torture experience is common. The building and keeping of trust is paramount to the healing context" (Evans, 1987, p. 16).

The Profundity of Resettlement: Bridging the Cultural Chasm

The women who participated in this study talked at length about how resettlement has changed them as people. The women felt that they had transformed their very selves in order to survive and thrive in the United States. They were no longer able to behave in a way that would have been considered appropriate in their countries of origin. The cultural expectations were so different that they had to change themselves in order to go on. Scholars have given some attention to this phenomenon, noting that refugees bear the responsibility of constructing a new existence in a new culture, and that this overwhelming responsibility may lead to mental illness (Alberta Manpower Resettlement Services, 1985). Barudy (1989) notes that the task of reconstruction may lead the refugee to sense that there has been irrevocable change in her perception of herself.

Not surprisingly, autobiographical writings by refugee women and biographical accounts of refugee women provide the most direct and complete references to the experience of change. Through the written word, refugee women have explored their loss of identity and the changes in perceptions of themselves (Smith and Dixon, 1983). The question is posed over and over: How does a refugee woman reconcile her past life with her present situation (Mertus et al, 1997)? In Smith and Dixon's book, women have written that their lives have been shrouded in uncertainty as their entire frame of reference has changed. As a result of the difficult situations from whence refugees come, there is an exhaustion that impedes smooth transition from one culture to another. After coping with the trials of war, escape,

and resettlement, it may be difficult to find the energy to make changes, changes needed in order to live in a new culture (Criddle, 1992). Mertus et al. wrote that after the changes are made, some refugees are devastated to find that they no longer recognize themselves and do not like who they have become.

There were interesting parallels between this study's participants and Maria, an Armenian refugee (Smith and Dixon, 1983), in that all have expressed gratitude for the opportunities afforded them in their resettlement country. Maria and the participants are happy living in the United States, and feel the best part is freedom. However, like Maria, Lela expressed guilt after returning to her homeland to visit. She cites the example of going to the best hospital in her country. "One of my relatives was sick. But you have to bring, from your own home, like your own bed sheets, pillow, because sometimes they don't have a supply. How you going to sleep like that?" She goes on to say, "...I feel very bad for the people who didn't have a chance to go outside (the country) and see how they operate.. ..to see different things."

After reading existing literature, I expected the participants to talk about powerlessness. Smith and Dixon (1983) and Criddle (1992) have both written that a sense of powerlessness appears to be common among refugee women. Further, both external and internal forces contribute to this powerlessness. While I found that there are many external forces that may foster a sense of powerlessness in refugee women, I did not notice that internal forces contribute to the powerlessness. On the contrary, the women who participated in this study are strong women. Perhaps previous authors found that, if refugee women are subjected to certain external forces long

enough, they begin to believe that they are powerless – a self-fulfilling prophecy. I concur with Olness (1998), who says that refugees are people with tremendous inner strength. The resettlement experiences of the women in this study echoed the experience of Saldana's (1992) case study participant, a Vietnamese woman who survived and prospered in her adopted country. While Saldana's study provides a contrast to other research findings and to any prior experience I've had with refugee women, her results are similar to what I have found with the group of women who participated in my study. The women maintained that resettlement has been an overall positive experience. They do not believe they would have had the same opportunities or successes had they remained in their country of origin. One of the reasons for this may be the participants from both this study and Saldana's study resettled ten years ago or more. It is unclear, in most articles, whether refugees have just relocated, or have lived in their adopted countries for many years. Also, all of the women who participated in this study had learned English and had successfully entered the North American workforce.

English and Employment

All of the women in this study said that learning English and getting a job were instrumental in their transition from one country to another. Further, because all of the participants are resettlement workers in non-profit refugee assistance agencies, they repeatedly witnessed clients who have successfully resettled in their adopted country. I have found no published research thus far that studies the connections among resettlement, language and mental health. This is uncharted territory. In my research, all of the women talked at length about their experiences as

new refugees, with no way of communicating with others aside from family and members of their resettlement community. They associated mental health with learning English, but not in a cause-and-effect way. Instead, there appeared to be a symbiotic relationship between language acquisition and mental health.

There is little published research that examines the relationships among resettlement, employment and mental health, but some authors do connect employment with mental health. Author Martin (1992) suggests that changes in economic roles place refugee women at risk for mental health problems. Similarly, researchers Sundquist, Behmen-Vincevic and Johansson (1998) found that a lack of leisure time was a particularly strong indicator of poor quality of life among Bosnian refugees. However, it appears that only Spero (1985) has directly addressed the employment needs and realities of refugee women. Spero completed a study on refugee women and their status in the American labour market. Her results indicate that mental health, or conversely, mental illness, makes a big impact on a refugee woman's ability to cope with survival activities such as work. After talking with the women who participated in my study, I believe the relationship between work and mental health is more complex. Mental health certainly has some bearing on a refugee woman's ability to work, but unemployment and underemployment certainly influence the refugee woman's mental health. It may be the beginning of a vicious circle.

