

**A GROUNDED THEORY OF THE EXPERIENCE OF DESTITUTION
AMONG PEOPLE SEEKING ASYLUM IN THE UK.**

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ABSTRACT

This research sought to explore experiences of destitution among people seeking asylum in the UK. An emerging body of 'post-migratory stressor' literature suggests that social conditions experienced by refugee people in exile are generative of distress. However, investigation of the specific impact of destitution on people seeking asylum, as well as factors facilitative of their coping and resilience, have been neglected within the psychological literature. The current research aimed to address this gap by considering how a sample of London-based asylum seekers talked about the challenges of destitution and their approach to managing these. Twelve participants, recruited through British Red Cross Refugee Services, were interviewed. A grounded theory analysis, comprising the core category of 'Suffering and Surviving Exclusions', was constructed from participants narratives. Central to the findings was the range of exclusions, across a variety of contexts, that participants faced. Such exclusions were discussed as limiting interviewees' power and control over their lives and as threatening to their sense of agency, self and well-being. Participants responded to the challenges of these exclusions in various ways and described harnessing the forms of power available to them (such as resources, relationships, roles, identifications and religion) to survive and resist these and their impacts. Limitations of these findings and their implications for future research and practice are considered.

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CHAPTER ONE: INTRODUCTION

This research pertains to experiences of destitution among asylum seekers¹ in Britain. This chapter begins by introducing the UK asylum system and elucidating the phenomenon of destitution in terms of definitions, causes and policy contexts. To situate experiences of destitution, a descriptive review of the 'post-migratory stressor' literature (produced largely from within a realist frame) is offered. Shifting to a more critical psychological stance, the advantages of adopting a resilience-orientated approach are discussed. Related findings amongst refugee people² are then considered. Finally, the rationale and aims of the study are delineated. Appendix One details the literature search strategy.

1.1. Destitution and the UK asylum system

The number of people seeking asylum in western countries has increased in recent decades (Sinnerbrink et al., 1997), although, lately, the significance of the West as an asylum destination has declined (UNHCR, 2012). Globally, there were an estimated 15.4 million refugees³ and 845,800 registered claims for asylum or refugee status in 2010 (UNHCR, 2011). Contrary to public perception, the UK accommodates only a fraction of the global refugee population (Refugee Action, 2010a). In 2011, approximately 25,400 asylum applications were lodged in Britain, just 6% of the total received in industrialised countries (UNHCR, 2012).

The UK recognises the right of people facing persecution to seek asylum under the 1951 United Nations Convention Relating to the Status of Refugees. Nevertheless, here, as across Europe, asylum policies of deterrence are promulgated, underpinned by fears of rising immigration (Schuster, 2011). Successive UK governments have squeezed the rights and welfare provision granted to asylum seekers, generating institutionalised inequalities between

¹An 'asylum seeker' is...waiting for an application for recognition as a refugee or for temporary protection to be considered by the Government" (Institute for Public Policy and Research [IPPR] 2005, p.4).

²Following Patel (2003), the term 'refugee people' is used when referring to both refugees and asylum seekers.

³ The 1951/67 United Nations Convention and Protocol Relating to the Status of Refugees defines a 'refugee' as someone who is outside their country of origin "owing to well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (UNHCR, n.d., p.14).

those with, and without, citizenship status (Bloch, 2000). Excluded from the resources and rights that protect others against destitution (O'Mahony & Sweeney, 2010), growing numbers of asylum seekers are rendered destitute (Williams & Kaye, 2010).

1.1.1 Definitions

Definitions of destitution vary and, to some extent, it is a disputed term (Crawley, Hemmings & Price, 2011). According to the Immigration and Asylum Act 1999 (S.95, 3):

a person is destitute if: a) he does not have adequate accommodation or any means of obtaining it (whether or not his other essential living needs are met); or b) he has adequate accommodation or the means of obtaining it, but cannot meet his other essential living needs. (UK Border Agency [UKBA], n.d.a.)

Organisations have also variously defined destitution as: homelessness; no access to statutory support; and dependence on friends, family and charities to meet basic subsistence needs (Independent Asylum Commission [IAC], 2008). A narrower definition was offered by peer researchers in Crawley et al.'s (2011) study, some of whom had themselves experienced destitution. They felt that destitution constituted being refused status and, thus, loss of entitlement to future rights, security or support. Following the IAC (2008), this literature review accepts the broader definitions of destitution so as not to omit the experiences of those with pending asylum claims.

1.1.2 Prevalence and causes

Prevalence rates of destitution among UK-based asylum seekers are unclear. In the absence of comprehensive national statistics, prevalence figures are drawn from local research projects and support agencies (Information Centre about Asylum and Refugees [ICAR], 2006). The British Red Cross [BRC] (2010), for instance, report that in 2009 they provided assistance to 11,600 destitute asylum seekers. They are just one of a number of organisations which, over the last decade, have been increasingly required to do so (Williams & Kaye, 2010).

People are vulnerable to destitution throughout the entirety of the asylum process and often at times of transition (between different stages of their claim or if dispersed to a new address) (ICAR, 2006). Many live in such poverty for months or years (Crawley et al., 2011). The Refugee Survival Trust [RST] (2005) identify the reasons for destitution as: administrative errors and Home Office procedural delays; circumstantial factors; and policy induced causes. Here, major contributing factors are the transitioning of asylum seekers from mainstream welfare provision to administration under the National Asylum Service (Crawley et al., 2011) and the removal of their permission to work (Refugee Action, 2006a).

Under Section 95 (S.95) of the Immigration and Asylum Act 1999, asylum seekers receive either subsistence-only cash support, dispersal accommodation, or dispersal accommodation plus subsistence support. Subsistence support levels were initially set at 70% of Income Support, just sufficient to meet basic living needs (Williams & Kaye, 2010). However, support rates have been cut. At the time of the writing, the weekly allowance for single asylum seekers was £36.42 (UKBA, n.d.b), with limited extra payments for those with children (Crawley et al., 2011). This does not cover basic living needs (Refugee Action, 2010b.), rendering those allocated S.95 support destitute under the 1999 Act definition (Williams & Kaye, 2010).

Refused asylum seekers⁴ are at particular risk of destitution as, for most, all material support is withdrawn (BRC, 2010). Their NHS healthcare rights are also reduced to free emergency and primary care treatment only; many, however, are unaware of such entitlement (Crawley et al., 2011). Although required to leave the country, a substantial number do not due to concerns for their safety (Williams & Kaye, 2010). Others cannot be removed as they have new evidence to open a fresh claim, joining a 'legacy' of people with unresolved cases (Refugee Action, 2006a). There is no definitive figure for the total number of refused asylum seekers in the UK, although estimates have reached 500,000 (BRC, 2010). Under Section 4 (S.4) of the 1999 Act, limited voucher support is available to refused asylum seekers who are temporarily unable to leave the UK or who

⁴ Refused asylum seekers are those whose applications have been rejected and who have no further appeal rights (BRC, 2010).

are seen to be attempting to leave, although, due to fears of deportation, many do not apply for this (Crawley et al., 2011). At the end of 2011, 2,310 applicants, excluding dependants, were in receipt of S.4 support (British Refugee Council, 2012). According to Refugee Action (2006b), those refused asylum seekers not accessing S.4 support are likely to be destitute.

In a recent Crisis review, homelessness among refused asylum seekers was deemed a significant problem (Jones & Pleace, 2010). O'Mahony and Sweeney (2010) describe this group as 'doubly displaced'; dislocated from their country of origin and, through housing exclusions, discouraged from restoring their sense of 'home' in the UK. According to Freedman (2008), such policies augment gender inequality given their particularly detrimental consequences for female asylum seekers, some of whom have dependants.

Under the New Asylum Model, the acceleration of the decision-making process and removal of those with rejected applications was emphasised (Refugee Action, 2006b). A number of organisations, while in favour of a timely asylum process, are concerned that the principle of deterrence, rather than fairness and accuracy, is now underpinning the asylum process (Williams & Kaye, 2010). Twenty five percent of asylum applications initially refused are granted at appeal (Refugee Action, 2010c). The IAC (2008) has deemed the UK asylum system 'unfit for purpose' due to a 'culture of disbelief' denying protection to those in need and the enforced destitution of thousands of people.

1.1.3 Policy justifications

Policies which marginalise asylum seekers and advocate their differential treatment are incongruous with the purported principles of non-discrimination and equality central to a liberal democracy such as the UK (Schuster, 2003). Nevertheless, successive governments have justified decreasing the welfare entitlements afforded to asylum seekers on the basis of deterring those constructed as 'bogus' and exploiting a supposedly munificent welfare system (Bloch, 2000). Unlike 'genuine' asylum seekers, deemed to have suffered political persecution, 'bogus' asylum seekers are presented as crossing borders for

economic purposes and un-entitled to benefits they are attempting to claim (Nickels, 2007).

This sub-categorisation of asylum seekers according to their purported genuineness is problematic. Firstly, the notion of the fraudulent asylum seeker is challenged by the finding that the majority originate from countries known to perpetuate human rights violations or where political conflict is prominent (Tribe & Patel, 2007; Williams & Kaye, 2010). Moreover, Hyland (2002) argues that the bogus/genuine distinction becomes meaningless if we acknowledge the connection between international economic policies and forced migration, in particular the contribution of Western neoliberal trade policies to political instability and conflict in the developing world.

Nevertheless, this distinction has proliferated within media and political discourses so the term 'asylum seeker' [and especially '*failed* asylum seeker' (Pearce & Charman, 2011)] is now imbued with suggestions of illegitimacy and the asylum issue has become subsumed within wider debates on immigration controls (Nickels, 2007). Public feelings of suspicion and fear of asylum seekers are fuelled by exaggerated media depictions of the UK under 'siege' by migrants (Schuster, 2003), the use of 'provocative' and 'inaccurate' labels to describe asylum seekers (Buchanan, Grillo & Threadgold, n.d) and a negative bias in newspaper reporting (ICAR, 2004):

'Asylum-seeker'....immediately conjures up cheat, liar, criminal, sponger—someone deserving of hostility by virtue not of any misdemeanour, but simply because he or she is an 'asylum-seeker' (Schuster, 2003, p.244).

Political discourses influence public perceptions (Chakrabarti, 2005). An English survey found asylum seekers to be the minority group against which overt prejudice was most likely to be expressed and that this was deemed socially acceptable behaviour (Valentine & McDonald, 2004). Pearce and Charman (2011) found negative rhetoric to be articulated by the UK public who positioned asylum seekers at a lower social status. Moreover, they found asylum seekers

were alert to such representations and some perceived a stigmatised identity to be attached to seeking asylum.

Schuster (2003) argues that asylum seekers are thus constructed as more than a legal category; they have become state-sanctioned targets of hostility. Drawing on Miles (1989), she construes their treatment as 'racism', in that social exclusions are legitimated via rhetoric distancing them from other members of humanity. By promoting 'them versus us' distinctions, which uphold the marginalisation of the 'Other', discursive practices represent a tacit but brutal form of hegemony with consequences for people's well-being (Van Djik, 2000).

1.2 Seeking asylum, inequalities and well-being.

There is growing recognition that well-being is intimately linked to structural and relational factors and that relative deprivation and social inequity is generative of distress (Friedli, 2009). Higher prevalence rates of 'common mental disorders' have been found, for instance, among homeless people (Rees, 2009) and those of lower socio-economic status (Fryers, Melzer Jenkins & Brugha, 2005). Unemployment, poverty, inadequate housing and social exclusion have all been flagged as signifiers of low status productive of poor mental and physical well-being (Friedli, 2009). These living conditions typify the situation of destitute asylum seekers. Chantler (2011) thus accuses UK policy of promulgating established risks for mental health difficulties.

There is a paucity of research specifically investigating the psychological health of people during the asylum-seeking phase (Laban et al., 2004). Moreover, extant studies are beset with methodological limitations and problematised by differential cultural understandings of distress (Pahud, Kirk, Guage & Hornblow, 2009). Positivist research dominates the area. Here, distress is separated from its contexts, reduced to measurable variables, and classified, which has been questioned as a legitimate way to understand suffering (Ussher, 1992). Despite these shortcomings, findings from within this paradigm have identified seeking asylum as a risk factor for distress. Davidson and Carr (2010, p.2) summarise:

in comparison with populations at large..forced migrants have: poorer general health; heightened levels of psychological distress; increased risk of mental ill health, including posttraumatic stress disorder (PTSD) major depressive disorder, anxiety, dissociation and somatisation.

While we must be wary of research which emphasises differences and reifies distinctions between asylum-seeking and 'host' populations (Patel, 2003), it is important to consider explanations for such findings. Historically, psychological research has focused on the link between distress (often framed in terms of 'PTSD') and pre-migration traumas or migratory stressors (Patel, *ibid.*). A narrow focus on the mental health of refugee people has concealed the repercussions of poverty (Davidson & Carr, 2010). Realist medicalised frameworks have thus been criticised, not only for their Eurocentricity (Patel, 2003) and the scientifically questionable nature of the disease entities which underpin them (Summerfield 2001a), but for promoting a depoliticised view of distress, obscuring the role of socio-political factors in its genesis (Patel, 2003). The asylum process can be traumatic and re-traumatising but this is masked within frameworks that focus on individual pathology following *past* events; the psychological impact of seeking asylum in hostile environments, while living with the spectre of deportation, is unaddressed (Blackwell, 2007).

Recently, however, psychological frameworks foregrounding inequality have been proffered as alternatives to the trauma discourse. Silove (2002, p.294), for instance, advocates a wider ecological model recognising that "*asylum seekers are trapped in a continuum of threat, with conditions fostering a...compounding of insecurities from past, present and future*". Ryan, Dooley and Benson (2008b) propose a 'resource-based model' of migrant adaptation. From this perspective, psychological difficulties occur when the host environment renders redundant someone's existing resources and limits opportunities for resource gains. Distress here is associated with unmet needs and loss or blocking of significant life-goals.

Timotijevic and Breakwell's (2000) Identity Process Theory (IPT) has also been marshalled to theorise the link between inequalities and distress among asylum seekers (Morgan, 2008; Miller, 2010). Here, social exclusions are seen to amplify

identity threats generated by migration and frustrate coping and the re-negotiation of identity necessary for well-being (Morgan, 2008). Drawing from social materialist perspectives, which attribute psychological difficulties to material power imbalances (Hagan & Smail, 1997), Morgan (2008) also relates asylum seekers' distress to their powerlessness across many levels. Miller and McClelland's (2006) social inequalities model of mental health offers a useful synthesising framework. From this perspective, interpersonal power-imbalances are generated by structural inequalities (occurring when an imposed characteristic, in this case citizenship status, affects access to power and resources). These then impact at an individual level, producing, as unjust practices become internalised, negative identity constructions and distressful feelings. Such inequalities frameworks are supported by a growing evidence-base highlighting the link between health outcomes and social conditions in exile.

1.2.1 Seeking asylum, social inequalities and psychological health

Porter and Haslam (2005) conducted an international meta-analysis examining mental health outcome mediators among refugee people. Post-migratory factors found to be associated with poorer mental health included temporary accommodation and employment and economic restrictions. Being older and having higher previous levels of education and socio-economic status were also linked to poorer outcomes. Porter and Haslam attributed this to the greater loss of status incurred by this group and concluded that socio-cultural conditions in both country of origin and host nation have mental health implications.

Further post-migratory stressors implicated in poor mental health outcomes for refugees include: discrimination (Noh et al., 1999); social role loss due to unemployment or social isolation (see Miller, 2010); language difficulties (Beiser & Hou, 2001); and socio-cultural loss and adaptation difficulties (Steel et al., 1999). These effects are amplified among asylum seekers, whose insecure immigration status suggests poorer socio-economic living conditions, a differential future outlook (Laban, et al., 2004) and a more stigmatized identity (Pearce & Charman 2011) compared to refugees. There is evidence, for instance, that asylum seekers still awaiting their claim decision experience

greater, and more persistent, psychological difficulties than those granted refugee status (Silove, 2002; Ryan, Benson & Dooley, 2008a; Ryan, Kelly & Kelly, 2009).

The health consequences of prolonged waiting were evidenced by Laban et al. (2004). They compared two groups of asylum-seekers; one which had lived in the Netherlands for under six months and one for over two years. The latter group were more likely to reach diagnostic criteria for 'anxiety', 'depressive' and 'somatoform' disorders, while rates of "PTSD" diagnosis was similar between groups. They concluded that stressors linked to lengthy asylum procedures were a greater risk factor for common mental health problems than pre-migratory events. In an associated study, family issues, discrimination, asylum processes, socio-economic circumstances and lack of employment were all significantly associated with 'psychopathology' (Laban et al., 2005).

The finding that asylum seekers' elevated rates of distress were more strongly associated with post- than pre-migratory experiences resonates with the longitudinal findings of Silove et al. (1997). They found post-traumatic symptoms among Australia-based asylum seekers were better predicted by negative treatment by authorities, isolation and unemployment than previous experiences of torture.

The above studies employed quantitative methods to investigate distress, framed according to diagnostic constructs, using standardised measures to determine associations between variables. This approach neglects participants' own meanings by imposing a frame of reference and limiting response options (Yin Yap, 2009). Western psychiatric categories de-contextualise human suffering from social and cultural contexts (Summerfield, 2000) and may not fit for people from cultures with less individualised understandings of distress (Webster & Robertson, 2007). Qualitative studies offer more contextualised and participant-centred explorations of the impact of inequalities. In Strijk, van Meijel and Gamel's (2011) Dutch study, key themes identified by participants as negatively impacting their quality of life included: loneliness (mediated by fear of discrimination); their positioning as a refugee (and attendant social disadvantage

and denial of rights/respect from society); lack of meaningful activity; and 'symptoms' (including sleep difficulties and fears of going mad).

The impact of waiting for an asylum claim decision has also been explored. Dupont et al. (2005) found that, without employment, boredom was a feature of the wait for Holland-based asylum seekers, some of whom used drugs to 'kill time'. Brekke (2010) found young adults in Sweden experienced a lack of certainty and control regarding asylum claim procedures and outcomes which generated different ways of relating to past, present and future. While some described 'holding on' to the present and keeping active, others were 'letting go' and ceasing to care. Brekke suggested uncertainty about the future posed identity threats as it precluded a sense of a future self required to "do identity-work". Drawing from Antonovsky (1987), he asserted uncertain waiting was detrimental to participants' mental health as it frustrated a 'sense of coherence' in their lives. The age range of Brekke's participants (16-26), however, limits the generalisability of his findings to older asylum seekers. Moreover, between-country differences in asylum procedures and socio-cultural milieu limits the relevance of these studies to the UK context.

1.2.2. The UK context

The evidence-base pertaining to the impact of post-migratory stressors in the UK context is limited (Morgan, 2008). The extant findings echo those from abroad (reviewed above). Among London-based refugees, Gorst-Unsworth and Goldenberg (1998) found poor social support better predicted depression than did past trauma. Morgan (2008) found that while measures of both pre-migratory trauma and post-migratory stressors were associated with distress scores among asylum seekers in Leicester and Nottingham, a larger proportion of the variance was accounted for by the latter than the former. Palmer and Ward's (2007) qualitative study found refugee people in London attributed suicide among community members to the stresses of the asylum process. Sadly, there have been a number of reported asylum-policy related suicides in the UK (Hintjens, 2006).

Participants in Stewart's (2005) Glasgow and London-based study were shown to be vulnerable temporally due to their insecure immigration status. This generated anxiety about the future and a sense of 'suspended identity' and dislocation from a 'normal life'. Participants were also considered vulnerable spatially due to their exclusions from consumer areas because of poverty. They felt unsafe in public spaces and isolated due to fear of racist abuse and an absence of social connections. Among asylum seekers in the Midlands, Miller (2010) found restrictive asylum policies and unfavourable social representations limited opportunities for positive identifications and social roles, which compounded identity threats caused by pre-migration factors and generated feelings of shame, powerlessness and hopelessness.

