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Ludmila Krivitsky

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The Dissertation Committee for Ludmila Krivitsky Certifies that this is the approved version of the following dissertation:

Learning Wellness in a New Language: Exploring Views of ESL Teachers About Refugee Mental Health

Committee:

Ricardo C. Ainslie, Supervisor

Rebecca Callahan

Christopher J. McCarthy

Diane Schallert

Martin L. Tombari

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Ludmila Krivitsky

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Dedication

This dissertation is dedicated to refugees and immigrants, who count among them

my parents,

Raissa Krivitsky and Nikolai Krivitski.

Thank you for having the courage to step into the unknown.

Thank you for giving your hard work and your talents to this country.

And to ESL teachers and others who work with refugees.

Thank you for pouring your souls into transforming a foreign land into a home.

Your caring, compassion and dedication change lives in ways you will never know.

Learning Wellness in a New Language:

Exploring Views of ESL Teachers About Refugee Mental Health

Ludmila Krivitsky, Ph.D.

The University of Texas at Austin, 2017

Supervisor: Ricardo C. Ainslie

The purpose this research is to explore the potential role that English as a Second Language (ESL) teachers of refugees can play in promoting and supporting their students' mental health by incorporating a mental health component into their existing curricula. Ten educators were interviewed to discover how ESL teachers of refugees experience and understand refugee mental health and their potential role in it. Data was analyzed using interpretive phenomenological analysis. The analysis yielded the following major themes: Implicit and Explicit Aspects of Teaching Refugees, Relationship with Students, Witnessing and Addressing Mental Health Concerns, Role of ESL in Mental Health, and Pathways to Healing. Results indicated that educators generally see themselves as willing and well-positioned to promote and support refugees' mental health, but that current structures and systems in ESL education may have a limiting effect on their abilities to do so formally.

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RATIONALE AND BACKGROUND

Chapter 1: Introduction

"I had always hoped that this land might become a safe and agreeable asylum to the virtuous and persecuted part of mankind, to whatever nation they might belong."

-George Washington

BACKGROUND

As war, civil conflict and persecution of different groups continue to grow in different parts of the world, an increasing number of individuals and families flee their homes and communities and become refugees. Although there is a great deal of variability in the cultural, social and religious backgrounds of refugees and the circumstances surrounding their displacement, many arrive having experienced a multitude of stressful and traumatic events, including exposure to violence, torture, loss of limb, separation and death of loved ones, deprivation of food and water, and long stretches of time spent in refugee camps, among many other stressors (APA, 2010; Lustig et al., 2004; Porter & Haslam, 2005; Shrestha, et al., 1998). Upon arrival in the United States, many refugees face social isolation, loss of communities and social status, changes in family roles, unemployment, difficulties in language acquisition and discrimination (Gagnon, Tuck, & Barkun, 2004; Miller & Rasco, 2004; Pernice & Brook, 1996; Schweitzer, Melville, Steel, & Lacherez, 2006).

It is not surprising, then, that mental illness is common in this population. Though prevalence research has yielded varying data due to methodological differences in assessment as well as actual differences among refugee populations, the pervasiveness of anxiety, depression and post-traumatic stress disorder (PTSD) among refugees is found to be higher than in non-refugee populations in most studies (Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009; Porter & Haslam, 2005).

Given the high risk of depression, anxiety, PTSD, and stress in the refugee population, it stands to reason that many would benefit from mental health services. However, utilization of mental health services is very low among refugees (Fazel et al., 2005). This can be attributed to structural obstacles that include the availability and cost of mental health services and issues related to language, such as the lack of a common language between therapist and refugee client and the scarcity and cost of interpreters (Leclere, Jensen & Biddlecom, 1994; Miller, Martell, Pazdirek, Caruth, & Lopez, 2005; Quesada, 1988; Tribe, 1999). Equally important, cultural obstacles such as stigma related to mental health concerns and help-seeking, and a lack of fit between refugees' culturally-based etiological understanding about the causes and treatments of mental health concerns and Western approaches to mental health (Corrigan, 2004; Evans-Lacko, Brohan, Lauber & Rössler, 2007; Hatzenbuehler, Phelan, & Link, 2013; Mojtabai, & Thornicroft, 2012; Stuart, 2006; Wahl, 2012).

In order to develop effective, relevant, and accessible mental health services to support refugee mental health, it is important to achieve a thorough understanding of the

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context of the refugee experience in resettlement, including the people who work in refugee services. To this end, I conducted an informal preliminary ethnographic study in Austin, TX to explore the mental health needs of the refugee population, obstacles to mental health service provision, and to inform the development of possible avenues for intervention. The study consisted of six unstructured interviews with key informants who work in the refugee community, as well as a series of observations in refugee settings. A full description of the study procedures and findings is included in the Methods section of this document. In summary, findings of the preliminary ethnographic study indicated that many members of the refugee population in Austin experience social and psychological problems that are similar to those described in the refugee literature: isolation, depression, anxiety, and PTSD, and difficulty adjusting to life in their adopted country. Language barriers and stigma around mental health concerns were cited as the most prominent challenges to service provision for this population. These obstacles to mental health access for refugees point to the need to explore alternative avenues for delivering mental health services. The purpose of this dissertation is to explore the potential of the English as a Second Language classroom as such an avenue.

ESL as an Intervention Setting: The Case for Interdisciplinary Collaboration

Teachers of ESL are in a unique position to contribute to refugee mental health. Due to the frequency and structure of ESL classes, teachers have consistent, often daily

access to refugees – a population that may otherwise be difficult to reach with mental health services, but that is more likely to be in need of them.

The ESL classroom is typically a non-stigmatizing, naturally occurring setting where students experience safety and stability in an otherwise strange and often unstable environment (Baynham, 2006). Given their role as a consistent helper and cultural informant, ESL teacher are likely to have an existing rapport with their refugee students. In fact, teachers are often the first line of contact for refugees' concerns (Adkins, Birman, & Sample, 1999).

An additional reason to explore the use of ESL in mental health provision for refugees is that ESL teachers have a professional stake in their students' mental health. There is substantial evidence that in many contexts, stress can negatively impact learning and memory. This is possibly due to the effects of stress hormones on the growth of cells in the hippocampus, a brain structure that plays an important role in retaining newly learned information (Joëls, Pu, Wiegert, Oitzl, & Krugers, 2006; Mirescu, & Gould, 2006; Park, Campbell, & Diamond, 2001). The impact of stress on learning, as well as the impact of learning environments on stress, figures into theories of second language acquisition. In his affective filter hypothesis, Krashen (1982) posits that negative emotions such as anxiety and embarrassment "raise" the affective filter to and thus prevent input from learning from reaching the part of the brain responsible for language acquisition. Horowitz (2010) has published at length about foreign language anxiety as a situation-specific anxiety that occurs in a language-learning context.

Horsman (1997) has produced a large body of work about the negative impact of trauma and violence on adult literacy learning. She conducted extensive interviews with literacy workers and counselors, some of whom work with immigrant and refugee women. In a discussion paper titled "'But I'm Not a Therapist': Furthering Discussion about Literacy Work with Survivors of Trauma," she wrote: "One counselor spoke of such women dealing with flashbacks, nightmares, disrupted sleep and depression as a result of their experiences and at the same time coping with problems of settling in a new country. They are too exhausted to learn" (Horsman, 1997, p.7). Through her interviews, Horsman found that students' trauma frequently followed them into the classroom, and that literacy workers felt ill-equipped to deal with its effects.

Potential challenges. Indeed, literacy workers and ESL teachers are not trained therapists, and this fact may present an obstacle to ESL teachers serving in roles of mental health provision. In order to do so, a certain degree of mental health literacy is required. Mental health literacy is a term created by Jorm, Korten and Jacomb (1997) and is defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (p.182). This includes an individual's beliefs and knowledge about professional and self-help treatments.

There have been a number of studies that assess mental health literacy among teachers of school-aged children in England, Canada, and the U.S. These studies have indicated that mental health literacy among teachers is limited, and that teachers feel underprepared to help children with mental health concerns (Canadian Teachers'

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Federation, 2012; Rothi, Leavey, & Best, 2008; Walter, Gouze, and Lim, 2006). It is important to note that in these studies, teachers were able to identify what they did not know and what they needed to know. Gaps in a teacher's mental health literacy can be identified and remedied with training. Indeed, mental health literacy training has been found to improve teachers' mental health knowledge and reduce stigmatizing views, and also increase intent and confidence to provide mental-health related assistance.

ESL teachers are not trained psychotherapists; the aim of any ESL-based intervention would not be used to treat psychopathology, but rather provide some coping skills, normalize or de-stigmatize experiences, and provide outside resources to seek further help if they are available. There is much promise in the use of the ESL classroom to improve mental health among refugee students. The success of any education-based intervention depends largely on the administrator (in this case, the teacher) and the selection of an appropriate intervention. The purpose of this dissertation project is to assess ESL teachers' willingness, preparedness, and support/ training needs to serve in this important role, and to identify intervention activities that are suitable for this setting.

Data were collected though in-depth interviews with 10 ESL teachers and program directors who work with refugee students. Using Interpretive Phenomenological Analysis, the following themes were identified: Negotiating Multiple Roles in the ESL Classroom, Relationship with Students, Witnessing and Addressing Mental Health Concerns, Role of ESL in Mental Health, and Pathways to Healing. Results indicated that educators generally see themselves as willing and well-positioned to promote and support

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refugees' mental health, but that current structures and systems in ESL education may have a limiting effect on their abilities to do so formally.

Chapter 2: Literature Review

"We survived, that should be enough but it isn't. We must work hard to become whole

again, to fill our soul with love and inspiration, to live the life that was intended for us

before it was disrupted by war and horrors, and help rebuild a world that is better than

the one we had just left."

- Loung Ung

"To have another language is to possess a second soul."

–Charlemagne

REFUGEES IN THE UNITED STATES

Upon its establishment in 1951, the United Nations Refugee Agency defined a

refugee as a person who "owing to a well-founded fear of being persecuted for reasons of

race, religion, nationality, membership of a particular social group or political opinion, is

outside the country of his nationality, and is unable to, or owing to such fear, is unwilling

to avail himself of the protection of that country" (United Nations General Assembly,

1950).

Every year, hundreds of thousands of people arrive in the United States seeking

refuge. Annually, between 50,000 and 100,000 of these arrivals are classified as refugees

by the U.S. government. Eligibility for refugee status is determined prior to an

individual's arrival in the United States by the United Nations High Committee on Refugees (UNHCR) in a process that sometimes takes years, often while the refugee is living in a refugee camp. Upon arrival, individuals with refugee status are assisted with housing, healthcare, and cash vouchers for a limited amount of time. They are allowed to apply for residency status after residing in the country for one year (APA, 2010). In 2016, nearly 97,000 individuals with refugee status arrived in the U.S. The vast majority came from the Democratic Republic of the Congo (20%), Syria (16%), Burma (12%), Iraq (12%), and Somalia (11%) (Refugee Processing Center, 2017).

The same year, an even greater number of asylum seekers entered the country. Unlike those with refugee status, asylum seekers apply for protection from the U.S. after arriving on U.S. soil. This application is evaluated by an immigration officer or by an immigration judge as to whether the asylum seeker meets the definition of a refugee under the Department of Homeland Security (2017) guidelines. Unlike those with refugee status, asylum seekers cannot legally work in the United States until three months after the asylum application is filed; they receive no resettlement support from the federal government; and they risk deportation if their claim is denied. To date, there are over half a million asylum seekers living in the United States; over half are from El Salvador, Mexico, China, Guatemala, Venezuela, Mexico, and Honduras (UNHCR, 2017).

Although individuals with refugee status and asylum seeker status have undergone different experiences, the word "refugee" will be used in this document to refer to those with the legal status of refugee, asylum seeker, or asylee (someone who has

been granted asylum). This usage of the word "refugee" as an umbrella term for different classifications of forced migrants is commonly used in the literature and by organizations that serve these populations.

Traditionally, there has been a distinction between individuals fleeing for reasons of safety (e.g., refugees) and individuals leaving their home countries due for economic opportunity. Increasingly, however, this distinction has become blurred as individuals flee civil war and gang violence but who are not classified as refugees or asylees enter the United States. As a prominent example, a recent publication from Médecins Sans Frontières / Doctors Without Borders (2017) reported that most migrants from Guatemala, Honduras and El Salvador, nearly 40% the migrants interviewed reported fleeing to Mexico primarily due to gang-related violence or threats. Close to 70% of migrants who fled to Mexico en route to the United States were victims of violence during the journey and almost one third of the female migrants reported experiencing sexual abuse during this time. Despite the violent and often life-threatening circumstances under which these individuals flee and the violence they are exposed to en route, migrants from these countries are generally considered to be economic migrants by their host countries (Médecins Sans Frontières, 2017). Given the incidence of traumatic events among migrants, the findings and implications of this study may extend beyond individuals who are classified as refugees.

Refugees come from different countries, cultures, and religious groups, and their pre-immigration experiences vary immensely. What is common to nearly all refugees is disruption and loss. War and civil unrest lead to degradation and destruction of civic and social structures that are responsible for the provision of sustenance, medical services, and public safety. These factors, as well as harm caused by government military forces, terrorists, rebel forces, and mercenary gangs, can create an unremitting instability and danger to civilians. Furthermore, civilian involvement in war, and thus direct exposure to violence, has increased in the last several decades (United Nations, 2007). Civilians are subjected to torture, physical trauma, loss of limb, and sexual violence, which is often accompanied by stigma. Many experience and often witness the death of loved ones and separation from family members (APA, 2010; Hobfoll et al., 1991; Lustig et al., 2004; McKay, 2008; Porter & Haslam, 2005; Schweitzer, Brough, Vromans & Asic-Kobe, 2011; Shrestha, et al., 1998). In their travels to countries of asylum and refugee camps, refugees are often deprived of shelter, food, and clean water, and may be subjected to further violence (Lustig et al., 2004). In some refugee camps, migrants are further exposed to further violence and chaos, as well as unsanitary conditions (Chung, 2001; Hauff & Vaglum, 1995).

The difficulties of refugees do not end after they arrive to their destinations in their adopted countries; instead, they must deal with issues around acculturation. The process and outcomes of acculturation are highly variable. In their theory of segmented assimilation, Portes and Rumbaut (2001) and Zhou (1997) posited that assimilation and

outcomes are influenced by numerous contingencies. Portes and Rumbaut (2001) described three dimensions that encapsulate differences between migrants: the migrant's individual characteristics (such as education and English proficiency); the receiving social environment (the government and social response to the migrant and the characteristics of the migrant co-ethnic community); and characteristics of the migrant's family structure.

 In their host countries, refugees frequently face discrimination, social isolation, reduced social networks and lack of social support, disturbed social roles, lack of involvement in meaningful activities, reductions in environmental mastery, new cultural mores, unemployment, and a lack of language proficiency; each of these factors has been shown to increase significantly the likelihood of emotional and behavioral concerns, including depression, anxiety, aggressive behavior, and PTSD (Gorst-Unsworth & Goldenberg, 1998; Lavik, Hauff, Skrondal, & Solberg, 1998; Miller et al., 1998; Miller & Rosco, 2004; Pernice & Brook,1996; Schweitzer, Melville, Steel, & Lacherez, 2006).

Furthermore, those who are asylum-seekers are likely to have spent time in detention centers. A number of studies have shown that extended stays in detention facilities have a negative impact on mental health, including elevated rates of depression, anxiety, PTSD symptoms, and suicidal ideation and behavior. Longitudinal evidence indicates that some of these symptoms may continue to occur after the detention period has ended (Lawrence, C., 2004; Robjant, Hassan, & Katona, 2009; Steel et al., 2006).

Prevalence of Mental Health Concerns

The mental health toll of pre- and post-immigration experiences has been explored in many studies, with varying outcomes. There is no single estimate for the prevalence of mental health disorders among refugees, due to real differences in mental health between different refugee populations, variability in the expression of psychopathology in different cultures, and methodological issues, such as the use of different measures, different diagnostic cutoff points, insufficient sample sizes and sampling bias (Bogic, Njoku, & Priebe, 2015; Murray, Davidson, & Schweitzer, 2010).

Despite this variability, several meta-analytic studies are able to shed light on this question through comparisons between refugees and non-refugees. Porter and Haslam (2005) conducted a meta-analysis of 59 studies that compared the prevalence of psychopathology between these two groups. They found that refugees in these studies had a higher prevalence of psychopathology than non-refugees, with a moderate effect size of .41. The effect size was significantly higher for adults (.53) than for children and adolescents (.28), indicating that the disparity in mental health outcomes between refugees and non-refugees was significantly higher for adults than for children and adolescents.

Lindert, Ehrenstein, Priebe, Mielck, and Brähler (2009) conducted a systematic review and meta-analysis of 35 studies that assessed depression and anxiety in labor migrants and refugees. They found that the mean weighted prevalence for both depression and anxiety was nearly twice for refugees as for labor migrants. The analysis found a combined prevalence rate of depressive symptoms among refugees was 44%

(95% CI: 27-62), and 40% for anxiety (95% CI: 17-64). For PTSD, the study found a combined prevalence of 36%, (95% CI: 23-49).

While most studies focus on depression, anxiety, and PTSD, somatization is a frequently occurring symptom of distress, particularly among refugees. Somatization is defined as "the presence of physical symptoms often including generalized pain often involving gastrointestinal and pseudoneurological symptoms that cannot be explained by a general medical condition" (Mitschke, Aguirre & Sharma, 2013). As with the other symptoms of distress discussed here, prevalence data vary, but consistently shows higher symptom rates for refugee populations than non-refugee populations. In an illustration of this, Lin, Carter and Kleinman (1985) abstracted medical records of 526 Asian refugees and immigrants for "vague somatic symptoms" with no discernable etiology, including headaches, abdominal pain, flatulence, fatigue, shortness of breath, appetite and sleeping problems, and low back pain. While somatization appeared to be the underlying cause for 35% of illness visits for the entire sample, the proportion of somatization-induced illness visits for refugees was higher than for non-refugee immigrants (42.7% vs. 27.1%, respectively). It is theorized that stigma may be a cause for somatization of distress in traditional cultures, where mental illness is highly stigmatized, whereas physical illness is not (Ng, 1997).

OBSTACLES TO MENTAL HEALTH TREATMENT

Given the high risk of depression, anxiety, PTSD, and stress in the refugee population, it stands to reason that many would benefit from mental health services. However, utilization of mental health services is very low among refugees (Fazel et al., 2005). Researchers have identified both structural and cultural obstacles to healthcare access for this population.

Structural Obstacles

One major obstacle is financial. Most refugees who would benefit from mental health services cannot afford to see a mental healthcare professional (Leclere, Jensen & Biddlecom,1994; Quesada, 1988). Many refugees do not have the English language proficiency to engage in therapy, and few therapists who speak their native language can be found, and access to interpreters is hindered both by the availability and costs of the interpreters (Miller et al., 2005; Tribe, 1999).

The confluence of language and resources in obstructing access to mental health services for the general immigrant population is illustrated in Tetine, Shumway and Snowden's examination of the relationship of access to mental health treatment to English language proficiency and race/ ethnicity using the 2001 California Health Interview Survey (2007). This random digit-dial telephone survey collected data from 41,984 participants about their English proficiency (English-only, bilingual, or no English), race/ ethnicity, nativity status (whether a participant is an immigrant), income, and mental

health insurance coverage. Participants were queried about their self-perceived need for mental healthcare in the past year, and whether they saw a mental health professional in that time period.

The researchers found that differences in mental health service access varied significantly as a function of English proficiency. The self-perceived need for mental health care was not strikingly different for English-Only participants and the No-English participants (18% and 16% respectively). Of those participants who reported a need for mental healthcare, 51% of the English-Only speakers and 42% of Bilingual speakers received it - compared to only 8% percent of Non-English speakers.

Financial resources and health coverage played a significant role in these discrepancies; English-Only participants were more than twice as likely to have to have insurance with mental health coverage as No-English participants (89% and 42%), and nearly seven times less likely to live below poverty level (7% vs. 48%). However, the ability to afford mental healthcare does not fully explain the discrepancy in mental health service access; the association between low English proficiency remained significant even when these factors, as well as race/ ethnicity, nativity status and length of time in the US were controlled for.

Although efforts are made by communities to provide free or low-cost counseling services for non-English-speaking refugees, the capacity of these services is overwhelmed by the number of people who need them, even when the program has a relatively wide reach. Miller (1999) illustrated this with a discussion about the

collaboration of the Bosnian Mental Health Program and the Refugee Mental Health

Program in Chicago to create one of the largest programs in the U.S. to target Bosnian

refugees:

> With a staff of several psychologists and psychiatrists, 5-6 graduate student trainees, an art therapist, 2 volunteer massage therapists, an interpreter, and 4 mental health counselors/case managers who also provide interpreting for individual and group psychotherapy, the program provides a fairly comprehensive range of services. Caseloads are consistently full, and the program is able to serve a maximum of between 200 and 250 individuals per year. To put this in context, consider that there are an estimated 22,000 Bosnian refugees living in the Chicagoland area (Smajkic, 1999). Given the available data regarding the prevalence of psychological distress among refugees generally, and among Bosnian refugees specifically, it seems reasonable to conclude that the program is serving only a small percentage of those Bosnians who could benefit from some form of psychological intervention (p. 287).

Cultural Obstacles

Stigma surrounding mental illness is also a major obstacle to accessing mental

health services. This stigma, of course, is not limited to refugees or people from non-

western countries; discrimination and rejection of individuals with mental illness is

common in Europe and the United States, and continues to serve as a persistent barrier to

accessing mental health services while fueling self-stigmatization (Corrigan, 2004;

Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012; Hatzenbuehler, Phelan, & Link,

2013; Stuart, 2006; Wahl, 2012). However, in traditional cultures, the stigma is often

worse. Lauber and Rössler (2007) conducted a review of studies about mental health

stigmatization in the Middle East, East Asia, South Asia, and Southeast Asia. They found

a widespread belief that mentally ill individuals are dangerous and should be separated

from the community. For example, a study of schizophrenic patients in Hong Kong

found that over half (52.7%) reported that their family members considered them to be

highly violent (Lee et al., 2005b; Lee, Chiu, Tsang, Chui, & Kleinman, 2006). The

perception of danger is not limited to schizophrenia; for example, a Turkish study found

that 43.3% of participants believed that people with depression are dangerous, and 22.8%

believed that depressed people should not be free in the community. This study also

provided a rough proxy for discrimination; 43% of participants stated that they would not

rent their house to a depressed person (Ozmen et al., 2004; Ozmen et al., 2005).

Because traditional cultures are more likely to embrace collectivist values, the

burden of stigma and discrimination due to mental illness targets not only the affected

individuals, but their families as well (Lauber & Rössler, 2007). The revelation of a

family member's mental illness is likely to lower the social status of the family and

restrict social, business, and education opportunities. In collectivist cultures where

marriage and family are central to community and identity, having a known relative with

mental illness can limit the marriage prospects of other family members (Lauber &

Rössler, 2007; Shibre et al. 2001). It is not surprising, then, that many refugees who

would benefit from mental health treatment do not seek it out, even when it is accessible

and language-appropriate.