I have found no research, to date, that explores the connection between refugee mental health and the amount of work required to survive in the resettlement country. The participants in this study helped me to understand just how

much work refugee women must do – both outside the home and within the home – to survive. Lynn illustrated this point when she talked about her aunt and uncle's struggle to prosper in the United States:

> ...he come right from the, the education camp, and he escaped. He brought two sons, and then two years later, my aunt, you know, escaped and bring two more then. So now, when they come, you know how many hours they work? A day? Sixteen hours. They have a restaurant...they open restaurant many years. And the children, you know, completed, you know, college and university....So, they are all a success.

Graff's (1993) biographical depiction of an extended Cambodian family living in the United States fits well with the participants' experiences and with Lynn's description of her family members. The head of the family, Sokha, works all week, works as a caterer on weekends, and goes to school on weekday evenings. The connection among refugee women's work, leisure time and mental health bears further exploration. The refugee women I met were swamped with family, work, and community responsibilities, and it was difficult for them to take the time and energy to work with me.

Family: The Paradox of Freedom and Repression

Research suggests that women bear the brunt of resettlement because not only do they cope with all the stressors that other refugees have, they also maintain responsibility for the family unit. Refugee women are key in the preservation of traditional culture; further, they are also charged with easing the transition between cultures and with connecting family members with formal and informal supports in

the community (Martin, 1992). Carballo et al. (1996) believe the refugee woman should be regarded as a public health issue because of her pivotal role in her family's health.

The participants in my study indirectly support this inference, as family proved to be an integral part of all conversations. All of the participants focused on maintaining family ties, at times to the detriment of finances, other relationships, and personal well-being. The topic of marriage, which was broached by Mim and Pansy in this study, provided a snapshot of self-sacrifice in order to preserve the family integrity. There was an interesting correlation between Pansy's experience of arranged marriage and Kulig's (1994) case study that investigated the social isolation of a young Cambodian woman. Kulig explored "Theary's" experience of being shunned after not following her traditional community's cultural expectations. Perhaps Theary's experience of social exclusion is what Pansy would have risked had she not followed her parents' expectations regarding marriage. Deviation from cultural expectations, even though the expectations may be at odds with the dominant culture, may mean total isolation from support systems.

It is ironic: The family drains the energy of the refugee woman by requiring substantial time, effort, and energy. At the same time, family provides meaning, culture, and social support. When family ties are broken, grief is compounded (Fox et al., 1995). Chung et al. (1998) found that social support from family and from a refugee's own or alike community was one of two factors that decreased the probability of psychological distress after resettlement. The women in this study all mentioned the support they have gained from their family members. Additionally,

the participants have also gone to great lengths to reconnect with family members who either remained in the country of origin or who resettled far away from the participants. For example, Lynn has been sponsoring family members for twelve years. "And I come here, and I try to work hard, and then I sponsor my family, my sister, and my, um, brother, his family, six of them!" Mim, on the other hand, was one of the last of her family to leave her country of origin, and was on the receiving end for support from her brother. Lela moved across the United States to live close to her extended family. Peggy and Jennifer have remained close to their families. Only Pansy has left her family of origin, now living in another part of the same state.

The Relativity of Suffering

To date, I have found no information on the phenomenon of the relativity of suffering, or the experience of considering oneself fortunate compared to what others in the same situation have endured. Some of the participants in this study used this as a coping mechanism in order to live through the difficulties associated with political persecution, forced departure from one's home country, and resettlement. In particular, Lynn and Lela considered themselves lucky. Lynn talked about a woman who shared a room with her in a refugee camp. The woman had been repeatedly raped during her escape, and was in terrible condition physically and emotionally. Lela talked about what she tells her fellow ex-patriots when they complain about the difficulties they have encountered. She reminds them of the fact that everyone has suffered, but especially the deposed king of her country. The woman I encountered at a cultural competency workshop, however, provided the most graphic example of

this phenomenon. Even after undergoing torture, starvation and other atrocities, she was still able to think of herself as fortunate compared to others.