This research begins to highlight the psychological impact of seeking asylum in the UK, although it has limitations. Miller (ibid.) suggested her participants, due to their involvement in a national community organisation, were relatively well socially supported. Moreover, some studies included those who had already secured refugee status. This perhaps precludes generalising their findings to more marginalised UK asylum seekers. Furthermore, as no interviewees specifically discussed experiences of destitution, this experience requires elucidation. Mueller, Schmidt, Staeheli & Maier (2011) argue asylum-related stressors are likely most acutely felt among those with rejected asylum claims whose support entitlements have been withdrawn. This postulation is lent some weight by Morgan's (2008) finding that, along with perceiving themselves a burden to others, elevated scores on 'Anxiety' and 'Depression' measures were best predicted by having their claim refused, which, as outlined above, is a risk factor for destitution.

1.2.3 Experiences of destitution

There has been a paucity of research into the experience of destitution among UK-based asylum seekers, particularly within government and academic arenas (Refugee Action, 2006a). Extant studies have largely been produced by voluntary sector and campaign organisations. Crawley et al. (2011) maintain that, while these have done much to document the detrimental impact of destitution, the

predominance of survey-based methodologies, based on dominant understandings of destitution, have neglected participants' own meanings.

Despite such limitations, the findings indicate that destitution impacts negatively on well-being across a number of levels (RST, 2005; Refugee Action, 2006a/b; BRC, 2010; Crawley et al., 2011). Practically, experiences of homelessness and a lack of food were common. Some participants described having to undertake illegal work, often in poor working conditions; others engaged in commercial sex work, associated, at times, with abuse (Crawley et al., 2011). At a political level, asylum seekers were found to be disempowered by their lack of status which left them in limbo and unable to plan for the future (BRC, 2010). Their political disempowerment also jeopardised their physical safety creating barriers to healthcare access and leaving them fearful of accessing health and police services (Refugee Action, 2006b; BRC, 2010; Crawley et al., 2011).

At a social level, people suffered isolation from family or friends and reported strained or exploitative relationships as a consequence of reliance on others for survival (RST, 2005; Refugee Action, 2006a). Participants' sense of social standing was also damaged; they felt looked down upon and stripped of confidence, especially those with previously high levels of education and career attainment (Crawley et al., 2011).

Emotional consequences were also evident. Crawley et al.'s (2011) participants articulated feelings of devastation, disappointment and anger at having their claims rejected by an asylum system which they perceived as unjust. Forty-five percent of Refugee Action's (2006a/b) participants described themselves as having mental health problems and reported experiences such as: depression and anxiety; paranoia and fear; difficulties sleeping and concentrating; panic attacks and flashbacks; physical pain and feelings of worthlessness and suicidality. While attributing some of their distress to adverse pre-migratory experiences, interviewees identified their treatment whilst in the UK as especially salient.

1.3. A paradigm shift: Attending to resilience and coping.

Summerfield (2004) argues that western constructions of personhood have shifted in recent decades; a view of ourselves as typically resilient when faced with adversity has been replaced by an emphasis on vulnerability. In this context, research has largely ignored refugee people's experiences of resilience, in favour of a focus on 'mental illness' linked to past traumatic events or social disadvantage (Pahud et al., 2009).

Papadopoulos (2007) suggests that psychological theories of trauma perpetuate the flawed assumption that adversity necessarily leads to traumatisation and, thus, that there is something inherently pathological about being a refugee. Summerfield (2001b) maintains that over-diagnoses of 'PTSD' among this population is common, fuelled by narrow cross-cultural understandings and crude measurement instruments which confuse physiologies associated with normal and pathological distress. Ordinary human suffering following extreme circumstances is thus constructed in terms of illness and dysfunctionality (Patel, 2003). While psychologists are empowered by the legitimacy such pathologising discourses lend to their expertise, the voices of refugee people themselves are marginalised and they are further disempowered (Patel, *ibid.*). Harrell-Bond (1985) also accuses humanitarian bodies of promulgating such depoliticising discourses by representing refugees not as agentic people who need assistance but as people who must be acted on behalf of. By talking about asylum seekers solely in terms of vulnerability and an assumed need for help (whether economic, political or psychological), positions of dependency are reinforced (Patel, 2003).

Chantler (2011) asserts that within the aforementioned 'culture of disbelief', it may be counter-productive to a successful asylum claim for individuals to present to Home Office services as resilient; this goes against expectations of how a 'victim' of persecution should behave. Afforded mainly a sick role as leverage with which to rebuild their lives, asylum seekers are thus denied the position of active survivor (Summerfield, 2001b). Narratives of resilience and strength are muted and ongoing attempts to cope and resist injustice neglected (Patel, 2003).

Such perspectives are supported by Pahud et al.'s (2009) finding that refugees in New Zealand felt that deficit- rather than strength- focused support provided by government agencies acted as a barrier to well-being, maintained their dependency and generated distress. This highlights the importance of adopting strength-focused approaches within practice and research.

1.3.1 Coping, resilience and positive growth

The concept of 'resilience' has received increased consideration in recent decades, both within the mental health arena generally and with regard to refugee people specifically (Papadopoulos, 2007). This construct, for which there is no definitive description, is associated with a variety of meanings and has been understood to overlap with a variety of psychological constructs such as 'self-esteem' and 'self-efficacy' (Pahud et al., 2009). Conceptualisations of adult resilience include an ability to: preserve a steady equilibrium and sustain psychological and physical functioning when faced with adversity (Bonnano, 2004); to “bounce back” or adjust (Pahud et al., 2009); and to endure stress and retain one’s strengths, abilities and values (Papadopoulos 2007).

Resilience has been delineated as both a personality trait and a dynamic process, which has generated further confusion within the literature (Luthar, Cicchetti & Becker, 2000). The conceptualisation of resilience as a personal disposition is criticised for obscuring contextual factors that either thwart or facilitate this (Shoon & Bartley, 2008). Increasingly, resilience is seen as an interactive, dynamic process underpinned by divergent factors and relationships, which fluctuates with context and life-domain (Herrman et al., 2011). White (2004, p.5) advocates seeing resilience not as a personal characteristic but as “*an emblem for a range of alternative identity conclusions as well as knowledges about life and skills of living*”.

In line with this, Jeffery (2011) suggested resilience among her homeless participants was associated with negotiating pathologising identities and connecting to social support. Resilience can thus been seen as a relational

process between individuals and families, friends and communities (Boss, 2006). Friedli (2009) associates positive mental health in situations of disadvantage with: environmental capital (structural resources); social capital (values and networks facilitative of community bonding) and emotional and cognitive capital (resources that buffer stress and enhance individual coping).

Boss (2006) argues resilience is not simply coping with a situation but maintaining positive health. Nevertheless, Jeffery (2011) identifies 'coping' as a salient facet of resilience. Coping has been defined as the deployment of skills and personal or external resources to manage problems and limit stress-related illness (Pahud et al., 2009). Drawing on Straub (2003), Pahud et al., (2009) distinguish between emotion-focused coping, where individuals manage distress by seeking social support or avoiding problems, and problem-focused coping, which involves pro-active attempts to solve problems deemed responsive to change. Lazarus and Folkman's (1984) model of coping has been influential here, although this too has been criticised as de-politicised. In emphasising the individual's cognitive appraisal of their ability to manage situations and their personal responses as determinants of coping, the material inequalities impacting this are neglected (Ryan et al., 2008b). As outlined above, Ryan et al. (ibid) thus propose a model of coping for refugee people resettling in host nations which emphasises access to resources as central.

While Bonnano (2004) incorporates the 'capacity for generative experiences' under the resilience umbrella, others have proposed distinct concepts such 'Adversity Activated Development' (AAD) (Papadopoulos, 2007) and 'post-traumatic growth' (Tedeschi & Calhoun, 2004) to denote the positive consequences of adversity. Popadopoulos (2007) argues resilient responses involve the retention of prior qualities, while positive responses are associated with transformative renewal as people make meaning from suffering and re-evaluate their life priorities, identities, values and relationships. It is perhaps thus useful to envisage a continuum of reactions to adversity, ranging from negative to resilient to positive, along which an individual may be differently and/or

simultaneously placed across different contexts and points in time (Papadopoulos, *ibid.*).

1.3.2 Refugee people, coping and resilience.

There has been little research into the resilience of refugee people, in part, due to concerns about the cross-cultural validity of this construct (Pahud et al., 2009).

Pahud et al. (*ibid.*) assert there is no predominant theory delineating how refugees cope with the challenges of re-establishing themselves and living in host nations; rather there is a growing literature corpus spotlighting key coping and resilience factors. Beiser et al. (2011) summarise these as including internal resources, such as locus of control, and external resources, such as social support.

Individualised, biomedical perspectives of coping and mental health among refugees dominate the literature (Thomas et al., 2011). Prioritising individual coping, however, may be inappropriate for those from cultures where collective healing is paramount (Guirbye, Sandal & Oppedal, 2011). Recent qualitative studies have, however, sought refugee people's perspectives regarding the meaning of, and factors facilitating, resilience. Munt's (2011) feminist exploration found that Brighton-based refugees emphasised belonging and community and felt a home offering 'habituation, acceptance and rest' was essential for coping. They also felt cultural stories of suffering, survival and growth had enabled them to maintain their resilience and a positive sense of themselves. Religion was also identified as a key resilience promoting factor:

their spaces of worship were felt to be democratic and welcoming, providing a chance to temporarily set aside the derogatory label of asylum seeker/refugee....for most...their faith operated as their grounding principle, their baseline identity (Munt, 2011, p.11).

Refugees in Nepal similarly cited religion as an important coping resource offering social recognition and emotional support (Thomas et al., 2011). Further coping promoting factors identified by refugee people include: volunteering, educational and training opportunities in host nations (Yin Yap, 2009; Hewit & Hall, 2010); the presence of family and co-ethnic community (Djuretic, Crawford

& Weaver, 2007); interacting with others with similar experiences (Strijk et al., 2011) and practical and financial organisational support (Pahud et al., 2009).

1.3.2.1 Social support and constructing identities

Social support is deemed a significant protective factor for refugee people living in circumstances of social exclusion, although findings are ambiguous regarding its relationship with mental health (Ager, Malcolm, Sadollah & O'May, 2002). Ager and colleagues discuss that while some studies suggest negative psychological effects of frequent contact with co-ethnic community members, others indicate no effects and others still have found wider social networks to promote psychological well-being. This nebulous picture is perhaps compounded by divergent conceptualisations of 'social support' across cultures (Stewart et al., 2008).

In Ager et al.'s (2002) own Edinburgh-based study, participants expressed a wish for help to increase their social contacts (especially with people enabling links with host communities) over a wish for practical support or counselling. This resonates with Yin Yap's (2009) finding that volunteering was perceived by UK-based refugees as a means of coping with post-migratory isolation, offering both a means of building social links and of resisting limitations imposed by government policy. Thomas et al.'s (2011) participants similarly valued using their skills to contribute to their social context. They concluded that participants, in the absence of legal recognition, drew from and contributed to their social networks in order to achieve the social recognition necessary for well-being. They suggested their findings support the refugee integration literature which points to the health beneficial aspects of social capital.

Boss (2006) maintains that resilience following 'cultural ambiguous loss', when dislocated from one's country of origin, is bolstered by constructing multiple identities in exile, drawing from both prior and current social contexts. Pearce and Charman's (2011) participants identified work and study restrictions as precluding such positive identifications. However, they were found to employ strategies to cope with stigmatised asylum seeker identities, such as dis-identifying with these or contesting negative representations. Hewit and Hall (2010) found refugee

people's engagement in a 'women's empowerment course' enabled them to develop learner identities and resist being positioned as isolated and limited. Miller (2010) similarly found coping with the identity threats generated by restrictive asylum policies to be associated with positive identifications and the adoption of valued social roles. Her participants also felt adversity had facilitated positive growth.

1.3.3 Coping and resilience among destitute asylum seekers

As delineated above, narratives of survival, resilience and growth are produced by asylum seekers in the UK. However, the factors supporting resilience and coping among those with experiences of destitution is an under-researched area (Crawley et al, 2011). Within the small body of existent literature, Bailey (cited in Georgiou, 2011) found that the collective space of a grassroots NGO represented 'home' for female asylum seekers in Nottingham and highlighted their sense of solidarity as a means of resisting destitution and social exclusion.

Crawley et al.'s (2011) Welsh study found that participants mobilised a range of coping strategies, mediated by their country of origin, gender, personality and relationships to survive destitution. Faith-based organisations, social relationships (especially with other refugee people and co-ethnic community members) and personal resources (such as abilities to relate to others and maintain faith and hope) were deemed important.

Given resources may differ with geographical location, research exploring coping and resilience among destitute asylum seekers in different parts of the UK is warranted. This study thus seeks to build on extant evidence to explore the perspectives of a sample of London-based asylum seekers regarding this.

1.4 Research rationale

Webster and Robertson (2007) suggest that seeking refugee people's own constructions of their mental health needs and strengths is one way of challenging inequalities. This research thus aims to provide a platform for the perspectives of asylum seekers regarding experiences of destitution, a phenomenon which has been neglected within psychological research. Heeding

Chantler's (2011) call to eschew false dichotomies and consider the possibility of both vulnerability and strength amongst asylum seekers, it seeks to consider their constructions of both the challenges associated with destitution and factors facilitative of their coping and resilience.

Ager, et al., (2002) advocate attending to protective factors mediating the health risks of post-migratory stressors to spotlight resources productive of refugee people's resilience and inform preventative services. Patel (2003) asserts that research highlighting the damaging consequences of government policies can be useful to advocate for policy change. She perceives of such social action as central to the psychologist's role. As such, the present study, conducted in association with the BRC, is intended as action research; it is hoped the findings can be utilised by them both in their advocacy work and to inform their support services.

1.4.1. Research aims and questions

The aim of this research was to explore the experience of destitution from the perspective of a London-based sample of asylum seekers. The research questions were:

1. How do participants talk about the challenges associated with experiencing destitution whilst seeking asylum in the UK?
2. How do they describe their approach to managing these challenges and what personal, social, cultural and organisational resources do they perceive to impact this?

CHAPTER TWO: METHOD

I begin this chapter by elucidating my methodological choices. I present a synopsis of the grounded theory method and outline the epistemological position of the research. Finally, I detail the research procedure utilised.

2.1 Methodological Rationale

2.1.1. Locating Myself

I am a 31 year old, white, Scottish female from a middle class background. My concern with social justice issues is long-standing and I have campaigned in this area. My interest in the treatment of UK-based asylum seekers was sparked as a human rights masters student, learning of the racism inherent to anti-asylum media discourses (Schuster, 2003). It was fuelled during clinical psychology training where I was exposed to politicised conceptualisations of distress among this population (Patel, 2003). These experiences informed my methodological choices. I was aware that, as both psychologist and member of the dominant white group, I had, relative to potential interviewees, greater social power regarding access to discourse production (Van Dijk, 1996). For instance, I, and not participants, set the research agenda. It was therefore important to me to adopt an approach that would go some way to minimising this power differential.

2.1.2. Rationale for a qualitative methodology.

Qualitative methodologies give more freedom to participants to elucidate their ideas and respond in their own words than do quantitative methodologies (Barker, Pistrang & Elliott, 2002). This seemed especially salient to the current research population: the marginalisation and oppression of refugees is perpetuated through excluding their voices both from media and academic discourses generally and from the specific narratives pertaining to themselves (Van Dijk, 1996). A qualitative methodology was therefore utilised to spotlight the viewpoints of participants and, hence, create space for the voices of asylum seekers.

A qualitative approach also best fitted the open-ended research questions (Barker et al., 2002). As outlined above, the evidence-base pertaining to well-being issues among asylum seekers with destitution experiences is limited, indicative of the need for further exploratory research. This study, in contrast to hypothetico-deductive methods of knowledge generation, did not seek to test existing theories nor determine relationships between variables. Rather, it endeavoured to explore how asylum seekers talk about and make sense of their experiences of destitution. A qualitative methodology generating rich descriptions of experience, pursuing meanings rather than quantification (Langdrige & Hagger-Johnson, 2009) and attending to contextual factors (Barbour, 2008) was deemed most suited to such aims.

2.1.3. Grounded Theory

The decision to adopt grounded theory methods was influenced by Patel's (2003) contention that theory production, to elucidate the link between inequalities and well-being, can be a form of social action, particularly if this is founded in the narratives of refugee people themselves. Grounded theory (GT) was attractive as, in contrast to other methodologies, it aims to move beyond rich description to produce theory grounded in the data generated by participants (Barker et al., 2002).

Originally developed by Glaser and Strauss in 1967, GT was seminal in that it aimed to produce new, context-specific theories from the data, rather than impose pre-existing theory on the research process (Willig, 2008). Accordingly, GT is appropriate for investigating phenomena (such as in the current study) which, as yet, lack a strong theoretical framework (Pahud et al., 2009). Because its analyses remain close to the data, GT is also better suited than more interpretative methodologies where the researcher's background differs significantly from that of the research population (Rosen-Webb, 2005), as in this study.

GT also enables a focus on social justice dimensions salient to this research. This is because of its 'processual emphasis', which facilitates analysis of the interaction between human agency and social structure and the extent to which

inequality and privilege are enacted (Charmaz, 2005). Given that destitution is both an individual experience and a social condition (intimately linked to political, legal and economic power structures), this research was simultaneously concerned with participants' experience, constructions and agency and the wider social structures, meanings and resources situating this. While a method such as Interpretative Phenomenological Analysis would have illuminated the nuances of individual experiences (Willig, 2008), GT was felt to best fit the research aims as it is "suitable for studying individual processes, interpersonal relations and the reciprocal effects between individuals and larger social processes" (Charmaz, 1995, p.28/29). Moreover, it provides tools which help the researcher locate individual action within wider social and political contexts (Oliver, 2011a). GT can, therefore, illuminate the consequences of structural inequalities at the individual level (Charmaz, 2005).

2.1.4. Grounded Theory and Epistemological Stance

Mills, Bonner and Francis (2006) postulate a 'methodological spiral of GT', on which a variety of interweaving epistemological and ontological positions are situated. Glaser and Strauss' initial GT formulations "utilised the language of realism" (Madill, Jordan & Shirley, 2000) and carried positivist assumptions about knowable external reality, neutral researcher and discovered theory (Charmaz, 2005). Strauss and Corbin's later versions continued these realist threads by advocating technical positivist procedures and emphasising verification (Charmaz, 2005). However, in their rejections of objective reality and assertions of enacted truth and multiplicity of perspective, relativist assumptions are also evident in Strauss and Corbin's work (Mills et al., 2006).

More recently, Charmaz (1995; 2005; 2006) has advocated a constructivist grounded theory (CGT) that shifts from a realist epistemology and amplifies instead grounded theory's symbolic interactionist roots, which have co-existed with its positivist leanings since its inception (Charmaz, 2006). "*Symbolic interactionism is a theoretical perspective that assumes society, reality and self are constituted through interaction*" (Charmaz, 2006, p.7). Accordingly, CGT, which focuses on the processes by which participants construct meanings and

actions in particular situations, acknowledges that data and analysis are context-specific constructions, forged by the interpretations of both participant and researcher and the interactions between them (Charmaz, *ibid.*). The implicit assumptions, values and structural discourses infused in participants' accounts are thus attended to (Oliver, 2011a). Moreover, theory is seen not as *discovered*, but shaped by the researcher's decisions, questions, application of method and world-view and, thus, recognised as one tentative reading of the data (Willig, 2008).

In this view, any analysis is contextually situated in time, place, culture and situation. Because constructivists see facts and values as linked, they acknowledge that what they see-and don't see-rests on values. Thus, constructivists attempt to become aware of their presuppositions and to grapple with how they affect the research (Charmaz, 2006, p.131).