Other cultural barriers include a lack of fit between refugees' culturally-based

etiological understanding and western conceptualizations and treatments. For example,

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symptoms can be seen as physically rather than psychologically based (Dura-Vila, Klasen, Makatini, Rahmini, & Hodes, 2013). This is consistent with refugees' high rates of somatization, discussed earlier in this chapter. Alternatively, some cultural groups see mental illness, and illness in general, as "the result of sorcery or spiritual punishment, possessions by spirits and demons, hereditary, ancestral inheritance of misconduct, constitutional deficits, social or moral transgressions towards ancestors or social norms and consecutive wraths of gods and ancestors" (Lauber & Rössler, 2007, p.159). Consequently, potential avenues for providing mental health support to refugees which bypass these barriers are important to explore.

EXISTING INTERVENTIONS

A significant number of interventions have been developed that address some, though not all, these barriers. Several reviews have examined interventions that have been empirically assessed (Murray, Davidson, & Schweitzer, 2010; Nickerson, Bryant, Silove, & Steel, 2011; Palic & Elklit, 2011). These reviews found that variants of cognitive behavioral therapy (CBT) and exposure therapy were the most frequently implemented types of intervention (Barrett, Moore, & Sonderegger, 2000; d'Ardenne, Ruaro, Cestari, Fakhoury, & Priebe, 2007; Ehntholt, Smith, & Yule, 2005; Fox, Rossetti, Burns, & Popovich, 2005; Hinton et al., 2006, 2011).

Evaluations of CBT and exposure-based trauma focused interventions for refugees generally show strong effect sizes (Murray et al., 2010; Nickerson et al., 2011;

Palic & Elklit, 2011). Interventions conducted with homogenous refugee groups (and that were therefore culturally adapted to a specific refugee population) and conducted in refugees' native language tend to produce the highest effect sizes. An example of one of the most efficacious studies to date is Hinton et al.'s (2005) culturally adapted CBT intervention for Cambodian refugees with treatment-resistant PTSD and panic attacks. The intervention was administered by Hinton, a fluent speaker of Cambodian, and was aimed at reducing panic attacks triggered by neck tension, which is catastrophized in Cambodian culture similar to the way that heart palpitations are catastrophized in Westerners suffering from panic attacks. The intervention included cultural elements such as visualizing a spinning lotus bloom that represents flexibility, a key value in Cambodian culture.

Researchers have raised concerns about the use of western, often clinic-based interventions like CBT for refugee populations. For example, there has been criticism that diagnoses and treatments derived from western models of trauma, and western populations, may not be applicable to current refugee populations, the vast majority of whom come from non-western countries (Schweitzer & Steele 2008; Summerfield, 1999). Most evidence-based trauma treatments have been tested with discrete traumatic events among Western populations, rather than the repeated and other-inflicted violations of human rights that many recent refugees have undergone (Nickerson, Bryant, Silove, & Steel, 2011). In addition, some critics have posited that a trauma-focused orientation of mental health provision for refugees is too narrow, and may overlook factors that are

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more salient for resettled refugees, such as grief, anger, depression, and resettlement-related psychosocial stressors (Bentley, Thoburn, Stewart & Boynton, 2012; Kinzie, 1989; Van der Veer, 1998).

Finally, researchers raise questions about the applicability of interventions that were tested in rigorously controlled research settings to "real-world" settings where they are most likely to be implemented and accessed by refugees, such as a government-funded centers or other settings that have fewer resources and supervision, staff with lower levels of training, and more restricted language options (i.e. use of interpreters rather than therapists who speak the clients' language) than a rigorously controlled and relatively resource-rich setting like the one in Hinton et al.'s (2006) panic disorder treatment study with Cambodian refugees and other clinic-based studies (Nickerson et al. 2011).

Researchers in the field have called for interventions that are cost-effective and applicable in resource-poor settings (Flay et al. 2005; Nickerson, et al., 2011; Palic & Elklit, 2011). Murray and colleagues (2010) pointed out the tensions between the higher efficacy of studies developed for homogenous refugee groups and the need to provide mental health treatments simultaneously for diverse and ever-changing populations. For example, Murray et al. abstracted 22 empirical refugee intervention studies in the two prior decades. In their discussion, the authors noted that at the time of publication in 2010, almost none of the refugee groups targeted in these studies were being resettled; the refugee populations entering the United States changed during this time period. These

findings reinforce the need to explore avenues for mental health service provision that are low-cost and accessible to refugees with different backgrounds and languages.

In response to the concerns with traditional western modes of psychotherapy, there has been increasing interest in community-based interventions. A number have targeted specific refugee groups and yielded moderate to strong effect sizes in reducing distress and trauma symptoms, including Goodkind's (2005) community-based advocacy program for Hmong refugees and Mitschke et al.'s (2013) shared learning group that provided Bhutanese women with financial education.

Other intervention programs have attempted to engage larger and more heterogeneous segments of the refugee community. Nazzal, Forghany, Geevarughese, Mahmoodi and Wong (2014) described a large-scale community-based prevention program and early intervention program that involved nine different refugee groups in Santa Clara County, California. The organizers collaborated with refugee community partners to raise mental health awareness and reduce mental health stigma through a series of activities, including cultural shows, community gatherings, film screenings, workshops, and panels. At least 2,000 refugees participated in some form. Despite pushback among some groups in responses to discussing mental health topics, participants demonstrated some improvement in understanding of mental health issues and openness to seeing a counselor.

Programs like this one show promising results. However, they have limited feasibility in areas where refugee populations are smaller, and there is less established

community leadership among refugee groups. Attaining financial resources for this kind of endeavor is another challenge. The organizers advocated for several years to receive $2.6 million in funding from the State of California to pay for refugee outreach and counseling (a separate component). Despite the program's success, they were not able to renew the grant, and the program ended after one year.

For refugee children, schools have served as a community-based resource for mental healthcare. The APA Report on Resilience and Recovery for Refugee Children and Families recommends that mental health professionals collaborate with organizations not typically considered "service providers" and utilize schools to provide health promotion and intervention services to children, as a more culturally acceptable alternative to mental health clinic (APA, 2010). School-based interventions for refugee children that have been evaluated have generally been met with acceptance and success (Ehntholt, Smith, & Yule, 2005; Fazel, Doll, & Stein, 2009; Layne et al, 2001; O'Shea, Hodes, Down, & Bramley, 2000). To my knowledge, there have not been empirically evaluated school-based interventions for refugee adults.

A benefit of a school-based intervention is that it takes place in a setting that the potential client visits with regularity, and no extra effort or cost (such as arranging or paying for transportation) need be incurred. Another benefit is that the identification of mental health concerns is more likely. The student participants in the school-based interventions cited above were all referred to counseling by school staff due to an observed need for mental health treatment. There are few similar settings for refugee

adults who are struggling with mental health. For adults, the only settings that are comparable to the non-stigmatizing and accessible characteristics of schools are the adult English as a Second Language (ESL) classroom.

No studies have been published evaluating an adult refugee intervention in this setting. However, the Spring Institute, in collaboration with the Rocky Mountain Survivor's Center, developed an ESL curriculum for survivors of torture. The program consisted of three 10-week sessions of multi-level ESL classes. Classes focused on practical life skills like understanding medicine labels, recognizing different sounds (e.g. a train is coming), navigating answering machine message, and safety-related discussions (e.g., checking the peephole before opening the front door).

There are several additional resources specifically developed for ESL teachers for refugees, though they have not systematically been validated through research. Adkins, Birman, and Sample (1990) developed a booklet to help educate ESL teachers about the refugee experience. It includes an overview of mental illness and specific disorders, acculturative and resettlement stress, and the stages of cultural adaptation. It also includes a series of mental health-related activities. Another guide available for ESL educators who work with refugees discusses the negative impact of trauma on learning, and makes suggestions for ways educators can modify their teaching style to better cater to the unique needs of traumatized students (Isserlis, 2000).

Despite the existence of guidelines for ESL teachers working with refugees, this is an area that requires empirical exploration, particularly because, to my knowledge, no

research has been conducted with ESL teachers who work specifically with refugees. While there were literacy teachers who work with refugees in Horsman's (1997) research, there is no published material specific to this segment of her sample.

The ESL setting provides a unique avenue for intervening with refugees because it bypasses many of the structural and cultural barriers encountered through other avenues for addressing refugees' mental health concerns. For many refugee students, it is a setting that that they already utilize and a setting characterized by stability and familiarity. These unique characteristics call for exploration of this setting as a place to intervene.

ESL TEACHERS: STANDARDS, TRAINING, AND ROLES

Training. The credentials required to teach adult ESL vary by state. Some states, including Maryland, Mississippi, and South Dakota, require training or certification specifically for adult ESL. Other states require K-12 certification or adult basic education (ABE) training or certification. Still others have no certification requirements or education requirements, or require only a bachelor's degree to teach ESL. In Texas, there is currently an education requirement (bachelor's degree) but no certification requirement, although there is an optional certification adult education credential (Crandall, Ingersoll, & Lopez, 2008).

The TESOL International Association, the largest organization for teachers of ESL and English as a Foreign Language (EFL), has developed standards for education programs that are used by the Commission for the Accreditation of Educator Preparation (CAEP) for accreditating ESL teacher education programs. Of the five major domains of standards, one is focused on culture. These standards in this domain require that teachers "teach using a variety of concepts about culture, including acculturation, assimilation, biculturalism, and the dynamics of prejudice, including stereotyping" and "act as facilitators to help students' transition between the home culture and language and U.S. and school culture and language" (p. 40-42).

However, the training and standards described here may not be applicable to all of the individuals who teach ESL to refugees. Due to the scarcity of resources for resettlement, many of the instructors who teach ESL to adult refugee populations do this

work in a volunteer capacity. In fact, several studies estimate that the majority of instructors involved with adult education are volunteers (Wu & Carter, 2000; Ziegler, Mccallum, & Bell, 2009). The quality and knowledge base of volunteer instructors varies, but many ESL programs provide extensive ESL teacher training and supervision for volunteers (Wu & Carter, 2000), and in some samples, the pedagogical knowledge base of volunteer adult literacy workers is no worse than that of paid teachers (Ziegler, Mccallum, & Bell, 2009).

Satisfaction and rewards. Kassabgy, Boraie and Schmidt (2001) conducted a study in Hawaii and in Egypt examining the most important aspects of work for teachers of ESL and English as a Foreign Language (EFL), the types of work-related rewards, levels of satisfaction of these teachers, and the relationship between values of job/ career satisfaction. One hundred and seven surveys were conducted with experienced ESL and EFL teachers. Survey results indicated that "Having a job in which I can perform to the best of my ability," and "Really helping my students to learn English," are the most important teacher values and "I have good relationships with colleagues and "I know that I am really helping my students to learn English" are the most highly ranked rewards that ESL/ EFL teachers receive from their jobs.

There were no significant differences between ESL teachers in Hawaii and EFL teachers in Egypt in terms of level of satisfaction and job rewards. In a factor analysis of values, the researchers generated a model with five factors: relationship orientation (e.g., helping students and positive relationships with colleagues and supervisors); extrinsic

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motivation (e.g., compensation, job security), autonomy and self determination (e.g. independence and creativity); personal growth (e.g., work that is challenging and allows the use of a teacher's full potential); and institutional support (e.g., clear rules and guidance).

In a factor analysis of rewards of the current job, the factors were somewhat different, with good institutional management coming first, followed by rewards related to staff development and engagement, factors related to students, and challenge/ stimulation. Overall, teachers are more satisfied with their career choice (mean of 4.0 on a 5 point Likert scale) than with their specific jobs (mean=3.5), although these two measures were highly correlated (.73). They also found that the correlation between average values ratings and job satisfaction was nonsignficiant, although several individual items were. These had to do with institutional factors, such as supervisory guidance and flexible hours. Kassabgy et al. (2001) noted that their use of a stringent alpha of p<.01 reduced the number of items considered significant.

The correlation between rewards and both job and career satisfaction were significant (.51 and .55, p<.01, respectively). The highest correlations were produced from reward items related to growth and challenge, including "My job provides scope to learn and develop my abilities to my full potential" (.48), "I have a job in which I can perform to the best of my ability" (.59), "My work is enjoyable and stimulating" (.50), and "My job provides sufficient variety" (.41). Rewards specific to the job had a significantly stronger relationship to satisfaction than ESL/ EFL teachers' values.

Kassabgy et al. (2001) offered the following description of this finding: "English language teachers are idealistic. However, just like anyone else, they will not be happy with a job or career that only fulfills their most idealistic needs. They also expect and demand respect, fairness, reasonable extrinsic rewards, and good management" (p. 228).

Roles. Another study provides insight into the way that some teachers conceptualize their craft. Ellis and Johnson (2000) explored the ways in which ESL teachers view their roles using metaphor analysis of 22 participants who had worked as ESL teachers in Puerto Rico. Teachers produced metaphors that exemplified their approach to their work and explained the reasoning behind their choices. The most common roles were "Cooperative leader," "Provider of knowledge," "Challenger/ agent of change" and "Nurturer." Teachers that espoused the "Cooperative Leader" role used metaphors that described a supportive, guiding, non-authoritarian role consistent with learner-centered and "humanistic and sociocultural approaches to language teaching." Metaphors included a "coach" explained as "students need constant encouragement, support, feedback, and opportunities for practice"; an unobtrusive "instrument of God" who is "invisible because I want my students to be the center of the learning process, not myself" (p.343-346).

Teachers who used metaphors that described their role as a "knowledge provider," included the teacher's role as the "moon" that "emits light [language knowledge]" and the "student who receives reflected light," "tree full of apples," that is, "full of knowledge to

give." This view as a "conduit of language" is consistent with the information processing approach to ESL (p.345).

Teachers also used metaphors that the study's authors categorized as "challenger" or "agent of change." These metaphors included "snag in the river," indicating that the teacher's role is to challenge and transform learners "to be thinking, ethical, contributing members of society." Other metaphors in this category reflect the teacher's own challenges in teaching students are not interested in learning, including "lion tamer" and "bullfighter" (p.346).

Several participants also used metaphors that presented the teacher as a "nurturer." One participant used the metaphor of a "gardener who gives his/her plants TLC [tender loving care]: water, fertilizer, pruning, insecticide (at times). Each plant develops at its own rate." (p.346).

This study points to the idea that teachers ESL teachers may be willing to engage with multiple roles. The goal of this study is to explore whether these roles may include engaging with efforts to support and promote refugee mental health in the classroom setting by engaging in mental health-related activities with their students. Because it bypasses many of the structural and cultural barriers encountered through other avenues for addressing mental health concerns (such as traditional psychotherapy), this exploration may provide insight into how to provide mental health support to a wide range of individuals in this underserved population.

METHODOLOGY

"Insofar as he makes use of his healthy senses, man himself is the best and most

exact scientific instrument possible."

-Johann Wolfgang von Goethe

    This section describes the methodology of this research. Chapter 3 summarizes the methods and results of a preliminary ethnographic study that were used to inform the development of the primary dissertation research. Following a description of the procedures and results from the preliminary study, the methodology of the dissertation projects is described in Chapter 4.

Chapter 3: Summary of Preliminary Ethnographic Research

The purpose of the preliminary ethnographic research was to explore the mental health needs of a local population of refugees, and obstacles with accessing mental health support in an American city. Data for this preliminary study were collected through interviewing individuals who provide various services to the refugee population in Austin, Texas.

METHODOLOGY FOR PRELIMINARY STUDY

The ethnographic study consisted of six unstructured interviews with key informants in Austin, Texas who work with the refugee community in, as well as a series of observations in refugee settings. The following guiding questions were developed to guide the interviews, observations, and an informal thematic analysis: (1) What are the primary mental health needs/ problems that the refugee population encounters?; (2) What are some potential challenges in working with this population?; and (3) What are some possible interventions that would be relevant, feasible, and effective?

Data were collected using informal interviews, and recorded through note-taking. I began with a brief, spontaneous interview with the director of the Refugee Services of Texas (RST) in Austin, of one of the two refugee resettlement agencies in the area. The director put me in contact with collaborators at the School of Social Work at the University of Texas at Austin. There, I interviewed a social worker who provided referrals to other individuals who worked with refugees. Other informants included a social worker who has worked with the refugee community in Austin for the past decade, an Austin area psychologist who had served as the clinical director of an organization that

provided mental health services to refugees and other immigrants, the ESL coordinator at a non-profit service organization that provides ESL services to refugees, the clinical director at a resettlement agency in Austin, a co-founder and co-director of an Austin-based organization that focuses on community development, increasing self-sufficiency in the refugee community, and organizes gardening, sewing and soccer groups for refugees, among other services.

Interviews with these individuals provided me with opportunities for ethnographic observations, including a monthly lunch organized by the refugee ESL program to which all students and former students are invited; the coordinator gives a short and simple talk and sometimes donations from the community are distributed, an ESL classroom observation, an orientation provided to newly arrived refugees about housing, medical resources, and mental health resources. One of the principal goals for attending this orientation was to observe ways in which ideas about mental health could be introduced in a non-threatening, non-stigmatizing way. Also observed were a gardening group meeting at a community garden, where refugee clients grow vegetables and fruits on individually assigned plots, and a sewing group where volunteers teach refugees to use sewing machines and assist them in making clothing for themselves and develop potential for income. The themes that emerged from these data were divided into common problems that refugee communities encounter and challenges that are likely to be encountered while working with refugees.

RESULTS OF PRELIMINARY STUDY

    Isolation. Themes of social isolation and cohesion in refugee communities came up during nearly all of the interviews. Some groups of refugees were markedly more prone to isolation than others. According to the key informants, refugees from Iraq were more likely to experience isolation because of a strong feeling of mistrust of each other; this was attributed to pre-immigration experiences and a culture of gossip. Interviewees also indicated that individuals in this group were very concerned about how they were perceived and talked about within the community, and that members of the community did appear to talk about each other a great deal.

    C.M., the ESL coordinator (initials have been changed), also reported that the resettlement agencies tend to house immigrants from the same country in the same apartment complexes, which in the case of Iraqis refugees, increases this isolation. K.T., the social worker, by way of contrast, stated that Burmese and Bhutanese communities tend to be more organized and cohesive, and come together to celebrate holidays from their respective countries. However, a sense of cohesion is not universal among any groups; C.M. reported that there is discrimination in the Burmese community based on religion. Isolation is particularly a problem for women, according to A.R., the psychologist, because they have fewer means of social connection.

    Acculturation Issues. Acculturation issues are a significant source of stress for many refugees. A.R., the psychologist, pointed out that refugees had to contend with new cultural norms in nearly every area of life; work behavior is different; ways of dressing are different; connections to church are different; relationships with family are

different. Many reported being baffled by American norms and laws, ranging from the relatively trivial (inability to drink outside, or smoke inside), to more serious legal issues (e.g., people here get in trouble for driving without a license). Perhaps the most difficult cultural difference for many people to deal with is the difference in acceptable childrearing practices, particularly when it comes to corporal punishment. Many refugees become involved with Child Protective Services because they engaged in disciplinary behaviors that they felt made them good parents. Without this type of discipline, many believe their sons will grow up to be undisciplined, and their daughters will grow up to be bad wives. Additionally, because children are likely to acculturate and learn language faster than adults, parent-child acculturation gaps can cause stress in the family system.

Unmet expectations. L.F., the clinical director, discussed another common problem among refugees: unrealistic expectations of what life in the U.S. would be like. Many refugees develop expectations from American TV or from rumors about life in the U.S. that they would drive a big car, own a big house, or they would not have to work. As a result, there is a prevailing feeling of dissatisfaction when expectations are inconsistent with reality. Common emotional responses are anger, hopelessness, and resentment. Several key informants indicated that many refugees, particularly highly educated Iraqis, have training and qualifications that are not applicable here, and must therefore settle for jobs that are significantly below their previous pay grade and qualification level.

Psychopathology. It is not surprising that the challenges described above, coupled with trauma and other stressors experienced before and during the immigration (including time spent in refugee camps), take a psychological toll. Many of the refugee

clients that L.F. had seen experienced many symptoms of Post Traumatic Stress Disorder, in addition to anxiety, depression, insomnia, lack of appetite, self-doubt, an inability to relate to others, disappointment in themselves, and the feeling that they had made a mistake. Many had witnessed traumatizing events, and did not have the coping mechanisms to integrate these experiences using their existing frames of reference. Many did not see their circumstances changing. Given these problems and vulnerabilities, many refugees could benefit from psychological services, and there is a strong need for research about effective ways to provide such services to refugees. However, there are considerable hurdles to both research and clinical practice with this population.

Challenges. The challenge most frequently mentioned by the informants was related to language and the use of interpreters. Using interpreters in therapy and in casework can pose difficulties in terms of all parties understanding each other. However, an equally significant issue is with confidentiality and perceived confidentiality. Most translators and many caseworkers hired by resettlement agencies are people from the refugee community. As a result, there is a strong perceived (and potentially real) risk that confidentiality will be breached. An alternative is using family members as translators, but this comes with its own set of issues relating to power structures in the family.

Another important factor in providing mental health services is gender issues. Many refugees come from countries that are more socially conservative than the dominant culture in the U.S. As a consequence, a wife may require her husband's permission to participate in individual or group counseling, permission which may or may not be granted. In addition, because some cultures emphasize the separation of men

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and women who are unrelated to each other, any type of group therapy would likely need to be single sex.

One of the greatest obstacles to providing any type of mental health services or interventions for the refugee community is the high amount of stigma surrounding mental health issues in many cultures. According to RST's clinical director, the idea of mental health is associated with being taken away to psychiatric institutions "by people in white coats," in the minds of many refugees. This stigma is coupled with a lack of understanding of what happens and what to expect in counseling or therapy.

Finally, several of the key informants had mentioned that funding for refugee mental health services is very, very limited. RST is the exception rather than the norm in having an in-house mental health professional in a resettlement agency. Specialized, culturally sensitive services for refugees and survivors of torture are rare, particularly outside of large urban areas with very high refugee populations, such as New York or Boston.

This preliminary ethnographic study highlighted some many of the common mental health-related concerns that refugees face, and the barriers to accessing traditional mental health services. This dissertation project is intended to explore the ESL classroom as an alternative venue for mental health service provision. The research questions and methodology for this project are described in the chapter below.

Chapter 4: Methodology for the Current Study

This chapter describes the research questions for the current study, explains the rationale for choosing a qualitative approach to this work, provides background on the selected approach of phenomenology, and details the methods, procedures and data analysis plan for this research.

RESEARCH QUESTIONS OF CURRENT STUDY

The overarching purpose of this dissertation research is to explore the potential role that ESL teachers of refugees can play in promoting and supporting their students' mental health by incorporating a mental health component into their existing curricula. The intention of this study is to accomplish this by discovering how ESL educators of refugees experience and understand refugee mental health and their potential role in it. The inquiry was guided the following research questions:

Question #1: What do ESL teachers and program directors see as refugee students' mental health concerns? How do they understand and experience these concerns?

Question #2: How prepared do teachers feel to provide mental health-related education to refugee students, and what do they say about kinds of education, training, or support that would help them take on this role?

Question #3: How amenable and comfortable are ESL teachers and program directors in regards to incorporating a mental health component into their existing curriculum?

Question #4: What kinds of mental health-related activities do ESL teachers and program directors feel are appropriate for the refugee ESL classroom?

To answer these questions, I conducted 10 in-depth, semi-structured interviews with 10 ESL teachers and program directors who teach refugee students. These interviews gathered information about the participants' knowledge, beliefs, and experiences regarding mental health concerns that refugee students face; the participants' attitudes toward the inclusion of mental health topics or activities in ESL; and the types of mental health-related support and education training teachers have and require. Participants were also asked to assess two mental-health related activities for their appropriateness for the ESL classroom.