Suggestions for Future Research

While there has been some research on refugee women published in the last two decades, there has been a paucity of work dedicated to their resettlement process, and even less to their mental health after a forced international move. This study has, at different points, established and confirmed that there are an assortment of psychosocial stressors – including culture changes, role changes, family changes, language barriers, underemployment and unemployment – that create risks to the mental health of refugee women. Where do researchers go from here?

Part of the work ahead includes asking refugee women what they think should be studied. If we are to embrace the concept of 'participant as expert', we must go straight to the source to understand the issues of greatest concern. Refugee women have the experience necessary to direct some of our future research and are able to give practical guidance to the researcher. Because new refugees are not likely to enroll in post-secondary institutions due to lack of time, English skills and money, it behooves the researcher to take the time to find the women and ask what needs to be accomplished. This is not necessarily an easy task. However, it is one that I believe is essential if we wish to better understand and help a vulnerable group of people.

It is essential for researchers to have an understanding of what mental health means for refugee women. As noted above, all of the participants in this study had a different understanding of the definition of mental health. It is impossible to make

assumptions that mental health means the same thing across one culture of women, let alone for all refugee women. Additionally, if this concept is taken further, is it advisable to use labels such as 'depression', 'anxiety', and 'post traumatic stress disorder'? These words may mean different things to different women.

The women in this study told me that they want to share their stories with others, but are not always able to connect (physically and emotionally) with health care professionals. Are health care professionals being supportive of refugee women during their resettlement journey? What can health care professionals do to facilitate mental health for refugee women? Cultural awareness has gained popularity and health care professionals are becoming more sensitive to the needs of people from different cultures. However, the participants of this study provided some examples that suggest that we are still practicing a 'doing for' approach rather than a 'doing with' approach. It would be helpful to learn, from refugee women, how health care professionals can work in a way that is not threatening but rather caring, encouraging and supportive. We need to know, from the women themselves, how to nurture their mental health.

I observed earlier that in some literature, refugee women have been characterized as unhappy, unsettled, searching for a new identity in a new world. They are also portrayed as powerless due to internal and external causes. I, on the other hand, experienced the participants in this study as strong survivors who have successfully bridged a cultural gap. It would be interesting to understand the mental health differences between new arrivals and refugees who have been established in their adopted country. I suspect refugee women overcome the greatest obstacles in

the first several years of resettlement. However, I have found no literature that examines a refugee woman's resettlement progress. Do stressors eventually decrease, or do they simply change in nature? Also, what about the refugee women who decide to return to their country of origin? What made them decide to go back? What would have helped them to effectively make the resettlement transition?

The participants in this study recurrently cited English and employment as two major factors in mental health, but it seems there is little research that has connected refugee mental health to language development skills or to employment. To extend Spero's (1985) argument, I believe employment and refugee women's mental health are fundamentally related and profoundly, continually influence one another.

Family systems research may be helpful to further understand the role of the refugee woman in the context of the family. While North Americans place emphasis on the individual, it is clear in this research that the family unit is extremely important to the participants. It would be interesting to explore the refugee woman's definition of family and her changing role within the family structure. As the primary caregiver to children in her family, how does the refugee woman facilitate family health? Is mental health considered to be a part of health? If so, how is mental health fostered within a family in a time of stress and transition?

On a final note, we must look at why refugee mental health is not being funded, even though there are indications that mental health is an essential part of successful resettlement. Ptocky (1996) analyzed the United States' refugee policy and ascertained that the policy does not acknowledge several root causes of

resettlement difficulties. For example, Potocky suggested that post traumatic stress disorder, cultural differences and discrimination should be explicitly addressed by the refugee policy. There are refugees entering North America every day, and there are few programs that deal directly with refugee mental health. Presently, there are two alternatives for refugees who wish to address mental health issues. First, there are immigrant and refugee centres whose main focus is on language and employment. Second, there are mental health centres which, I suspect, rarely offer culturally-sensitive and culturally-appropriate care.

Chapter Six

Implications for Nursing

In Chapter Six, I shall discuss the results of this study and its implications for nursing – including nursing practice, nursing research, and nursing education. To begin, I would like the reader to consider the intent of this research study versus its results. I began this research by attempting to discover more about refugee women's mental health after resettlement, and used a hermeneutic approach because I believed hermeneutics was a good fit – with my questions, with my experience, and with my beliefs. I started by asking the participants about their experiences as refugee women in North America, but was specifically interested in the women's mental health, as articulated by the women themselves. I gained a rich understanding of the women, their lives, and their constructions of mental health. Even more so, though, I gained a better understanding about myself and my nursing practice. And what I have learned may benefit other nurses, as well. At this point, it is essential to respect the participants' experiences and to contemplate how nurses can enhance their practice and more effectively contribute to the health of refugee women.