Locating this research towards the constructivist end of Mills et al.'s (2006) 'methodological spiral', I adopt a critical realist position, assuming a relativist epistemology and a realist ontology (Dilks, Tasker & Wren, 2010). Critical realism "*marries the positivist's search for evidence of a reality external to human consciousness with the insistence that all meaning to be made of that reality is socially constructed*" (Oliver, 2011a, p.2). It postulates the existence of social structures separate from human subjectivity, while viewing these as enacted through discourse (Magill cited in Madill et al., 2000). It contends that, because human perception and description are filtered through the lenses of language, meaning-making and context (Oliver, 2011a), reality can never be accessed directly.

Accordingly, I hold that the destitution, poverty, distress, resistance etc. discussed by participants exists independently from their accounts or my interpretations of them. However, acknowledging that we cannot escape our own perspectivism (Oliver, 2011a), I did not aim to produce an unbiased representation of these experiences nor obtain direct access to them. Rather, I strove to explore participants' constructions of their experiences, influenced by the cultural and discursive resources available to them (Willig, 2008). Following

Charmaz's (2006) reflexive stance, I also acknowledge my role in shaping the research activity and the importance of considering factors impacting my interpretations of participants' accounts, such as my western upbringing, knowledge of psychological theory and critical psychology and human rights values. I recognise the product of this research, therefore, as a necessarily partial interpretation of the experience of destitution among UK-based asylum seekers, influenced by the contexts of researcher and participants (Madill et al., 2000).

2.1.5 Grounded Theory Practices.

Despite their epistemological discrepancies, differing versions of GT involve similar research practices (Charmaz, 2006). GT essentially entails:

a process through which the researcher....develops theoretical concepts from the data, up through increasingly higher levels of theoretical abstraction.... until a theory has been constructed which accounts for the variation in the data (Black, 2009, p.92).

Initially, data is subjected to descriptive coding, where labels are assigned to data segments to concurrently categorise, summarise and explain them (Charmaz, 2006). Codes are progressively linked into higher level categories which are integrated to construct increasingly more abstract concepts and theory (Oliver, 2011a).

This process is driven by 'constant comparative methods' (Glaser & Strauss, 1967), whereby comparisons are made between: data and data; codes generated from later transcripts and data from earlier interviews; data and categories; category and category and category and concept (Charmaz 2006). Such comparative analysis ensures that the resultant theory remains grounded in participants' experiences (Mills et al., 2006) and that points of convergence and divergence in the data and emerging categories are attended to (Willig, 2008). The shift from description of the data to higher level analysis is further propelled by 'theoretical sensitivity', which involves considering the data anew through the lens of emerging categories and concepts, which are, in turn, modified in the process (Willig, 2008).

Memo-writing, the bridging step between data collection and the final theory, keeps the researcher actively involved in the analysis by encouraging early generation of categories from codes and the shift to higher levels of abstraction (Charmaz, 2006). Memos provide a record of category development and the shifting course of the analytic process because it is here that the researcher documents their category definitions, inter-relationships and integrations (Willig, 2008).

Further GT strategies include: 'negative case analysis' [where the researcher searches for instances at variance with the developing theory]; 'theoretical sampling' [where early analysis of initial data directs subsequent data collection and sampling which, in turn, develops existing categories] and 'theoretical saturation' [where data continues to be sampled until no new categories are generated] (Willig, 2008). Accordingly, data collection and analysis ideally occur concurrently and feedback into each other throughout the research process (Charmaz, 2005). This study, however, did not adhere to this full cyclical process due to both ethical considerations (participants had to be specified in advance so sampling could not be expanded to individuals not originally outlined in my ethics application) and time constraints (the potentially 'hard to reach' research population [Munt, 2011] meant that interviews were conducted as soon as possible after participants came forward). Resultantly, these took place over an intensive six week period leaving little time for simultaneous analysis.

Consistent with the full version of GT, earlier interviews were transcribed concurrently with data collection, a diary was employed to note initial coding ideas and the interview schedule was adapted to gather more data around these ideas (see Appendix Two for the interview schedule and amendments). However, this study is best conceptualised as an 'abbreviated version' of GT because of the limited theoretical sampling and because theoretical saturation and negative case analysis were only carried out within the original data set (Willig, 2008). Accordingly, the analysis is perhaps less a map of social processes and more a systematic representation of participants' experience and constructions of the phenomenon (Willig, 2008).

2.2. Procedure

2.2.1 Ethical Approval

Ethical approval was granted by the University of East London (UEL) Ethics Committee (Appendix Three). The research was registered with the UEL Research Board. NHS ethical approval was not sought as the research sample was non-clinical. The research was approved by BRC Refugee Services staff, who recognised UEL ethical approval.

2.2.2 Recruitment and sampling

This research was conducted in association with BRC Refugee Services, which work collaboratively with other organisations to provide practical, social and emotional support to UK-based refugees and asylum seekers (BRC, 2009). Recruitment strategies were discussed in consultation with the Head of Refugee Services, the Refugee Services Development Officer [RSDO] (also my field supervisor) and the London Refugee Support Service Manager [LRSSM].

A two-stage sampling approach was adopted. Consistent with GT, I was not aiming to sample a representative distribution of the destitute asylum-seeking population (Charmaz, 2006). Instead, initial sampling was purposive, with the goal being diversity of participant experience and data with comparative potential (Barbour, 2008). Sampling decisions were made in consultation with the LRSSM, who hypothesised that service-users from the London Destitution Resource Centre and the Women's Support Group could provide accounts of the experience of destitution. Appendix Four provides further details about these projects. Recruiting from two BRC projects increased the likelihood that participants would have varied experience to draw upon. Following identification of the sampling pool, convenience sampling was adopted. People who expressed an interest in participating and met the inclusion criteria were selected on a first-come-first-served basis.

Recruitment

Recruitment strategies and materials were finalised in consultation with the LRSSM. The Destitution Support Project's Emergency Provisions Co-ordinator [EPC] and Women's Group leaders provided support to implement these.

The recruitment approach comprised:

- Advertising the research at the BRC venue via posters (Appendix Five), recruitment letters (Appendix Six) and participant information sheets (Appendix Seven). Recruitment materials detailed my email address and phone number for potential participants to request further information or schedule an interview. A drop box was placed at the reception desk for interested parties to leave contact details.
- Visiting the BRC venue and helping out at their clothing bank on three occasions, to familiarise myself with the setting. While there, I also introduced myself and publicised the research to service-users. This enabled people to approach me directly to ask questions.
- Visiting the Women's Group to describe my research, distribute the information sheet and provide an opportunity for questions.

For those interested in taking part, interviews were scheduled for the next available date.

Inclusion Criteria

1. Participants were required to be at least 18 years old.
2. Participants were required to have experienced destitution whilst seeking asylum in the UK, within the last two years.

Participants self-selected as meeting inclusion criteria. To ensure these were followed, BRC definitions and criteria for determining destitution were also adhered to. Accordingly, I automatically considered as suitable for the research sample people accessing the destitution support project as they had been assessed as meeting BRC destitution criteria. For those not engaged in this

project, I ensured their reported circumstances met the BRC (2010, p.7) definition for destitution, i.e.:

not accessing public funds....unable to meet basic needs, e.g. income, food, shelter, healthcare, and....forced to rely on irregular support from family, friends, charities or illegal working to survive.

The ability to participate in the interviews in English was not an inclusion criterion. However, it was highlighted in recruitment materials and during my explanations that interviews in languages other than English would be dependent on the availability of trained BRC volunteer interpreters. Only one potential participant requested an interpreter but, unfortunately, none was available. As such, this interview did not go ahead. One participant also brought, unexpectedly, an associate from church to translate during their interview.

2.3 Data Collection

2.3.1 Participants

Traditionally in GT, data gathering stops when categories are 'saturated', or when no new theoretical insights are produced through further data gathering (Charmaz, 2006). However, limited research time-frames required a realistic sample size. Moreover, Willig (2008) argues 'saturation' is an unobtainable ideal, given that revision of categories is always possible, and Dey (1999) maintains data collection is rarely an exhaustive process. I therefore followed Poole (2009) in striving instead to construct well-developed categories composed of depth and variability. Kuzel (1992) suggests a sample of twelve is sufficient when aiming for diverse perspectives and variability within the data set. Accordingly, twelve interviews comprised the present study. These lasted between 33 and 74 minutes.

The sample consisted of four males and eight females aged 19 to 45. Four participants were recruited from the Destitution Resource Centre and eight from the Women's Group. Of these eight, seven also accessed the Destitution Resource Centre. The length of time participants had been in the UK varied from four months to twelve years. To ensure confidentiality, demographic information

(Appendix Eight) is reported in a general manner. Age groupings are employed instead of exact age and country of origin and ethnicity are not listed individually.

2.3.2 Procedures and Ethics

A semi-structured interview was utilised; this lends itself well to interpretive inquiry as it enables in-depth exploration of a topic (Charmaz, 2006). Due to the sensitivity of the research topic, individual interview was deemed more appropriate than group-based exploration, which may have inhibited disclosure. A homeless charity, based on BRC premises, hosted the interviews. Prior to the interview commencing, participants read (or listened to) the participant information sheet. This gave details of the procedure, confidentiality and the right to withdraw. I also discussed payment (see below). To limit the potential for coercion, I emphasised that I would offer this even if they ended the interview early. Participants were given an opportunity to ask questions. They consented to take part in writing (see Appendix Nine). In the interests of anonymity, participants were invited to choose a pseudonym for the research write-up. However, due to concern that some selected potentially identifying pseudonyms, numbers have been used instead. Brief demographic information was obtained.

A digital voice recorder was employed to record the interviews, which were stored on a password protected computer. Interviews were guided by a semi-structured interview schedule, designed in consultation with the literature, my supervisors and BRC staff. It contained open-ended questions and a list of possible probes. Following Charmaz (2006), these carried a symbolic interactionist slant and were concerned with participants' views, experienced events, feelings and actions. I encouraged participants to elaborate their meanings by: employing prompts (e.g. "tell me more about that"); summarising to check my understanding and by validating and empathising with their perspectives (Charmaz, *ibid.*). I also attempted to end the interview at a more positive point by closing with coping-orientated questions (Charmaz, *ibid.*).

To allow participants' concerns to shape the interviews and distribution of findings, they were invited to suggest questions for future interviews (which were

added to the schedule as possible probes) and to consider how they would like the findings to be utilised. They were also offered the choice of receiving a research summary by email, for collection at the BRC venue or by post. I will attempt to inform participants should the research be accepted for journal publication.

Finally, participants were thanked and given an opportunity to reflect on the interview. Levels of distress and risk issues were explored. Where relevant, participants were given a 'Sources of Support' sheet (Appendix Ten), approved by the LRSSM. Participants experiencing suicidal thoughts were offered a 3rd party referral to the Samaritans. I informed the LRSSM about individual risk issues and Samaritans referrals made. Participants were informed of this and all consented for the LRSSM to contact their BRC caseworker to explore the possibility of them accessing further emotional support.

2.3.3. Payment

While acknowledging that payment is a contested issue, I follow Barbour (2008) in holding that it matters little if some people are partly motivated to participate in research by a small financial reward. Given I was paid to undertake this research as part of my psychology training, and that I conceive of my findings as a co-construction between myself and participants, it was important to me to recognise their contribution. Participants were therefore given £10 travel expenses and £20 as a token of appreciation for their input.

The RSDO advised that cash payments were preferable to vouchers. Governmental provision of vouchers to people seeking asylum has been criticised by the British Refugee Council (2006) on the basis that it is stigmatising, impractical (people may not be able to reach the shop the voucher is intended for) and denies choice. I consulted with the RSDO and the LRSSM about how to manage the payment procedure safely. Accordingly, the £20 payment was not publicised on recruitment materials, payments were made by cash in an envelope and participants signed a receipt.

2.3.4 Transcription

Interviews were transcribed verbatim and identifying information was removed. Langdridge and Hagger-Johnson (2009) suggest that a simple approach to transcription, focusing solely on the content of interview talk, is sufficient for GT. As such, I followed Parker's (2005) transcription scheme (Appendix Eleven).

Ideally in GT, each interview is transcribed and coded prior to the next so the information generated can inform the focus for future interviews (Starks & Brown Trinidad, 2007). Due to time limitations, however, this was not always possible. Nevertheless, preliminary analysis began following each interview, when, following Corbin and Strauss (2008), I made a diary entry of my initial ideas about the interaction between myself, participants and the setting. I maintained this reflexive and analytic process (and expanded it to note initial coding ideas) through the transcription phase, which was, to some extent, concurrent with data collection. This directed the focus of my questioning in subsequent interviews, which were completed before the next analytic phase began.

2.4 Analysis

To construct my analysis, I utilised basic GT guidelines, filtered through the lens of a constructivist epistemology. To do this, I drew from practices outlined by Strauss and Corbin (1998) and Charmaz (2006). Analysis involved the iterative processes of: coding, constant comparative methods (including negative case analysis and theoretical sensitivity) and memo writing [Appendix Twelve details these latter two processes and provides an example memo].

2.4.1 Coding.

This involved four overlapping stages:

- *Initial coding.* Here, line-by-line coding was conducted (Appendix Thirteen). The production of largely *in vivo* codes allowed these to remain close to the data itself. Gerunds were utilised to generate active codes, reflecting actions and processes (rather than topics or preconceived concepts) [Charmaz, 2006.]

- *Focused coding.* Here, larger data segments were categorised according to the most frequent and salient initial codes (see Appendix Fourteen for a sample of focused codes constructed from initial interviews). The codes were developed conceptually and refined through further comparison with the data. As the analysis proceeded, a set of categories were produced, encompassing themes and patterns common to several codes. As advised by my supervisor, index cards were employed to facilitate category construction (Appendix Fifteen details initial categories).
- *Axial coding.* This type of coding was employed to reconfigure, into a coherent whole, the data fragmented by initial coding; categories were positioned as axes around which I sketched the relationship between categories and subcategories and specified the properties and dimensions of categories (Charmaz, 2006). Strauss and Corbin's (1998) 'conditional/consequential matrix', helped to widen the analysis by facilitating consideration of the relationship between micro and macro contexts to one another and to process (Strauss & Corbin, *ibid.*). While acknowledging Charmaz's (2006) warning that applying a pre-conceived analytic frame to the data may limit findings, the use of axial coding was felt to be justified because of the guidance it offers the fledgling researcher and the attention it draws to social factors pertinent to this research. I nevertheless attempted to use this flexibly to fit my data [see Appendix Sixteen for axial coding examples].
- *Selective coding.* Here, the core theoretical category (or concept) perceived to represent the data was decided upon and the remaining data was organised around this to form a final model.

CHAPTER THREE: ANALYSIS

This chapter provides an account of my grounded theory analysis, conducted using the methods detailed in the previous chapter. The model outlined below represents my understanding of the narratives of the 12 participants who contributed to the study.

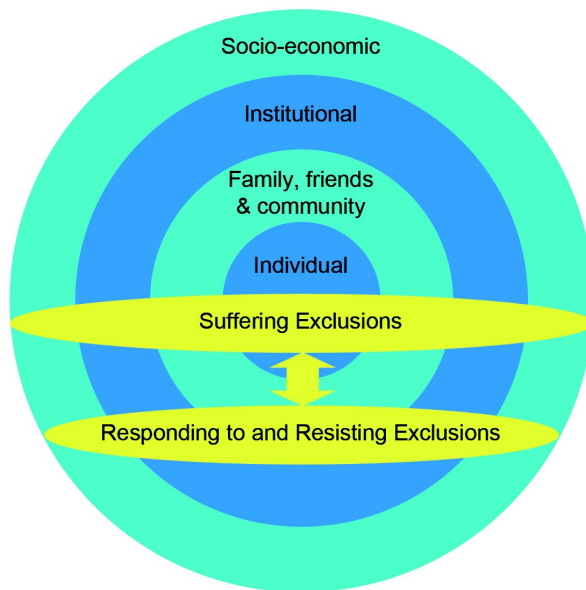
3.1 Grounded Theory Model

Two main categories were constructed from the data: 'Suffering Exclusions' and 'Responding to and Resisting Exclusions'. These categories were understood to be interconnected and to each span four context categories that participants discussed acting out of: Socio-economic; Institutional; Family, Friends and Community and Individual. Given that I did not feel that any category could, alone, represent participants' narratives, I engaged in selective coding (Strauss & Corbin, 1998) to construct a core category comprising my grounded theory model: 'Suffering and Surviving Exclusions'.

3.1.1 'Suffering and Surviving Exclusions'

The constructivist grounded theory model of 'Suffering and Surviving Exclusions' is represented diagrammatically in Figure 1. Based on Strauss and Corbin's (1998) 'conditional/consequential matrix', it comprises layers of concentric and interrelated spheres, each representing a structural context that participants intimated relating to or acting out of. Following Strauss and Corbin (1998), I hope this model emphasises the dynamic, as opposed to linear, relationship between the context categories, which, although discussed individually, below, are not mutually exclusive.

Figure 1: *Suffering and Surviving Exclusions*



Traversing each of the context categories are the two main categories which are connected with a double-headed arrow to emphasis the recursive relationship between the processes discussed within each. The first main category, constructed from extracts from every interview, is 'Suffering Exclusions'. It explores participants' accounts of their experiences of economic, social, temporal and political exclusion and the relationships between these and their sense of self and well-being. Participants seemed to be engaged in a process of tracking and (re)evaluating their identities in light of the exclusions they faced; they discussed making comparisons between their perceptions of their past, current and preferred roles and between themselves and others (interpreting others' perceptions of themselves; positioning themselves in relation to others). They voiced that the exclusions, which limited their power and control, threatened their sense of agency and their ability to construct understandings of their lives and selves which were valued by themselves and others. In these contexts, participants described subjective experiences of suffering.

The second main category, 'Responding to and Resisting Exclusions', represents participants' descriptions of the how they approached the challenges associated with the aforementioned exclusions and mobilised forms of power available to them (such as resources, relationships, roles, personal qualities and religious values) to survive and resist these and their impacts. It explores participants'

accounts of the ways they contested negative social positioning and connecting with valued identities, which I understood as forms of resistance to the threats to self and well-being posed by the exclusions they faced.

3.2 Detailed analysis of the model of 'Suffering and Surviving Exclusions'

The categories 'Suffering Exclusions' and 'Responding to and Resisting Exclusions' will now be discussed under each of the structural contexts outlined above. Extracts from the data will be provided to evidence the categories, subcategories and codes (further quotations are detailed in Appendix Seventeen). Direct quotations are represented by participant number (followed by transcript line number). Double quotation marks represent *in-vivo* codes, while single quotation marks represent other codes, subcategories and categories. The 'Socio-Economic Context' is the first category to be delineated as the exclusions here were described as having great significance for other contexts. As these each, in turn, seemed to impact at the subjective level, the 'Individual Context' is discussed last.

3.2.1. Socio-Economic Context

The 'Socio-Economic' context relates to participants' accounts of the effect of social, political, economic and cultural factors on their lives and selves. Participants discussed issues such as socio-economic conditions, political policies and societal attitudes and discourses within this category. Participants' accounts of the socio-economic context are represented diagrammatically in Figure 2. The arrow depicts the recursive relationship between experiences and actions within the main categories.

Figure 2: Social-Economic Context

Socio-Economic Context		
Suffering Exclusions		Responding to and Resisting Exclusions
Material exclusions •“a pound in your purse...is like a miracle” •Housing and home exclusions •Making social comparisons		Adopting a survival orientation •Accessing services •Considering risky survival strategies
Participation and access exclusions •Inequality of access •Education and employment exclusions •Valued social role exclusions		Connecting with valued roles
Stigma •Encountering stigma •Referencing negative social representations		Contesting negative social representations

3.2.1.1 Suffering Exclusions

This category explores participants' accounts of exclusions within the 'Socio-Economic Context' and the detrimental impact of these on their well-being and identity constructions. Exclusions at the level of material resources, participation and access and societal attitudes were identified by participants.