SELECTING A QUALITATIVE METHODOLOGY

Research studies are situated within a paradigm – that is, the researcher's worldview or set of beliefs (Guba & Lincoln, 1994). Historically, the dominant paradigm in research has been a positivist approach to inquiry, which posited the existence of objective and knowable truth. In the last century, this positivism evolved into a post-positivist approach. Proponents of this paradigm also advocate an ontological approach in which an objective truth or reality exists separately from the observer, but acknowledge that this truth may not be accessed or perfectly measured. The post-positivist researcher strives to assume a detached posture from the phenomena being studied, and the values and qualities that the researcher brings to the inquiry are seen as a potential impediment

to discovering the singular truth therefore must be controlled for in the methodology (Guba & Lincoln, 1994; Haverkamp & Young, 2007). In other words, a positivist approach is that there is a single truth.

The methodology most commonly associated with positivist and post-positivist paradigms has typically been a quantitative one that focuses on hypothesis-testing and prediction. This quantitative tradition was adopted by social sciences fields to emulate more "mature" and established fields in the natural sciences and mathematics (Guba & Lincoln, 1994). However, toward the end of the 20th century, the social sciences, including the field of counseling psychology, have increasingly embraced qualitative work (Charmaz, 2004; Morrow, 2007). Although qualitative work is sometimes couched in a post-positivist framework, it allows for the adoption of a constructivist-interpretive paradigm that in many ways is congruent with the subject of social sciences research: the human being.

Ontologically, the constructivist-interpretive paradigm presents an understanding of reality of knowledge that is relativist. Multiple realities co-exist and are contextually embedded, and knowledge is seen as interactionist and co-constructed between individuals, rather than existing within an individual and waiting to be uncovered by the observer or researcher (Guba & Lincoln, 1994; Haverkamp & Young, 2007; Morrow, 2007). For this reason, this paradigm fits well with the objectives of the proposed study. The data produced from this investigation do not simply reflect the knowledge or attitudes that existed within the teachers prior to my interaction with them; rather, collaboratively we constructed a new understanding about the relationship between ESL

and mental health fields and potentially generate and refine ideas about ways to take advantage of this relationship to help refugee students. Although some of this knowledge emerged during the data analysis phase, much of it developed during the course of the interview, and it is my hope that both the participants and I walked away with a better understanding of the subject matter than we arrived with.

Given this premise about the nature of reality and knowledge, interpretive-constructivist work does not embrace the ideal of objectivity in research as is true of positivist and post-positivist traditions. Instead, the experience, knowledge, and values of the researcher are considered to be a part of the research process. The qualitative researcher is expected to reflect thoughtfully on his or her subjective contribution to the research and how it can impact the goals of the study, data collection analysis, and the interpretation of the findings (Haverkamp & Young, 2007; Morrow, 2005). The role of the researcher's values is known as the "axiological assumption" (Creswell, 1998). The specific way in which values and knowledge are managed and used is dependent on specific methodology; in general, "qualitative researchers recognize both the promise and the limitations of subjectivity" (Morrow, 2007, p. 268). In this study, my values, experiences, and position as a trainee mental health provider played a significant role in every aspect of this research. Outside of my internal subjectivity, my status as an individual who is coming from a mental health background and asks mental-health related questions likely influenced the way in which participants perceived me and the answers that they gave. For example, if a participant's attitude toward mental health was dismissive or stigmatizing, she or he may not have been likely to disclose this than if the

questions were asked in an anonymous questionnaire. These factors will be discussed further in the "Positioning the Researcher" section.

Given the scarcity of information about the intersection of ESL teachers' involvement in refugee students' mental health, I am not in a position to make hypotheses about the outcome of this study. Qualitative inquiry typically utilizes inductive analysis rather than deductive analysis. Unlike the quantitative of hypothesis testing existing constructs, a qualitative approach uses open-ended questions and is well-suited for learning about phenomena that are unexplored (Creswell, 2013). This allowed me to explore important and complex contextual factors that will inform my understanding of the ESL classroom as a potential setting for mental health service provision through in-depth descriptions of participants' experiences. Furthermore, this approach allows participants to use their own voices and engage directly in an issue in which they likely have a stake.

"Trustworthiness" of Qualitative Research

The quality of qualitative work is judged by different criteria than quantitative research. In the place of validity, Lincoln and Guba (1985) suggested alternative criteria for internal validity, external validity, reliability and objectivity, the four commonly used criteria set for qualitative research. The alternative criteria they recommended to assess the "trustworthiness" of qualitative research are credibility, transferability, dependability, and confirmability, respectively.

Credibility. Rather than be concerned with internal validity and confounding variables, a "trustworthy" qualitative study is high in credibility, or whether the results

represent the "truth" as the participants see it. I used several of Lincoln and Guba's (1985) methods for enhancing credibility: Triangulation, peer debriefing, negative case analysis, and member checking. Triangulation entails the use of multiple sources and methods that can be used to both broaden and enrich the scope of the data and corroborate data between sources (Shenton, 2004; Lincoln & Guba, 1985). The present research incorporates data from different methodological methods, types of informants and sites. Some of these data have already been collected in the preliminary ethnographic study described earlier in this chapter. Also, in addition to interviewing teachers, I interviewed several ESL program directors and an individual who was involved with job training, art therapy and refugee resettlement. Information from different sources was also used to verify data that were collected from the teacher and program director interviews and helped assess for threats to credibility if the data comparisons between different sources had yielded inconsistencies.

During the course of the data collection phase of the research, the member checking technique was used to verify that the words spoken by the participants and the interpretation and conclusions drawn by the researcher were consistent with what the participant intended to convey. During the interviews, I accomplished this by regularly reflecting and summarizing the participants' meaning based on her understanding of it and asking for clarification when there is any potential for ambiguous meanings, as recommended by Miles and Huberman (1994).

Another method to be used to improve credibility is peer debriefing, in which I consulted with the dissertation chair to review transcripts, coding and interpretations.

This was intended to help will help uncover my biases and implicit assumptions in the analysis and interpretation of the data and inspire ideas about different ways of understanding the material. Finally, during the data analysis phase, negative case analysis was used to assess for biases by deliberately seeking out portions of the data that contradict my emerging interpretations and conclusions.

The qualitative alternative to external validity is transferability, which refers to the extent to which findings can be applied to other settings. Lincoln and Guba (1985) argued that the researcher's responsibility is to provide "thick" description of the material that includes a rich and detailed context for the data collection, so that the consumer of the data can make judgments about the applicability of conclusions in a different setting. It should be noted that transferability is of special importance in the present study, as the overarching purpose of this research is to find ways to make mental health services more widely accessible to refugees. Transferability is also an important issue to consider due to the variation of settings for refugee ESL instruction as well as teacher education levels and the demographics of the refugee population.

Dependability. Instead of the quantitative criterion of reliability, the dependability criterion calls for the methodology to be as replicable as possible across time, settings, and researchers. Lincoln and Guba (1985) contended that if the credibility is well-established, it goes a long way toward strengthening dependability. For this criterion, I kept a thorough audit trail by keeping records of all methodological steps, raw data, notes, and materials.

Confirmability. The last criterion, confirmability, is the qualitative alternative to objectivity. Findings will be inherently subjective given the nature of this research; however, this criterion calls on the researcher to take steps to assure that the findings are not overshadowed by his or her own biases. An audit trail can strengthen this criterion, as can an acknowledgement and a thorough examination of the researcher's own values (included later in this chapter).

A PHENOMENOLOGICAL APPROACH

An important goal for this study is to gain an understanding of ESL teachers' lived experiences with refugee students' mental health. I used a hermeneutic phenomenological approach for this study. The founding figure in phenomenology is Edmund Husserl (1859-1938), a mathematician who left his field to pursue philosophy. He criticized psychology for focusing on the effects of external stimuli on people, while ignoring the way that their inner worlds interpreted these stimuli. The premise of his work is to understand a person's subjective, lived experience, or *lifeworld* (Laverty, 2003). According to Husserl, *lifeworld* is understood as what individuals experience "pre-reflectively, without resorting to interpretations"; to be free from cultural context to the extent that this is possible (Dowling, 2007, p. 132). In other words, the goal of Husserl's phenomenology is to see the world in such a way that ''explanations are not to be imposed before the phenomena have been understood from within'' (Moran, 2000, p. 4) or ''before we have applied ways of understanding or explaining it. It is experience as it is before we have thought about it'' (Crotty, 1996, p. 95). This state is called *epoche*

(Moustakas, 1994). It is achieved through *reduction*: the act of "reducing" the world from its *natural* or contextual/ judgmental attitude toward a "purely phenomenological realm" (Valle et al., 1989, p.11). A related Husserlian idea is that of *bracketing*, to *"bracket out the outer world as well as individual biases in order to successfully achieve contact with essences"* (Laverty, 2003). These *essences* embody the "true nature" of the phenomenon are common to all experiences of the phenomenon, regardless of the context in which it is being experienced (Lopez & Willis, 2004, p.278).

Polkinghorne (1983) developed a two-stage process to achieve reduction: imaginative variation and intentional analysis. The first step is imaginative variation, in which the researcher imagines the phenomenon in different forms and from different perspectives; the goal is to ''imaginatively stretch the proposed transformation to the edges until it no longer describes the experience underlying the subject's naive description" (Polkinghorne, 1989, p. 55). This allows the researcher to describe the essence of the phenomenon; to "discover aspects of or qualities that make a phenomenon what it is and without which the phenomenon could not be what it is'' (van Manen, 1990) p.107). Through intentional analysis, the researcher uses his or her mind to focus on how that specific experience is constructed. With his concept of intentionality, Husserl believed that "conscious awareness was the starting point in building one's knowledge of reality" (Laverty, 2003).

Martin Heidegger (1889-1976) came from a theology background and was trained by Husserl in reduction and phenomenological intentionality, but afterwards their views diverged, and Heidegger developed what is known as *hermeneutic phenomenology*

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(Laverty, 2003). Like Husserl, Heidegger was interested in the lived experience. Unlike his mentor, Heidegger embraced the context in which a phenomenon occurs. The hermeneutic phenomenological version of *lifeworld* is based on the idea that a person's environment always influences his or her reality (Lopez & Willis, 2004). In a research setting, the implication is that the researcher and the subject each have their own preconceptions, or *horizons* with which they perceive reality. Understanding comes from the intersection of the researcher's and the participant's personal horizons. Hans-Georg Gadamer (1900-2002), another important figure in hermeneutic phenomenology, called this the *fusion of horizons* (Gadamer, 1976).

This idea stands in opposition to the Husserlerian concept of *bracketing*; hermeneutic phenomenologists believe that it is not possible or desirable to remove the researcher's preconceptions and experiences from the collection and interpretation of these data. On the contrary, the researcher's expert knowledge about the phenomenon is seen as useful in guiding the inquiry and adding meaning to the interpretation of the data (Lopez & Willis, 2004). This perspective fits well with the rationale of the study. The purpose of this work is to explore a new mode of mental health service delivery; the knowledge I sough did not reside solely within the teacher or within myself as the researcher, but rather in the reality co-constructed through our interactions. My knowledge and understanding of refugee mental health was essential to the purpose of the research, the research questions, interview questions, and also the follow-up questions asked.

At the same time, it would have reduced "trustworthiness" of the research if my preconceptions and biases had caused participants to provide responses that reflected what they believed I wanted to hear, rather than in a way that is consistent with their experiences. The "credibility" of the findings would have also been reduced if I interpreted the data in a way that is inconsistent with participants' experiences. The first step in reducing the likelihood of these scenarios was to carefully examine my experiences, preconceptions and biases in the following section.

Researcher as Instrument

My experiences regarding the topics of immigration, ESL and refugee mental health are extensive and personal. I immigrated to the United States from Russia with my family at age seven. Most of my relatives arrived in the United States as refugees from the former Soviet Union. While my experience of immigration and acculturation was a great deal more privileged than that of refugees described in this document, I have always felt a unique connection to people who were born outside of this country or grew up in immigrant families, and this connection was a significant factor that influenced my involvement in this research area.

I was enrolled in ESL classes for two and a half years. I don't recall any of content of the ESL classes, but I remember the ESL teachers who were warm and kind, and had a positive impact on my adjustment. They went beyond their professional duties to make connections with my parents and get to know my family. They advocated for my family when my mother was involved in a conflict with my fourth grade teacher. Years

later, my mother taught adult ESL, and in retrospect describes this as her favorite job in the United States. I have also taught ESL Center for Survivors of Torture in in New York City for several years on a volunteer basis. However, I was given few guidelines/ expectations and was free to do what I wanted in the classes, which is likely not the case for most ESL instructors. This may have caused me to underestimate the pressures, expectations and time constraints that ESL teachers have in more structured settings. My experience of ESL teachers as highly engaged individuals who took on multiple roles beyond their pedagogical work has influenced my reasoning that they may be a good fit for a mental health-related role, but this may bias my attitude toward teachers' willingness, capacity, time and resources to engage with a mental health intervention.

Furthermore, I have first-hand experience with refugee mental health issues and treatment through my clinical training. I have worked as a trainee clinician at the Center for Survivors of Torture in Austin, Texas between July 2014 and December 2015, and this has shaped my understanding of the mental health issues that refugee face. The issue I encounter more often than any other is isolation. Many clients either do not have a family or a community, or they do not disclose their struggles to the people around them. Most clients also have difficulty concentrating, and many are experiencing grief. Some clients self-stigmatize and wonder if they are "crazy" or "weak." A significant part of therapy with this population is validating that clients are not crazy, weak, or alone in the struggles they experience. I have found psychoeducation to be helpful with this population, as well as relaxation and grounding strategies, particularly progressive muscle relaxation. I have also noticed that refugee clients, more so than other

populations I have worked with, are enthusiastic about opportunities to help others, and feel empowered by doing so.

These experiences have also given me insight into issues associated with treatment seeking. Approximately half of my clients needed interpreters, and the interpreter budget at CST was sometimes stretched thin, depending on grant funding. Transportation was a significant issue; most clients did not have cars and often took two busses each way, and three hours of travel round-trip for one hour of psychotherapy. Most clients were referred by immigration lawyers, as part of my job was to write psychological reports in support of their asylum cases. After their evaluation, most clients chose to continue with psychotherapy. If it had not been for these referrals, it is unlikely that most would have known to seek help or been willing to do so considering the stigma surrounding mental health concerns.

Hermeneutic phenomenology is an approach that allows me to make use of these experiences rather than regard them as a flaw or an impediment of my objectivity. Although objectivity is not a goal with this methodology and my first-hand experiences have made me a more informed researcher in terms of common refugee issues and potential treatments, it opens me up to certain biases. The "sample" of clients that I have seen is not representative of the refugees coming in. Most of my clients have been from Iraq, Northern and Western Africa, Central America, and Cuba. I have had limited contact with refugees from East Asia, South Asia and or Southeast Asia, a significant source of current refugees (Office of Refugee Resettlement, 2017). My exposure was also generally limited to refugees that regularly attend psychotherapy, which may have caused

me to overestimate the level of distress that refugee students in ESL classes, most of whom are not in therapy, experience. Finally, because I favored certain interventions in my clinical practice (e.g., progressive muscle relaxation), the pool from which I chose mental health-related activities to present to the participants was inherently biased and limited by my own scope of knowledge and training. Thus, it is likely that I have overlooked other interventions for this project that could have been helpful.

In the view of Creswell and colleagues (2007), qualitative work always has an ideological frame, and the experiences described in this section have contributed to the ideological frame of this study. The ultimate purpose of this work is to increase access to mental health for refugees in spite of obstacles like local availability of mental health services, inability to afford mental health services, language barriers, cultural misfit, and stigma related to mental health problems and help-seeking. This value-laden, action-oriented perspective guided the methodology of this study. Here, it is important to note that my professional identity as a Counseling Psychologist in training leads me to raise mental health above most other priorities and aspects of experience for refugees. This prioritization may not be shared by the participants the study. In other words, it is my job as a mental health professional is to prioritize mental health. It is the job of the educators that made up the sample of this study to prioritize education. Thus, in engaging in this research, I ran the risk of interpolating my priorities into those of the participants.

To conclude, I must acknowledge that my ideological perspective and personal experiences played a significant role in this research. I have a personal and professional investment in the idea incorporating mental health into the ESL classroom. While the use

of my experiences, beliefs and knowledge base benefit the research and fit well with the hermeneutic phenomenological approach, I strove consciously work to be open to, and seek out, teachers' ideas and perspectives that contradict my own. For example, it was important for me to be open to the idea that teachers may be unable or unwilling to take on a mental health-related role, and be willing to explore and embrace new ideas about ways of supporting and promoting mental health among refugees that I had not considered.

METHODS AND PROCEDURES

Participants

I interviewed 10 teachers and program directors of beginner, intermediate, advanced, and/or mixed-level ESL. The sample consisted of participants who were over the age of 18 and had either taught ESL to refugee populations for a minimum of three times per week for at least one year, or worked as program directors for ESL programs that served either exclusively or majority refugee classes. All but one of the participants had teaching licensure or certifications in the field of ESL, foreign language education, or a related field. The remaining participant was included as part of the sample due to her experience working in a job training program for refugees and other immigrants that involved a language component, as a co-facilitator in an art therapy class for refugees, and her work for a resettlement agency.

Recruitment

Participants were recruited from two urban areas in the South West of the United States; due to the small population of individuals who work professionally in ESL education for refugees, as well as concerns expressed by individuals involved in the research and the recruitment process about organizations and persons being identified, names states and cities, as well as organizations that could link the data to a state or city, were removed from this document.

Recruitment occurred primarily through email. Several ESL coordinators/ program directors in organizations that provide ESL services to refugees distributed recruitment emails to teachers in these organizations. During the course of the recruitment and interview process, teachers also referred each other, and on one occasion a teacher was referred via personal introduction while I was on site at an ESL program to interview another teacher. Participants received a $50 gift card upon completion of the study. Half of the interviews were conducted in person, and half via Skype.

Approval by Human Subjects Committee

The research was conducted in compliance with the guidelines provided by the Institutional Review Board for the Protection of Human Subjects at The University of Texas at Austin.

Interview Schedule

Data were collected using a semi-structured interview format. In a semi-structured interview, the interview schedule is used as a guide, but does not dictate the interview process. Rapport with the participant is prioritized over following the order in the schedule or asking all questions explicitly. The researcher uses follow-up questions to access meaning to help answer the research question (Charmaz, 2014; Smith & Osborn, 2007).

Kvale (2007) discusses the semi-structured, qualitative interview from a phenomenological perspective. He describes the qualitative interview as "a uniquely sensitive and powerful method for capturing the experiences and lived meanings of the subjects' everyday world. Interviews allow the subjects to convey to others their situation from their own perspective and in their own words" (p.11). The search for meaning is not a process confined to the data analysis phase of the research; rather, the seeking out of themes and understandings also take place during the interview (Charmaz, 2014). The researcher interprets both latent and manifest meanings of the material, and gathers information not only from what is explicitly stated, but from the participant's tone, body language, facial expressions, and the connotations of the language used. Kvale provides an example of how a follow-up question is used to gain access to meaning rather than only factual information, which differentiates the a phenomenologically-based interview from a regular conversation (2007):

> A pupil may state: 'I am not as stupid as my grades at the examinations showed, but I have bad study habits.' Common reactions could then concern matters-of-fact:

'What grades did you get?' or 'What are your study habits?' – questions that also may yield important information. A meaning-oriented reply would, in contrast, be something like, 'You feel that the grades are not an adequate measure of your competence?'…The interviewer may seek to formulate the implicit message, 'send it back' to the subject, and may obtain an immediate confirmation or disconfirmation of the interpretation of what the interviewee is saying (pp.11-12).

Kathy Charmaz recommends that researchers inquire about the meaning using the participant's language to bridge what the participant is saying to the research question(s) (2014). She also encourages researchers not to shy away from ambiguity or contradictions in participants' responses and use these as an opportunity to delve deeper into a phenomenon: "Embrace ambiguity, contradictions, and your bewilderment. Treat bewilderment as a sign that you are entering the phenomenon. Through struggling with ambiguity and bewilderment, you may sense hidden meanings and gain a deeper understanding of the phenomenon" (Charmaz, 2004, p.981).

The interview schedule for this project is included in Appendix A; there are two separate versions for teachers and program directors. Following the collection of demographic information, Section I of the interview schedule is focused on the participant's training and approach to his or her role and students. Section II gathers information about the participant's experiences around mental health and trauma-related incidents and discussions that occur with students during the class or in private. Section III consists of a brief assessment of the participant's mental health literacy. Section IV focuses on the teacher's attitudes, opinions and experiences with the incorporation of mental health into the ESL class. Section V queries the participant about his or her support or training needs as they pertain to helping refugee students.

In Section IV, teachers were presented with two potential mental-health related classroom activities and asked to give their opinions about the feasibility, efficacy and appropriateness of each activity in the ESL classroom setting in terms of language level, cultural appropriateness, suggested modifications, and the teacher's own comfort and willingness to administer the activities. The activities discussed included the following: (1) Total Physical Response: an exercise that teaches emotion words and calls for students to act out different emotions, followed by a facilitated discussion about emotions and coping strategies, and (2) progressive muscle relaxation. The selection of these interventions is discussed in the next section.

The development of the interview schedule was closely guided by the research questions. Table 1 outlines the research questions and the sections of the questionnaire included in Appendix A, that most directly correspond to that question. However, the responses generated from each section provided important contextual information for all questions. A professional ESL teacher who is not a potential participant reviewed the interview schedule.

Research Question	Corresponding Sections
Contextual information	**Demographics questions** **Section I:** Information about teacher training and teaching approach
Question #1: What do ESL teachers and program directors see as refugee students' mental health concerns? How do they understand and experience these concerns?	**Section III:** Mental health literacy **Section II**: Experiences with refugee students
Question #2: How prepared are teachers to provide mental health-related education to refugee students, and what kinds of education, training or support would help them take on this role?	**Section III:** Mental health literacy **Section IV:** Support for teachers
Question #3: How amenable and comfortable are teachers in regards to incorporating a mental health component into their existing curriculum?	**Section V:** ESL and mental health
Question #4: What kinds of mental health-related activities do teachers and program directors feel are appropriate for the refugee ESL classroom?	**Section VI:** Assessment of potential intervention activities

Table 1. Research Questions and Corresponding Interview Schedule Sections in Appendix

Selection of Potential Intervention Activities

The intervention activities selected for inclusion in the interview were based on four criteria. First, the activity was required to have a clinical value based in theory and/ or research. Second, the activity needed to be appropriate for individuals with low English proficiency; in other words, it must not require complicated vocabulary or a high level of abstraction that may it more prone to misinterpretation; it must be an activity that could easily demonstrated by the ESL instructor. Third, it had to be appropriate for group settings. Fourth, it had to be easy for the instructor to learn. Finally, it had to be no more likely than normal ESL activities to elicit strong grief or trauma reactions from students

(e.g. it is unlikely to prompt participants to bring up family members who died in their home countries). Two interventions were selected from a larger list that also included a discussion of culture shock, deep breathing, visualization and a grounding exercise that engaged different senses. The exercises were selected based on feedback from a conference workshop in which I demonstrated the exercises with a group that included several English learners and an ESL teacher. They are described below.

Total Physical Response. This exercise was adapted from "Cultural adjustment, mental health, and ESL: The refugee experience, the role of the teacher, and ESL activities" (Adkins, Birman, & Sample, 1999), a booklet for ESL teachers who work with refugees which focuses on mental health. The Total Physical Response activity involves the students physically embodying different emotional states. This activity is followed by a discussion that I developed about situations/ aspects of life in the United States that elicit certain emotions, the ways in which different emotions (particularly sadness and anxiety) manifest themselves psychologically and physically, and what people do in different cultures to cope with difficult emotions. If available/ accessible in the community, the idea of counseling is introduced.