Nurses in Clinical Practice

Listen to the Voices

As front-line workers, nurses provide care in a variety of milieus: in the hospital, in extended care facilities, and in the community. As such, they have the occasion to meet with many people every day in a caring capacity. Nurses may have an opportunity to interface with refugee women who may have never accessed health care before in her country of resettlement. This is a critically important time: The

nurse is the person who provides a 'first impression' on behalf of health care providers. The experience between nurse and client may either encourage the woman to seek further assistance or it may discourage the woman from accessing health care. According to the women with whom I spoke, a positive interaction is based on qualities as simple as sincerity and good listening skills.

One participant, Peggy, stated that she was always able to figure out who was genuine and who was not. She knew that there were people who were not truly interested in her or her family. Further, she did not want any help from those who were less than sincere. "You need to be, you need to come across as someone as, as trustworthy and genuinely cares and not this superficial attitude." As well, Peggy noted that it is impossible to know what a refugee has endured in order to resettle in a new country. No helper should ever try to sympathize. Rather, one should empathize and simply be there for the client. "You need to acknowledge that they are going through a tough period and that, you know, 'I can't put myself in your shoes…' unless you can…".

If a nurse is clinically competent but unable to interact in a caring way, it is possible that not only will she not help the refugee woman, she may harm her. The lack of an empathetic, sincere approach may cause refugee women to discontinue services. Or, in the case of Pansy's community, refugee women may continue use services but may not benefit from services. If one particular woman has had an unpleasant experience, she may share that experience with family members and friends. As was noted in Chapters Four and Five, refugee women want to tell their

stories. By being present, authentic and patient with refugee women, we can provide a solid foundation for a positive relationship.

Listen to the Meanings

As nursing students, we are taught to listen. Nurses learn to pay attention to their clients so that they may understand more about them, their histories, their lives, their families. In doing so, nurses create a landscape which helps them to know the client in order to work with the client to facilitate help and healing. I suspect that nurses walk away from most client interactions with the belief that effective communication has taken place. There may be discussion, comprehension, and action. However, how often do nurses take the time to check whether the client's interpretations of the communication are the same as (or even similar to) the nurse's?

When I asked the women in this study to talk about mental health and what it means for them, the answers were as individual as the women themselves. This surprised me, and, initially, it worried me. I wondered how I could possibly come to any solid conclusions about refugee women and their mental health if I couldn't even begin to understand what mental health meant for each participant. After thinking about this issue, I asked myself why it was so important to have a one-size-fits-all definition. I decided that if I were to do so, I would probably impede my ability to communicate with women who desired to be understood. So I asked. I asked the women about their definitions, and they overwhelmed me with their distinct responses.

The participants in this study taught me that if a nurse is to learn, she must not only listen but also ask the right questions. This study has provided a simple illustration of the diversity of interpretations found in seemingly uncomplicated words and phrases. We should ask. We should clarify. We should take the time to learn about how our clients conceptualize words like health and mental health. Particularly with clients who may hail from cultures other than our own, meaning clarification is continually needed in order to come to a co-created understanding. Although I do not believe that complete and total understanding is ever possible, I think that meaning clarification provides more possibilities for the nurse and client to work together effectively.

The women in this study, for example, not only defined mental health in diverse ways, they also provided a unique way of understanding mental health. Instead of speaking on mental health, the women spoke 'around' mental health. They spoke about mental health 'in relation to.' Mental health proved to be contextual. The participants did not tease mental health out of their everyday lives, but rather provided me with the fabric of their lives, weaving in threads of mental health as they conversed with me. The women 'talked story' with me. They told me about their life histories, their jobs, their finances, their relationships. Feelings were not necessarily discussed, but they were found 'in between' the words. If I had been 'at work with' the women instead of in a conversation-based research project, I would have driven the conversation, providing direction to the client by focusing on particular topics. If I had done the same with the participants, the results of this research would have been completely different. In essence, it would have been my

research, with some input from the women. I gave up my need to understand the phenomenon of mental health on my terms alone, and focused instead on what the women were telling me through their words, my words, and the spaces between them.

(W)Holism

The participants in this research project indicated that there are many aspects to mental health, not the least of which include family, employment, and language. It is critical for the nurse to understand that refugee women – and all clients – are biopsychosocial in nature. The women in this study said that their mental health is dependent not only on their own thoughts, feelings and behaviours, but also on the people, events, and processes surrounding them. As I progressed through this project, I began to see my definition of mental health changing. Prior to starting this work, I understood, superficially, the influence of practical factors on mental health. However, the participants allowed me to gain a more thorough comprehension of the influences of external stressors. My work has become more holistic because I have learned to pay more attention to pressures within the environment.