Interviewees varied in their reports of when they first encountered such exclusions. For some, this was when they first arrived in the UK. Others described having worked for years before losing their jobs following their asylum claim refusal or their employer's discovery they were without appropriate papers. A few discussed spending time in prison, or detention centres and encountering difficulties upon their release. The majority linked their material exclusions to having their asylum claim refused.

3.2.1.1.1. Material Exclusions

“a pound in your purse it's...like a miracle”

All but one of the participants spoke of living in conditions of material deprivation. Without government support or an income source, most described struggling to meet their basic survival needs or those of their family:

I was almost dying because, I don't work, I don't, um, have anything. (P5, 47-48).

The hardest thing to cope with was hunger, not eating (P5, 98).

In conceiving of a threat to self at an existential level, P5 alluded to the embodied consequences of material exclusion. P8 similarly felt his life endangered by poverty and his exposure to risks when “sleeping rough”:

Armed robbers are out there. I am lucky to be alive...those are some of the worst experiences I have seen wherein you think maybe your life has gone (P8, 1075-1079).

Some participants associated a lack of resources with exclusion from valued activities. P12, for instance, shared he could not afford to visit his son elsewhere in the UK or celebrate his recent birthday. He repeatedly described himself as feeling “limited” (1154) due to poverty.

Housing and Home Exclusions

Homelessness experiences were common among participants who variously described sleeping in stations, buses, parks, night-shelters (in rooms with 23 others) or on the floor at friends' houses. While not all reported sleeping rough, participants who discussed experiences of homelessness conveyed a shared sense of dislocation from, and insecurity of, place. P7, for instance, who had slept on friend's floors for six years, recounted “sneak(ing) in” (338) at midnight to her host's house to avoid detection by their landlord.

Interviewees described an unsettled existence, constantly moving to secure shelter:

Take days without sleeping. You sleep on the bus just so [K:Yeah]. You sleep in hostels and hostels and it's not every, a permanent issue. Today you are here tomorrow you are there. It's like up and down. (P 9, 39-44).

This instability and constant movement was perceived by participants to affect their well-being. Some described it as “really stressful” (P3:122). P9 identified as having “PTS” (Post Traumatic Stress Disorder) due to this itinerant lifestyle:

It's not settled, yeah. You keep on moving, yeah. [And what's that like, keeping on moving?]. You go crazy. That's why I've got so bad, I've got this type of disorder, what you call it PTS? (P9, 61-63).

Insecurity of shelter remained a concern even among those who had acquired more permanent accommodation. P11, who had a longer-term hostel through the Red Cross, described living in fear of losing it again:

maybe they will, they will forget like I done appeal again. Maybe they will cancel I should not live there again, you know?..... that's the reason I'm, I'm really scared. (P11, 185-191).

For P7, however, securing more stable accommodation was described as bringing “rest of mind” (315) from a frantic internal preoccupation with finding somewhere to sleep. In addition to insecurity, a sense of powerlessness pervaded many participant's accounts of their living arrangements. P2, who also had acquired more permanent accommodation through the Home Office, described having limited choice and control, both in terms of fellow residents and events within the house, which she linked to arguments and her subsequent “depressed” mood. Others similarly conveyed frustration, or a lack of safety, due to living with people with different religious beliefs or standards of cleanliness than themselves:

You have to share for with other people. It's very difficult and safety is, sometimes they leave dirty around in the kitchen. Cause I have a child, the hostel have to be cleaned every time...Like you know how children they like to play with, play around, move around (P11, 134-136).

Some participants described restricted personal space and privacy. P7 discussed her lack of freedom to accumulate belongings as she tried to take up as little space as possible in other people's living rooms. P10 (95-106) had to share a bed with her niece which she described as “pulling me down” and being restrictive of her “personality” and privacy to be “a woman”.

Participants' accounts intimated exclusion from more than physical housing; a sense of safety, stability and control in their day-to-day lives was also denied them, which was experienced as detrimental to their well-being. Living without

privacy and a space of their own, some communicated they felt limited in the selves they could enact.

Making social comparisons

The majority of interviewees compared their material circumstances to that of others. In so doing, they both constructed destitution as a relatively disadvantaged social position and alluded to the heterogeneity of this experience:

[K: so..would you say some people are not destitute?] they are all destitute but some people the condition they find themselves is quite different from the other person...some people they are living with friends...But yes they will lack other things....There are other people they are completely destitute..They live completely out, like the condition I find myself. (P8, 1334-1350).

Participants varied in the resources they reported having. A few shared how they now received vouchers from the UKBA. Some recognised their comparatively advantaged living circumstances which enabled them to feel 'better' about their own situation. P7, for instance, discussed her reaction at witnessing someone sleeping outside a Red Cross building:

I thought in my own mind that “oh, let me just be calm”. [K: Mmmm.] I'm better because I have somewhere like today I can go there, tomorrow I can go there. (P7, 613-617)

Nevertheless, all but three participants described themselves as destitute. It seemed destitution was perceived as more than solely exclusion from material resources; interviewees described their comparatively disadvantaged social position which limited their sense of agency and worth, relative to others:

being a destitute is, is not just homeless but in many part where poverty is involved. [K: Tell me more about that, what parts does poverty involve?] What part the poverty, so I am living in world where poverty life. I am in a nice country, in this country, but right now myself alone are

poor....[K: Mmmm. And how does that make you feel?] Not happy. (P12, 438-453).

Like P12, other participants appeared acutely aware of their relatively disadvantaged position within society. Material wealth confers status within capitalist value systems. Living in a highly consumerist society without this, participants talked of a sense of themselves as 'inferior' to others and felt this undermined their well-being:

you see this country [laughing] plenty stuff all over the place, so when she walks around to see, I mean to go and buy something she see all this, eager to buy but she doesn't have money. [K: Yeah]. That makes her so desperate. (Translator for P2, 300-350).

You see them all round, down out there. They lead a good life which you are supposed to be in, you understand. But because of the situation you find yourself [K:Mmmm] you are not there. So you feel inferior (P8, 607-612).

[K: do you see yourself as destitute?] Yeah I see myself as a destitute. Because sometime I try to compare myself to other girl that I meet here. They're younger than me. They got a career, they got work, they got family...they can do whatever they want....some of them didn't go far to school, like me. As, okay can't say I has got Master, or not much, but compared to some people (P4, 330-339).

Here, P4 identified as destitute relative to other girls, seeing that they had the lifestyle and freedom denied to her. She articulated an added sense of humiliation and injustice, in that they girls she compared herself to were younger and less well educated than herself.

3.2.1.1.2 Participation and access exclusions

As highlighted above, the experience of destitution was described as more than an absence of material resources; a comparative lack of access and participation in everyday life was also deemed salient. For P1, this seemed to fuel a perception of himself as “not normal”:

I'm not a normal person cause I don't, I don't have no access for nothing and it's really hard. (P1, 135-136).

Participants described various restrictions in participation and access and, at times, spotlighted the recursive relationship between this and material poverty. Inequality of access to legal services, transport and NHS hospitals featured in interviewees' narratives. Of particular concern to most participants was their exclusion from employment and education.

Education/Employment Exclusions

they should give us the eh right or the opportunity to study.....[K: why, what would that mean to you?] It would mean a lot. Because I study biochemistry back home at the university.....they say I can't continue because it's, I don't have a stay...it really put me down, I say what can I do, what can I do to prove these people that I want to integrate, I want to learn, I want to work (P4,172-194).

P4 appeared to conceptualise exclusion from education as frustrating both re-connection with her past (academic) self and construction of a socially legitimate identity enabling her to “prove” herself to others. This was mirrored in other participants' accounts of their exclusion from work. P10 reflected on her degraded sense of self now she was no longer working:

now I feel like I'm reject...I'm not important..I can go to someone, she's looking me like....I'm not important (P10, 458-463).

P10 appeared to re-evaluate her identity status in light of her exclusion from work. In making comparisons between her past working self and her current unemployed self, she not only felt like a “reject” but perceived others to locate her in a devalued social position. Other participants raised frustrated ambitions and skills and lamented the loss of their potential selves:

I'm ambitious, I've got potential [K:Mmmm] yeah. If I didn't have all these problems I think I would have been maybe a, a millionaire (P5, 298-301).

With little meaningful activity, interviewees felt denied purpose and agency which impacted their mood:

they make us so cripple (P5, 133-134).

Sometimes I just feel down all day, just stay in bed, I don't want to get dressed....why change?...Where I'm going?, who am I going to see?....I can't go to school, I can't do nothing. Sometimes I eat, sometimes I don't even eat (P4, 448-458).

Valued Social Role Exclusions

Participants also intimated that economic exclusions restricted the social roles they could enact, which, in turn, impacted their sense of well-being and worth. They variously described being unable to fulfil roles as economic contributor (at a societal level), helper (at a community level) and provider (at a family level):

they don't give me the right to work when I'm supposed to work and contribute even to the society (P9:324-326).

Cause it's really hurt, hurting, cause when I see my son. Cause when you have a child you expect your child to dress nice. [K: Mmmm]. It's not for your son to dress in other people's clothes and things like that....I feel like I supposed to buy him clothes....I feel a little bit guilty (P11, 526-541).

Within capitalist societies, economic discourses inform taken-for-granted assumptions about what constitutes a 'good' mother or citizen. Interviewees' role restrictions seemed incongruent with their self-expectations and images which, for P11, generated feelings of guilt. P9, who identified as "different" (358) from others due to previously having worked, paid taxes and "lead a normal life" (364) in the UK, alluded to a degraded social status. While recognising his prior contributions to UK society was perhaps protective for his sense of self, it also likely elevated the sense of loss and injustice at now being excluded from resources and a contributor role. P12's account spotlighted how gender and cultural norms and values may mediate social role exclusions. He saw being unable to provide as preventing him from having a relationship, something important to his identity as a Christian male:

God create man and woman. He say to the man he should leave his father's house to go to be united with the woman..... right now I can not

married, I've got, if I want to get a girlfriend or if I want to marry a woman, even in the church, I have to provide something (P12, 739-748).

3.2.1.1.3 Stigma

Finally within the socio-economic context, participants described exclusionary societal attitudes. Some reported overtly stigmatising and abusive encounters with the public. Others discussed an awareness of negative social representations of asylum seekers or felt unwanted and negatively evaluated by others. This seemed to leave participants feeling devalued and dehumanised and to fuel a sense of inferiority. P6 felt others viewed her with disdain due to both her asylum status and poverty:

people view, view view me like a horrid people, coming from another country to this country to live like this. (P6, 178-180).

P9 reflected on the consumerist values of British society and the status afforded to material wealth. Without this, he felt his very existence went unrecognised:

What do you drive, what your dress is. It's all that kind of shit. They don't see you as a human being, they don't see you as a person. [K: =Mmmm.] You know, yeah. It's greed, greed, greed all the time. [K: How do you think they see you?] They don't see me...I don't exist here (P9, 448-456).

P8 discussed his experience of more overt forms of abuse from passers-by as he queued outside a charity:

they describe you all sort of name..I don't want to name but it's an insulting word...it's pathetic actually. Because when you..think about your profession, you're zero. Regardless of your level of education, when you're here as an asylum seeker then having been a failed asylum seeker without no support from no-where, the only way you survive is those organisations. (P8, 431-441).

Such treatment prompted him to evaluate his current situation against his career and educational achievements and he seemed to feel degraded. The negative attitudes of others appeared internalised and it seemed his status, not only as an asylum seeker, but a *failed* asylum seeker, reliant on the support of organisations, was experienced as demeaning. P8 shared further frightening instances of abuse, which led him to isolate himself:

You are afraid to go outside....people in their cars they scream at you, when they drink their cans they throw them on you....I had to send my friends to do shopping. [K:What do you think they think?] Yeah, they think maybe you are like exploiters or you are from a different planet sort of. They don't know what your situation is. They don't know how you are in your country sort of, which life you were leading before you came here. (P8, 402-412).

P8 interpreted others as holding dehumanising attitudes about asylum seekers and felt this stigmatised group identity overshadowed his individuality and disconnected him from his past self. In referring to constructions of asylum seekers as “exploiters” he seemed cognizant of discourses painting asylum-seekers as an economic threat, which P9 also referenced:

They always think asylum seekers they come here to sponge their, their, what do you call it, benefits (P9, 570-572).

A few interviewees suggested the asylum seeker identity was not the only one experienced as stigmatised. P10, talked of racist encounters whilst living in the UK which she connected to experiences of discrimination in her country of origin. The cumulative effect of such abuses caused her to feel “not equal” (756), marginalised and dehumanised:

they don't treat me like who I am. I'm a human being. [K: I guess, yeah, what impact does that have on you, them not treating you like a human being? What, I'm, how do you feel about it?]. Um I feel sad. Uh I feel like I'm in my own world. (P10, 797-803).

P11 anticipated increased suspicion towards black people following the London riots. In expressing concern that this may jeopardise her asylum claim, she alluded to the double discrimination faced by people seeking asylum who are also not a member of the dominant white group:

maybe the Home Office won't let black people to stay..in this country... All the people who are here they have problem to stay in this country..... Maybe they will think ah, these people are coming here.. they'll come and do the same thing (P11, 777-819).

3.1.1.2. Responding to and Resisting Exclusions

This category explores participants' accounts of their approach to managing the challenges associated with the aforementioned exclusions. They described different ways they responded to, survived and resisted such exclusions including: accessing practical support; adopting a survival orientation; connecting with valued roles and contesting negative social representations.

3.1.1.2.1 Adopting a survival orientation

Accessing practical support

Participants deemed accessing practical support from organisations, such as churches, the Medical Foundation and the Red Cross to be central to their survival:

I don't know what I would have been doing by now [without the Red Cross] maybe I would have been dead (P5, 77-78).

from the help of the church everything is getting back on track.
(Translator for P2, 462-463).

Knowing they could access ongoing support seemed to be reassuring and to increase participants' sense of agency over the situation:

now I have collected my food parcel. I know that when I go I will manage my food parcel till coming Tuesday. Tuesday i'll again put on my clothes to come here [to the Red Cross]. So I can cope (P7, 501-504).

Interviewees valued different forms of practical support such as money, food provisions, legal advice, travel tickets and being referred on to other services (such accommodation providers, legal aid and social services). Given the importance placed on practical support, knowledge of where to access this was highlighted as an essential resource:

I know all the places, they have got like soup, soup places in London and where I can get a meal in London. That's how I survive (P9, 95-108).

However, some spoke of initially not knowing support was available and different routes of access were described. Some were introduced to services through friends. Some described reaching a point of desperation which propelled them to seek help from strangers or citizens advice services. Others voiced an initial mistrust of services and had to be persuaded to attend by friends or professionals. While most expressed great appreciation for such support, many also articulated dissatisfaction and distress at their dependant positioning and did not perceive this as a long-term solution. P8 saw it as detrimental to people's agency over time:

“destitute...it's like a disease.....people are there who are stuck in the asylum process for over ten years...They just rely on..those charities....they've got used to that....It has become chronic, part and parcel of them. To, if possible to feed them, you know? They find it difficult to get out there maybe to go to work everyday (P8, 1266-1302).

Adopting a survival orientation

Some participants described adopting a survival orientation, organising their days around the opening days and times of services, eating as much as possible when food was available and always thinking ahead as to how to meet their basic needs:

you have to think about everything, every move you are making...how you are going to travel out to this place. Which is the short cut. How long is it going to take. What I am I, I am going to have a glass of water in the middle of that long distance. These kind of things. But which you don't. (P 9, 717-723).

In highlighting my privilege and freedom not to have to adopt such an orientation, P9 alluded to this as one facet of the inequality that exists between those living with and without exclusions.

Considering risky survival strategies

While none of the participants reported currently doing so, some were aware of other's involvement in survival strategies such as stealing, drug trafficking or prostitution. Engagement in such activities was generally attributed to socio-political exclusions and there was a sense that participants empathised with people's actions, recognising these as being "all about poverty" (P12, 962) and associated with having limited options and a lack of meaningful activity. Nevertheless, participants also appeared to feel that such strategies carried physical, legal and moral risks to the self. P4, for example, conveyed the desperation she felt living without money in the UK which lead her to consider re-engaging in survival strategies she had adopted prior to coming here:

I nearly sell myself, I was lucky, maybe I can even got AIDS (P4, 233-234).

what I used to do, when I am really desperate..go on the street. It's not good. Even though you can get this money but it won't help you the feeling that you got inside...I was feeling disgusting about myself, I feel really, really bad but now, now I'm strong. (P4, 568-575).

Not only did P4 conceive of a risk of contracting a sexually transmitted disease through going back "on the street" (again illuminating the embodied consequences of socio-economic exclusions), she also perceived engaging in this survival strategy as threatening to her sense of self. In refraining from re-engaging in this, she articulated a sense of herself as strong. P1 likewise

perceived a need to be “strong mentally” (281) to resist drug dealing. As someone who had refrained from this, he positioned himself as such, which likely facilitated a sense of control and nurtured a positive-self image:

[K: how do you manage not to do that [deal drugs] cause it sounds like such a difficult situation, what is it about you that means that] yeah it's just the way I am, I think, just the way I think cause, like my parents...they always say to me, even, even life is just up and down...try to do your best and be on the right way. (P1, 376-384).

Other participants similarly alluded to refusing certain survival strategies due to the perceived loss of moral status attached to engaging in them and their incongruence with their family or religious values and preferred identities and futures.

3.1.1.2.2 Connecting with valued roles

Participants voiced the ways they found, despite the aforementioned exclusions, to enact social roles, utilise their skills and qualities and connect with valued aspects of their identities. Many of those with children discussed how they derived strength and a sense of purpose from the parenting role. P6 described how she enacted a protector role, prioritising her children's needs above her own:

I don't think myself if I wearing nice clothes, no I don't look at myself..Just I coming here, I thinking, I getting things to take my house, to my children (P6, 189-194).

P3 discussed fulfilling a helping role in her day-to-day life by providing emotional support, helping people find accommodation and sharing what little money she had:

I just care for people, you know even before, I care for people back home, old people, young children...so I am just like that to help even if, even I have a little...that's all the way why I'm surviving here, I am living because I like to give to people no matter if I'm in this situation (P3, 508-510).

It seems that for P3, adopting the helping role was a means of maintaining continuity with positive aspects of her past identity that she saw as central to her existence. This was echoed in P8's account of his volunteering role, which enabled him to continue to develop his skills in his professional field. P8 also alluded to the social currency that volunteering offered in enabling him to contribute to society:

come here and they give to you for free without struggling, you know? Without sweating for it. I don't want to be in that situation. That's why I volunteer. And I'll keep volunteering (P8, 563-567).

3.1.1.2.3 Contesting Negative Social Representations

Resistance to stigmatising representations of people seeking asylum was also evident within participants' narratives. The political reasons for seeking asylum were highlighted, asylum seekers were constructed as law abiding, and the idea of them as economic 'exploiters' was contested:

We want to just get a job and be like any other normal person (P9, 594-595).

people are not interested in benefits...Where I came from there is no benefit. [K: Mmmm.] There is no housing for free. There is not all this stuff you people you take for granted for free (P9, 148-157).

As well as constructing asylum seekers as uninterested in benefits and highlighting their unemployment as a forced position, P9 reflected on the interconnectedness of Britain's global economic and weapons dealings and migration:

everything comes together. It's all, everything there's a reason why these wars, these wars are happening. [K: Mmmm]. If these people were not contributing we would not even be here. (P9, 309-314).