The intent of this exercise is to make use of the group format by incorporating therapeutic factors that utilize some of the factors that bring about change in group therapy: *universality, imparting information,* and *altruism* (Yalom, 2005). This exercise is intended to normalize difficult emotions and acculturative experiences (*universality*), teach coping mechanisms and provide resources for seeking help (*imparting information*), and allow refugee students to help each other by offering suggestions,

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which can be an empowering experience for individuals who are often at the receiving end of assistance at this point in their lives (*altruism*).

The basis of the Total Physical Response activity is a commonly used language learning methodology of the same name. The Total Physical Response technique is a second language learning methodology developed by Asher (1969) and focused on listening fluency. Asher modeled this methodology on his understanding of how young children acquire their first language, as children can listen to and obey commands before they are able to speak the vocabulary involved in these commends. Using this technique, the instructor speaks a command while demonstrating an action at the same time, as students imitate his or her movements (e.g., "jump," "turn," "squat"). Students are quickly able to learn more complex commands, such as "stand up and erase your name from the blackboard" (Asher, 1969, p.4). TPR is most frequently used with beginner level students. The TPR activity described above extends this methodology to emotions.

Progressive muscle relaxation. Progressive muscle relaxation (PMR) is a technique that involves the tensing and relaxing of different muscle groups in order to induce a state of relaxation, while contrasting the sensations between tension and relaxation (Dolbier & Rush (2012). The PMR exercise described in Bourne's *Anxiety and Phobia Workbook* (2011) was selected over other versions because it uses movements rather than a deliberate focus on muscle groups to elicit tension (e.g. Bourne instructs readers to "make a muscle" and raise the arms up in the air instead of directing them to tense the biceps and triceps, respectively). This approach is more appropriate for ESL, as it more easily demonstrable by teachers.

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Effects of PMR on anxiety are apparent in as little as one session; Rausch, Gramling & Auerbach (2006) demonstrated that a brief, one-time session of progressive muscle relaxation significantly reduced somatic anxiety in a large group of college students. PMR has proven to be effective in reducing anxiety in both patient and non-patient populations (Lehrer, 1978) administered PMR with a group of with anxiety patients with a group of non-patients, and found that both groups experienced relaxation, though the contrast between pre- and post- tests was a great deal more pronounced for the anxiety patients. This is a relevant finding for implementing interventions with refugees, because the refugee population is composed of individuals with varying states of distress.

A number of studies have demonstrated PMR's efficacy in reducing depressive symptoms in participants suffering from depression (Reynolds & Coats, 1986; Broota & Dhir 1990; Yoo, Ahn, Kim, Kim & Han, 2005; Holland et al., 1991). In addition, progressive muscle relaxation has been shown to be effective with a host of psychosomatic concerns. The effects of PMR appear to be strongest in the reduction of tension headaches (Blanchard et al., 1985; 1990; 1988; Teaders, 1984) than other somatic conditions. PMR has also been found to reduce insomnia (Gustafson, 1992; Borkevic & Fowlers, 1973).

PMR has been used and accepted in large number of non-Western countries. These include Iran (Ghafari, Ahmadi, Nabavi & Memarian, 2008), Pakistan (Khan, et al., 2013), South Korea (Yoo et al., 2005), Hong Kong (Molassiotis, et al., 2002), and South Africa (Greeff & Conradie, 1998), and Bulgaria (Georgiev, 2012), among others. This is widespread use is a testament to the cross-cultural acceptance of this technique.

Though considered a methodological approach, hermeneutic phenomenology does not have a single set of methodological procedures for data analysis (Koch, 1995; van Manen, 1990). Interpretive phenomenological analysis (IPA) is a phenomenological approach with hermeneutic origins that allows for a detailed exploration of how participants understand their experiences. This approach comes from the perspective, consistent with hermeneutic phenomenology, that the researcher's knowledge and preconceptions are necessary for her or him to access the participant's *lifeworld*. Gaining this access involves a double hermeneutic; how participants understand their experiences and how the researcher understands the participants' understanding of their experiences. The analysis takes a critical approach that seeks to view the participant in a holistic fashion and "read between the lines" of the data generated from the participant:

> IPA has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state. At the same time, IPA researchers realize this chain of connection is complicated – people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher has to interpret people's mental and emotional state from what they say (Smith & Osborn, 2007, p. 54).

Smith and Osborn (2007) recommend a set of procedures, but emphasize that this analysis method is not intended to be prescriptive, and encourage researchers to adapt it to their own needs and goals. Using this procedure, the researcher first reads the transcript several times to get new insights and make notes on the margin, make summaries or noting use of language. After several readings, these emerging ideas are then captured in one or two phrases that capture the "essential quality" of what is in the text. In other qualitative methodologies such as grounded theory, this is referred to as

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open coding (Corbin & Strauss, 2008). These emerging themes are at a greater level of abstraction and may employ the use of psychological terminology to describe meaning of the text. After themes are assigned, the researcher returns or "threads back" to the original text to ensure that, while at a higher level of abstraction, each theme is grounded in the text. Similar themes are given the same title. Some parts of the transcript may be more heavily coded with themes than others because they contain richer material.

Emergent themes are recorded separately from the transcript using the same chronology that they appear in in the transcript. The researcher then examines the themes as they are in relation to each other. Some may be clustered together; some may subsume others and emerge as superordinate themes. As themes are clustered into groups, the researcher continues to check these clusters against the text again to ensure that the interpretations are grounded in the text even as the levels of abstraction become higher. In this way, the data analysis for IPA is an iterative process; it cycles between induction and deduction. Meaning is extracted from the data inductively, and then tested deductively through comparison with the original source to ensure that the interpretation stays close to the text (Morrow, 2007). This is a way to enhance the "trustworthiness" of the analysis.

At the end of this stage, the researcher has a number of clusters that represent dominant, superordinate themes in the text. These superordinate themes are labeled and organized into a table, with their respective (subordinate) themes listed below each one. Next to each theme is a word or short phrase from an extract that represents this theme, as well as a page and line number identifier that indicates where each extract can be found. At this stage, individual themes that do not fit with the overall organization that emerges from the text may be discarded. Themes from the first transcript may be used to guide analysis from the next script. Smith stresses the importance of both noticing existing

patterns and new themes that appear, as emergent data are likely to be both convergent

and divergent (Smith & Osborn, 2007).

RESULTS AND INTEGRATED DISCUSSION

Chapter 5: Introduction to of Results and Integrated Discussion

The overarching purpose of this research is to explore the potential role that ESL teachers of refugees can play in promoting and supporting their students' mental health by incorporating a mental health component into their existing curricula. While the questions were the organizing theme for the interview guides, the methodology utilized, Interpretive Phenomenological Analysis, dictates that the themes emerge from participants based on what is important for them and how the researcher interprets it. Thus, while the research questions guided the development and the structure of the interview, they did not necessarily guide the structure or organization of the themes that emerged. For example, though the research questions do not address the relationships between students and teachers, this emerged as a theme because it is central to participants' lived experiences as educators for refugees, and it is relevant to their role in supporting mental health in their students. Thus, while the answers to the specific research questions were addressed in the following chapters, the sections are not organized around them.

Five superordinate themes will be discussed in the following chapters: Implicit and Explicit Aspects of Teaching Refugees, Relationship with Students, Witnessing and Addressing Mental Health Concerns, Role of ESL in Mental Health, and Pathways to Healing. The Pathways to healing section is in the form of guidelines for incorporating mental health into the refugee ESL classroom.

The first two superordinate themes (Implicit and Explicit Aspects of Teaching Refugees and Relationship with students), are addressed in Chapter 6 and deal with the experience of teaching refugees in an ESL classroom. The Implicit and Explicit Aspects of Teaching Refugees superordinate theme focuses on implicit and explicit demands and expectations of teaching ESL to this population, and the tension that sometimes arises between these aspects. Explicit aspects of the work center around improving refugee students' English. Implicit aspects of the work include creating a space to cultivate refugee students' identity development, confidence and empowerment, as well as a place for support, community, and stability. The superordinate theme Relationships with Students focuses on participants' understanding of the interpersonal aspects of their work; how students react to them and their identities, and participants' reactions to interactions with their students.

Chapter 7 focuses on superordinate themes specifically related to students' mental health concerns. The superordinate theme Witnessing and Addressing Mental Health Concerns focuses on various aspects of teachers' interactions around refugee students' mental health concerns, particularly with trauma. This theme includes content around the hiddenness of trauma and the nuanced ways in which teachers negotiate class content that is potentially triggering. The Role of ESL in Mental Health is a superordinate theme that focuses on factors that affect a teachers' ability to serve in a mental health-related role, both characteristics that would facilitate engagement in this role and factors that pose as obstacles to it.

Next, Chapter 8 includes recommendations and conclusions from this study. The last superordinate theme, The Pathways to Healing, is included in this chapter because the ideas presented can be directly applicable to real-world refugee ESL settings. This theme focuses on participants' own ideas and strategies for supporting refugee students'

mental health. It also includes participants' feedback to mental health-related activities that I presented to them. Recommendations around training are also included. This section is followed by a discussion of today's cultural and historical context for refugee resettlement, limitations of this study, and concluding thoughts.

PARTICIPANT DATA

The sample was selected with the intent of triangulating the data by gaining data from different sources. The sample included six participants who are currently employed as teachers of ESL classes specifically for refugees; three current or former program directors/ ESL coordinators, three current or former program directors/ coordinators who have had years of experience teaching adult ESL, and have worked extensively with refugees (though not always in an English instruction capacity) and a participant who works in an on-the-job training program and co-led an art therapy group. The teachers in the sample have taught ESL for 6-16 years at the time of data collection. Participants work in different types of programs: Grace, Elizabeth and Helen are teachers the same community-based ESL program for refugees; Nina is the program director for this program. Karen, Anna, Walter and Courtney work at the same adult education program that is part of a school district, also specifically for refugees. Robert is a program director of English as a Second Language at a community college, and used to head up an employment readiness program for refugees through a community organization. Shelley is a former teacher and coordinator at an adult education ESL program that was part of the school district; though classes were not specifically for refugees, refugee students

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have made up the majority of the composition of the classes there for many years. These

organizations vary in terms of institutional structure, funding sources, and the curricular

requirements of the funding sources.

Participant Sex, Age Race/ Ethnicity	Type of Program	Role	Language Level Taught	Sample of Refugee Populations Taught Country of Origin
Elizabeth Female, 50 White/Hispanic	Community-based ESL program	Teacher	Beginner	Afghanistan, Cuba, Democratic Republic of Congo, Myanmar/ Burma, Iran, Iraq
Grace Female, 40 White	Community-based ESL program	Teacher	Muli-level	Burundi, Democratic Republic of Congo, Iraq, Myanmar, Nepal
Karen Female, 60 White	Technical college	Teacher	Beginner to advanced	Cuba, Democratic Republic of Congo, Iraq, Iraq/ Kurdistan, Tajikistan, Somalia, Sudan, Ukraine
Shelley Female, 69 White	Adult education program in school district	Teacher and teacher coordinator	All levels	Russia, Kazakhstan, Georgia, Rwanda, DRC, Republic of Congo, Burundi, Bhutanese (from Nepal)
Courtney Female, 32 White	Technical college	Job training program instructor	Intermediate to advanced	Burmese, Democratic Republic of Congo, Iraq, Somalia, Sub-Saharan Africa, Nepal, Ethiopia
Anna 33 Female	Technical college	Teacher	Literacy level	Burma, Iraq, Bhutan, Congo, Eritrea, Sudan, Afghanistan
Robert Male, 45 White	Community jobs program; community college	Program Director	N/A	Former Yugoslavia, former USSR, North and Eastern Africa, Southeast Asia, Nepal, Burma (Rohingya, Karen, Karenni), Nepalis from Bhutan, Sudan
Walter Male, 36 White/European	Technical college; public university	Teacher; Administrator	High-beginner	Guatemala, Cuba, Colombia, Sudan and other North African countries, Congo and other African Francophone countries
Nina Female, 63 Middle Easter/ White	Community-based ESL program	Program Director	N/A	Iraq, Iran, Afghanistan, Myanmar, Democratic Republic of Congo
Helen, 50s Female White	Community-based ESL program	Teacher	Literacy level	Burundi, Burma, Iraq, Nepal

Table 2. Participant Data

Besides demographic and workplace variables, other variables played a role in participants' approach to mental health in the refugee classroom, including the participants' understanding of their roles, their paths to refugee ESL, and their own immigration history. These variables will be discussed as they apply.

Chapter 6: Roles and Relationships

This chapter addresses the experience of teaching ESL to refugees. The first section includes an examination of roles that ESL educators and the ESL classroom itself plays in students' lives; the feelings and experiences that participants wanted refugee students to have in the classroom and to take away with them when they left. The second section addresses different aspects of the interpersonal relationships between students and teachers.

IMPLICIT AND EXPLICIT ASPECTS OF TEACHING REFUGEES

This theme centers on the implicit and explicit functions of the ESL classroom for refugee students and the articulated and unarticulated aspects of the job for a teacher of ESL for refugee populations. Participants spoke extensively about the function of the ESL classroom plays in refugee students' lives, both including and apart from the ostensible goal of learning English. Participants' approach to their work as educators varied to the extent that they embraced, enhanced, and prioritized the implicit, unarticulated facets of their jobs. Implicit aspects of the job included the creation of the classroom as a place to gain confidence and empowerment, a place to find support, community and friendship; a place of stability and structure in an otherwise chaotic world, a place of respite from financial, logistical and psychological burdens. For some participants, these implicit goals were equally important or even more important than English-learning objectives, and these participants were deliberate about maximizing these aspects of the classroom experience.

Some participants thought explicitly about the ways these non-English-instruction goals interacted with the ostensible goal of learning English, as well as goals required by the funding sources of the ESL programs at which they worked. Although most participants focused on roles outside of English language learning, two participants spoke to the important role that learning English plays in the emotional well-being of refugee students.

A Place to Learn English: The Symbolic and Practical Significance of Language

This subordinate theme addresses the centrality of learning English to the emotional well-being of refugees, as understood by two of the participants. The two participants who spoke about the importance that learning holds for refugees were the only two out of the ten participants who were both born and raised outside of the United States. Nina, a program director at community-based ESL program for refugees, immigrated to the United States from Lebanon. Walter is from Germany, and is a part-time teacher and former volunteer at an ESL program for refugees at a technical college. He works full time as an administrator for an immigrant services program at a four-year state university; the majority of students this program serves in the Deferred Action for Childhood Arrivals (DACA) Program (also known as DREAMers), but some are refugees. Both Nina and Walter experienced immigration and learning English as a second language; they have also had extensive experience working with English-learners who are not refugees. Perhaps these perspectives allow them to be particularly attuned to the importance that learning English holds for refugees. At the start of each ESL course, Walter assigns his high-beginner level students an essay about their goals for the class,

which he then uses to inform his curriculum. From these essays, Walter is able to gain insight into refugee students' acute awareness of the practical importance of learning English for the next steps in their lives, as well as a symbolic importance that, in his experience, is specific to refugees:

> The idealism I think, I've seen in a lot of refugee students. Sort of – it's hard to describe, as you can imagine. And it is, obviously, very general, but I think a lot of refugee students will think themselves tested in the English classroom for the first time as immigrants, or at least I've gotten that sense for refugee immigrants, is that they feel the first big hurdle is the language, and so there's a lot at stake for them, I think emotionally, and then perceived or real, also practically...so you know, they have undergone severe personal life change, as you well know, and they're driven to make the best of the difficult situation they're facing. And you can only make the best out of something that you have control over, and what happens in the classroom, the outcome in the classroom, a lot of – for better or worse, a lot of refugee students feel like that's an area they can control. And I think that's both a source of inspiration, but it's also a source of, I think, unnecessary frustration, just knowing how language acquisition works. It's not something you can sort of will into being. You can to some degree, but obviously in many ways, you need patience, you need to be ready for failure. So I think, you know, for better worse, there's that severe investment that the vast majority of refugees have to their language learning. And that's complicated, cuz if a lot is at stake, then a lot can go wrong, and sort of the area of disappointment is just that much greater.

Here, Walter speaks about his understanding of symbolic meanings that refugees assign to their ability to learn in the ESL classroom. His conceptualization is that refugees see learning English as a "severe investment"; for refugee students who have undergone a chaotic and difficult life transition that they have little or no control over, ESL is one of the few areas of their life over which they have agency. The frustration comes from the fact that an element of confusion and failure is an inevitable part of learning a new language, and failure in the limited area of life over which one has control has the potential to be highly disappointing and demoralizing. In Walter's

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conceptualization, refugees see English as the first major task that they must accomplish, and the success of this task has a major impact on their lives as new Americans. An excerpt from Nina's interview elaborates on the impact of learning – and not learning – English in the first months after arriving in the United States, specifically for refugees.

> They're not learning English because they want to go to college, or because they want to better themselves…the whole purpose is survival. Refugees have been through so much, just to be able to find a safe place to live, and without language, they can't succeed. Those of them that have been resettled in the US, and I see them year after year, the people who do not learn English keep coming back and losing their jobs, and keep coming back to ESL classes for a short time, and then leaving again. And they never get settled, they're never successful. Um, if they come with a little bit of English and they have a confidence and they stick with it, then they succeed. Then they get the better jobs, they stay in their jobs, it's just – it's just so vital to their, to their life, and just the contrast, the background, and the pain that refugees have been through, it's really heartbreaking for them to fail because of language. And all my life I was teaching, like when I was in Lebanon, I taught or 20 years high school and this was a, uh – these were advantaged kids with money, it was a private school, a private, expensive school, so I never felt that the language translated into bettering people's life except that these kids were – had – had advantages in any case. Uh, their language improvement would put them in a better college, would give them better – but it was not this necessity for survival that you see in refugees coming to the US. So it's just, it has made it a lot more important.

Nina speaks about English in terms of survival. For people that have undergone severe hardships, suffered important losses and made significant sacrifices to ensure their survival and the survival of their children, Nina sees the stage of learning English as also one of survival. In this context, not surviving means never fully landing in the United States, and never fully living in the United States. Insufficient English language skills leave refugees in vacillating between undesirable jobs and unemployment. For Nina, it is painful to see people who have been through so much in order to find a safe and stable

home never find it.

Cultivating a Sense of Agency: Identity, Confidence and Empowerment

Another subordinate theme that emerged was around strengthening refugees'

sense of agency. Agency was discussed in terms of identity, confidence and

empowerment– and the creation of a space that could support the growth of these.

Elizabeth was one of the participants who explicitly acknowledged the ways in which

their personal goals from their students differed from the ostensible goal of English

instruction. In addition to her role as a teacher in a community-based ESL program for

refugees, Elizabeth is pursuing a career in mental health. At the time of the interview, she

had just completed a certificate in substance abuse counseling. She reported that her

ultimate goal is to be a trauma counselor, perhaps at a local community mental health

center for refugees/ asylum seekers where she used to volunteer. When asked about her

goals for her students, Elizabeth distinguishes between her formal role and her personal

goals for her students:

> My primary response should be "They should speak English!" [laughs]. But
> really, *my* goals for them as a teacher is for them to gain confidence and be proud
> of who they are, because I think a lot of that gets lost in the transition from one
> country to the next. Many of my students were professionals, they had advanced
> degrees in their country, and now they feel, um, a lot of dependency, uh,
> confusion, and I – I think they feel a loss of pride in who they are, so um, I want
> them to gain the English skills because that's going to allow them to regain, um, a
> sense of who they are, and be able to hopefully, you know, achieve their – their
> former level of status or their career, um, in the future. But it takes a long time, so
> what can I do *now* to make them feel better about who they are? Um, so while I'm
> teaching English, I'm wanting to instill a lot of confidence in them, I don't want
> to emphasize mistakes; I want to emphasize what they're doing right and I want
> them to give – I want to give them power over their own classroom, so I often –

every day I ask students to come up to the front of the class and take charge of the class. And I assist them in doing that, but I want them to feel empowered.

Here, Elizabeth comments on the loss of professional and social status that refugee students undergo when they are required by conflict or persecution to leave behind the lives they have built for themselves. She also comments on refugee students' transition to becoming dependent on other people and institutions, and associates these losses with a decreased sense of self-worth. Elizabeth values the role of English as a means to achieve higher status in the United States, but is concerned with promoting a more immediate sense of pride. She attempts to do this by ceding control of the class and asking students to lead, handing over the control of the class to students with the intent of empowering them.

Helen, another teacher at the same community-based ESL program, also uses this strategy of subverting the traditional teaching structure. Helen put students in charge of her classroom both to empower them and to create a sense of commonality among students by demonstrating that everyone in the class struggles with the same things. Several teachers also spoke about having students teach them phrases in the students' own language, placing the student in the position of the teacher and themselves in the position of the learner who struggles with pronouncing words in a new language.

A Place to Come: Creating a Space for Support, Community, and Stability

This subordinate theme centered on the facilitation of a classroom environment in which students feel comfortable, supported by both the instructor and by peers, in which they are able to find an oasis of stability in an otherwise chaotic world. Karen is a teacher

in an ESL program for refugees at a technical college. This program is more extensive

than the community-based ESL program that Nina, Helen and Elizabeth work at, with

more layers of administration and different relationships with funding agencies. Like

Elizabeth, Karen has a very strong sense about the dual roles of the ESL classroom.

Karen sees the classroom as a source of stability in a chaotic world, a place of

belongingness and a place of community. She capitalizes on these aspects of the class to

support refugees' emotional well-being.

> I know with refugees, my class is sometimes the first really stable situation that
> they have in the United States of America. Coming to my class every day is this
> grounding, supportive, friendly, warm place to just begin to go "Ahhhh [exhales].
> I'm alive. And I'm building this new life." And I take that really, really seriously.
> And so the climate in my classroom, and my relationship with the students is
> very, very high priority. I teach English, and I know that speaking English is
> essential to their success. But I always personally think about it in a much deeper
> way. I think about what they're coming from, where they're coming from. I know
> students bring a lot of stuff into the classroom. And I know that.

Karen gives a high level of consideration to the place that the ESL classroom

often holds for refugee students. After experiences in their home countries and an

immigration process characterized by uncertainty around one's future and one's safety,

the ESL classroom is a place where refugees can go at the same time every weekday (or 4

times per week, depending on the program), see the same faces, and start to develop skills

that are oriented toward building a future, not just taking the next step needed to survive.

Karen sees her role in this process as reaching far beyond English. She emphasizes

warmth, support and optimism as the factors that she wants in her students' experiences

of the classroom. While she addresses the importance of learning the language to the

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future of her students, she believes it is learned regardless, while the other roles in the

class need to be tended to. Karen believes that her prioritization of creating a supportive

environment that creates space for emotional expression can be at odds with the

expectations from her program's funders, which are conveyed through the program's

administrators:

> I personally believe a lot in the importance of processing things, and so I do have - I was gonna say I have a secret mission in my class. I don't have a secret mission that my class is a counseling environment, I don't. But I do have a secret mission that my class is this hugely supportive place for people who may be up to studying English that day, or may just need to get out of the house and come. I probably can't say that out loud at school, but I know that's sometimes necessary too… I mean they're always using it for English. They really are. But they also – I do know at times when I'm just a place to come. It's not just me – it's the other students. It's *not* me. It's the whole environment. It's the whole thing.