The nurse can assist first by listening, but also by embracing a holistic perspective - a respect for the person as a whole. As I noted earlier in this chapter, the women did not speak of mental health as an entity in and of itself. Instead, mental health was intrinsically related to other parts of their lives. It could not be neatly compartmentalized for the purposes of observation and manipulation.

As nurses, we espouse our commitment to holism. We understand the intricate relationship between the body and the mind, as well as the connection

between person and environment. This study's participants provide one more reminder of the continuing symbiosis among a person, her environment, and her health. The women's stories demonstrated the interconnectedness of mental health with jobs, with language, and with relationships. This is not a discovery, per say, but it is a cue for nurses to continue along a holistic path and to respect the ways in which people make the phrase 'mental health' fit into their lives. As the participants reminded me, mental health for them is contextual: the meaning is not in the phrase itself, but in relation to their day-to-day existence.

Nurse Educators

Charged with the task of teaching students the art and science of nursing, nurse-educators are in the special position of teaching students about nursing's possibilities. By possibilities, I mean that nurse-educators are able to help students visualize the future of nursing practice. More than ever, there are possibilities for changing the way in which nurses approach the nurse-client relationship. There is a power imbalance inherent in any interaction between a nurse and a client; the nurse has skills and information that will directly or indirectly influence the client's health, and so she inevitably holds power. However, this imbalance is magnified when the client is further marginalized, as a refugee woman is likely to be. Nurse-educators can teach students to listen to what clients are saying. They can learn to ask, clarify, and seek to understand the client on the client's terms. The results of this research indicate that refugee women/participants had much to say, and that what they said was not exactly what the nurse-researcher anticipated! What the clients have to say (and how they say it) may not necessarily be what the nurse desires – complexity.

Simplicity would take much less effort! The stories that are told by clients have meaning and provide a context that would otherwise be lacking; the nursing student is therefore well-served to learn how to take the time and the patience to attend the client.

Nurse-Researchers

As I noted in Chapter Two, after searching for existing literature and research on refugee women and mental health, I came up with a small body of knowledge on this group of overlooked women. There does not appear to be a lot of time or energy dedicated to learning about refugee women, let alone about their health and well-being following resettlement. Refugee women are invisible members of our society. They are a group of people who, I think, attract little attention for many reasons. They are poor, so they have little economic influence. They are not citizens, so they have no political voice. They may not have language skills to communicate. They are of a minority culture, and sometimes of a minority race. They are women.

Several times, when I've discussed my thesis with acquaintances, I have received negative feedback for doing research with refugees. There seems to be a perception among some people that we must take care of 'our own' first, and then 'the others.' Refugees are clearly in the others category, as they come from another country. As well, there is not a great deal of funding available to researchers who are interested in coming to understand refugees. As I closed my conversation with Peggy, she remarked on her initial surprise that a non-refugee, and particularly a "White person, no offense" was studying refugee women. She told me that she

decided to participate in this study not only because she thought the research was valuable, but also because she wanted to support me as a researcher.

As I indicated in Chapter Five, there are many possibilities for further research on refugee women. As nurses, we have sought parameters to define the scope of nursing practice for many years, however in the case of refugee-related research, boundaries for practice may only serve to limit the potential for nurses. Nurse-researchers are in an excellent position to initiate research on a multitude of refugee health-related issues in order to broaden our knowledge base about refugees and their struggles.

Conclusion

When I conceived of this project, and made a commitment to its development and completion, I had little understanding of the way in which the participants and the process would help me to completely re-evaluate my understanding of not only refugee women and resettlement, but also of mental health per se, as well as my core beliefs about health. My core beliefs have not changed, but I have begun to separate my ideals from reality. Further, I am beginning to understand that each person's experience is unique, and so one cannot make blanket assumptions about an entire group of people. I have always been a proponent of holistic nursing practice, but holism took on new meaning after approaching the conversations with the goal of co-created understanding. The women, through their rich stories, essentially worked with me to form a picture of mental health after resettlement. Through description and anecdote, they helped me to understand the essence of their mental health in the context of their lived experiences – their histories, their cultures, their roles. Mental

health is inextricably woven into daily lives, both influencing and being influenced by careers, families, communities. I hope that the results of the work the women and I have completed will provide some sort of beginning for researchers who wish to study refugee women. So much more work is necessary to understand these women, a group who has been forgotten in research thus far.

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