Other participants similarly connected their situation with unjust social structures or asserted that they deserved better, which I understood as a means of resisting blaming social representations and maintaining a respected sense of self. A further way negative constructions of asylum

seekers seemed to be resisted was in comparison with other groups, such as unemployed British people or “illegal” immigrants:

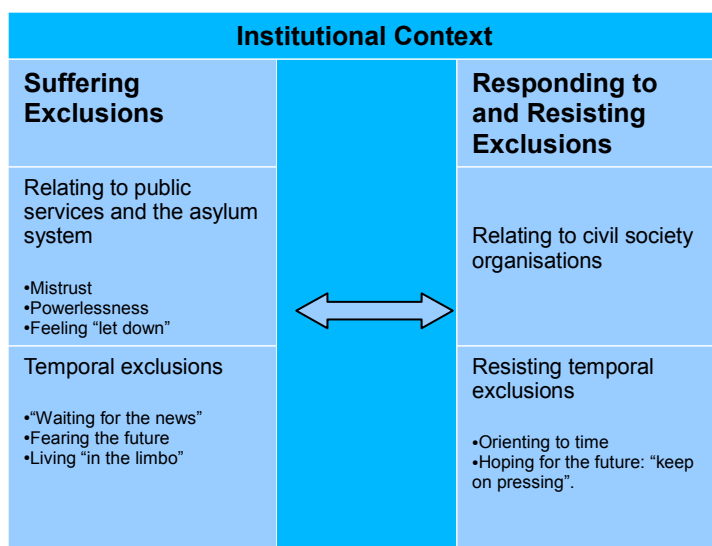
They are the worst ones, those who are illegal...They are working in different names you see and make us suffer, so it's terrible. (P5, 443-446).

Here, P5 reproduces social representations of immigrants as “illegal” and, in so doing, positions herself, comparatively, in a more socially legitimate position.

3.2.2 Institutional Context

The 'institutional context' describes the ways participants related to government and civil society organisations such as the Home Office, public services, charities and religious organisations. The institutional context clearly interacts with the socio-economic context; the exclusionary experiences outlined above stemmed from Home Office policies and participants mobilised civil society resources to survive these. Nevertheless, here, participants' accounts of their interactions with such organisations are the central focus. Participants' descriptions of the institutional context are represented diagrammatically in Figure 3.

Figure 3: Institutional Context



3.2.2.1. Suffering Exclusions

The exclusions participants described encountering within the 'Institutional Context' were twofold. Firstly, some voiced experiences of marginalisation, mistrust and powerlessness in their interactions with public services and the asylum system. Secondly, interviewees alluded to experiences of temporal exclusion linked to waiting for an asylum-claim decision which they deemed detrimental to their well-being and sense of self.

3.2.2.1.1 Relating to services and the asylum system.

A few participants discussed how their insecure immigration status lead to a mistrust of government services:

I don't trust the hospital, I don't trust the police. Because maybe if you are there, like explaining your situation, you don't know [K: = Mmmm] they might say "wait for us" and go and call for you immigration. (P7, 191-196).

However, this was not invariably so. P2 intimated that she felt contained by ambulance and hospital staff, whom she sought help from when feeling particularly "stressed". P9, conversely, perceived services to mistrust him and suggested doctors, council and Home Office staff viewed him as feigning PTSD symptoms to access housing. The view that Home Office staff mistrusted them was echoed in other participants' narratives. P10 expressed anger, hurt and a sense of powerlessness that her word had been disbelieved:

There is no justice, yeah. Because I came here. I'm telling my story but no-one was there when I was facing that situation...go to the Home Office, go to the, to the courts and they say, no, you are lying. (P10, 709-712).

P9 also alluded to his dis-empowerment within the asylum system and described having limited agency and voice with in this, which impacted his mood:

They tell you you can't contact them but they will contact you. So it's just like you have to keep quiet. If you sit for exams, you don't need to get

your results [laughing] until they come to you...Until further notice. [K: How does it make you feel that?]. If I say I am not happy, it makes me annoyed. But there is nothing you can do, what do you do? (P9, 522-530).

A further theme articulated by some interviewees was their lack of trust of Home Office staff and procedures. This appeared to add to their perception of an unjust asylum system and engender further feelings of powerlessness. Staff were suspected of hiding files due to not wanting “other people to get better” (P5,438-439) or as ignorant of global politics. There was a sense that some participants felt immigration claim decisions were arbitrary and dependant on the whim of staff:

The Home Office is like a lottery, you know. You can't predict, you never know what's going to happen. That's how people 6.5 years and there's some people came here live 2 years and they have got status (P9, 667-670).

Some participants also communicated that they felt disappointed with the system and that their expectations of the UK had been quashed:

I feel let down though to the system. (P12, 239).

For some, having their claim refused by the Home Office appeared to recapitulate previous abusive experiences and fuel a sense of rejection and marginalisation. P11 expressed that having her asylum claim refused by the Home Office after having been raped whilst in the UK made her “feel like the world is against me” (P12, 253).

3.2.2.1.1 Temporal Exclusions

This subcategory explores participants' accounts of their wait for an immigration claim decision. Excluded from the security of an expected and self-determined future some spoke of fearing the future. Participants also discussed experiences of 'living in the limbo' which were detrimental to their sense of agency and self.

“Waiting for the news”.

The majority of participants discussed waiting for their immigration claim decision. Many reported having waited for years and, given the significance of the outcome, the wait was described as arduous and detrimental to their well-being:

the Home Office depress her a lot as well so I think when they give her the papers everything will be fine. (Translator for P2, 414-416).

Some interviewees articulated a sense of injustice, not only about the length of their wait, but also it's indefinite nature:

How you can just leave someone like that, no response, nothing. Two years is enough. [K: So the waiting without knowing when you're gonna get a response. What does that...feel like?]. You, you feel like um, negligence, I don't know, negligence they negligé you. (P10, 907-886)

Fearing the future

I perceived a strong theme in most participants' accounts that uncertainty about their future, coupled with the aforementioned socio-economic exclusions, engendered anxiety about the future, which precluded feelings of security in the present. While participants varied in the fears they spoke of, there was a shared sense that the future was threatening and not something to be taken-for-granted:

I don't know what's going to happen tomorrow. (P6, 126).

Tomorrow you can end up in prison, or tomorrow they can find you dead. (P8, 290-291).

Some painted themselves as distracted from the here-and-now due to their preoccupation with future threats:

My mind wasn't there because my mind was far away. I was thinking like about if the Home Office they, they refuse me, what will happen. (P11, 503-505).

P4 similarly discussed living with the spectre of deportation and intimated that this generated feelings of rootlessness and a lack of belonging:

No-where I am home. (P4, 170).

Others discussed knowing of people who had “gone mad” or ended their lives as a consequence of the stresses associated with seeking asylum; this seemed to be threatening to their own sense of self:

I knew somebody that they deport from this country, they've gone mad. [K: Gone mad?]. Yeah, people are mocking her, laughing at her. They say “what did you go and do since you went here”. But they don't know the kind of struggles what we are going through. (P7, 200-205).

“Living in the Limbo”

Some participants articulated that their lives and selves felt suspended due to their insecure immigration status and the socio-economic exclusions associated with this. There was a sense that they felt excluded from a “normal life” and stuck while time moved on without them:

Yeah, cause I just want to have papers, like to have normal life. (P11, 72-73).

I can't go left, I can't go right, I can't go middle. No-where. [K: Mmmm]. I'm just like this in the limbo. Because I don't even know if I am going to stay or I am not going to stay. (P4, 79-85)

Some talked of seeing others using their time to progress their lives and selves and felt their current and future selves restricted, and their time wasted, in comparison:

we all have 24 hours a day but some use them for building up something for their life...Or some use them to earn to work... Or some will use that time, you see what I mean? But my 24 hour basically....[K: Basically what?]. Nothing. (P12, 934-942).

Somebody who came 5 years ago and got a proper job and has finished up his mortgage isn't it. And I am still running up and down the corridor in

the Home Office. Doing the same thing you did 7 years ago. (P9, 423-426).

Some talked of how their insecure immigration status and uncertainty about the future made it difficult for them to imagine themselves in the future and envisage or plan for this. This seemed to contribute to feelings of hopelessness, aimlessness and a lack of motivation in the present:

there is no motivation for anything, mmhhh, no motivation. [K: What is it you think about it that's sort of taken that motivation?]. Yeah cause, you know, you don't know what you gonna, what's gonna be your future (P1, 49-55).

3.2.2.2. Responding to and Resisting Exclusions

Participants discussed various approaches to orientating to time given their temporal exclusions and ways they maintained hope for the future, despite these. Participants also talked of drawing from civil-society institutional resources to cope with the experience of destitution more generally.

3.2.2.2.1 Orientating to time

A few participants described adopting a here-and-now orientation in preference to contemplating an uncertain and threatening future:

I don't know whats going to happen tomorrow. [K: Okay]. I don't want to think, just today. I don't like that tomorrow, tomorrow. [K: Yeah.] Tomorrow coming, oh I going there but not, not, I don't want to thinking whats happen next. (P6, 126-136).

[K: how would you see yourself in two years time, where do you see yourself?]. I told you earlier, what I'm concentrating on is what I'm doing at the moment (P8, 1178).

Here, P8 refrained from projecting himself forward into the future, preferring instead to concentrate on the present, which he seemed to feel more agency over. However, at other points, P8 did voice his hopes for the future and described himself as “forging ahead “ (P8, 1601) in preference to thinking about unjust past experiences. Both the avoidance of a past orientation and

preference for a future orientation was evident in other participants' narratives. P12 felt that focusing on the future was an important difference between him and those engaged in risky survival strategies (see above). P11 expressed that she preferred not to talk about her past abusive experiences:

For me I'm looking at the future (P11, 312).

The approach taken to time varied, both between participants and within their individual accounts, but there was a shared sense that they related to this in ways that facilitated a sense of control. This was evident in some interviewees' discussions of their approach to waiting time. P5, for instance, explained that she drew on her religious values to adopt a patient approach to waiting which appeared to enable a positive sense of agency in the present and hope for the future:

my patience will pay off (P5, 129)

“The Lord is good to everyone who trusts in him. So it is best for us to wait in patience, to wait for him to save us.” (P5, reading from the Bible, 815-817).

P8 valued engaging in something in the present, in his case volunteering, and there was a sense that this enabled him to reclaim a sense of agency over his future:

engage yourself in something and forge ahead, it's like you forge ahead. Don't wait for the whistle to be blown. [K: Mmmm]. You go ahead and do something. Be optimistic that things will happen later. So there should be a footing and foundation when things happen. (P8, 1601-1608).

It seemed that, through volunteering, P8 experienced his time as valuable again and he contrasted this with visiting betting shops previously “to bum time” (327). However, for both P8, and other participants, there remained a sense that time was difficult to fill, given their exclusions from work and/or housing and home. Charities, churches and public spaces (like the library or pub) were identified as valuable spaces where they could pass time. For

P12, engaging with religious activities was deemed important not only as a means of filling time but of constructing a valued self:

I just survive like this. [K: Mmmmm.] Walk up and down, up down, up down, up down....The road [laughing] [K:...And what, when you are walking up and down the road, what is that how you spend your time you mean?] Yeah. [K: Tell me more about that]. Or house, or listen to Christian radio, or read bible. (P12, 900-910).

When I go to Baptist church. I don't go there just to sit and rest. You know what I mean. [K: What do you do when you are there? Why do you go there?] I go there to, to obey God. I go there to listen to the word of God. I go there to be a good Christian. (P12, 486-491).

Other participants similarly highlighted engaging with their faith as one of their only means to claim agency over their current situation and their future:

the only thing you have to, if you just, just create God some time, that's all you have to, otherwise you can't do nothing cause, you know he will decide (P1, 323-326).

3.2.2.2 Hoping for the future: keep on pressing

Participants described how they maintained hope and motivation for the future, despite the aforementioned temporal exclusions. A number talked of the importance of maintaining hope. When asked if anything had helped him survived the experience of destitution, P9 responded:

just having a dream that's all. [K: Tell me more about] Just hope, just keep on hoping (P9, 825).

P3 similarly emphasised the need not to “give up” (577). She perceived personal strength to be important to overcome difficulties and this seemed to facilitate a sense of agency over the future:

So I know I am in this situation, um I have to be strong to face any challenges and I hope I will get there with my effort. (P3, 569-571)

For those participants who constructed a strong career-orientated identity, focusing on their career goals appeared to be central to the maintenance of hope. Despite the sense of frustration in P1's account at being unable to utilise his valued professional talent, which he described as his only remaining motivator after "I lost everything" (P1, 114), he appeared not to have given up on his hopes for his future self:

my hopes is, is just succeed what I want to be in my life. (P1, 404-405).

However, P4, who was older and had been in the UK longer than P1, highlighted age as a variable mediating her hopes of realising her career aspirations:

I been here for yeah, nearly ten years, nothing is happening. I'm not getting younger and I'm not working, what can I do? Maybe when I will be 50 I can't work, I already 50 I have to live again on the benefit. (P4, 267-270).

For others, from whom a parenting role had been a strong focus of their narrative, hoping for a better future for their children seemed key. P6, who shared that she wanted to end her life due to her suffering, saw her children's future as fundamental to why her life was worth living, at least in the shorter term:

I want my children, work, study properly.....I don't want to die now. My children they wa, they doesn't know, where, find the food. (P6, 347-361).

The majority of participants also identified their faith as central to the maintenance of hope. They articulated trust in God to 'work out' and be in control of their future:

I leave everything to God's hands. He's the one going to work out for me and I believe. (P11, 864-866).

God is alive, don't worry, you need to pray, you need to expect for something better (P10, 538-539).

These extracts suggest that, in the context of having very little control and agency within the asylum system or certainty over their future, maintaining faith and practising religion provided reassurance and a sense of empowerment.

3.2.2.2.3 Relating to civil society organisations

Participants also reflected on their relationships with civil society institutions such as charities and faith-based organisations. The experiences recounted here seemed in stark contrast to the feelings of neglect, marginalisation, mistrust and disempowerment expressed when discussing the Home Office.

As outlined in 3.1.1.2.1, the majority of participants identified civil society organisations as a valued resource. Interviewees constructed the help provided as meeting more than their material needs. Emotional and human connection needs were also identified by P2 as being fulfilled through contact with such organisations:

the Roman Catholic, they always visit her pray, with her talk to her, pray with her. And friends as well. (Translator for P2, 443-445).

A few communicated that, in comparison to their sense of themselves within wider society, they felt rehumanised, accepted and cared for in their interactions with Red Cross staff and volunteers:

by interacting with you they change your mental attitude, they make you a human being, how you are supposed to be (P8, 381-382).

it's like a home for us to come here (P11, 908-909).

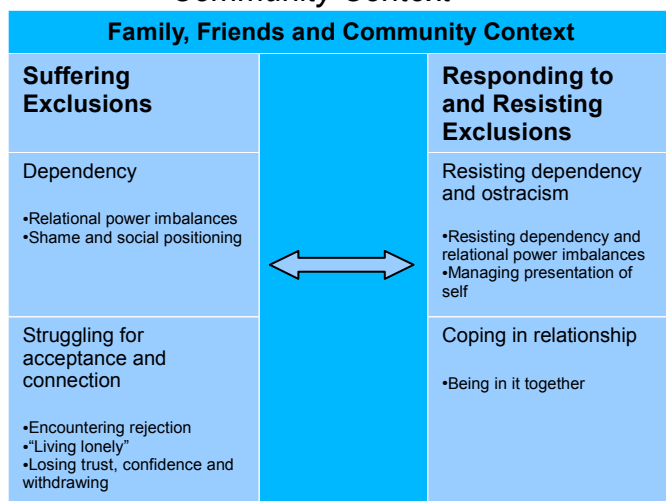
However, participant's accounts of their interactions here were not invariably positive. P5 felt some of her fellow Catholics derived happiness from her situation and, accordingly, was wary about talking about this:

some people from the same country they want you to be, destitute, that's why their happiness is. And when you are happy getting rich and powerful people feel sad that's how some Catholics are (5, 610-613).

3.2.3 Family, Friends and Community

The context of 'Family, Friends and Community' (see Figure 4) related to participants' accounts of their social relationships. These included relationships with family members (living in the UK and abroad), friends and acquaintances from participants' countries of origin, friends made in the UK, fellow service users and members of faith communities.

Figure 4: Family, Friends and Community Context



3.2.3.1. Suffering exclusions

The 'Suffering Exclusions' category within the 'Family, Friends and Community Context' is constructed around participants' accounts of the negative impact of the aforementioned exclusions on their social relationships and their sense of self and well-being within these. Participants discussed difficulties associated with their dependence on others and also described struggling for acceptance from, and connection to, others.

3.2.3.1.1 Dependency

The majority of participants identified the support of family, friends and community members as an important means of surviving economic exclusions. The types of support provided included money, food and somewhere to stay. However, some participants reflected on the strain these supportive arrangements placed on relationships and the power imbalances generated. Below, P5 appeared mindful of how her hosts may perceive her and the impact of her presence in their house:

sometimes..they can't help me because um they are also having their problems and um to do with the person has a husband or a boyfriend or whatever, it looks as if, you know?.... In the case the other person fancies you, that's a problem....[K: Okay, so you feel like then you can't stay for that long with them?] yeah..they say, um, actions are louder than words...someone doesn't need to tell me..it's too much you have been here. (P5, 238-251).

Other participants similarly discussed outliving their welcome at friend's houses. P8 considered the unequal relationship generated by his consistent inability to contribute and highlighted the difficulty in sustaining long-term supportive arrangements without such reciprocity:

They get fed up with you...lie there all day on their sofa, you don't do nothing, you don't bring nothing and they cannot continue to feed you for a long time, sort of they think maybe your condition will change...But because your circumstance doesn't change, so they will tell you out right "hey my friend I can not keep you any longer". (P8, 693-700).

P7 also discussed experiencing power imbalances within relationships where she was reliant on others:

you can't say anything, you just keep quiet because when you say something, the next things they will say "okay can you leave" (P7, 360-362).

Dependency: Shame and social positioning

There was a strong sense in some participants' narratives that reliance on others, rather than being able to support themselves, was "painful" (P3, 399), frustrating to their sense of personal agency and demeaning to their sense of self:

I just want to be self reliant. [K: Yeah]. You know I don't want to put myself, you understand like subordinate to other people, put pressure on other people.... I have my two legs, I can work for myself and support

myself. You know, so if you are here, becoming like a beggar.... It's pathetic actually. (P8, 488-499).

Some participants evaluated their present dependent position against their past independence and seemed to perceive this to be incongruent with their identity and linked to feelings of shame:

in my country I was working. [K: Mmmm.] I was not depend to someone else. [K: Mmmm]. And here I need to depend to my sister or to come, to go everywhere, look for something. [K: Mmmm]. Inside me it's not my, type of my life. It can bring shame (P10, 190-199).

However, for P12, who identified as being destitute in his country of origin, being unable to support himself was discussed as being incongruent with his preferred life, which was informed by his Christian values:

God create me to be eh a happy man, God create me for me to, to live and to support myself (P12, 460-462).

Whether feeling degraded in comparison to their past or preferred situations, the above extracts conveyed that participants felt their reliance on others was detrimental to their self-respect. Some participants also articulated a view that their experiences of destitution reduced the respect afforded to them by friends and family (both in their country of origin and in the UK). P3 perceived friends from her country of origin, who were thus aware of her prior status and wealth, to be thinking of her:

'she's just a fool to just come, you know, be here like this', you know? (P3, 346-348).

P7 similarly intimated that social expectations, in this instance, age-related norms, shaped her experience of having to ask others for money:

if you go like somebody that is, that you are older than, you can't beg that person, how is that person gonna take you? Somebody low. (P7, 128-129).

3.2.3.1.2 Struggling for acceptance and connection

Encountering rejection

In addition to perceiving others to locate them in a devalued social position due to their experiences of destitution, some participants described encountering rejection, and being unable to maintain relationships because of this:

people reject you.[K: Mmmm.] Because you got nothing that affect relationship. Because I can't keep that relationship because I got nothing. (P10, 475-478).

P9 and P12 discussed losing romantic relationships due to their lack of money. P4 perceived her immigration status, and the attendant assumptions others made about her, prompted people to reject her. She felt treated differently by some English friends after disclosing she was seeking asylum:

They change, they, they don't mix with me any more. Because they always, two of them got car. They say 'oh you always want us to take you why, when you gonna take us out?'....Oh they've changed. Sometime they make their plan, they can't come maybe because I can't contribute. So it really hurt me. (P4, 369).