In this quotation, Karen is direct about the functions she wants her class to serve:

a place to get support, and place to come. Part of Karen's negotiation of these multiple

functions is comparing what her administration requires and her own priorities in the

class. This negotiation is conveyed by her use of language, including "secret mission"

and not being able to speak aloud at school the function of the ESL class as simply as a

place to go to get out of the house. Her conceptualization of her own role is of a "secret

mission" – a covert approach bucking authority illustrated in other parts of her interview,

when she refers to teaching refugees (as opposed to choosing administrative roles) as

"working on the front lines." Use of military-related language such as "mission" and

"front lines" may be indicative of her view of herself as someone who fights for what she

believes is best for her students. Throughout the interview, Karen engages in constant

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negotiation between what she wants most for her students and the expectations of the administration.

While Karen sees herself as a promoter and facilitator of the environment of support she seeks to create for her students, she is careful to make it clear she is not the sole factor in it; rather, it is the combination of her and the other students that make it so. Other participants discussed the positive role that other students play in providing support, validation and friendship for each other. Elizabeth sees much of the value of the ESL classroom as deriving from the social interactions between students, and is deliberate about cultivating this aspect of the classroom. In order to promote the classroom as a place for students to make connections with each other, she shuns the ESL convention of minimizing non-English conversation between students who speak the same language:

> There are little kind of cliques based on nationality. Now, I've had people tell me "oooh, I would break that up immediately, I would sit them apart from their, you know [laughs] compatriots." And I'm like, for me this is a place where they network, they make friends, they're allowed to speak in their own language, and there's a degree of comfort in that. I think honestly [laughs], I'm not gonna tell you to strike this from the record, but they come for – for that, a lot of them come for that, especially the women. But the other day the elderly men that sit at the front of – of the class, um, they've become friends, and one of them said just, just yesterday, he's like "I like to come to class to talk to him." And I was like, how lovely for him to say that, to feel that, and for the other man to hear that. Because this other, both of them have gone through so much…I think for him to make a friend – that was like, above and beyond. I was so happy. And so I think that's a really neat thing about letting them talk to each other in the class, and if they can do that in their own language, it's just, you know, it's just one thing less that they have to jump over.

Elizabeth prioritizes the support and networking roles of the classroom over

language related roles, allowing students to communicate in their native languages rather than limiting communications to English, which could be accomplished by grouping people from different language groups together. While Elizabeth explicitly stated that she does not want to exclude her discussion of this approach from the interview, her brief deliberation about this points to a wariness about stating publically that her priorities of community over English instruction. She sees a requirement to speak only English in the classroom as an obstacle to forming connections between students, and for her, removing this obstacle is more important than having an English-only classroom. In this quotation, she describes feeling deeply gratified by the connection between two men who have experiences loss, trauma, and life changes in an advanced age, and who benefit from making a friend and have the opportunity to feel important to another person. For the one of the students she describes, the friendship is a reason for him to come to class, and Elizabeth believes that the function of the classroom environment as a supportive atmosphere and that allows space for development of friendship contributes to retention of the students. Later in the interview, Elizabeth talks about a student for whom the class was a place to cope with her family and marital difficulties among friends and in a supportive atmosphere. This student was moved to higher level and dropped out, as other students, particularly female students, have done after being moved to the next level. Elizabeth attributes this to the more didactic and structured approach to teaching that the teacher at the next level takes and less focus on creating a social and supportive class atmosphere.

One of the elderly students that Elizabeth speaks about in the quotation above has

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been in her class for 6 years, and was not able to advance in a significant way due to what she believes is a learning disability. Other teachers discussed similar situations in which students, often elderly students, are placed in ESL classrooms where they are unlikely to learn a great deal, or use language to advance their education. For Elizabeth, part of the value of the class is as a place for those who do not necessarily have a place. While Elizabeth acknowledged the difficulty of being placed in this role, she embraces the role of providing a space for people to go, who may not otherwise have a reason to leave their homes. For these students, Elizabeth considered the principal purpose of the ESL classroom was not English learning, but a place to go for stability, structure and a feeling of safety. These students were generally placed in the lower levels, and teachers had varying reactions to working with this subset of students.

Helen described a similar situation. She teaches students at a pre-literate level; many of the students in her class are not literate in their native languages, and have not had any exposure to classroom learning. She describes her students as having pain and physical ailments that have negative impacts on their ability to learn, and other difficulties in learning that Helen attributes to a lack of understanding of how to learn due to a lack of any previous formal education (e.g. the concept of memorization and using repetition to aid memorization), and also attributes their learning difficulties to brain injury and psychological trauma. These learning problems result in problems with memory retention, and in her interview, Helen emphasizes the high level of energy required to teach students who struggle with retaining information, and who, she believes are unsure as to why they are in the class to begin with. Helen expresses frustration that

she has from working with students who she believes is not there to learn English and

increase their level of autonomy:

> Many of them, after years in my class, have to struggle to read their address
> because it's not important to them. They don't have a sense of what is important
> to them and what isn't in their reality because there's always going, in terms of
> the elderly, there's always going to be a child, or you know, someone, who will
> run the family. And that is extremely frustrating for a teacher to spend enormous
> amounts of time and energy on people who will never use the language… A lot of
> what I do with a lot of these elderly people is a caretaking job, you know, literally
> a home health aide caretaker in the classroom. Because they need that nurturing,
> and they need some kind of attention, but the government is so unaware of who
> they're funding and why they're putting these people in what's called an ESL
> classroom. My ESL classroom is not ESL. It's educational therapy.

For Helen, the role of the ESL classroom as a place to go, rather than a place to

learn English, was highly frustrating, and a role that she feels has been imposed on her

against her wishes. In this and other parts of her interview, Helen expressed that the role

of the ESL classroom is subverted, and she is pushed by those in authority into the role

for a caretaker despite her high level of training and experience as a teacher. While she

acknowledges the emotional needs of her students for a safe place to be, she considers

that this role is outside of her professional scope.

> The primary need for them is just to go to a place or be in a place where they can
> feel safe and where they can have a regular schedule in their daily life, not in a
> classroom, necessarily. Because many of these people are not ready to be in a
> classroom, especially the older people and the ones who had the brain trauma and
> the emotional trauma. And so the classroom is actually not really a classroom. It's
> helping them to feel safe, to feel positive about things, but that is not the role of
> an educated teacher. To have to accommodate that level of need for security.

Helen sees the need for elderly refugees, those with cognitive impairments, and

those with little motivation to learn English to have a safe, stable and structured place to

be. However, she feels strongly that an ESL classroom is not that space. She feels that it

has been turned into a depository for people that the people in charge do not know what

to do with, and who would not benefit from learning English. Later, she stated that this

role saps her resources and takes the focus away from people who need the English in

order to get jobs.

Anna described a similar experience with refugees of advanced age, who may

have a limited ability to advance in English:

> I think the overall goal is to help them acclimate to America. I mean it kind of depends on the student, but a lot of students come in at a much more advanced age, and with very little education from their own countries, so like, you know, it's just hard to predict like where they're going to end up in terms of English ability. I'm not sure how much – I know that I'm helping them with English, but more than that I think I feel like I'm helping them with just becoming part of this country, just with – if anything, we see them – we see the students every day, and so we are able to impact them in that way more than the actual learning, so I guess I just like my goal is for them to, like, love school, and love to come to school, even though what they're learning is – sometimes what they're learning is just like – I feel like sometimes it can be a little out of touch, because they have so many complex needs and yet, they're learning the ABCs, and so it's hard to see a connection between, you know, some of the students are – can barely learn the alphabet. And so statistically speaking, what are their chances of maybe entering university or something that may be someone else's life goal? But it's not about that. It's just about, how can we make learning a great experience for them, and have them love to come to school, and it be mentally stimulating for them to be there? So I guess like, long-winded answer is I want them to love education. I want them to feel welcome to America, and I want to help them in any way that I can.

Anna feels that her primary role is to help students acclimate and feel welcome,

and foster a love for school, irrespective of how far they advance with learning English or

how they are able to use it. She embraces this role eagerly. Elsewhere in the interview, she speaks to the unique role that ESL teachers inhabit in refugee students' lives due to the amount of time that student and teachers spend together. For Anna, learning English is the explicit purpose of ESL - but not the most important one.

The roles described by participants are fairly consistent with Ellis and Johnson's (2010) study on the metaphors that teachers of English as a Foreign Language use to describe their role. Though the metaphors in that study focus more on English learning, the roles that participants in this study describe are similar to the "nurturer" and "challenger/ agent of change" roles described in Ellis and Johnson's (2010) work.

RELATIONSHIPS WITH STUDENTS

Interconnected lives: Refugee interactions with participants' identities
Several participants discussed ways in which refugee students interact with them based on different facets of the participants' identities, including gender, language background and status as a teacher. Nina is a program director for a community-based ESL program. Originally from Lebanon, and she taught English there for many years before moving to the United States. She discussed having difficulty in her job search; as an Arabic-speaker, she applied to many ESL positions that called for bilingual instructor, only to learn that in the city she lived, "bilingual" meant Spanish-speaking. She was ultimately hired by her agency precisely because she spoke Arabic, as the city was having a large influx of Arabic-speaking refugees. While she does not teach English, her role involves helping teachers resolve various issues in the classroom, particularly when they

involve Arabic-speaking students. Due to her language and cultural background, she is not only called in to help by teachers, but by Arabic-speaking students who learn about this aspect of her identity:

> They look for me, the Arabic speakers. Because they've heard my name mentioned, and they tell each other when they first come, "You should look for Miss Nina." They look for me [laughs]. So you know, they have questions. They don't trust necessarily that all the information they get is accurate, because they come from societies where you don't trust the people in charge. People in charge are out to get you. They don't necessarily tell you the truth. So they come here, and they don't know if they can trust what their case managers are telling them. They don't know if it's true that you cannot find an apartment cheaper than the one they have, or that if you, the only good job you can have is maybe cleaning at a hotel if you don't speak English. So there's a lot of things that they're suspicious of because they have all these wrong views of the US, wrong expectations. So I used to get more people just looking for me to tell me that "I'm being cheated!" "No you're not." I just go through that with them.

Nina's language and Middle-Eastern background place her in the role not only an interpreter, but also a cultural broker in the eyes of students. Students spread the information about her as a resource through word-of-mouth. This aspect of her identity places Nina in a position to serve as a bridge between students and a system that they do not implicitly trust; Nina understands this inherent distrust of authorities, and the anticipation of being lied to and cheated by authorities. These refugees to go Nina with their concerns, and this speaks to their implicit trust that she will be truthful. Her own cultural understanding of where this mistrust stems from influences Nina's handling of this distrust toward authorities – it makes sense in her eyes, given her understanding of the societies that they come from and her understanding of the expectations that students come in with – which are inconsistent with the reality of life in the United States for these

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refugee students, and to which Nina attributes part of the suspicion. This understanding allows Nina to "go through," to traverse the process of understanding the norms of their new environment with them. The connection that her language engenders extends beyond responding to questions and complaints; she gets contacted by students and other refugee-speaking communities to seek help in cases of intimate partner violence, as well as other crisis situations:

> I had a call once from a woman who, she wasn't being abused, but she got my number from somebody else, and she was telling me she was gonna kill herself. And she had just had twins, and so it was depression, post-partum depression, it seemed that…And so I had to – and I'd never met her before. And I was trying to find out where she lived and how to connect her and try to solve her problem. We were on the phone, we were on the phone for like two hours, because I didn't want to hang up until I was sure she was okay. And I had never met her. I didn't know who she was, where she was, where she lived. But we talked down, so she was "Okay, I won't kill myself, my children need me." I'm like "Okay, I'll go see you tomorrow, give me your address." So I did go visit her the next day. She had told me one of the issues is that she had twins, babies, and she had a two-year-old. She couldn't leave the house [laughs]. How could she carry them? And her husband worked like 12 hours a day. And he seemed to be a good guy, I mean he was very supportive, but they had just got here, and she lived very far from where any other Iraqis lived. And he worked 12 hours, and she was in that house with three babies for 12 hours, and it was making her crazy, and she was just like 19 [chuckles]. She was a kid [chuckles]. So yeah, so I found her a double stroller, me and Erika who works with me, we scoured the Goodwills until we found a double stroller, took her the double stroller and visited her and talked her into coming to our classes, and she started coming like a few weeks after that. And she was fine!... [She contacted me] Because I could speak Arabic. She didn't know anybody who spoke Arabic. She said "I hear you might be the same age as my mother. I don't have anybody to talk to." So…again, if she lived where other Iraqis lived, she would have probably had some connection. But she didn't. Of course, other pressures come from living close to your community, which are not necessarily all positive either, but in this case, it was loneliness and just complete helplessness. I mean, what do you do? I mean, I don't know what I would do with three babies [laughs]. Nineteen! I mean, she was a kid [tears up]….So anyway. So as you can see, we do more than English [chuckles]. When you work with refugees, you have to do a lot of other things.

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In this situation, Nina describes spending two hours on the phone with a woman she has never met, working to prevent a suicide. The young woman she was speaking to had gotten Nina's cell phone number from someone else, and had contacted her in a state of desperation because Nina spoke her language and because she heard that Nina is close in age to her mother. This speaks to the degree of a young refugee woman's isolation; she reached out to a stranger in a time of crisis and desperation for assistance and perhaps maternal support. It also speaks to the way in which Nina's identity as an Arabic speaker and her age placed her in an unusual role for the director of an ESL program. It placed her in a role commonly associated with the mental health professions: suicide prevention. Nina, though not a mental health clinician, was also able to hypothesize about the causes for this young women's distress, including post-partum depression and isolation, in a situation where she was away from people who spoke her language and had no way to leave her home without her children. Nina and her colleague then worked to remedy part of this distress by quickly acquiring a double stroller to enable the woman to go outside with her children, and enrolled her in ESL classes, where the woman would presumably be able to make other contacts, including meeting other people who spoke her language.

Nina became tearful as she spoke about this woman's young age and her position of having to care for two infants and a toddler almost by herself, and visualized herself in this situation. Her relationship with the refugee students that she works with, and as with this young woman, whom she has never met, go beyond the professional interactions and are limited to work settings, hours or situations. As she stated at the end of this quotation,

"When you work with refugees, you have to do a lot of other things."

In other ways, Nina's identity as Middle Eastern women had the potential to create distance between her and some students from the same part of the world. Part of Nina's role as a program director is to coordinate referrals with mental health agencies if needed. In doing this, part of her job is to educate refugee students about mental health services and make referrals if students agree to it. Nina perceives that she may be getting push-back related to her identity as a Middle Eastern woman; in the quotation below, she speaks about offering a referral to a counseling center for refugees and asylum seekers:

> In some cases if I'm speaking to someone who's an Arabic speaker, they may say no to me because I'm from the same community, but may say yes to an American person. So again, it's different depending on who you're talking to. It's getting where they know me enough to know that I'm both, I'm bicultural, I don't judge them according to that, because I've come up a lot of times and telling women "You shouldn't listen to the people in your community who are telling you you have to do this, you should just do what you want to do. So they know that I'm not traditional in that respect.

In this quotation, Nina discusses how her stimulus value impacts her ability to help students receive mental health services. She speaks about instances in which Arabic-speaking students have refused mental health referrals coming from her, but have accepted them from an American. Nina attributes this to an intraculural cause; she believes that the person may be unwilling to accept help from her (and thus admit the a need for mental health services) because he or she may perceive her to be from the same community, and may be concerned that she may stigmatize them in the way that others in their community would - a concern that would not be present if accepting a mental health referral from someone outside of the cultural community (e.g. an American). As students

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come to know Nina better, they become more aware of her bicultural identity, and these concerns subside. Her potential stimulus value as a "traditional" Middle Eastern woman disintegrates as she encourages the women in that community to buck culturally-imposed limitations that they experience in the community and make their own choices – including about whether to whether to engage with mental health services.

Thus, Nina's cultural and linguistic commonality with Middle Eastern students has been valuable in many ways – including bridging gaps in understanding between refugees and other services agencies, and the ability offer help in times of crises and in intimate partner violence situations, but these identities may also have potential distancing effects.

Walter also addresses his stimulus value to students. Walter's background, like Nina's, also includes immigrating to the United States; he came from Germany and learned English in late adolescence and adulthood. Unlike Nina, he does not share a cultural or linguistic background with most of his students.

Walter sees making a personal connection with students as an important part of his work, and believes that the experience of opening up and being listened to and validated can be highly beneficial to students. When asked whether students open up to him, Walter discussed his own stimulus value as a potential obstacle to disclosure:

> I think it really depends. I think as a white male who speaks good English, I just look very different than sort of the students in front of me, or a lot of students, so depending on the culture, you know, if I'm talking to somebody of the opposite gender I think it might be harder to open up. I think I'm pretty lucky in that I can say "Hey, I moved to the United States when I was 21, I had to learn English, things weren't always easy, I worked illegally for a year." Like there are just

some things I can tell students about me that makes it a little bit more easier, where they see "Oh, he opens up to me, he knows, at least in a small way, what life is like for me." So I think that helps a little bit.

Walter recognizes that his identity as a white, male English speaker – different than most of his students – may create an obstacle to self-disclosure, and attributes some female students' reticence about opening up to him to these facets of his identity. Walter believes that this identity and privilege in relation to many of his students may make it less likely for students, particularly female students, to open up to him. He believes that the distancing impact of these aspects of his identity are mitigated by his status as a non-native speaker and previous difficulties and his history of having worked in the United States illegally, and he self-discloses these experiences to students in order to create a sense of shared identity with them. Walter believes that this approach has been helpful, and that due to his own status as an immigrant and his disclosure about it, students feel that he is more likely to understand some aspects their experience. In addition, the very fact of his disclosure may have an impact a positive impact on these relationships in the form of building trust.

Several other participants discussed the impact of their stimulus value as authority figures, the inherent power difference between students and teachers, and their work to attempt to mitigate this difference and empower students. For example, Robert, who had worked in a job-preparedness program for refugees, stated that program staff called the refugees in the program "participants" rather than students. As discussed earlier, Helen and Elizabeth spoke about "flipping" the roles and having students stand up in front of the classroom while they sat back in order to help give them a voice and empower them.

Elizabeth also expressed a concern that students express only positive emotions, particularly in regard to the class, in order to please the teacher.

Grace, another teacher at the same community-based program, spoke to the cultural expectations that student have of teacher: "There's a lot of cultural expectations too about what the teacher's gonna be really strict or whether it's okay to ask, I dunno, ask questions. There's kind of different cultural issues that come into play." Grace's awareness of how refugee students are used to perceiving and interacting with teachers inform her role in helping students to acculturate to an education system that may be different from the ones they grew up with.

Holding the weight of refugees' experiences

In this subordinate theme, participants discussed experiencing distress connected to learning what refugee students have been through in their countries of origin, as well as the difficulties they continue to experience during and after resettlement. Not all participants addressed this topic, and some mentioned momentary sadness in response to hearing about a refugee student's struggles. For some participants, the toll of hearing about these experiences and often an accompanying feeling of obligation to help, lingered beyond class hours.

Courtney currently works at a job-training program for refugees and other immigrants set in a coffee shop; it is a mix of job skills and informal English instruction. Prior to this, she worked at a resettlement agency that has since closed. While at the agency, she co-led an art therapy class run through the agency. The class was typically

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composed of students from one or two language groups and was directed at refugees who were identified as needing mental health support. In the course of discussing a crisis situation with a student in the art therapy class, Courtney spoke about the impact that students' disclosure had on her:

> We did have one woman, just threatened – I mean, threatened to commit suicide and of course then we would call the police and put her on a watch and do all of that. Yeah, I think just giving people space to talk when they wanted to…I mean, what do you say when somebody tells you "I lost my son and my husband while walking across the desert." So, yeah. I mean, our – a lot of our Iraqis, because the situation in Iraq is ongoing, have family members that are very much in danger, and now every time there's a bombing on the news, they wonder if it's their family, and it's certainly hard. I think one of the things that a refugee network, certainly in [state] but I would venture across the United States, *really* does not do well with, is secondary trauma. I think that's why the burnout rate is so high, is you just – you can only hear so many times "My family's in danger, my family's being shot at, my kids can't, you know, my niece and nephew can't go to school without being shot at," before you just can't deal with it anymore.

In her roles, Courtney is a frequent recipient of refugees' narratives about trauma, whether this trauma comes in the form of losses of loved ones, or ongoing stress of refugees' families who are still in danger. She speaks about this stress in terms of secondary trauma, which she says goes and is responsible for burnout among people who work at resettlement agencies. In response to a follow-up question about what could be done to address this issue, Courtney stated that she did not know, but that education would provide a starting point, as people may not be aware that they are experiencing it:

> I don't even know if people know [secondary trauma is] a thing. I mean like they know it's a thing because they feel the weight of all of these stories at the end of the day, but I don't know that people really know that it's real. I don't know. I think that might be a good place to start, is education. This is the thing, and here's what it's called.

Courtney's conjecture that people walk around with the weight of refugee students' trauma and other problems is consistent with Karen's experience. At the time of the interview, Karen had recently switched from teaching courses only in the refugee ESL program in the technical college where she works, to teaching half refugee classes and half non-refugee classes. While it was an emotional struggle to let go of working with students that she felt connected with, she also experienced a sense of relief that was surprising to her:

> I had a really hard time giving up one of these classes. I felt like I was letting go, like people were holding my hand and I was letting go. And it was hard. But the decision was made. And I also found like it was actually kind of good for me after I got through that sort of feeling really, like it was really hard to let go, cuz I notice, I take on a lot of what the students are going through. So it was actually kind of – I wasn't looking for this at all, I wasn't aware of it, how much I was also carrying of what just what they're going through on a day to day basis. And I *don't* carry that with these other classes. I just teach the class, you know, I know something about their lives, but then I teach the next class. But with the refugees, I go much deeper, and try to solve a lot more problems with them, and when I can, I do try to solve problems, if I know of a job need, or if I have an idea, I go the extra mile. And I like doing that, I'm not complaining, but I did realize when I switched and let go of some of those classes, I was like "Woah! I'm kind of exhausted!"…I'm not complaining about it, it's just I'm expected…when I changed to that half, I was like "Wow." At first it was traumatic for me to let go, and then it was like "Woah. That was a lot to worry about every day." And I didn't realize I was worrying about it, but you know worry…I wasn't worrying about it, that's not all accurate, cuz these weren't my problems, thank God. But I knew that my students had these problems.

Karen's feelings of attachment to her refugee students made it difficult of her to let go of teaching one of her classes; at a later point in the interview, she describes this experience of letting go as "traumatic." However, after she stopped teaching some of her

refugee classes, she felt a weight life that she was unaware of carrying. Though this weight consists of day-to-day problems that she feels pulled to help students solve, rather than traumatic narratives that Courtney describes, they both use the word "weight" to describe the feeling that they leave the class with, and speak about exhaustion and burnout. Karen compares this experience to how she feels about her new, non-refugee classes. With these new classes, she is able to finish the class, leave it behind and move on to the next class without taking on the burdens of her students. These sentiments are a testament to the feeling of investment that refugee students engender in her. When some level of this investment was removed with the change of classes, Karen felt both a sense of relief and a sense of loss – she expressed concern later in the interview that she would not be able to bond with her new students to the same extent as she could with refugees.

Helen carried the "weight" of refugee students' struggles differently. The feelings she described carrying were anger and a sense of helplessness. She discussed this in the context of her frustration with the medical establishment; her perception was that refugees are getting improper medical treatment. For example, Helen described a student with neurological damage in his arm, who had received four or five vaccines in his arm that Helen perceived to make his arm less functional, and was prescribed medications that Helen felt were excessive. Helen experienced anger over this and responded by attempted to take action:

> I was so upset that I went to my, one of my program directors, but of course we're told this is not our…privilege. We don't have the privilege, we don't have the right to point the finger, you know, at any of the doctors or, the, we cannot be upset about the, basically we cannot be upset about these things because it's not

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our territory, but I consistently see elderly people who are dehydrated, they're dying from dehydration because their doctors don't tell them to drink water. They're dying from drug side effects. They're dying from malnutrition. The medical model does not address any of these issues. And so that to me is you know, it's a form of abuse in my opinion. But again, those are my issues. I have a lot of issues with the medical establishment, so as a teacher, it's very, very hard to see people who clearly were not, you know, were getting either not the appropriate treatment or erroneous treatment and then internalizing their agony and their pain in the classroom. So um that is, that's very difficult for a teacher and yet you know, what do we do? [chuckles].

Helen describes herself as an activist, and she reacted to a perceived injustice by taking action and going seeking help from her administration. This interaction resulted in feelings of helplessness; Helen felt stripped of her voice in expressing of her concerns, and even felt that she was denied the right to experience these feelings in the first place. Helen uses strong language and hyperbole to express her distress about the positions that refugee students are pulled in to, and their helplessness as non-actors - as people that things done to are done to.

Chapter 7: Working with Traumatized Students

WITNESSING AND ADDRESSING MENTAL HEALTH CONCERNS

A nearly universal superordinate theme in the findings centers on participants' experiences of their students' mental health concerns. Participants described witnessing and hearing about traumatic experiences and mental health concerns among refugees that were consistent with those described in the literature (APA, 2010; Hobfoll et al., 1991; Lustig et al., 2004; McKay, 2008; Porter & Haslam, 2005; Schweitzer, Brough, Vromans & Asic-Kobe, 2011; Shrestha, et al., 1998). For example, Shelley spoke about students with missing limbs and scars that she believes were inflicted by torture. Walter, Courtney, and Shelley spoke about refugee disclosures about separation from and deaths of loved ones. Courtney, Helen and Shelley reported hearing may narratives of difficult journeys to find safety.

Nina, Courtney, Shelley, Grace and Karen referenced issues around assimilation into American society. Consistent with Portes and Rumbout (2001) and Zhou's (1997) writings about the impact of assimilation outcomes, participants discussed the importance of a student's individual characteristics and receiving environment to how they adjust. For example, participants spoke about the advantages of having formal education and a little English in adjusting to the classroom and providing confidence in a students' ability to learn English. Participants also spoke about the mental health benefits of having a community of people from the same country to integrate into, and the isolation inherent when such a community is not present. Participants also spoke about the downsides of

having such a community when it comes to help-seeking for mental health concerns due to potential stigmatization.

Trauma: Always Present, Usually Hidden

Several participants expressed surprise at how well-adjusted their students appeared, given what they have been through, and many expressed surprise that trauma did not manifest in the classroom more frequently. Grace is aware through her training and her own research about refugees' trauma and its impact, and she is surprised at the "pluck" and cheerfulness of her students, given what they have been through.

> Our boss was telling me that, was telling us that something like 85% of the women coming from DRC and Burundi and places like that are – I think that's where she was saying, she said some that they have been raped, and I'm s just so – I don't know, just looking at those women, I can't believe that they're as cheerful as they are a lot of the time, I just feel so bad for them , it was hard to believe, so I know that those are the kind of things that I know that may have happened, so…Yeah, it's difficult to tell. I mean I thought that – I thought when I first started the job I thought that you would somehow, but you really don't always. I mean there have been a few incidents where people have started crying in my class or while I was testing, cuz I did the testing too for a while before I started teaching, or while I was testing them, they started to tear up, but it's only two or three times that's happened in the time I've been there. So that's a real obvious sign there, but you know, other than that, the signs are not, it's not really that obvious, you know?

Grace knows that many of her students have undergone significant trauma because she has been educated about this by her boss. However, it is challenging for her recognize the atrocities that her students have undergone with the cheerful people in front of her; her image of a person who has been traumatized is incongruent with the people she sees in her class who are usually cheerful. Prior to beginning teaching, she believed

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that trauma is something that would be more detectable than it is. Elizabeth also

expressed surprise at the struggles hidden behind a student's manicured and positive

appearance and impressions.

> One student suddenly started opening up to the whole classroom about her suicide
> attempt, and I couldn't have been more surprised, because she was somebody that
> always came to class very, very carefully, you know, made up, extremely
> beautiful, always made up, always smiling from ear to ear, always very social,
> and I just wouldn't have expected her to be the one that would open up in class
> like that. Um, but I know they all have something like that in their background,
> something that's very traumatizing.

Elizabeth was caught by surprise when a student's appearance and sociability

belied suicidality - like with Grace, it appeared incongruous. Like Grace, Elizabeth is

aware, perhaps on a more intellectual level, that most of her students had gone through

traumatic experiences. She was surprised by the inconsistency of what she interpreted as

signs of wellness - care for appearance, smiling, and sociability and her history of

suicidal behavior.

Nina also commented on the ways in which even when symptoms of trauma are

visible, they are sometimes not seen as such, and misattributed to other causes. The

misattribution can come from the refugee the service provider, or both:

> I was just hearing from somebody who works at another organization just telling
> me about this young guy from the Congo, um, who's, he's a teenager, and she
> said he doesn't talk, except he's gotten to where he can say a few words, but then
> he asked for help in getting to a speech therapist because he's been here for a few
> years, and they did. And they said you know, he used to talk, and then he
> witnessed a massacre and then since then he never, never spoke. So throughout
> his growing up, years after he witnessed the massacre in Congo, he did not speak.
> And there's a lot of that. What we would see is that "Oh okay, maybe, maybe this,
> this child or this teenager just, you know, he's, he's, he's, mute, it's maybe

physiological," you don't think about it as being the result of experiences or what he's witnessed. And there's a lot of that.

Nina describes the case of a teenager who experienced elective mutism as a result of witnessing a massacre as a child, a situation consistent with elective mutism. However, both the teenager in question and the organization assisting him attributed it to a physiological treatment, resulting in a referral to a speech therapist. Thus, trauma symptoms can be hidden not only from teachers and service providers, and also form the refugee students themselves, who may attribute symptoms to physical causes.

Evoking Emotional Responses

Most participants had experiences in which refugee students had unexpected emotional reactions. These reactions occurred during assessment or job training exercises (e.g. a practice job interview) or during class, especially when the topic of family was covered, or during a unit on the past tense, which necessarily required refugees to consider parts of their history. Emotional reactions discussed most often were traumatic loss and separation from loved ones. The reactions discussed were varied; they included unexpected outbursts of anger that teachers attributed to traumatic events tearfulness, and students appearing withdrawn or disengaged – affect that participants also frequently attributed to trauma.

The most common topics to evoke emotional reactions from students involved themes and questions about family members, a topic potentially upsetting for refugees who have experienced or even witnessed the traumatic loss of family members, or have

family in their country of origin who may continue to be in danger. For teachers of beginner level ESL, where curriculum content generally includes vocabulary for family members, emotional reactions are particularly like to come up. Teachers spoke about having to make judgment calls about whether to teach these units, when, and to what extent. Helen, Grace and Shelley teach beginning-level English and all mentioned concerns and over triggering emotional responses when teaching vocabulary around family.

Helen described this part of the curriculum as "walking on ice," and reported that teaching this vocabulary has caused students in her class to start crying. She expressed her belief that a full unit about family should not be taught. However, avoiding this unit entirely is not possible due to the practical needs of some of her students:

> Unfortunately they do have to be able to talk about their children because it's, you know, school issues and health issues and so I do have to have them talk about their children and what's happening with their children which does require, "I have two children living in Burma, and I have five children here" and that can be traumatic where you know they, they, they're totally disconnected, they don't know what their children are doing or where they are, that can be traumatic, um, but in terms of the family identifying the family tree, I honestly don't do it. I just don't, because it's not worth it, you know, it's um, I, you know, I will ask them, who's living in [city], who's living in your apartment; "Do you have two people in your apartment? Do you have three people? Who are they? What are their names?" because that's kind of safe territory, that's their immediate reality so I might be, you know, defaulting as a teacher by not covering that in the curriculum, but um, it really is walking on ice and um you know, I personally think it should not be part of the curriculum.

The need for some refugees to be able to speak about their children in academic and medical contexts necessitates teaching some about family, which evoke emotional reactions from refugee students who are separated from their children and may be

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unaware of their whereabouts. Helen attempts to mitigate this by keeping the

conversations to her students' present, "immediate reality," and avoids other activities

that may be typical in a Family unit, such having students create a family tree. She speaks

of teaching family as a perilous territory with language use such as "walking on ice," and

anything what is absolutely necessity is not worth the risk of upsetting her students. This

expressed a tension between teaching important content and potentially triggering her

students. For Shelley, a former teacher and teacher coordinator at an adult ESL program

in a school district, the default plan was to teach a family unit. Shelley described a

spontaneous revision to the day's lesson in response to a student's emotional reaction

during testing:

> One thing we would have to do occasionally was to revise the curriculum on the spot. For example, I had a beginner class and I was just about to start the family unit: mother, father, son, daughter. And the aide, we had an aide who did testing, so the teacher didn't have to go out of class to do the testing, and then she placed the incoming student wherever that person needed to be, and the aide came racing in and said "I need to talk to you," and I went "Okay." And she said "I've got a Congolese guy here," he's from Congo Brazzaville, was there….And she said "And I asked him about his family, you know, like on the test, and he burst into tears and pantomimed the murder of his wife." I said "Okay, we won't do that unit today." Cuz he was gonna be in my class. So we immediately switched to something else. So you had to be sort of flexible. I don't believe in being *overly* sensitive about that stuff, but you don't want anyone weeping in class. And at some point he's gonna have to learn family.

When a student had a strong emotional reaction to questions about family during

the testing process, Shelley changed her planned curriculum to avoid further triggering

the student - but only for the day. She expressed that eventually the student would need to

learn this subject matter. While she is wary of triggering refugee students, she did not

consider omitting the family unit in general. Below, Grace discusses her own

deliberations about the family unit's inclusion:

So sometimes I've wondered like maybe I shouldn't teach family, but the woman from [refugee mental health clinic] – oh no, it was an article I read about trigger warnings, you know about this? And the article was actually saying that it's kind of good for people to – I don't know – talk about the things that are bothering them, and it's not good to censor your teaching out of fear of triggering something. As long as you're doing it in a respectful way – I'm not talking about beating them over the head with it, but it's kind of okay – it's kind of not healthy for them to be going around expecting the subject of family never to come up or something. Then I started thinking "Well, maybe the class is kind of a safe place where we can talk about those things, you know?" So.

In this quotation, Grace grapples with whether to teach a unit on families. She

balances the risks of distressing students in the class with the importance of preparing

them for real-world interactions. In these deliberations, she uses information gathered

from her reading (e.g., an article on trigger warnings) to inform her decisions. She

considers the classroom's potential as a "safe space" to acclimate students to discuss

topics that are difficult for them, possibly to make it easier for them to do so in spaces

outside of the classroom. Later in the interview, Grace elaborates on this idea. She

describes a lesson on the past tense, in which students speak about objects that they used

to own in their home country that they no longer have. She discusses how one student

reacted during the course of an activity:

The lesson is the students talk about things that they had in their country that they no longer have. Or things that they didn't have that now they have. And sometimes emotional things come up. I remember this one girl from Afghanistan saying "In Afghanistan, I had a beautiful dress. Now I don't have that beautiful dress." And just she looked – she didn't start crying exactly, but she just looked – it was like, it was beyond the dress. It wasn't just about the dress. But I think

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that's actually good. I want them to start using English to start talking about things that are important to them emotionally, and I want them to have American friends, and when they make friends, I know those people are gonna ask them "So what's your story? What happened to you? Tell me about your life." And I want them to be able to do that and say "Look, this is what I lost, this is what I've been though, and this is what I'm doing now." I want them to do that. Yeah, I would like to do more of that, really [laughs].

Grace detected an emotional reaction in a student's discussion of an important object in her past, to which she attributed a deeper meaning - perhaps a longing for home or for those she lost in the course of her migration. Grace sees a benefit in students talking about emotional topics in class because they may help them form bonds with the people in their new country. Her implicit assumption is that bonding occurs through disclosure of emotionally salient things, and her goal for the students is for them to be able to do that as part of the acculturative process.

Karen faces similar deliberations about the inclusion of potentially triggering content. She describes a classroom activity, also connected to loss and the significance of objects that people can hold:

"It's a lovely little book, it's a like maybe a 6th, 7th grade reader, chapter book, and a little girl has just lost her grandmother, and long story short, she's lost her grandmother, then her grandmother starts writing her letters from heaven. And so the very beginning is about having lost your grandmother and the first discussion that we had about that chapter, every. single. person. in class was upset, and thinking about someone that they had lost who had given them something special, which I think was sort of the gist of the chapter. And when I saw that happen, I thought "We're not gonna do this book. It's lovely, but it's too much about loss." And it was really, it was painful for people. It was a painful class, and I just… personally I'm not afraid to do that. I would welcome that, but I had to draw the line between what was appropriate in my English class, so I pulled the book. I think it's a great book, and I think it's good for people to have those discussion, but I just made the sort of professional decision based on, that this was English

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class, and it was too close to the bone for people. Everybody was crying, cuz I think I asked a question that was like – the prompt was like – "Has anyone ever given you something special to remember them by." Oh my God! Everyone had that, and everyone was crying cuz that person was back in Iraq, and that person….it was like aghhh! [laughs].

Karen was struck by the emotional reaction that students had to a book. While she was not worried about having to deal with students' emotional reactions, she made the decision to remove the book from the curriculum because, while it is useful for people to address issues of loss, she was concerned that it was not appropriate for a class where language learning, and not emotional expression, is the purported goal. In making her decision, Karen was concerned that her supervisors would consider this to be outside of the bounds of her work:

I felt like my bosses would probably think I was having a counseling session. That wasn't my goal. My goal was to use it as a – it was reading. We were reading, and then we were writing [chuckles]. But in that case I just pulled it, I made the decision, "We're not gonna do that."

This highlights a tension between what may be beneficial in supporting refugee students' emotional well-being by allowing space for emotional expression, and what may be considered appropriate for the setting. The quotation above indicates that Karen felt exercise did address the language-related objectives of the course, but was concerned about giving the appearance of "having a counseling session." Evoking emotional responses is not the intended purpose of classroom, but she sees it as an inevitability when working with a population that has experienced recent and significant losses and traumatic experiences: "You know, it's not my goal to make them cry, but I also know

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that sometimes it's just gonna happen."

When Karen is able to anticipate that topic is potentially traumatic, she gives student choices when a response from students is required. Karen reported that she trusts students to know their own limits in terms of what they are and are not comfortable, an approached shared by several other participants. She and other participants spoke about giving students a choice about whether or not to share personal or traumatic experiences. She believes, like other teachers, that students will not go beyond the limits of what they are comfortable expressing.

> I was always careful, like you know, if it was something that might be traumatic, I gave people choices, like I'd put three prompts on the board. One of them would be something if you wanted to talk about that – write about that – you could. If you didn't want to touch that with a 10 foot pole, there was something related to the story but way more safe. So I would do that, and let people do what they wanted with it. Cuz I think, my experience is that people – they kind of know their limits in some ways. They will not open about something if they don't want to. So I just sort of figured, I'll let them choose how much they want to write about or think about that in this class.

Elizabeth also has a nuanced view of emotionally evocative topics. She references her training in counseling and her desire to ultimately a trauma counselor as she describes her approach to students' mental health.

> So you know, what are things that I need to be aware of, what are trigger issues, um, and it could be very, very subtle, and if you're not aware of the country background and – and what people have experienced there, a simple question like "Are you married?" or "Do you have children?" can set off, you know, very strong emotional responses in the classroom. So you have to tread very, very carefully, and be very aware that, you know, questions that seem relatively benign to us can be very, very harmful to the student. We don't shy away from them, but

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we approach them very carefully, so, and we – or I pay a lot of attention to body language and just other behaviors that might indicate there's something going on.

For Elizabeth, awareness of likely "trigger issues" is important given a person's country background. She uses her knowledge of her students on an individual level and on their specific country of origin to inform her in maintaining the balance between talking about relevant topics and risking emotional harm to students. She expressed concern that students can be significantly harmed through questions related to family members, as well as being cognizant of non-verbal signs that a student is activated. Like Karen and Grace, she emphasizes that she does not avoid addressing these topics, but emphasizes that need to "tread carefully" around them. Later in the interview, she speaks about addressing mental health in class, and how the timing of the class during the week played into her deliberations of when to schedule content related to mental health:

> I just picked Wednesday because it's in the middle of the week, um, I had someone coming that day to volunteer that was very interested in that topic. Um, and so we're not – we're not jumping into it on a Monday morning, which is usually, we have to get back into the English groove, and it's not on a Thursday, where I'm not gonna see them for three days, so I'm not opening up a can of worms, you know what I'm saying? It's like we can revisit it, and talk about it, um, and I feel like they're ok to go into the weekend. Yeah.

Elizabeth introduces topics that touch on mental health on Wednesdays - after students return from the weekend and get a chance to become acclimated to English, and avoids introducing these topics right before the weekend; she is concerned that this will open up "a can of worms," that students may ruminate or continue to feel distress over the weekend without opportunities to process it.

Another consideration for Elizabeth is the class' reaction of to a student's

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emotional expression or disclosure. Elizabeth reports that she must weigh a number of different factors in deciding how to deal with emotional expression and emotional disclosures in class. She discussed these considerations in response to being asked about her response to the student who disclosed her suicide attempt to the class:

> That's always hard. Because I have to consider the group and balance that with the individual, so how much is too much, how much is putting the rest of the group at risk, how much is showing the rest of the group that this is a safe place, and we all understand where the other person is coming from? So, in her particular case, I mean, it's been a year, um, I don't remember cutting her off. What I remember with the two or three students is that they sort of cut themselves off. They're like, ok, you know. Now it's time for me to stop, I'm being selfish. That's the kind of feeling I get: "It's ok, teacher, it's ok."

In situations involving student disclosures, Elizabeth weighs the needs of the individual to self-disclose and feel safe, the group's feelings of safety against being triggered themselves, as the group's own safety in feeling that they can disclose without being cut off, and the impact of understanding the common experience. If she allows the individual an individual to continue, there is a possibility that other students to become triggered - a possibility with potentially significant consequences in Elizabeth's understanding, based on her phrasing of "putting other putting the rest of the group at risk." On the other hand, "cutting off" the individual disclosing a difficult experience may send the signal to other students that the class is not a safe place to share, which is contrary to Elizabeth's wish to give students a voice. However, it is choice that Elizabeth seldom has to confront, because students "cut themselves off," in a way partnering with teacher to help regulate the level of affect in the classroom.

ROLE OF ESL TEACHERS IN MENTAL HEALTH

The Role of ESL in Mental Health is a superordinate theme that focuses on factors that affect a teachers' ability to serve in a mental health-related role, both in terms of characteristics that would facilitate engagement in this role and factors that pose as obstacles to it.

Positioning of Teachers to Support and Promote Mental Health

Participants expressed that ESL teachers of refugees are in a good position to support and promote mental health of their students in many ways. Two of the program directors in the sample, Robert and Nina, made references to ways in which ESL teachers of refugees were different from ESL teachers in general. At the time of the interview, Robert had just completed a more than six-year tenure as the chair of the ESL program at the community college at which he works. Prior to that, he was an instructor and director of educational programs at an intercultural learning organization, where he managed a job-training program for refugees, as well as an ESL program for refugees and other immigrants. Some of the ESL instructors in his community college came over from his last program and thus had experience working with refugees; other ESL instructors at the community college did not have experience working with refugees, and provided Robert with an understanding of the skills specific to those who have worked with refugees. Part of Robert's role as the ESL program chair was to provide guidance to teachers who experience students' mental health concerns in the classroom. His guidance to teachers who have had experience with refugees is different, depending on whether or not the

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teacher has had experience working with refugees and had seen a student become

emotionally activated in class:

> With teachers who had never had that experience happen to them before, who weren't aware that a person might be re-experiencing trauma, or the stress of something might be reactivating the, really just go back to the basics about what is it in this person's background that might be doing this. First thing is always "It's not about you." This person has nothing against you. But let's talk about – what were the things that preceded it? Is it possible this under a lot of stress right now? And then we'd talk about things like that. With other instructors who had experience working with refugees, it was totally the opposite. We go through the same thing, but process it in a much different way. Because the other person would immediately know "Oh yeah," and then the two of us could reflect on and discuss different behaviors that they might have seen in class.

Here, Robert indicates that people who have worked with refugees are more likely

to see students' behavior as the result of being activated by an earlier traumatic

experience; in other words, to conceptualize a student's behavior in terms of trauma and

stress. Teachers who have not taught refugees before may not make this connection and

may think that the students' behavior is related to what is happening in the classroom.

With teachers who are not experienced in working with refugees, Robert's role is to

reassure them that the behavior is not about what they did, and to help them connect it to

outside stressors; with an instructor more experienced with refugee students, his role is

help them look for patterns in the students' behavior, perhaps through the lens of trauma.

For those without experience working with refugees, Robert encourages the

teacher to talk to the student about ways to manage their workload, and perhaps refer the

student to him to address the source of their stress, or make a referral for counseling. In

guiding teachers more experienced in working with refugees, Robert suggests that

teachers themselves "dig deeper" and engage with the student about the source of their stress and discuss ways to manage it. He also stated that teachers who are experienced with refugees may be in a better position to assess whether a student is in crisis and a mental health referral is warranted. Thus, according to Robert, teachers experienced with refugee students are better able navigate mental health concerns that come up in the classroom, both because they have acquired a framework for understanding behavior that may bewilder other instructors and the ability to engage with students about aspects of their lives that impact their behavior in the classroom.

Robert expressed that the ESL classroom is an appropriate place to address mental health. He attributed this opinion to his experience with the job-training program that he was a part of. This two-week program included a half-day dedicated to stress reduction. In this time, trainers would facilitate a discussion among the program's participants about the meaning of stress, sources of stress, and coping strategies, as well as a discussion of culture shock and acculturative processes. When asked about whether he saw obstacles to incorporating mental health-related content into the material, Robert referred to his experience at this program:

> No, I don't. 'Cuz we did it so well at [program]. We had a linguistic component to every activity, so the students could see it as authentic language practice *and* having a mental health impact. The students wouldn't necessarily see – they might or might not see it as a mental health impact, I don't know if they felt it was good or not, but for us, *we* felt it, *we* could see it working. *We* felt it was good, because it allowed for – [program], it would create more community. I don't know in the long term, what did that mean for them, did they know? I don't know. I have no idea.

Robert expressed that reason that the stress reduction component in the job-training program was effective, at least from the trainers' standpoint, was because it was

tied in closely with language practice. The importance of tying in a mental health activity with an academic/ language purpose in order to give it legitimacy in the eyes of both administrators and students was a recurring theme across interviews.