However, not everyone perceived the destitution experience to have impacted their relationships. P11, for instance, felt that these had not been effected “too much, cause they have the same problem as well” (P11, 757-758). This suggests that relationships perceived as more equal were experienced differently than those involving an imbalance of resources.

“Living lonely”

Some participants communicated feelings of loneliness and felt their isolation was detrimental to their sense of self and well-being:

I don't feel like, you know I'm, I'm in this world sometimes, um I'm always by myself and you know, don't have no-body to talk and just staying home (P1, 147-150).

For living lonely like that, was, she wasn't feeling well at all, at times..at times she feel like giving it up. (Translator for P2, 333-335).

Others spoke of losing confidence or feeling disconnected from others and described withdrawing from interactions as a result. P8 articulated a sense of shame with respect to his degraded lifestyle which caused him to isolate himself from others (P6, 77-81):

You don't associate with people because you are ashamed of yourself. The way you used to be in your country is different to the way you live now. (P8, 577-579).

P9 similarly discussed losing confidence in interactions with others due to the exclusions he faced and spoke of his difficulty trusting others:

I don't trust no-body (P9, 799).

3.2.3.2 Responding to and Resisting Exclusions

This category explored interviewees accounts of resistance to exclusions suffered at the 'Family, Friends and Community' context level. Approaches here involved refusing dependent positioning and managing self-presentation. Participants also described coping more generally with the experience of destitution *in relationship* and how social relationships benefited their sense of self and well-being.

3.2.3.2.1 Resisting dependency and ostracism

A few participants intimated resistance to dependent positioning and relational power imbalances at the level of either action or intention. P5 tidied her hosts' homes which seemed to enable her to connect with her family values and a positive sense of self and claim some control over her environment; she also saw this as a resource to gain her hosts' appreciation:

the way I was brought up you have to be very, very tidy, the house has to be spotless, so I can't stand anything which is dirty, yes, I have to clean and I think they like me for that (P5, 235-236).

Others, such as P10, resisted dependent positioning by maintaining hope for a future of self-reliance:

The future, I hope to, to have my life, my happiness back..Not depend to the government or to the someone (P10, 663-666).

Managing presentation of self

In the context of feeling rejected by friends, family and wider society, participants described managing the ways that they presented themselves within their relationships. Some interviewees appeared to assess risks attached to disclosing their difficulties and anticipated being mocked, pitied or gossiped about, rather than being helped:

I can't go and sit there (the Red Cross) and talk to people about my life. I can't do that can I? No. [K: What would happen if you did do you think?..]. I cannot allow people to laugh, to laugh for me or to you see what I mean. Or to point, point at me, you see what I mean? (P12, 836-841)

Accordingly, interviewees talked of limiting disclosure to those whom they felt would help, or were perceived as safe. P4 explained she had initially kept her asylum seeker status hidden from friends until it no longer felt possible to do so. Her negative experience of their reactions to her disclosure seemed to have silenced her further:

there are some things that you can talk to stranger than people that you know every day. [K: Yeah]. Cause, yeah, if you tell them they will run away so now I keep my mouth shut. (P4, 681-685).

P5 also alluded to the way in which religious and family values influenced her decision not to disclose her suffering to others:

It's hard but you can't tell [laughter]. You can't. It's because of the way I was brought up [K: Mmmmm] you don't show your emotions to

everyone....It's like in the bible they say if you are fasting don't start wearing rags and put ashes on your skin, people to say "oh feeling sorry for her" (P5, 263-270).

Through limiting disclosure of their difficulties the above participants appeared to feel able to maintain their personal dignity and influence other's perceptions of themselves, thus reclaiming some control over their self constructions. A further means by which some participants described resisting negative judgements and asserting their equality was through managing their appearance. P7, for instance, valued the Red Cross clothes bank and being able to "wash, you dress, nobody can know" (P7, 146-147):

[K: And is that important to you that nobody knows, you were saying about the clothes?] Yeah, no-body knows, when you put it on they will think that you got it from a shop isn't it?[K: And, what, what difference does that make to you do you think?] We are just like the same. The only thing that's the difference is that you have my status and I don't have my status.

P11 explained that while she "felt ashamed" by dressing her son in charity clothes, she had found ways to gain 'relief' from this:

I will just wash his clothes and then iron his clothes hoping, maybe to, maybe it will come a bit new....Cause when I iron them and wash them I feel a bit, a little bit relief. (P11, 561-569).

3.2.3.2.2 Coping in relationship

Participants recounted valued aspects of their social relationships and most talked of how connection with family, friends and community members helped them 'cope' with their situation and was associated with positive emotions. P7 shared her appreciation of the encouragement she received from others at her accommodation and there was a sense that she derived 'courage' through feeling supported:

They will tell you "take it easy, everything will be fine". [K: Mmmm]. So you too you have that rest, as if someone is behind me giving me courage (P7, 233-237).

P5 similarly discussed the encouragement she received from others at times of desperation and felt that her friendships helped her to 'cope with life'. She identified her politeness as a personal quality which enabled her to secure such valued friendships:

[K: It's important to you to be polite?]. Yes. It helps. [K: Why, why do you think?] Um it helps me, um, to have friends maybe as well and um to cope with life as well. Without those things are harder in life sometimes to cope (P5, 538-543).

Other participants identified interacting with others as a helpful distraction from their problems:

my niece, she help me too, yeah.[K: In what ways?] She keep me busy. [K: Mmmmm]. Sometimes ..I don't want to play but, you know children..She is still coming...That can make me forgot something, forgot and concentrate to, to her. (P10, 544-555).

P8 similarly valued engaging with others and identified volunteering as a route to making friends, which he felt had enabled him to trust others again:

before I don't trust people. Now I really actually trust people because everyday I make, I'm met, I'm meeting new friends. (P8, 257-259).

The perceived importance of human connection was powerfully illustrated in P9's narrative:

I just go to places which are busy. I.. pretend like I am part of them...Yeah, like I just pretend like I am part of what is happening. Cause, if you just keep to yourself and be alone you go crazy. (P9, 915-922).

Being in it together

The majority of participants identified relationships with others in the same situation as them as particularly helpful and these peer relationships appeared to counter feelings of marginalisation, dehumanisation and loneliness in other areas of their lives. P2, among others, identified a Red

Cross Women's Group as an important resource which helped her connect with peers in this way:

makes her feel a little bit better. Like not her alone. [K: Yeah]. Some people are there as well. So why should I worry myself if I have a lot of people facing the same problem, so at times she say to herself I have to buck up and move on (Translator for P2, 358-363).

you meet somebody that is worst than you, you know, so it, that makes to sum up courage (P3, 410-411).

These extracts suggest participants felt reassured to know that they were not alone in the challenges they faced and could motivate themselves by comparing their situation to others'. It also seemed that in interacting with peers, interviewees felt themselves to be understood and accepted; here their suffering and personhood could be recognised and validated:

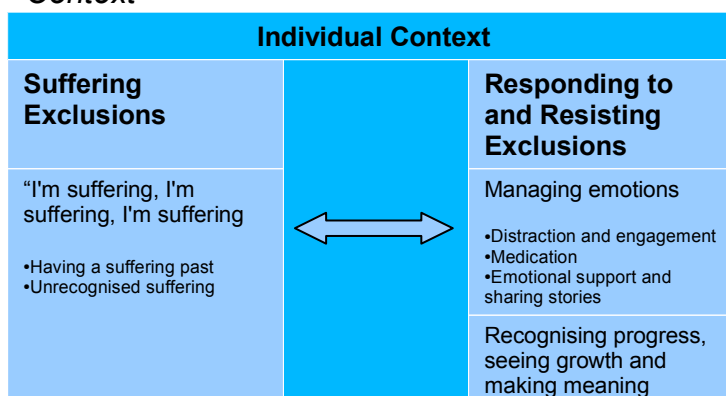
They people know suffer, they always the suffering, they understood. (P6, 395-396).

[K: Okay, so what, what difference does that make then, being here with people in the same situation?]. Well, the difference is they can consider me. They can treat me like eh a person. A, a, a, full person (P10, 176-179).

3.2.4 Individual Context

The 'Individual Context' relates to participants' descriptions of their subjective experiences of emotional, psychological and physical well-being. Participants' accounts of the individual context are represented diagrammatically in Figure 5.

Figure 5: Individual Context



3.2.4.1. Suffering Exclusions

This category is fashioned around interviewees' reports, in the context of the cumulative exclusionary experiences outlined above, of their subjective experiences of suffering, and the implications for their sense of self.

3.2.4.1.1. "I'm suffering, I'm suffering, I'm suffering"

Participants' narratives were imbued with stories of suffering and distress. While some used words like "hard", "painful" and "hurt" to communicate the emotional impact of their exclusionary experiences, others made more explicit references to suffering:

You suffer from your country then you come here and suffer (P7, 60).

Like P7, the majority of interviewees described distressing past experiences. Histories of rape, abuse, violence, political disempowerment, destitution and loss were variously reported. Some intimated that the cumulative effect of both past and present suffering felt almost too much to bear:

when you think about all this problems, they bottle up in your mind, you go insane. [K: Mmmmm. Mmmmm]. Then, plus bad experiences you've got. Post Traumatic Stress, you've got in your country. [K: Mmmmm]. You blend them together. You just go Pppppffft. Just lost yourself (P8, 10-17).

P10 similarly articulated a dislocation from, and loss of, self due to her treatment whilst in the UK. In the following extract she explicated her view of destitution and wondered whether she had been altered permanently by the experience:

I don't know if inside me I am to experience or to enjoy life like before. That's um destitute. [K: So you don't know if this means that you'll.....] like I lost my life. [K: Mmmmm]. Inside me. Not, not material. [K: Mmm]. Not material but inside me, It's like I, I lost it. (P10, 514-522).

In contrast, P12 felt that his physical, rather than his spiritual self, had been affected:

I can be well spiritual way, but physical way, I am not well. (P12, 592-593).

Most participants similarly perceived embodied consequences of destitution. Various forms of physical pain, health concerns and bodily sensations were attributed to this experience. Most commonly, headaches were reported, although some spoke of raised blood pressure, reduced appetite or difficulties sleeping. For P3 felt her entire body affected:

my whole body, it is paining me. (P3, 365-366).

The majority of interviewees also perceived their psychological and mental well-being had been adversely affected. A range of difficult emotional experiences were reported by participants, in particular, 'stress' and 'depression'. Some participants articulated a sense of themselves of "disturbed" by such emotional experiences and as struggling to relate to others:

I don't know if I've said it properly because I am a bit disturbed [laughter] maybe, not mentally disturbed, um I don't know the way you see me but I'm just so depressed (P5, 763-765).

At times, when she see somebody she say, she say I can't recognise that person [K:Mmmm] because she is so desperate and depressed. (P2, 170-173).

This sense of desperation was mirrored in other participants' accounts and the majority shared that their situation had driven them to contemplate ending their lives. P4 suggested that her sense of self had been so demeaned by rejecting treatment from friends whilst in the UK that death seemed preferable:

sometimes, not too much, sometime if I'm by myself and I feel really low, low as in dirty, disgusting, why, why, I rather even stay back to Africa, to die, I'll just die than here being treated like this (P4, 417-421).

3.2.4.1.1. Unrecognised suffering

Some felt their suffering was not understood or even recognised by others, which, in turn, seemed to increase their distress and undermine their sense of inherent value and worth as a human being:

You become sick but who is going to know you are sick? They never know that you are sick until you start stabbing people in the street. (P9, 737-738).

Well destitution..... It's like giving up. As if you are not existing, as if you have forgotten where you came from and everything is hard, you can't, no-one is looking at you...destitution um it's put me to a limit where..I told one friend of mine, "do you think I can die?" (P5, 487-493).

3.2.4.2. Responding to and Resisting Exclusions

This category is constructed around participants' descriptions of the ways they approached the suffering and distress associated with their exclusionary experiences. Interviewees discussed strategies drawn on to manage their emotions, identified personal resources enabling their survival and described formulating valued identities in light of their experiences of suffering.

3.2.4.2.1. Managing emotions

The majority of participants spoke of managing difficult feelings through distraction and avoiding thoughts of the disempowering events and situations engendering these. P8, reflecting on both his current exclusionary experiences and past traumatic experiences, advocated:

So I'll advise anyone out there not to think about them, concentrate on what you are doing, engage in something. (P8, 590-591).

Others similarly discussed the importance of engaging themselves to distract from difficult emotions:

sometime I am going to the park, do some training cause that is the only way I can, you know, forget about my, my stress.(P1, 150-152).

Interaction between categories was evident here. For instance, participants identified their religion, or connecting with their care for their children, as a means of coping with thoughts of suicide.

Medication

Half of the interviewees discussed being prescribed medication to manage their distress. While some reported that they had found this helpful, particularly in terms of enabling sleep, some had not experienced it as such and commented on the negative side-effects of this.

Emotional support and sharing stories

As already outlined in 3.2.2.1.1, P2 sought help from hospital staff when feeling really “stressed”. The importance of human connection at “desperate” times was similarly alluded to by P4 who felt it would be helpful to have somebody available to talk to “24/7”. A number of participants also discussed finding it helpful to share their stories of suffering and injustice, which again connects back to 'coping in relationship':

[K: Does anything help you deal with that injustice?] The best way is talk...if I am alone I can't say something. You can't know what is in my heart, you can't bring me justice, but if I say something you, you, listen to me, you consider what I am saying, it can help. (p10, 822-831).

For P10, being heard and having her suffering acknowledged by others seemed to validate her experiences of injustice, likely promoting a sense of self worth. Other participants envisaged receiving recognition of their suffering and survival from others in the future, which likely facilitated a more positive sense of themselves in the present:

Yes, everything is good happen in the future I will tell to people what happened in my life, how I survived my life, all my children (P6 169-171).

P3 similarly discussed the importance of sharing her problems and experiencing positive reflections of herself in interaction:

some friends and family, when they know your situation they will just push you far away from them, you know, like discrimination. But when you, when you get there (*to counselling*) you know it is private, it is confidential, so em, you will have the zeal to share your problem and talk to some, to a a person, you know, who can understand you better or talk to you (P3, 149-154).

Some participants had, in fact, accessed or planned to access talking therapies and found, or anticipated finding this, helpful. However, P11 expressed ambivalence about this and concern about being perceived in a demeaning manner:

I was thinking should I go to the counsellor, cause I don't want them to know like, maybe they will, they will think I'm nasty (P11, 650-652).

3.2.4.2.2 Recognising progress, seeing growth and making meaning

Some participants reflected on positive emotional changes since their earlier destitution experiences and their re-evaluated sense of themselves. P8 felt that he had “acclimatise(d) to the situation” (173-174) through the support of the Medical Foundation and now conceived of himself as more “optimistic”, more in touch with his “senses” and “climbing the ladder” (1186) towards his preferred life. P7 similarly felt her suffering had lessened since accessing the Red Cross. She reflected that in enduring and surviving suffering, she conceived she could 'stand' and have mastery over this in the future:

you see suffering till, suffering for six years now. I 've been coping, coping, coping. I've stand. [K: Mmmm]. I know that I can continue to stand again. (P7, 480-483)

However, for P1, for whom destitution was a relatively new experience, this was perhaps less easy:

[K: And is there anything that's helped you to cope with it?] Um, I don't really know. I don't, I don't know how I am going to survive. I don't know. Cause like everything is, you know, is dark, it's like everything is dark (P1, 310-313).

Moreover, a few participants discussed experiencing “ups and downs” (P2, 133-134), highlighting that while they did see progress, their suffering was not over:

Today will be good, tom, at times she suffers a lot (Translator for P2, 136-137).

A theme of self-growth due to the destitution experience was evident in some participants accounts. A number identified as 'strong', or felt they had grown in strength through having 'gone through challenges' (P3, 432) associated with destitution:

I was not as strong as now because before, small things will move me but now, em, I can go through so many things (P3, 423-425).

P8 felt he had learned through the experience and valued sharing his knowledge for the benefit of others:

life is all about experience, you understand? You learn new things. If I wasn't there I wouldn't be able to tell the story today.... Yeah and other people to learn from what I have experienced as well. Like what you are doing now. (P8, 1618-1625).

Others similarly planned to use their experiences for the greater good by, for instance, helping others in the future. For some, interpreting their experiences of suffering through the lens of their faith appeared to enable them to make meaning of this, which had a positive impact on their psychological well-being:

Sometime I feel okay because God will, God want me to go through this experience lets see how, where it is going to take me. (P4, 421-423).

“When we suffer we should sit alone in silent patience. We should bow in submission for there still be hope...The Lord knows when our spirits are crushed in prison. He knows when we, when we are denied the rights he gave us, when justice is perverted in court, he knows” (P5, reading from the Bible, 818-826).

P5's experiences of suffering appeared to be made comprehensible by her belief system. Moreover, within this, these seemed to enhance her moral standing and sense of herself as held in mind and empowered her to feel able to assert her rights and expect a better future.

CHAPTER FOUR: DISCUSSION

This chapter begins by relating the research findings to the aims and literature. A critical review and reflexive account of the research follows. Finally, implications for practice and future research are discussed.

4.1 Interpretation of the findings

This study sought to explore the experience of destitution from the perspective of people seeking asylum. The analysis illuminates the research questions, the first of which was 'how do participants talk about the challenges associated with experiencing destitution whilst seeking asylum in the UK?'

4.1.1 Challenges of destitution

The exclusions participants faced, across various contexts, were described as extremely challenging. These exclusions were discussed as limiting participants' control over their lives and detrimental to their sense of agency, self and well-being. These results support previous findings highlighting the negative psychosocial consequences of destitution (e.g. BRC, 2010). They also strengthen the 'post- migratory stressor' literature which indicates that host-nation social conditions generate distress for refugee people (e.g. Laban et al., 2004). Miller and McClelland's (2006) model of mental health, which attributes individual distress and negative identity formation to power imbalances and inequalities at interpersonal and socio-contextual levels, seems useful to conceptualise these findings.

Socio-contextual level

Participants described their exclusion from material resources (such as money and housing) as detrimental to their well-being and sense of safety, stability and autonomy. Palmer and Ward (2007) similarly found housing issues to be perceived by refugee people as a significant cause of psychological difficulties. O'Mahony and Sweeney (2010) maintain a 'home' is a fundamental condition for well-being as, in addition to providing shelter, it forges connection with place as well as grounding and signifying self and social identity. They criticise government policy for threatening asylum seekers' well-being by deliberately preventing formation of "*home' attachments which effectively keeps the[m].. in a*

state of ontological homelessness and alienation“ (O'Mahony & Sweeney, 2010, p.285).

Echoing Miller's (2010) results, participants identified their lack of employment and education rights as preventing their enactment of valued social roles and preferred identities and felt this negatively impacted their mood. Lemay (2009) documents the benefits of assuming valued roles to a person's sense of self, psychological and physical well-being, social connectedness and ability to cope with life-transitions. Colic-Peisker and Walker (2003) suggest that without employment, refugees are denied an important means of acculturating and reconstructing their identities, which they see as primary tasks following migration. They also highlight this can produce feelings of shame due to loss of status. This 'internalisation of deprivation', where the individual blames and shames themselves for their disadvantaged social position (Hagan & Smail, 1997), was evident in some participants' accounts of feeling 'guilty' or 'inferior' as a consequence of poverty or being unable to fulfil valued roles.

In contrast to Crawley et al.'s (2011) findings, participants did not construct destitution as the refusal of status and a total loss of entitlement to formal support. Nevertheless, they did delineate this as more than exclusion from material resources. It was described as a relatively disadvantaged social position threatening their sense of self-worth. This resonates with Kuch's (2011) suggestion that material exclusions represent a threat to self, not only by endangering a persons' physical health, but by signifying limited social recognition or esteem compared to others. In highly commercialised societies (such as the UK) where material possessions are lauded, a lack of these limits self constructions (Muller & Neuhauser, 2011). Through precluding a sense of dignity, poverty impacts negatively on psychological health (Hagan & Smail, 1997).