Nina also sees ESL for refugees as a specialty. In the quotation below, she speaks about the special skills that are required to teach ESL in a refugee classroom, and the impact of this specialty on her organization's ability to retain teachers they have hired:

> It becomes also a specialty. That [teachers] have taught refugees and they know how to work with refugees. And to them, they see that as valuable, that they have that specialty… It entails a lot of important skills: openness, acceptance, not freaking out. Because I get calls all the time from programs, say "Ahh [gasps]! I have somebody who speaks Burmese, I don't know how to teach them English!" You're still teaching English [laughs]. Why are you panicking? [laughs]. So the one the one thing that our tea- it's just like, "Oh, this is really interesting. I have 15 languages in my class." They don't see it as a scary thing. They see it as an interesting thing, and they try to prod students to tell them, "So how sentence look in, I don't know, in Burmese? How would it look in Arabic? What is the sentence structure?" They're curious about other languages, and they make people feel comfortable with their other language. And that English is a common language for everybody. So, the openness is very important.

In comparing teachers in her program to teachers who do not specialize in working with refugees, she highlights her teachers' openness and acceptance of the diversity in their classrooms; rather than fearing differences, they embrace the multitude of languages that students speak and show a curiosity about them. For Nina, this openness in her teachers is a source of pride, as is her organization's ability to retain instructors; she reported that most of the teachers in have been with the organization for at least five years; one teacher was there before Nina began to work there 14 years prior.

Karen too believes that teachers are uniquely positioned to engage with mental

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health related activities because of the frequency with which they see students and the

close relationships they have the opportunities to develop. She believes that this

relationship aspect is key for a teacher's ability to be effective in this respect. In her

interview, she referenced an organization that came in to the ESL classes and offered a

group to cope with stress. Karen reported feeling skeptical about this group's

effectiveness in recruiting refugee students to come because of a lack of familiarity:

> Because the students get close to their teachers. Their teachers see them every day. We're the only people that see them every day. So that was why I kind of thought that, when this outside group came in and proposed this group, I thought "It's not gonna work, cuz they don't know you." And that's just not gonna work. They need to know you. But teachers have that ability, but not every teacher would have that interest. *I* would have that interest, but not every teacher would have that interest.

At the same time, while Karen felt that teachers were well-positioned to take on

these roles, she stated that not all teachers would be interested in engaging with them.

Karen also referred to a lack of time for such interventions: "If I had time, if I didn't need

my own lunch hour to do lesson planning on, I'd start just some kind of group, you know

that was just a talking group."

Elizabeth expressed the belief that teachers who are drawn to ESL work with

refugees possess many of the qualities, skills and interests necessary to engage with

material around mental health in class. However, she cautioned that teachers who elicit

potentially emotionally sensitive material must be prepared to both hear difficult things

and be aware of the emotional repercussions that disclosures may have for students:

> I think people that work with refugees are already sensitive to a lot of the issues. Has clinical training made me feel…I think it's made *me* feel more confident

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about approaching these things, um, but do I think everybody here has the empathy to do that? I would, I would say most of them do. Um…I haven't observed their classes, so I don't know. You know, I could only go by my conversations with them, and what I hear from other students. Um, I think doing the relaxation exercises, that's something that could easily, you know, be taught by other people that haven't had clinical training. But do I have trepidation when I say, you know, "What makes us angry?" "What makes us scared?" Um, I do. I do. And I have to be prepared for what they *might* say. But again, it's usually not very explicit. You know? And I also have to think about oh, are they gonna go home and ponder this for the next three days? So again, I don't open that up, you know, on the day prior to our weekend. So, they're not just left dangling…So, you know, all these things have to be taken into consideration. And I think teachers that work with refugees are just already just very savvy about those things. I mean, that's why they're here in the first place. That's why they're working here in the first place, right?

Systemic challenges: Getting students out of class and into jobs

In considering incorporating new content into their classroom, participants commented a number of systemic challenges. Participants discussed expectations around having a job-focused curriculum, and the expectation that refugees get jobs shortly after arriving in the United States, with little time to adjust. However, there was a significant amount of variation to both the ways that these expectations are carried out in different teaching settings, and the participants' reactions to them.

For example, during her time in the program, Karen experienced the restriction and relaxing of the curriculum in terms of what she was able to teach. Her organization had undergone a change several years prior, in which the program's funding agency asked that the curriculum be altered to focus exclusively on jobs; as a result, the curriculum was entirely rebuilt to accommodate this requirement. Since then, a different director has allowed teachers to reincorporate aspects of the class that were taken out:

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There was a time where everything had to revolve around work, so you couldn't teach a unit on food, you couldn't teach a unit on health, you couldn't teach a unit on civics, those were all taken out. But before that, we had a richer - we had these different - I think it was 18 weeks – I can't remember, I think it was nine different units: civics, health, "who am I?" It was richer. And then we had to really narrow it down and keep it very job focused. I think – my own personal opinion is that it was not a great idea, but we *had* to do it, cuz the funders said we had to do it. And now people are sort of realizing "Oh! It's fine to…" First of all, teaching English inside a context, you can teach English inside many contexts. And one of the cardinal rules of teaching is to draw on prior experience, so to not be allowed to draw on refugees' prior teach experience and try to teach them the American work system was just counter-intuitive to teaching. So what I'm saying is because we've had a director who came in and understood that, she's allowed us to be a bit more driven by the grammar and to include naturally things having to do with work because we *fully* understand that refugees have to work, we get it, but that we can be a little bit broader because our focus English, so we take a function of English that we're trying to teach, and then we can build around it incorporating job things, but it's not verboten to talk about health, or verboten to talk about food anymore, which is good [laughs].

Here, Karen expresses frustration that she had been compelled to restrict her teaching in a way that she felt was not beneficial to her students and, as well as contradictory to the principles of pedagogy. The topics that had to be removed from her curriculum included civics, health and a unit on "who am I" – are topics closely tied to adjustment to a new country and mental health. Karen's language and emphasis denotes her anger at being thus restricted – for example, her use of the word "verboten" carries an authoritarian connotation. She showed similarly strong feelings later in the interview an administrator's reaction to Karen creating a space for emotionally salient content in the class:

I'm being honest with you, I've gotten mixed messages from different supervisors about that. I feel like it's very important to – I feel like that's a very important function of what I do. I've had one supervisor in particular who made it really clear to me that was *not* my job. She'd never worked with refugees. She was a

supervisor…[She thought my function was that] I'm there to teach English, and that's all. I think in her case she just had no experience working with refugees. I felt like I knew *way* more than she did about working with refugees.

For Karen, creating space for students' difficult stories and emotions is an important part of her work, and her understanding of this role has at times run contrary to the direction she received from her supervisors. This is a source of anger for her, especially because she feels that the people in charge of these decisions are not intimately familiar and engaged with the population that the program is set up to serve, and that she is in a better position to assess what her students need and how to fill these needs. This excerpt also indicates that refugees have a different set of needs than ESL students who are not refugees.

Anna also experienced constraints and concerns due to the job-focused curriculum requirements. Like Karen, she emphasized that the curriculum was very occupation-oriented and left little space for mental health. As a result, she wondered whether alternative venues might be a more appropriate setting for discussions of mental health and social topics. She did not appear to feel as restricted as Karen, but worried that incorporating topics other than job-related ones would constitute a misallocation of grant money intended for job-related topics. Although Anna believes that the ESL classroom is an appropriate place to address mental health issues, she is required to focus on jobs:

A lot of the funding that we get is through government sources, grants and such, so if the curriculum doesn't match that, then it's not sort of I guess best practice. The grant is for job stuff and if we're teaching art therapy, then the money technically is not getting allocated to the right resource, you know?

Nevertheless, Anna is able to occasionally include a discussion of coping strategies, if she is able to do so in a short amount of time. Like Karen, her language suggests a level of stealth around doing this. She speaks about "sneaking in" abstract ideas that she believes would be helpful to refugees, including discussions about acceptance, diversity and coping:

> Just an example of like, when we talk about like a – just grammar-wise, we talk about a count noun versus non-count nouns, okay, so we could count – we can count apples, so we will say "Ten apples," but can we count gratitude? Can we count acceptance? Can we count diversity? Things like that, where it's still a noun, but we don't count it. So then from there, it's sort of like, I mean, I try to sneak in stuff like that as much as I can. But yeah, and especially during the holidays, where it might be their first Thanksgiving, we'll [?] talk about, what does gratitude mean? How does it manifest in your life, and things like that. So they'll talk about their families, and then from there, it's just sort of like ripples out into, how do we help each other, how do we cope with our lives, you know? The difficulties of our lives in America.

This approach of stealth toward non-job related topics resurfaces later in Anna's interview. In response to one of the activities presented at the end of the interview, Anna expresses enthusiasm about the exercise under discussion, but uses terms including "get away with" and "I'll try to sneak it in," indicating a desire to expand her curriculum to include topics around emotional wellness, but wary of going beyond the prescribed scope of her curriculum.

> I don't know how much I could get away with doing 7 for 15 minutes long, so. Again, just back to that whole job thing. Like you know, we're under sort of like curriculum goals, so…But I love the idea, yeah. I think it's relevant for specific topics that we might cover. I'll try to sneak it in and I'll let you know how it goes in the fall.

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Courtney also commented the deleterious effects of funders imposing an agenda that focuses on finding jobs, to the exclusion of everything else. She spoke to the pressure imposed on resettlement agencies to be able to report employment; whether an individual is able to maintain employment due to mental health concerns:

> In [State], but I'd imagine nationwide the focus of refugee resettlement is self-sufficiency and employment. And so our students are learning about grammar, and they're learning about jobs, but there's not really much of the rest. Honestly, I feel like we don't care if you're, like, mentally okay if you can get and hold a job. And of course we have seen over and over again that if somebody's mental health situation, support network is unstable, they won't be able to hold a job, but the people who fund our programs don't care about that so much as whether or not we can report employment.

In Nina's organization, there is less pressure from funders to enact a job-only curriculum, or to deliver employment figures. Instead, the pressure comes from the fact that refugees are only supported for several months before they must begin work, giving them insufficient time to learn English, process their trauma, or adjust to their new environments. This is particularly difficult for Nina to witness because she perceives that refugees shift the blame to this onto themselves:

> All they see is their failure to cope. They're not, um, they're, they're not aware necessarily or they're not, they're not acknowledging or appreciating the weight of the reason they're not coping. And the big reason they're not coping *is* the stresses and the terrors and all the fears that they've gone through before and the losses they've had are a big factor in that. They may not be 100% the cause, but they're a big factor. Um, I see people in our ESL classes telling me "There's something wrong with me – I can't concentrate. I've been trying, I can't concentrate. I go to class, I learn things and then next day I forget them. I'm so stupid." And it's just like, no! You – you know, there's other things in your head, and that's why. So for them to, to, to forgive themselves and for us to give

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them the time to cope, and we're not able to do that. Because the refugee program in the US is just speed and hurry and just, because we're trying not to spend a lot of money, cuz everybody's complaining about spending money on strangers. And so we do the minimum. And the minimum is not enough when people have been through hell. So yes. I – I'm concerned about refugees because, primarily because we don't help them enough…I think they blame themselves for a lot of their failures, uh, which, if you look at our society, we have failed in so many ways. It's not their failures. It's not their failure that the minimum wage is $7.20 or $7.50 an hour. It's not their failure that the rent of apartments in [city] is twelve hundred dollars a month, and they they're being paid that minimum wage to be able to p- to pay that large amount of money every month. That's not their fault, it's not their doing. And there's nothing they can do to change that themselves when they first come here. So, um, *we* have not, we have not made our community a receptive and open place. Um, there are a lot of individuals who, who work really hard at – at making that happen. But as a society, and as a government, we are not doing that. And that's not, that's not their doing.

Nina is especially frustrated because, though she believes it is the societal and institutional issues that are responsible for refugees' difficulty in making ends meet and push them into jobs before they are psychologically prepared to work, refugees internalize these issues and attribute their struggles to a lack of resilience and a lack of ability to provide for their families. She believes that this is due to society's reluctance to invest in those who need help.

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Chapter 8: Recommendations and Conclusions

This chapter begins with the last superordinate theme: Pathways to Healing. This theme is presented in the form of recommendations for ways to support refugee mental health in the ESL classroom. It is followed by participants' responses to the presented intervention activities, recommendations for training based on participants' interests, and a summary of the current study followed by historical context, limitations, and directions for future research.

PATHWAYS TO HEALING

Participants spoke about their understanding of the mechanisms that promote emotional wellness and healing in the classroom, and some spoke about ways in which they seek to promote these mechanisms. This section is presented in the form of guidelines for instructors who are interested in incorporating a mental health component into a refugee ESL classroom. Despite my position in the interview dyad as an expert in mental health, the participants were in the role of educating me about potential interventions that could be suitable and effective for the class.

Create opportunities for disclosure and emotional expression

Participants expressed that speaking about difficult experiences in class was helpful for refugees students in two respects: it was seen both as a cathartic experiences, an opportunity to release difficult emotions; and an opportunity to connect and find community and common ground with other people, which functions to reduce a sense of isolation that is common among refugee populations. For example, Walter spoke about

the need to open up to others as a universal need; he also discussed the universality of the

need for connection and for finding ways to connect, regardless of an individual's

language ability:

> That's been my experience too, is that generally students do need to open up, even if their language levels are lower, they can very effectively bring across what it is that bothers them, and probably in part that's – has less to do with language and more sort of I think with just the nature of human experience …they'll find a way to talk, just as much as people find a way to listen and to relate. So if people are there to listen, you know, they'll understand what somebody's saying, even if they're just using the same five words over and over.

Listen and validate

Participants spoke about the importance of listening and validating refugee

students' experiences. Several participants spoke about the importance of normalizing

learning difficulties and negative emotions. Several participants noted that students

appeared to avoid indicating that they were sad or anxious and made a point to state

explicitly that these emotions are common and normal, and their expression is acceptable

in the classroom. Nina also finds herself validating refugee students' experiences as a

way to combat a tendency for people to blame themselves for difficulties that are outside

of their control. In addition, she commented on the importance of listening and validating

refugees' concerns in situations when little can be done to help:

> [Tell the refugee student] you should feel uncomfortable and unhappy, that's okay. But just go through it, and again another thing is respect. Just respecting the person's experience and feelings. I think we try to gloss over things we can't solve. Their relationships with their case managers, for example. There's a list: you do this, you do this, you do this, you do this. There's not enough of give and take. So a lot of clients feel like they're disrespected. Like, "I have this problem. I feel really bad. You're not even acknowledging it." So… "You're not even

respecting my feelings." But they don't have words and they don't feel confident enough to say that. But they feel insulted and they're not sure why….So – a lot – people feel so much better if they can tell you "I have this big problem." And you say "That's a big problem, I'm sorry you have that. I can give you a little bit of my opinion and my advice, but you have a big problem. I'm sorry I can't solve it, I wish I could." That's enough! To a lot of people, that's enough. I've had people thank me just for saying "I'm so sorry, I can't help you. I wish I could." Just for that. Because people are not acknowledging that their problems are important …taking the time to listen – and at least you're offering respect to that person, that you have listened. Even if you can't solve the problem. I think that goes a long way.

Use art as a means of self-expression

When asked about the types of mental health-related interventions, several participants stated that they would be interested in doing art therapy with their students. Courtney, who had the experience of co-leading an art therapy group at a resettlement agency that she had worked at, showed me student samples of artwork during our Skype conversation (unfortunately she was not able to send me the samples). Courtney described an assignment in which refugee participants in the class were asked to draw self-portraits in the style of another artist as a way to think about changing identities:

So this here…this assignment was first draw the self-portrait as it is. Or draw the picture, and draw yourself in it…So this woman. This is her, but as Kandinsky. And so then we had her talk about why she chose this piece of artwork, and kind of her goals and, you didn't necessarily see yourself ending up in the United States, but now that you're here…Again, like, this isn't necessarily how you would have chosen to draw yourself, but you did. This isn't necessarily the life that you'd have chosen, but now that you're here, what do you want to do? Kind of frame it that way. [Chuckles] Some of these are really fun. This was the introduction, and so right from the start, you can see, like, this is, he's Sudanese, so "This is my village in Sudan, and these are helicopters and airplanes dropping fire on my village." And this was something he felt comfortable sharing right away, like, was part of how he identified himself.

Use journaling as self-expression

Several participants spoke about the benefits of students journaling as a way to express themselves. Teachers that used journaling typically provided choices for topics to write about, and allowed students to choose whether or not this work would be shared with the class. Elizabeth encouraged students to have a sense of ownership over their journals and use them to both express themselves and track their progress– both linguistically and emotionally. She also hopes that keeping a journal and looking back on it will help them understand the impermanence of any emotional state:

> So today I was explaining, you know, "I want you to do it in a separate notebook, that has *your* name on it, that says 'journal.' So if you want to keep it private, it's private from everybody. Including me. And you can look and see not only how your English has developed over time, but how your feelings have developed over time." And of course I have to state that very simply. It's like "Look, I was happy, you know, here, and now I was feeling sad because this happened. But now I'm happy again." So sadness doesn't look like it's gonna be, you know, for ever and ever. You know? But neither is happiness, so we can prepare for that. You know? What do I do if my happiness goes away? Um, so, you know, these are the kinds of things that I wanna work on with the journals. It's like, right now it's very simple: What did you do? How did you feel? But gradually, you know, with the students that are here kind of long term, let's work towards something more. You know?

RESPONSES TO PRESENTED INTERVENTIONS

Participants responded positively to both of the presented activities: Total Physical Response (TPR) and Progressive Muscle Relaxation (PMR). The latter activity received a more enthusiastic response; after going through it, nearly half stated spontaneously that they planned they planned to try the exercise in class. Participants also responded positively to the TPR activity, but, perhaps TPR stemmed from an established

practice and similar to other activities teachers did with their students, it may have been

perceived as less novel.

Teachers felt that the first portion of the TPR exercise (where students would be

asked to learn different emotion words through imitating the teacher, and guess emotions

by each other) would be appropriate for beginner level ESL. Helen, who teaches the

lowest level, brought up the TPR method before it was presented; she reported that she

makes use of it frequently. Karen suggested more complex emotional vocabulary for ESL

levels beyond the beginner level.

The participants' consensus was that the discussion portion of the TPR activity is

appropriate for more advanced levels. This portion included discussion about the causes

and manifestations of stress and coping strategies, and an introduction to the idea of

psychotherapy as a coping strategy that Americans sometimes partake in. Half the

participants stated that they already incorporate part of this discussion into their class,

often a discussion about coping strategies. Shelley incorporated this into her curriculum

using a set of lined drawings as a visual aid. The drawings elicit a discussion about

stressors in students' own lives, and she uses it to bring about a discussion about

strategies for relaxation. Anna, who is required to maintain a focus on jobs for her

curriculum, addresses mental health topics with her class as they come up organically:

> People, you know, they talk about "Oh, I can't sleep at night." So then we talk
> about insomnia. Or "I sweat at lot." Or "It's…," you know, "I don't want to
> exercise." "Sometimes I don't want to be around people." "I don't feel like doing
> things." "Sometimes…" "I used to enjoy some kind of activity, but now I don't."
> So a lot of things are really parallel to depression, but doesn't – isn't. So it does
> come up naturally.

Given her job-oriented curriculum, Anna expressed that she would be reluctant to incorporate into her curriculum in a planned way, unless the exercise was significantly shorter, a modification that she suggested. Most participants commented on the ease of integrating this activity seamlessly into their class as a benefit of this exercise; Elizabeth stated that TPR felt to her like a natural extension of current activities. As Grace had pointed out, this may be because the Total Physical Response is an existing ESL methodology.

Several participants brought up the issue of anticipated authenticity of refugee students' responses to activities and questions related to emotional content. For example, Shelly anticipated the possibility that students would copy each other's emotions rather than what they genuinely feel. Courtney and Nina expressed similar concerns; Nina stated that students are unlikely to be vulnerable or genuine with people that they don't know well. She believed that the discussion portion of the TPR activity could be beneficial, but only if the class had a level of cohesion where students would feel comfortable expressing their emotions. Karen suggested addressing this by doing the exercise using rotating pairs and allowing students to choose the emotion-related questions they want to answer; thus, the could choose to be more self-disclosing with peers they feel more comfortable with.

Participants also discussed cultural issues. For example, Grace stated that some refugee students, particularly those from Asian countries, may be less comfortable expressing emotions, and both she and Walter said that refugee students may think the

activity is "weird." Karen anticipated that there may be resistance from male students in her class. However, these participants did not consider this to be an obstacle to doing the activity. Grace stated that though some students would opt out of doing this activity, but this would not be a problem, especially because the group setting makes it easy to opt out in an inconspicuous way. Walter spoke about his experience with refugee students' comfort both with activities and aspects of American life that are different from those in their home countries, and comfort with opting out of activities that they did want to take part of. When asked about the cultural appropriateness of the TPR activity, Walker replied:

> Yeah, you know, what I've found by and large that any considerations of what is or isn't culturally appropriate is often done by people who don't really have that much authority to say what is or isn't culturally appropriate. A lot of times refugees are very, very accepting of a new culture and a new culture's way of doing things. So I've really never, in all my years, run into anybody who's resisted help, or who's resisted American customs and cultures. There's certainly people who chose not to engage in it, but not ever anybody who was offended by it or wasn't ready to hear about a new way of doing things. They might well have their opinions about it, but they're always very respectful and so I've – yeah. I think, especially saying "This is what Americans do, this is what people in Western Europe might do," presenting it that way, as long as nobody goes and kind of tries to dictate what somebody has not do now that they live in the States, absolutely acceptable.

Participants responded positively to the Progressive Muscle Relaxation (PMR) exercise, but it appears to have a less seamless integration into the curriculum than TPR; several teachers spoke about needing to consider how to integrate this exercise in the curriculum. For example, Shelley and Grace expressed concern that students would perceive that PMR is insufficiently English-focused. She emphasized the importance of

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linking any activity to something that students value, such as advancing in English learning. Most participants felt that PMR would be culturally appropriate for their students; however, Shelley anticipated resistance from men and Helen from women. Helen also stated that she would require an interpreter for her literacy level her class to ensure that students would not overstretch during the exercise.

FOCUS OF TRAINING

Participants reported that there were no regularly scheduled trainings for working specifically with refugee students. Instead, the community-based program that that Nina, Elizabeth, Grace and Helen work, and the technical college where Karen, Walter and Anna teach at hold occasional workshops around refugee issues. For example, Anna described a workshop where instructors learned about the symptoms of trauma for referral purposes; Nina spoke about inviting the local community mental health center for refugees to give presentations on refugee stressors on an as-needed basis. Several participants expressed a desire for more frequent and comprehensive training. Specifically, participants were interested in trainings that address the following:

Boundaries and self-care. Several participants expressed the desire for training for how to go about maintaining boundaries with refugee students, including an understanding of why maintaining boundaries is important and strategies for maintaining boundaries.

Learning about where refugee students come from. Generally speaking, participants have indicated that they do their own research on their own (unpaid) time about the regions that their students come from and the conflicts that they escape.

Participants expressed a desire for more formal training on refugee groups and where they come from. One participant, Anna, expressed a desire for training that would allow her to see the world from the perspective of a refugee.

Learning to work with emotions and disclosures in class. Several participants expressed a need for training that would prepare teachers for students' emotional reactions and disclosures about traumatic or difficult experiences in and out of class. While teachers generally dealt with these situations in the same way (e.g. allowing student time to finish their narrative, offering student the option to take a break from class, and speaking with the student after class), disclosures and emotional reactions usually came unexpectedly, and teachers expressed that it would be useful to be prepared for this potential occurrence.