According to Miller and McClelland (2006), while structural inequalities disempower some, others benefit from their existence; dominant discourses are thus required to justify and maintain them. Mirroring Pearce and Charman's (2011) findings, such discourses were evident in participants' awareness of

negative social representations of asylum seekers. Moreover, participants reported abusive encounters with the public, associated with their citizenship status and skin colour. These left them feeling devalued and dehumanised and generated a sense of inferiority and fear. This supports Noh et al.'s (1999) findings that discrimination is a major post-migratory stressor in refugee populations. It also resonates with Tyler's (2006) assertion that racist violence serves as a means of governing asylum-seekers' behaviour, limiting their movement and sense of belonging within the community.

The “impact of multiple sources of inequality is...a 'risk factor' for mental health” (Miller & McClelland, 2006, p.130). The current results suggest a threefold risk to destitute asylum seekers, by virtue of their low socio-economic status, ethnicity and citizenship status.

Interpersonal inequalities

In accordance with Miller and McClelland's (2006) model, participants intimated that the aforementioned exclusions resulted in their relative lack of access to money, status and power in their everyday interactions with significant others and services. This was described as negatively impacting their confidence, well-being and identity. Mirroring Strijk et al.'s (2011) findings, participants associated their poverty and citizenship status with isolation, loneliness and rejecting treatment. Moreover, their reliance on others to meet their survival needs was experienced as disempowering, demeaning, incongruent with their preferred identities and detrimental to their self-respect. This supports Morgan's (2008) finding that 'feeling like a burden to others' was a risk factor for asylum seekers' distress. It again highlights that social position, which shapes identity and social status constructions, is central to mental health, mediated by factors such as shame and disrespect (Friedli, 2009).

Participants discussed that their insecure citizenship status rendered them disempowered and mistrustful when dealing with Home Office and public-service staff. Asylum seekers' safety is threatened by fear of accessing health and police services (BRC, 2010). Echoing Strijk et al.'s (2011) findings, interviewees linked their fear, not only to the threat of deportation, but the potential impact of the stresses of seeking (and being refused) asylum on their sanity. Interviewees'

accounts of distress, powerlessness and injustice linked to Home Office procedures and indefinite waiting-times support Vitus' (2010) suggestion that power imbalances between those waiting for, and making, claim decisions are amplified by unpredictable waiting times. They also mirror Brekke's (2010) findings that ambiguity as to decision-making processes and reasons for variations in decision time-frames impact negatively on asylum-seekers' mental health.

Echoing Stewart's (2005) findings, a 'suspended identity' was reflected in participants' accounts of feeling excluded from a 'normal life' and being unable to use their time to progress their goals while waiting for asylum-claim outcomes. This supports Brekke's (2010) suggestion that uncertainty about, and limited control over, one's future obscures a sense of future self necessary for positive identity constructions. It also strengthens Ryan et al.'s (2008b) assertion that the frustration of life goals is a risk factor for distress among refugees.

Replicating Crawley et al.'s (2011) findings, participants felt disappointed by the UK, and hurt and angry at encountering disbelief among Home Office staff regarding their claim legitimacy. For some, this seemed to recapitulate previous abusive experiences. Oliver (2011b) argues that a re-enactment of an original abuse can occur when a witness to a victim's testimony fails to recognise their experience. Palmer and Ward (2007) found asylum seekers linked their quashed expectations of the UK to experiences of depression and stress. The current participants also discussed such subjective experiences, or what might be seen as "the signs and symptoms of inequality" (Miller & McClland, 2006 p.128).

Individual experience

Reflecting previous destitution studies (Refugee Action, 2006a), my participants' accounts were permeated with reports of suffering, much of which was attributed to experiences whilst in the UK. Participants also discussed the cumulative suffering associated with current exclusionary experiences in addition to histories of rape, violence, political disempowerment, destitution and loss. While a few participants framed their distress according to a trauma ('PTSD') discourse, the majority reported embodied distress (e.g. physical pain, headaches, raised blood pressure, reduced appetite or difficulties sleeping) and experiences of 'stress'

and 'depression'. A social materialist perspective might suggest these 'symptoms' reflect social and material hardships that have been embodied at an individual level, not only by imbuing concepts of self, other and world but by generating changes in neurological and biological functioning (Kelly & Moloney, 2006). Associations have been found, for instance, between changes in neuro-endocrine, cardiovascular and immune systems and chronic stress (Friedli, 2009). Somatic symptoms, however, may represent culturally salient ways of communicating distress caused by injustice (Summerfield, 2000).

Some participants reported further injury because they felt their suffering went unrecognised by others. Again, Kuch's (2011) ideas about social recognition seem useful here. He references the work of Honneth (2001), who suggested that social exclusion is more than the denial of rights associated with a lack of legal recognition; it can also pertain to being disregarded by others in day-to-day life and having one's presence unacknowledged. Such experiences were evident in some participants' accounts and these seemed to increase their distress and undermine their sense of value and worth. The importance of social recognition for the well-being and coping of forced migrants has been reported by Thomas, et al. (2011). This links to the second research question: 'how do participants describe their approach to managing the challenges of destitution and what personal, social, cultural and organisational resources do they perceive to impact this?

4.1.2 Managing the challenges

Within their inequalities model, Miller and McClelland (2006) emphasise also attending to personal agency, resilience and survival. Afuwape (2011) maintains oppression and injustice are always met with some form of behavioural or mental resistance. Participants described various ways in which they responded to the aforementioned exclusions and harnessed the power available to them, across a number of contexts, to survive and resist these and their impacts. Echoing previous studies (Miller, 2010; Munt, 2011), narratives of strength and positive growth were also produced by participants when reflecting on their experiences of destitution. This supports Papadopoulos' (2007) suggestion of a spread of

(potentially simultaneous) responses to adversity, ranging from negative to resilient to positive.

Ryan et al. (2008b) propose a model of post-migration coping which emphasises, as important determinants of this, access to four types of interrelated resources: material; personal; social and cultural. These were reflected in participants' accounts of their approach to managing the challenges of destitution and each will be discussed below. Significantly, these resources seemed to mediate participants' identity constructions which appeared prominent in their narratives of resilience. This supports White's (2004) conceptualisation of resilience as signifying a variety of alternative identity possibilities. Throughout interviews, participants contested negative subject positioning and described connecting with valued identities. I understood this to be central to their coping and a form of resistance to the challenges to self and well-being posed by the exclusions they faced.

Material resources

Material resources pertain to money, transportation and accommodation etc. (Ryan et al., 2008b). Participants identified practical support from friends, family and civil society organisations as central to their securing of material resources necessary for survival. Like Crawley et al.'s (2011) participants, some reported that their insecure immigration status engendered an initial mistrust of voluntary organisations, although, in contrast, the present participants had accessed these at the time of interview and found them helpful. The inter-relatedness of the resources foregrounded by Ryan et al. (2008b) is evident in participants' accounts of an initial unawareness of services and the importance of social contacts for linking them into these. This supports the refugee 'integration' literature which highlights social capital as a vital resource for refugee people (Strang & Ager, 2010).

Identity concerns were evident in participants' descriptions of their approach to securing material resources. They alluded to refusing the use of certain survival strategies (such as drug dealing) due to the perceived loss of moral status attached to these and their incongruence with their family or religious values, preferred identities and futures. Among the chronically ill, the construction of

valued selves and the maintenance of moral status may be prioritised over illness treatment, even if this incurs further suffering (Charmaz, 1999). Similarly, for these participants, maintaining status seemed to take precedence over the acquisition of material resources. Interviewees intimated, however, that in circumstances of even greater material deprivation, or where family, educational and occupational histories limited future expectations and choices, different approaches to such strategies may be adopted.

While participants expressed great appreciation for the practical support they received, many articulated distress at their dependant positioning. The likening of destitution to a chronic disease, and the perception of it as eroding people's agency to support themselves over time, supports Palmer and Wards' (2007) suggestion that the immigration system generates 'learned helplessness' (Peterson, Maier & Seligman, 1993), or the belief that people are powerless to help themselves. While Zarowsky (2001) critiques this concept on the basis that it carries moral overtones which suggest a deficiency in the 'psychobiological mechanism' or character of the refugee, these participants clearly expressed that employing their abilities to help themselves, or others, facilitated a more positive sense of self and well-being than being dependant. In the absence of the right to education and employment, social opportunities to deploy their skills and qualities were vital.

Social resources

Social resources pertain to positive aspects of social relationships and networks, such as identity, belonging and emotional support (Ryan et al., 2008b).

Consistent with previous findings (Miller, 2010; Yin Yap, 2009), connecting with favoured aspects of their identities by performing valued roles (e.g. helping others, parenting, volunteering) seemed to facilitate participants' coping with, and resistance to, exclusions. Yin Yap, Byrne and Davidson (2010) found that refugees delineated volunteering as a means by which they could resist negative social representations and position themselves as a 'good citizen' (through self-enhancement, building a foundation for employment and helping others).

Similarly, Thomas et al., (2011) found refugees valued using their skills to make a contribution to their social context. This, coupled with emotional support from

others, enabled their participants to achieve the social recognition necessary for well-being despite their lack of legal recognition.

Social recognition seemed central to participants' accounts of how they managed the challenges of destitution, which supports the conceptualisation of resilience as a relational process (Boss, 2006). Emotional and human connection, whether with family and friends, BRC staff and volunteers, peers or therapists, was identified as helping participants 'cope' with their situation. Such relationships appeared to counter feelings of marginalisation and dehumanisation and provide recognition and validation for participants' injustices, suffering and personhood. It is possible that the BRC provided the sense of belonging, community and 'home' that was identified by Munt's (2011) refugee participants as fundamental to their resilience. Peer relationships may have been particularly valued as they were perhaps more reciprocal (Morgan, 2008). The healing benefits of connecting with others who have survived similar ordeals are also well documented in the trauma literature (e.g. Herman, 1998).

While sharing suffering was described by participants as a helpful way to cope with injustices or difficult emotions, some also deemed disclosure to carry risks to their identities and status. Accordingly, they discussed limiting disclosure to those they deemed safe or able to help. Whittaker et al. (2005) also found the simultaneous valuing of support but fear of disclosure and preference for concealment among young Somali refugee women. My findings echo theirs in suggesting individual asylum seekers value different types of social support; homogeneity in this regard should not be assumed.

Cultural resources

Cultural resources are knowledges and beliefs systems associated with a certain cultural background (Ryan et al., 2008b). Consistent with Munt's (2011) findings religion was discussed as a significant resilience promoting resource. Religion was variously described as offering reassurance, enabling patience and hope and a means of claiming agency over present and future. Religious activities were also deemed important to fill time, connect with others, cope with emotions and construct valued selves. Like Munt's (2011) participants, for many of my

interviewees, their faith seemed a 'grounding identity' offering continuity of self. Moreover, for some, interpreting their suffering through the lens of their faith appeared to enable them to make positive meaning of this. Thus, participants' belief systems were described not only as facilitating resilience but also positive growth. These findings support Snyder's (2011) assertion that faith-based organisations are an important source of support to UK-based asylum seekers.

Personal resources

Personal resources pertain to both physical and psychological factors including appearance, social skills and context-dependent traits, like optimism (Ryan et al., 2008b). One such resource identified by my participants was the determination to 'keep on pressing'. Lazarus and Folkman's (1984) distinction between emotion-focused and problem-focused strategies is also perhaps discernible in participants' varied approaches to the challenges of destitution. These included medication use, distraction and a practical focus on meeting basic needs.

Moreover, participants discussed varied, context-dependent, ways of orienting to (waiting) time. Perhaps analogous with problem-focused coping, some adopted a future-orientation and were pro-actively preparing for this. This parallels Brekke's (2010) participants' approach of 'holding on' to the present and keeping working. Akin to emotion-focused coping, some alluded to adopting a here-and-now orientation to avoid thoughts of a threatening future. Petticrew, Bell and Hunter (2002) contest the notion that particular coping styles produce better cancer survival outcomes. Similarly, I eschew the suggestion that certain temporal orientations were more facilitative of coping among my participants. Rather, I hold that the approaches they described had the shared feature of increasing their sense of control over an uncertain and disempowering situation.

Participants also described personalised (although not mutually exclusive) strategies for resisting negative social representations and judgements. Some distanced themselves from other asylum seekers, managed their appearance to limit visible signifiers of their disadvantaged social position or refrained from disclosing their asylum status. Stewart's (2005) participants similarly hid their asylum seeker identity due to feelings of shame associated with this label.

In addition to adopting such 'dis-identification' strategies, my participants, like those of Pearce and Charman (2011), contested negative representations to reformulate the 'asylum seeker' image. They emphasised the heterogeneity of the asylum-seeking population, highlighted political reasons for seeking asylum and rejected the notion of asylum seekers as economic 'exploiters'. Participants also constructed asylum seekers as law abiding and positioned them at a higher social status than other groups within society (such as unemployed British people). Further 'social change strategies', or attempts to improve asylum seekers' standing and opportunities (Pearce & Charman, *ibid.*), were also evident. One of my participants planned to write a book to change government practice. Others critiqued unjust global economic structures or Britain's consumerism, thus intimating the need for system-level change. It is possible such strategies offer more protection against feelings of shame and self-blame than acts of dis-identification which Stewart (2005 p.509) sees as "forced response(s) to social exclusion, negative stereotyping and marginalisation". However, dis-identification approaches also highlight asylum seekers' agency in negotiating their identities to survive their situations (Stewart, *ibid.*). This may be prioritised over mobilisations for social change among disempowered migrant groups (Chimienti & Solomos, 2011).

Identity negotiations are likely to be influenced by context, as well as participants' differing levels of interpersonal resources, confidence, language ability and education. Whatever their form, these seem central to asylum seekers' resistance and resilience.

4.2 Critical review.

4.2.1 Limitations.

Representativeness

Qualitative research is often criticised for its limited generalisability (Mays & Pope, 1995). However, consistent with my constructivist critical realist perspective, this study did not aim to represent the views of all asylum seekers experiencing destitution. Rather, it sought to offer a contextualised exploration of this from the perspective of a sample of London-based asylum seekers.

Thus, the results should be situated with respect to participants' contexts, which are likely to have influenced the findings. For instance, their engagement in BRC projects may have provided more opportunity for relationship building than might otherwise have been the case. Crawley et al. (2011) warn that research with participants recruited through refugee charities can produce a distorted picture as the experiences of the 'hidden' destitute and those not accessing support and resources through this route are neglected. Asylum seekers may also be wary of discussing certain topics (such as illegal activity) with researchers associated with official organisations, such as universities (Crawley et al., *ibid.*). Accordingly, my positions as Trainee Clinical Psychologist and university researcher may have limited participants' responses. Moreover, there was a sense that participants perceived me as affiliated with the BRC which perhaps limited their willingness to voice criticisms.

Geographical location may have influenced these findings. London offers different resources and social networking opportunities to other UK areas. Moreover, my sample was heavily skewed towards participants originating from Africa. While acknowledging the range and diversity of countries and ethnicities within Africa, participants' cultural contexts are likely to have shaped the findings. Culture has been identified as mediating expressions of distress (Webster & Robertson, 2007) and perceptions of support needs (Stewart et al., 2008), for example. However, my small sample size precludes the attribution of differences between participants' narratives to factors such as ethnicity, age and gender.

Language and culture

While most participants were fluent English speakers, two were learners. The first could understand my questions and convey her responses, and I frequently summarised to check I had understood her. Nevertheless, it is likely that some of the details of her perspective were missed. The second participant brought an associate from church to translate during the interview. Such conversations are necessarily filtered through the ideas and values of the translator, who is "*empowered to speak on behalf of the refugee person, to create their own..meaning and to convey that meaning..in their own words*" (Patel, 2002, p.225).

I was mindful of this and asked again for the participant's perspective if I felt this had not been conveyed. However, the translator's influence over the findings is acknowledged. For instance, their association with the church may have shaped the participant's discussion of faith-based support. Nevertheless, including the perspectives of English learners was deemed a priority over these limitations as being denied a voice represents a form of disempowerment (Patel, 2002.). It is, thus, regrettable that I could not secure an interpreter to enable one person to participate. Accordingly, my sample is biased towards English speakers, a relatively empowered group compared to non-English speakers.

A further limitation pertains to cultural differences between myself and participants. Tribe (1999) highlights the importance of attending to cultural belief systems when working with refugees in order not to misconstrue them. Although I attempted to remain open to participants constructions, it is likely my lack of awareness of participants' cultural contexts rendered important aspects of their experiences lost within the analysis⁴.

Asylum Status

Participants' asylum status varied. Some identified as asylum seekers, some as refused asylum seekers and others explained they had claims pending under Article 8 of the European Convention of Human Rights. The majority discussed both experiences of having their claims refused and instigating fresh claims. Different accounts of destitution may have been produced had my sample contained more participants deemed by the Home Office to be at the end of the asylum process without recourse to further claim or support options.

Compared to those with claims pending, refused asylum seekers are perhaps more restricted in the extent they can hope for the future (Crawley et al., 2011). Moreover, some of my participants had been able to access accommodation or voucher support from the Home Office. However, as Stewart (2005) highlights, asylum status (and thus sense of security and access to resources) is highly dynamic and liable to change over time. As all participants had been assessed as meeting BRC destitution criteria (by virtue of the attendance at the BRC

⁴*For instance, when I prompted interviewees to consider whether destitution had affected their 'health'/'mental health', cross-cultural differences in the meaning of these terms may have precluded the development of a shared understanding between us.*

Destitution Resource Centre) or reported previous circumstances meeting this definition, their participation was deemed appropriate.

4.2.2 Evaluation

Quality criteria employed in quantitative research (such as standards of reliability and generalisability) are inappropriate to evaluate research conducted within a critical realist epistemology where findings are acknowledged as necessarily partial (Madill et al., 2000). Accordingly, I evaluate this study using Yardley's (2000) qualitative research criteria.

4.2.2.1 Sensitivity to context

Yardley (2000) propounds sensitivity to the data itself, demonstrated through evidencing theoretical categories and seeking data contradictory of the developing model. I used grounded theory methods and *in vivo* coding techniques to stay close to the data when constructing my analysis and evidenced categories with quotations. I conducted negative case analysis (within the original data set) to consider instances contrary to my developing analysis. I also aim to affirm the fit of my analysis through respondent validity (Henwood & Pigeon, 1992) and am currently consulting with my field supervisor as to how to seek participants' feedback. In addition to distributing a summary to participants, I may also visit a BRC Women's Group to present the findings.

Yardley (2000) urges sensitivity to socio-cultural setting and consideration of how the beliefs, expectations and talk of participants and researcher are influenced by socio-contextual factors. Axial-coding tools encouraged sensitivity to both micro-, and macro-, socio-political contexts within my analysis. A constructivist critical realist stance prompted consideration of the assumptions and values influencing participants' accounts and I attempted to be transparent about my own epistemological position and contexts. Corbin and Strauss (2008, p.85) assert that researchers cannot fully 'bracket' their biases as these are "often so deeply ingrained and cultural in nature that analysts often are unaware of their influence during analysis". Nevertheless, I used a diary to facilitate reflection on my positions, power imbalances between myself and participants, and their influence on the findings.

4.2.2.2 Commitment and rigour

This standard refers to the researcher's commitment to the research topic and thoroughness in data collection, use of methods and analysis (Yardley, 2000). My interest in equality issues spurred me on to engage in a rigorous analysis which involved months of comparison between data, codes, categories and memos. I also strove for thoroughness at the level of data collection. Because I felt later interviews were of a better quality, as my confidence grew, I conducted the maximum number of interviews that time permitted. However, sample size does not equate to rigour (Yardley, *ibid.*); what is important is the comprehensiveness of the analysis. I hope that by striving for theoretical sufficiency (Dey, 1999), I produced well developed categories and an in-depth analysis.