THE CURRENT STUDY

The overarching purpose of this dissertation project was to explore the potential role of ESL teachers of refugees in promoting and supporting their students' mental health by incorporating a mental health component into their existing curricula. Interpretive Phenomenological Analysis yielded the following major themes: Implicit and Explicit Aspects of Teaching Refugees, Relationship with Students, Witnessing and Addressing Mental Health Concerns, Role of ESL in Mental Health, and Pathways to Healing. The results of this study indicated that, at least for the 10 individuals that participated in the study, fostering emotional wellness among students is a priority. Participants were interested in creating a warm, social and supportive environment where empowerment and self-expression can occur, and the strong connection that participants

have with refugee students and their concern for their mental health place them in a positive to be able to help.

Overall, teachers saw both a need to provide mental health support to refugee students, and an interest in talking on this role. However, participants spoke about a number of structural and institutional obstacles, including curricula that required a focus on jobs, insufficient class time to engage in with mental health topics, and insufficient time and training to prepare for this work.

Thus, structural issues appeared to be the most significant obstacle to incorporating mental health into the ESL classroom. In her research with adult literacy workers and traumatized literacy students, Horsman (2004) reported similar findings; a major obstacle in addressing trauma in adult literacy settings was related to the limited scope of the role that is commonly accepted for literacy workers. Given the detrimental impact of trauma on adult literacy learning, Horsman advocated for critically examining the dominant discourse around the role of literacy work, and to look at possibilities and obstacles to reconceptualizing adult literacy work in order to support learning for adults who have been traumatized:

> Dominant discourses shape what we understand to be "proper" literacy work and education and impede program changes that might support learning for those who have experienced violence. Discourses about violence and education seem key in shaping what "we" – literacy learners, teachers, administrators, researchers, policy makers and funders - take for granted about education, students, and teachers. These discourses shape policy, expectations and whether resources are deemed essential or unnecessary. For example, if we "know" that education is not therapy and that dealing with the self and emotions is matter for therapy sessions, not the classroom, then we see no need to learn anything about counselling. Counselling, in this frame, is not part of the work of a teacher. When dominant discourses have the

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force of government behind them; when they inform work practices, reporting processes, and structure funding, they are hard to resist. In literacy, the dominant discourses limit recognition of the extent of violence and the effects of violence on learning. The impact of violence is traditionally seen as separate from education, and viewed as a matter for therapeutic interventions. As a result, though many literacy workers hear repeated accounts from students of current or past violence, there are few venues to talk about these issues and how best to respond (Horsman, 2004, pp.1-2).

The findings in the present study indicate that the limitations on ESL teachers of refugees to engage in mental health-related content have less to do with teachers' willingness to engage in this role, and more with the structural obstacles (e.g. job-oriented curricular requirements, insufficient training with mental health issues and insufficient paid preparation time). Consistent with Horsman's suggestion, these structures and ideas about what is considered the "right" way to teach ESL for refugees can bear re-examination. The dominant discourse around what is "right" and appropriate for an ESL classroom may be different from what would be most effective in helping refugee students learn, adjust to their new home and succeed in American society.

HISTORICAL CONTEXT

We are in the midst of a rapidly changing sociopolitical climate around refugee issues. The data for this dissertation were collected in the summer of 2016, prior to the ascendance of a presidential administration that has demonstrated suspicion toward refugee resettlement in the United States, particularly refugees and immigrants from Muslim-majority countries. Between the time of data collection and the time of this writing, refugee admissions have slowed down (Refugee Processing Center, 2017). Thus, it may be surmised that if data collection had occurred at the time of this writing rather

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than a year prior, other themes may have emerged. For example, the slowing down of

refugee resettlement and prospects of legislation to reduce refugee resettlement numbers

may directly impact teachers' employment. For their refugee students, this could mean

diminished chances of reuniting with family still abroad, more frequent experiences of

discrimination and safety concerns, and fears of deportation – all of which could lead to a

significantly higher incidence of mental health concerns. As it is, there were two

participants who referenced the impact of anti-Muslim and anti-immigrant sentiment on

their students at the time of data collection in the summer of 2016. Discussions of

discrimination were not prominent enough in the data to be considered a theme, but

Karen's experience is worth discussing as a window into scenarios that are more likely to

impact refugees currently and in the future:

> I had like another student who had lived [a cockroach-infested] apartment
> complex, and she moved out, and they moved to this nice part of [city], where
> they were paying something like $2,200 a month for their apartment, and the kids
> are going to school being bullied by kids at this school and being called ISIS.
> "You're ISIS." So I had this one student who, she was – she had to just stop
> coming to class cuz she had to be at home and help her kids cope with this thing
> that was going on…They were Iraqis who basically fled ISIS. And I was just so
> disgusted by, you know, whoever was teaching those kids that these children were
> ISIS. I couldn't stand it.

In this quotation, Karen describes an Iraqi family who moved out of a poorly

maintained apartment in a bad neighborhood to a better part of the city, only to have their

children bullied at school and called "ISIS." Karen expressed disgust that despite fleeing

terrorism and despite making financial sacrifices to live in a good neighborhood, this

family was unable to avoid being targeted and associated with the terrorist organization

that forced them to flee. In addition, this discrimination had the effect of hampering the

advancement and acculturation of Karen's student into American society because the

student had to stop taking English in order to support her children. Karen describes the

emotional impact of Islamophobia on another student:

> One day a student mine, [name], this beautiful Muslim woman came to class a little bit late, and I could see her eyes were red. And I was like, "Okay." So we just did class, and at the end of class, I said, "Can I talk to you?" So I took her out in the hall, and I said "I can see something was upsetting you when you got to class." And she was quiet for a minute and the she said "It isn't easy in this country." And basically she went on to tell me how she'd been called a "Muslim bitch" by people on the way to school walking down the street. And she'd been just, you know, insulted for what she was wearing and who she was. And that just broke my heart. I was like, "That should not happen." I was just so upset to hear that that had happened to her between getting off the bus and walking to school.

Karen responded by attempting to discredit the harassers' statement and assure the

student that most people don't share their opinion:

> Well, first of all, I completely discredited it. I said "That's not true about you. You're amazing, you're beautiful. And I'm just so disappointed that an American said that to you, cuz there are a few bad people that think like that, but it's not what most people think, and I'm sorry you had that experience.

It should be noted that this student did not spontaneously disclose this incident to

Karen; Karen had noticed that the student was distressed and approached her about it

after class. Had she not, she may not have known about the incident, nor had the

opportunity to provide support. It is possible that students may not feeling comfortable

disclosing incidents of harassment based on ethnic background and religion to teachers

who do not share their demographic characteristics, and incidents like this more

widespread and a more widespread source of distress among than the data indicate.

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Courtney also made reference to the impact of the social and political climate around immigration. She spoke about refugees who stay in jobs where they are mistreated because they worry that they may lose their immigration status if they leave:

> We get really concerned when some of our populations just kind of getting stuck in jobs and not realizing that they have a choice on the other end. I mean they still, coming back to choice, but not realizing that if they are in a terrible employment situation, if their employer is taking advantage of them, they can leave…that's been an interesting one as well. I mean, everybody's worried that they're gonna lose their immigration status, so if I lose my job, am I gonna get kicked out?...has been a big one. And of course with Donald Trump running for president, we have people all the time wondering if they're gonna be kicked out of the country [chuckles, sighs].

While the idea that leaving one's job may result in losing refugee status or being deported is erroneous, Courtney went on to say that she does not believe that refugees are aware of this. Although to my knowledge there is no legislation aimed at deporting refugees from the United State sat this time, it is reasonable to assume that worries about deportation would intensify and spread given the current climate around immigration. The impact of Islamophobia and general anti-immigrant sentiment on the mental health of refugees is an important area of inquiry for the future, as is the role that ESL teachers for refugees can play in promoting wellness in a difficult climate for refugees. This could include speaking in class about discrimination and harassment that may be part of the refugee experience and thus creating space for students to discuss these issues; the classroom could also serve as a resource for educating refugees on their rights (e.g. that they will not lose refugee status or be deported for leaving a job).

Limitations

One potential limitation of this work is a potentially limited level of transferability to the population of educators who teach ESL to refugee population and other migrant populations who are likely to have experienced trauma. One reason is that my sample may have been biased toward individuals who already have a special interest in refugee mental health. My specialized area of research and the time commitment of the interview (60-90 minutes) may have led to the recruitment of participants who have a special interest in issues around refugee mental health, and therefore a higher level of knowledge, investment and willingness to incorporate mental health into their classrooms, as compared to other instructors. ESL teachers who had little knowledge or interest about this issue may have been less likely to volunteer. This, in combination with my personal and professional investment in the incorporation of mental health into the ESL classroom, may have led to findings that overestimate the appeal and feasibility of this idea for ESL teachers of adult refugee students.

Another limitation on transferability is that the the teachers in the sample interviewed were paid and professional teachers. According to extant research, most refugees are taught English by volunteers, who may or may not have this degree of training or daily exposure to this population. While this experience and exposure of participants yielded valuable information about refugee students and the information about incorporating mental heath-related activities into the curriculum, it is unclear how applicable these findings would be to teachers who do not have this training or experience. Indeed, two of the program directors in the sample commented on the

qualitative differences between ESL teachers who have had experience with refugees and those who have not. It is also unclear how a lower level of training in ESL pedagogy would impact a teacher's willingness and efficacy to incorporate mental health into his or her curriculum.

Additionally, the vast majority of the students discussed by the participants had refugee status; asylum seekers and other migrants typically were not enrolled in their classes. This may be a function of the funding source; it may be easier to obtain grant funding to pay teachers if the recipients of services are refugees, rather than asylum seekers. Research with volunteer teachers and asylum seeker students would help provide broader insights into the feasibility of incorporating mental health into ESL.

Future Directions

To my knowledge, this is also the first empirical study to focus extensively on professional ESL teachers who work with adult refugees. Despite the limitations outlined above, this research contributes to the literature by exploring the refugee classroom as a potent, if imperfect, avenue for mental health intervention for a population that has significant barriers to accessing traditional avenues for mental health treatment. This area warrants additional research. Further investigation is needed with teachers with varying levels of training and experience, including with volunteer teachers. Additionally, the inclusion of instructors who work with other types of migrants who are likely to have undergone trauma would increase the impact of the findings to benefit migrant populations. It is also important to note that the voice of refugee students themselves is

missing from the current research, and the inclusion of refugees in the development of a refugee intervention beyond this preliminary stage is essential. Finally, given the highly interdisciplinary nature of this endeavor, working closely with collaborators in the field of Second Language Education would be immeasurably beneficial to the development and success of this type of intervention.

Appendix A: Interview Questions

Teacher Interview Guide

I. **Information about teaching approach**
1. Tell me about how you see your role at [organization].
   a. What does your job entail?
2. Describe your students in terms of country of origin/age/gender/skill level.
3. What are your goals for your students?
   a. What do you want for them?
   b. What do they most need from you?
4. Have you had experience teaching ESL to non-refugee students? [if yes]:
   a. What differences, if any, did you notice between refugee and non-refugee students?
   b. What differences have you observed in the class atmosphere?
   c. How, if at all, does your approach to teaching refugees differ from your approach to teaching non-refugees?

II. **Mental health literacy**
5. When I say the phrase "mental health," what comes to mind for you?
6. Based on what you know about the refugee population, what concerns or challenges around emotional well-being are common? [for issue(s) listed by participant]:
   a. What do you think causes [concern]?
   b. How might a person with [concern] act in class?
   c. What are some ways that [concern] is dealt with or treated?
   d. How would you/ do you feel when you're around students with [concern]?
7. Based on what you know about the refugee population, what social or interpersonal issues emerge in the classroom?
8. If a refugee student has concerns or challenges around emotional well-being, where could he or she go to get help?

III. **Experiences with refugee students**
9. Refugees, by definition, have undergone some very difficult experiences and typically have a higher rate of stress, grief, depression, and trauma. How, if at all, have any of these things have come out in your class? [If probe needed: This could include looking or acting angry, withdrawn, sad or crying, etc.?] [If yes]:
   a. Tell me about those experiences.
   b. What was it like for you to listen to this?
   c. How did you respond?
   d. How prepared did you feel to deal with this situation?
   e. How, if at all, do you wish you could respond differently?

10. Have you had situations in which students shared difficult or traumatic experiences in class? [If yes]:
    a. Tell me about those experiences.
    b. What was it like for you to listen to this?
    c. How did you respond?
    d. How prepared did you feel to deal with this situation?
    e. How, if at all, do you wish you could respond differently?

11. Have you had situations in which a student shared difficult or traumatic experiences with you privately? [If yes]:
    a. Tell me about those experiences.
    b. What was it like for you to listen to this?
    c. How did you respond?
    d. How prepared did you feel to deal with this situation?
    e. How, if at all, do you wish you could respond differently?

12. Aside from the issues we just discussed, do students come to you with issues or concerns that are outside the scope of ESL? [If yes]:
    a. If yes, what kinds of issues or concerns?
    b. Do you invite students to come to you with issues or concerns outside the scope of ESL?

IV. **ESL and mental health**
13. Are there parts of your curriculum that focus on, or are related to, emotional well-being or stress reduction?
    a. If so, please tell me about them.
    b. How do you incorporate them into the curriculum?
14. Do you think the ESL classroom is an appropriate place for addressing students' emotional well-being?
    a. [If yes] What about the ESL classroom makes it an appropriate place for this?
    b. [If no] What might make the ESL classroom an inappropriate place for these types of activities?

[Ask remaining questions in this section **only if** participant answered "yes" to the previous question]

15. How comfortable would you be/ are you in incorporating emotional well-being focus or stress reduction into your curriculum?
16. How willing are you to incorporate this into your curriculum?
17. In what ways can education or services related to emotional well-being be incorporated into the ESL classroom?
    a. How would you go about doing this?

18. How might you alter what takes place in the classroom in order to address refugee students' needs in terms of emotional well-being?
    a. Would you be open to this?
    b. [If yes] Why or why not?
19. In what kind of format would you incorporate wellness-related or stress reduction activates in your class? In a separate unit, as part of the health unit, interspersed thought other units (e.g. starting each class with an exercise that helps students relax)?
20. What obstacles do you see or foresee in incorporating a wellness focus into the curriculum?

V.   Opinions about potential intervention activities
21. Are you familiar with any relaxation exercises?
    a. Can you please describe them?
22. [Researcher will describe Total Physical Response activity/ discussion and demonstrate progressive muscle relaxation with the participant. After each of the exercises, ask]:
    a. How useful do you think this exercise would be for the students in your classroom?
        i. What about it would be useful/ not useful?
    b. How language appropriate is this exercise for your students?
        i. [If not language appropriate] How easy or difficult would it be to adapt this activity to the language level in your class?
    c. How culturally appropriate would this exercise be for the students in your class? This includes the exercise's appropriateness in a mixed-gender class.
        i. [If inappropriate]: What makes it inappropriate?
    d. In what ways would you modify this exercise to make it more appropriate for your class?
    e. Given any changes you would make, how likely would you be to do this exercise in your own class?

VI.   Support for teachers
23. What initially prompted you to begin teaching ESL?
24. What drew you to working with refugees?
25. What do you enjoy about working with refugee students?
26. Do you foresee yourself doing this work long-term?
    a. Why or why not?
27. What are some of the more difficult aspects of working with this population?
28. Have you had training at [your organization] or elsewhere specifically to work with refugee students?
29. What, if any, training or resources have you had to support you in your work with this population?

a. [If any] Are they sufficient for your needs?
30. What other types of training, or resources would help you in you work as it relates to refugees' emotional well-being?
      b. What would you like to learn?

Program Director Interview Guide

I. Information about teacher training and teaching approach
    1. Tell me about how you see your role at [organization].
        a. What does your job entail?
    2. Describe the students your organization serves in terms of country of origin/age/gender/skill level.
    3. What are your goals for the students here?
        a. What do you want for them?
        b. What do they most need from this organization?
    4. [If taught refugees] Have you had experience teaching ESL to non-refugee students? [if yes]:
        a. What differences, if any, did you notice between refugee and non-refugee students?
        b. What differences have you observed in the class atmosphere?
        c. How, if at all, does your approach to teaching refugees differ from your approach to teaching non-refugees?

II. Mental health literacy
    5. When I say the phrase "mental health," what comes to mind for you?
    6. Based on what you know about the refugee population, what concerns or challenges around emotional well-being are common? [for issue(s) listed by participant]:
        a. What do you think causes [concern]?
        b. How might a person with [concern] act in class?
        c. What are some ways that [concern] is dealt with or treated?
        d. How would you/ do you feel when you're around students with [concern]?
    7. Based on what you know about the refugee population, what social or interpersonal issues emerge in the classroom?
    8. If a refugee student has concerns or challenges around emotional well-being, where could he or she go to get help?

Experiences with refugee students
[Ask #9-#12 if participant has taught refugees]

    9. Refugees, by definition, have undergone some very difficult experiences and typically have a higher rate of stress, grief, depression, and trauma. How, if at all, have any of these things have come out in your class? [If probe needed: This could include looking or acting angry, withdrawn, sad or crying, etc.?] [If yes]:
        a. Tell me about those experiences.
        b. How did you respond?
        c. How did you feel?

       d. How prepared did you feel to deal with this situation?

       e. How, if at all, do you wish you could respond differently?

10. Have you had situations in which a student shared difficult or traumatic experiences with you privately? [If yes]:

       a. Tell me about those experiences.

       b. How did you respond?

       c. How did you feel?

       d. How prepared did you feel to deal with this situation?

       e. How, if at all, do you wish you could respond differently?

11. Have you had situations in which students shared difficult or traumatic experiences in class? [If yes]:

       a. Tell me about those experiences.

       b. How did you respond?

       c. How did you feel?

       d. How prepared did you feel to deal with this situation?

       e. How, if at all, do you wish you could respond differently?

12. Aside from the issues we just discussed, have students come to you with issues or concerns that are outside the scope of ESL?

       a. If yes, what kinds of issues or concerns?

       b. Do you invite students to come to you with issues or concerns outside the scope of ESL?

[As for ALL]

13. Have teachers come to you to discuss the kinds of situations we just talked about?

       a. Tell me about these experiences.

       b. How did you respond when they came to you?

III.   **ESL and mental health**

14. What kinds direction do you provide for the curricula for your teachers? For example, do you provide general guidelines for what teachers cover in a particular class, or more specific instructions, such as lesson plans?

15. Are there parts of the curricula that focus on, or are related to, emotional well-being and/or stress reduction?

       a. If so, please tell me about them.

16. Do you think the ESL classroom is an appropriate place for addressing students' emotional well-being?

       a. [If yes] What about the ESL classroom makes it an appropriate place for this?

       b. [If no] What might make the ESL classroom an inappropriate place for these types of activities?

[Ask remaining questions in this section only if participant answered "yes" to the previous question]

17. How comfortable would you be/ are you in incorporating emotional well-being focus or stress reduction into the ESL curricula?
18. How willing do you think teachers would be incorporate this into their curricula?
19. In what ways can education or services related to emotional well-being be incorporated into the ESL classroom?
20. How might teachers alter what takes place in the classroom in order to address refugee students' needs in terms of emotional well-being?
    a. Would you be open to this?
    b. Why or why not?
21. In what kind of format could wellness-related or stress reduction activates be incorporated into the class? In a separate unit, as part of the health unit, interspersed thought other units (e.g. starting each class with an exercise that helps students relax)?
22. What obstacles do you see or foresee in incorporating a wellness focus into ESL curricula?
23. There are many places in the country where there are refugee populations and ESL classes for them, but few resources for refugee emotional well-being. Do you have any ideas about ways to disseminate information and activities around emotional health to those programs?

IV. **Opinions about potential intervention activities**
24. Are you familiar with any relaxation exercises?
    a. Can you please describe them?
25. [Researcher will describe Total Physical Response activity/ discussion and demonstrate progressive muscle relaxation with the participant. After each of the exercises, ask]:
    a. How useful do you think this exercise would be for the students in your program?
        i. What about it would be useful/ not useful?
    b. What levels or classes might this exercise be appropriate for, if any?
        i. [If not language appropriate] How easy or difficult would it be to adapt this activity to the language level in your class?
    c. How culturally appropriate would this exercise be for the students in your program? This includes the exercise's appropriateness in a mixed-gender class.
        i. [If inappropriate]: What makes it inappropriate?
    d. In what ways would you modify this exercise to make it more appropriate for your program?
    e. Given any changes you would make, how likely would you be to include this exercise in your curriculum?

V.   Support for teachers
26. What initially prompted you to enter the field of ESL?
27. What drew you to working with refugees?
28. What do you enjoy about your work with refugee populations?
29. Do you foresee yourself doing this work long-term?
    a.   Why or why not?
30. What are some of the more difficult aspects of working with this population?
31. Does your organization provide teacher training or support for issues specific to refugees?
    a.   [If so] In what format? Are they regularly scheduled, or provided as needed/available?
    c.   Tell me about the topics you have covered recently in these trainings.
    d.   [If any] Are they sufficient for your teachers' needs?
32. What other types of training, or resources would help you and your organization in your work as it relates to refugees' emotional well-being?
33. Do you have collaborators or partners in the community that provide counseling or other services for emotional well-being and have the capacity to serve populations with limited English? For example, a stand alone mental health or counseling center, or medical center that includes these services? [If yes]:
    a.   Please tell me about your organization's relationship with these programs and the services they provide.

Appendix B: Total Physical Response

Introductory Activity

Conduct the Total Physical Response activity from Adkins, Birman, and Sample, contributed by Terry Villamil of the Long Beach Unified School District.

1. *Introduce the words for emotions by demonstrating facial expressions which are associated with those emotions. For example, a smile for happy, a bowed head for shy, a wrinkled forehead for worried, and a turned down mouth for sad. Show a sheet of faces which depict different emotions (such as one published by Creative Therapy Associates, Inc.), and have students practice identifying the faces which illustrate the emotions you have demonstrated.*

2. *Have everyone stand up. Make a face and say, "I feel sad." Have students repeat the sentence and imitate your face (Total Physical Response).*

3. *Ask students to pantomime the way they feel. The rest of the class guesses the word they are acting out. Then all the students act out the emotion as well as say, "I feel _____."*

4. *Expand the activity to include the rest of the body. Illustrate emotions both with facial expressions and with actions of arms, torso and legs. For example, fling your arms up in the air, add a big grin on your face, and jump up and down to express really happy or ecstatic. Each day increase the number of words which express emotions; be sure to involve the whole body. Again ask students to pantomime the way they feel to include the new words.*

5. *Start out each day asking students to show how they feel. The rest of the class can guess the emotion from their actions. Try ending each day by checking in again.*

Have a discussion about the emotions from this activity. Ask what kinds of situations/ parts of life in the US cause people to happy, sad, angry, worried or scared. Ask how people from different countries act when they're happy, sad, angry, worried, and scared.

- For sadness elicit answers first, but make sure symptoms of depression are covered: a person not enjoying things as he or she used to, eating too much or not enough, sleeping too much, feeling tired all the time, feeling bad about self, difficulty concentrating.

- For being worried: muscle tension, headaches, stomachaches, hard time falling asleep or staying asleep, wanting to throw up.

Emphasize that being sad, scared or worried affects how our bodies feel. Ask students to about how people make themselves and each other feel better when they are they are sad, angry, worried, or scared. This could include exercise, doing enjoyable activities, listening to music, talking to a friend or a loved one, breathing, etc. If counseling resources are available and accessible to refugees in the area, discuss these as an approach that many people in the United States use to feel better when something difficult happens in their life, and emphasize confidentiality.

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