The rigour of my analysis was enhanced by guidance from my supervisors and peers regarding category development and integration. The analysis also benefited from inter-rater coding checks (completed on two interviews). The aim of this was not to assess reliability. My constructivist stance acknowledges that different researchers construct different results. Rather, I used this process to help develop my analytic skills.

4.2.2.3. Transparency and coherence

Attempts have been made to delineate this research project in a clear and transparent manner. The Appendices further evidence the analytic processes by documenting extracts of coded data, coding schemes, additional quotes, memos and my research journal.

There was coherence between my research aim of highlighting the perspectives of asylum seekers and the use of GT to produce an analysis grounded in the narratives of individuals. In obtaining varied accounts and diversity of participant experience (my participants had a variety of living arrangements and differing lengths of time seeking asylum, for instance), I was consistent with my constructivist critical realist perspective, which would question the notion of a unitary destitution experience.

4.2.2.4 Impact and importance

Research utility is arguably the most critical evaluative criterion (Yardley, 2000). It is hoped this research may inform the work of BRC services supporting destitute asylum seekers. It may also be relevant to Clinical Psychologists and other professionals working with refugee people with destitution experiences. Moreover, because the findings will be made available to the BRC to use in their campaign work, they carry potential to influence wider policy.

To facilitate the research impact, I intend to disseminate results to participants and local and national BRC staff and service-users. I also hope to publicise the findings within an academic journal article to reach a wider audience.

4.3 Reflexivity

Reflection on how the researcher's contexts influenced the research process is central to constructivist grounded theory (Charmaz, 2006). In addition to helping me consider the impact of interviews on me, using a diary facilitated reflection on how my positions shaped the interview dialogue (see Appendix 18).

I noticed that the topic of race felt sensitive and perhaps difficult to discuss, at times, due to the differences between participants and myself. I was also aware of my relative power due to both my position as the researcher and my citizenship status (which enabled me to access resources and opportunities denied participants). Some explicitly raised the inequalities between us, such as my relative freedom in not having to worry about meeting survival needs. In my diary, I frequently noted feelings of guilt and shame about the UK's treatment of participants and my relative privilege. I was reminded that inequality threatens the happiness of all in society, no matter their social status (Wilkinson and Pickett, 2009). Following Miller (2010), I approached these issues by attempting to 'come alongside' participants. For example, when one interviewee asked how I felt hearing peoples' stories, I was open about my feelings about UK asylum policy.

My position as a Trainee Psychologist also likely informed participants' expectations of appropriate discussion topics (such as experiences of distress). Moreover, this influenced how I engaged with interviews. I was often moved by participants' accounts and empathised as I would in a therapy session. Nevertheless, I feel this approach, recommended by Charmaz (2006), helped build rapport and was respectful of participants' experiences. At the end of the interview, many commented they felt better after talking. However, it also raised boundary issues as I was at the BRC in a research capacity and not to offer therapy. Again, I experienced feelings of guilt because some participants asked to meet again, which I was unable to do. I responded by reiterating my role boundaries and offering to inform BRC staff of their interest in accessing emotional support.

4.4 Implications and recommendations for research and practice

4.4.1 Research implications

These findings generate ideas for further research. The study could be replicated with participants recruited through different means, with differing demographics and from varying geographical locations. For instance, Scottish-based research may be interesting given differences in policy frameworks across the UK. Triangulation with quantitative approaches may also be beneficial. Research with non-English speakers is important to prevent further marginalisation of this already disempowered group (Patel, 2002). Moreover, research with those not accessing refugee charities is required to avoid a distorted picture of the coping resources available to destitute asylum seekers (Crawley et al., 2011).

The age range of the current participants was 18-49. One interesting hypothesis generated from the analysis was that age may mediate experiences of waiting for an asylum claim decision through shaping expectations for the future. Colic-Peisker and Walker (2003) discuss that older refugees experienced greater barriers to reclaiming their prior occupational status, which influenced their resettlement approach. It may, therefore, be useful to explore how age (or other demographic variables) mediates the experience of destitution and the survival approaches adopted. Finally, many participants had children. Exploring how they

experience and cope with destitution would be beneficial to elucidate the impact of this on the whole family.

Empowering research should involve refugee people at all stages (Patel, 2003). The current participants possessed much knowledge and experience which some were keen to share. One participant, for instance, suggested making a documentary of his daily life. I therefore advocate that future research harness such skills and ideas and provide a platform for participants to utilise these. Longitudinal investigations exploring the 'suffering and surviving' of the experience of destitution over time may also be fruitful as "it is difficult for daily asylum experiences to be fully appreciated from a one off interview encounter" (Stewart, 2005, p.504).

4.4.2 Service-level implications

Participants greatly valued support from civil society organisations. The following are recommendations for further support:

- The BRC Women's group was raised as a valued source of support and an opportunity to connect with others in similar situations. If not provided already, services may also wish to consider facilitating Men's groups, given male participants also raised experiences of loneliness and perceived benefits to social connection.
- Services should continue to cultivate peer support resources, as these were so valuable in providing humanising and empowering interactions.
- Asylum seekers should be supported to utilise their skills and connect with valued identities and roles. 'Timebanks', which involve a skills swap between refugee and host communities (Webster and Robertson, 2007) could be considered. Another example, already implemented by the BRC, is enabling volunteering opportunities for services users. Such approaches may have the additional benefit of promoting community connection, and hence, mental health (Friedli, 2009).
- Many participants valued emotional support. One felt a 24/7 support line would be beneficial and seemed unaware that the Samaritans already offer this. Another identified not knowing how to access therapy as a

barrier to this. Given participants preferred to limit disclosure to those deemed able to help, greater general awareness-raising of available services and how to access these confidentially is recommended. I am aware of a planned partnership between the BRC and an NHS mental health trust to provide service-user access to therapies, which these findings support.

4.4.3 Clinical Implications

These results have implications for health professionals working with asylum seekers. This may be particularly relevant given the increase in clinical psychology referrals from this population (Marlin & Shaw, 2006).

- Consideration of asylum seekers' multiple contexts is important. Interventions which neglect socio-political contexts are likely to be insufficient to meet the needs of those who experience complex and multi-faceted losses abuses and injustice (Summerfield, 2001b). Clinically, 'power maps' which explicitly plot the operation of power (at distal, proximal and personal levels) (Hagan & Smail, 1997) may be useful when formulating.
- Participants' narratives of strength bolster the argument for recognising refugee peoples' varied responses to adversity so as not to diminish their abilities and coping resources (Papadopoulos, 2006). A both/and approach focusing on asylum seekers' positions of vulnerability and resilience (while recognising neither inheres within the individual), seems warranted (R. Papadopoulos & G. Hughes, Presentation, 2nd November, 2011).
- Tribe and Patel (2007) argue refugee people should access mainstream psychological services, to ensure inclusiveness and accessibility. This may be particularly important for those with experiences of destitution: the exclusions these participants faced (including inequality of health service access and a general lack of social recognition) were detrimental to their well-being. This may involve flexibility around procedures; access should not be conditional upon a permanent address, for instance. As refused asylum seekers are not entitled to free secondary care healthcare, primary

care services, including Improving Access to Psychological Therapies, may have a significant role to play. However, within this model, we must eschew culturally inappropriate interventions that neglect asylum seekers' specific needs (MIND, 2009). Psychologists may contribute here through consulting to teams. To ensure mental healthcare for this group, services could also flexibly interpret Department of Health guidance on provision for refused asylum seekers, mobilising guidelines such as 'Delivering Race Equality in Mental Health' (Dumper Malfait & Scott-Flynn, 2004).

- Expanding notions of service-delivery and intervening at broader levels is recommended. Holland's (1992) social action psychotherapy model is one example. Here, clients participate in self-help networks, connect with peers and campaign for social change, which is a source of esteem. The importance participants placed on social roles and peer support indicate a need to look beyond one-to-one therapy to facilitate resilience and coping. Following MIND (2009), community-based approaches and partnership working between statutory services, voluntary services and religious and refugee community organisations is recommended.

4.4.4 Policy-level implications

This research suggests the UK asylum system is highly detrimental to the well-being of asylum seekers and offers the following policy recommendations:

- Following others (BRC; 2010; Crawley et al., 2011), I advocate the reinstatement of the right to welfare provision, employment and education for all people seeking asylum.
- Lengthy and indefinite waiting times and a lack of transparency about Home Office procedures were detrimental to participants' well-being. I support Brekke's (2010) calls to: 1. shorten waiting times (while ensuring enough time to enable a fair decision-making process); 2. increase the predictability and transparency of asylum procedures.
- Efforts should be made to counter the 'culture of disbelief' within the asylum system as this may re-capitulate previous abusive experiences.

- Krushner (2003) emphasises galvanising public support for asylum seekers to effect change in their situation. Strengths-focused social representations of asylum-seekers within government, media and psychological discourse may help counter their stigmatisation and abuse.

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APPENDICES

Appendix One: Literature Search Strategy

The literature discussed within this thesis was obtained from a variety of sources. In acknowledgement of the range of academic disciplines contributing to the study of issues affecting asylum seekers in the UK, a google scholar 'alert' was established between early 2011 and early 2012 using the terms 'asylum seeker' and 'destitution'. This generated an ongoing stream of relevant papers published within this time-frame. A narrower search was later conducted, employing the EBSCOhost search engine to search PsychInfo, Psycharticles and Academic Search Complete for papers published between 1997 and 2012. The following search terms were utilised: 'destitu*' AND "refugee"; 'destitu*' AND "asylum seek*"; "postmigrat*" AND "stress*"; AND 'asylum seek*'; and "postmigrat*" AND "stress*" AND 'refugee'. Papers and documents were also gathered from the websites of civil society organisations and charities (such as the British Red Cross and Refugee Action) and from government and international bodies (such as the Home Office and the UNHCR). Accordingly, several of the sources are non-psychological. This may be seen especially in section 1.1. Further papers were obtained from the reference lists of consulted sources or suggested to me by my research and field supervisors.

Appendix Two: Interview Schedule and Amendments

Interview details

Date:

Location:

Language/Interpreter?:

Introduction

- Thank you for talking to me today.
- Introduce myself and go through information pack (purpose of study, right to withdraw, risks, confidentiality, etc).
- Ask if the participant has any questions, ensure understanding.
- Obtain written consent.

Background Information

Age:

Gender:

Ethnicity:

Country of Origin:

Current asylum status:

Length of time in the UK:

After our conversation today I will type up everything we say. As explained in the information pack, I will not use your name or any other information that would allow anyone to identify you in the write up. Instead, I will call you a different name. Would you like to choose a different name for yourself to be used in the write up?

Interview Schedule

I am interested in finding out about your experience of destitution while seeking asylum in the UK and how you have coped with this. By 'destitution' I mean

being “without a home address, income, government support, rights to work or benefits” (BRC, 2010).

I've prepared some broad questions, but I'd like you to feel able to talk freely and really help me to understand what it's been like for you. We have up to 1.5 hours, though we don't need to talk for all that time- just for as long as you want to. We can take a break or stop at any time. If you want to end the interview just tell me-this will be OK and you will still receive the payment.

Is that OK? Have you got any other questions before we begin?

I will record this and take notes to help me remember what you say. Is that OK with you?

Start audio recorder

Interview schedule

- When, if at all, did you first start to experience destitution (i.e, having no income, not being allowed to work, having no access to government support/benefits, and being without a home address)?
 - *How long did/has this last(ed)?*
 - *What is your current situation?*

- What has your experience of destitution been like?
 - *What are/were the hardest things to cope with?*

- How has this experience affected you/your life?
 - *How, if at all, has this affected your relationships with other people?/how others view you?*
 - *How, if at all, has this affected how you view/feel about yourself?*
 - *How, if at all, has this affected your well-being [health/mental health]?*

- How do you think you have survived?
 - *What, if anything, helps/ed you to cope?*
 - *What else could have been/would be helpful?*

I have come to the end of my questions, but I'm wondering if there is anything else that you feel it's important to talk about?

I am meeting with other people to explore their experiences of destitution. Are there any questions that you think are important to ask the next participants I speak to?

When I have finished all the interviews, I will be typing them all up and exploring what people have said, to try and find out whether there are similarities and differences between people's experiences. As explained in the information pack, the findings will be made available to the BRC to use in their campaign work and to inform the work of their support services. Do you have any suggestions about how you would like the findings to be used?

Thank you for taking part, I really appreciate your help. Before we finish, have you got any questions you'd like to ask me?

Turn off audio recorder.

Debrief:

- How are you feeling now after talking to me? Are you worried about anything?

Check for any signs of distress & explore these if present, give support services information sheet.

Remind participant that they have the right to withdraw from study at any time and ensure they have my contact details.

Inform participants that if they are concerned about anything related to the study, they can contact Hugo Tristram (Details on info sheet).

- If you want to, you can receive a summary and discuss/comment on the findings of the research by: asking a member of BRC staff; by contacting me directly or by being contacted by me (*If yes, establish how participant would like to be contacted. Provide a rough idea of time scales.*)

Interview Schedule Amended

The same interview as above was conducted with the following amendments:

In relation to 'what was/is this experience (destitution) like?'

- How do you see 'destitution'?
- What does it mean to you?

In relation to 'how do you think you have survived?'

- Have you learned anything (about your self) through experiencing this?
- What advice would you give someone facing destitution for the first time?
- How do you travel/get to places (suggested by a participant)
- Have you ever seen a psychologist or counsellor (suggested by a participant)

Reference

British Red Cross (2010). Red Cross (BRC) Destitution Support Impact Survey: Service User Questionnaire. Unpublished document.

Appendix Three: UEL Ethical Approval Letter

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.
 uel.ac.uk/psychology



Doctoral Degree in Clinical Psychology Direct Fax: 0208 223 4967

June 2011

Name of Student	Katie Allan
Title of Research Project	A grounded theory of the experience of destitution among people seeking asylum in the UK

To Whom It May Concern:

This is to confirm that the above named student is conducting research as part of the requirements for the Professional Doctorate in Clinical Psychology. The Ethics Committee of the School of Psychology, University of East London has approved their proposal and they are, therefore, covered by the University's indemnity insurance policy. This policy should normally cover for any untoward event provided that the experimental programme has been approved by the Ethics Committee prior to its commencement. The University does not offer "no fault" cover, so in the event of untoward event leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the above named is a student of UEL the University will act as the sponsor of their research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Kenneth Gannon PhD
 Research Director

Dr Martyn Baker	020 8223 4411	M.C.Baker@uel.ac.uk	Dr Nimisha Patel	020 8223 4413	N.Patel@uel.ac.uk
Dr Maria Castro	020 8223 4422	M.Castro@uel.ac.uk	Prof Mark Rapley	020 8223 6392	m.rapley@uel.ac.uk
Dr Sarah Davidson	020 8223 4564	S.Davidson@uel.ac.uk	Dr Neil Rees	020 8223 4475	N.Rees@uel.ac.uk
Dr Kenneth Gannon	020 8223 4576	K.N.Gannon@uel.ac.uk	Dr Rachel Smith	020 8223 4423	r.a.smith@uel.ac.uk
Dr David Harper	020 8223 4021	D.Harper@uel.ac.uk	Dr Robyn Vesey	020 8223 4409	r.vesey@uel.ac.uk
Dr M Jones Chesters	020 8223 4603	m.h.jones-chesters@uel.ac.uk	Ruth Wacholder	020 8223 4408	r.wacholder@uel.ac.uk
Dr Paula Magee	020 8223 4414	p.l.magee@uel.ac.uk	Administrators	020 8223 4174/4567	c.wickham@uel.ac.uk / j.chapman@uel.ac.uk

Stratford Campus, Water Lane, Stratford, London E15 4LZ
 Tel: +44 (0)20 8223 4966 Fax: +44 (0)20 8223 4937 MINICOM 020 8223 2853
 Email: mno.davies@uel.ac.uk



Appendix Four: Background to Participating British Red Cross Projects

1. Destitution Resource Centre.

Refugee Support Services provide practical support and advice to asylum-seekers and refugees in crisis (BRC, n.d.a). The Destitution Resource Centre, based in London, is a project within this wider service accessible to destitute asylum seeking people who's asylum claim has been refused and who have no alternative form of support. Staffed by an Emergency Provisions Co-ordinator and trained volunteers, it offers practical emergency support via a weekly drop-in which provides: shower and laundry facilities; food and food parcels; internet and telephone access; advice and signposting to other services (including BRC caseworkers), a safe place to spend time and meet others and a second hand clothing project (BRC, n.d. b). On average, 50 - 70 people access the weekly the drop in and 10-20 people access the clothing project each week (LRSSM, personal communication, October 18th, 2011).

Information taken from:

- British Red Cross (n.d.a). Refugee support: Information sheet. (Unpublished document) British Red Cross London Refugee and International Tracing Service
- British Red Cross (n.d.b). Destitution resource centre. (Unpublished document). British Red Cross London Refugee and International Tracing Service.

2. Women's Support Group

The BRC Woman in Crisis service provides gender sensitive support for women who have experienced gender based violence (BRC, n.d. a). The Women's Support Group is a discrete project within this wider service which aims to

address the needs of female refugees and asylum seekers who have experienced gender based violence, enabling them to recover from trauma through building confidence, developing new skills and reducing social isolation. The weekly term time group offers a mixture of practical skills and therapeutic services (BRC, n.d. a).

Between 10-20 women attend the group and, while not a prerequisite for group membership, the LRSSM suggested some members may have destitution experiences.

Information taken from:

- British Red Cross (n.d.a). Refugee support: Information sheet. (Unpublished document) British Red Cross London Refugee and International Tracing Service

Appendix Five: Recruitment Poster



If you have experienced destitution within the last two years whilst seeking asylum in the UK, I would really like to hear from you!

You invited you to take part in a research study which I think is important. I am interested in how the experience of destitution affects people and how they manage the challenges of this.

It is hoped this will inform the work of services that support people with experiences like your own. I am inviting anyone who has experienced destitution within the last two years whilst seeking asylum in the UK to participate.

This study will involve taking part in a confidential one-to-one interview. The interview will be conducted in English and I will try to arrange an interpreter if needed.

If you would like more information about the study, please pick up a Participant Information Leaflet, contact Katie (e-mail: u0933864, phone/text: 07909770462), or leave your contact details in the designated box and Katie will get back to you.

Katie Allan (Trainee Clinical Psychologist)

Supervised by Dr Sarah Davidson

Appendix Six: Recruitment Letter



Experiences of destitution among people seeking asylum in the UK

My name is Katie Allan and I am writing to tell you about a study I am doing as part of my training to become a clinical psychologist.

I am conducting research with British Red Cross Destitution Services and would really like to hear from people who have experienced destitution [defined here as having been “without a home address, income, government support, rights to work or benefits” (BRC, 2010b)] whilst seeking asylum in the UK. I am interested in finding out about your experience of destitution, how this has affected you and how you have managed the challenges of this.

I am interested in talking to anyone over 18 years old who is currently, or has within the last two years, experienced destitution while seeking asylum. Interviews will be conducted in English and I will try to arrange an interpreter if needed. It is hoped that British Red Cross volunteer interpreters will provide this service, although this cannot be guaranteed as it depends on their availability.

The study will help to find out more about how destitution affects people and what helps them manage the challenges of this experience. It is hoped this will inform the work of services that support people with experiences like your own. It is also hoped it will help the British Red Cross in their campaign work to improve the situation for people with these experiences.

While the study is being conducted in association with the British Red Cross, it is an entirely independent study. Participation in the research will not affect the services you receive from the British Red Cross in any way. You will have the right to withdraw from the study at any time and findings from interviews will be anonymous (this means your name and any identifying information will be removed).

Please see the information sheet about the research to help you decide whether or not you would like to participate.

If you would like to take part, or want to find out more about the research you can contact me by:

- email: u0933864@uel.ac.uk or
- phone/text on 07909770462 (I can call you back), or
- completing the attached form and leaving it in the designated box at
.....
.....

Thank you for taking the time to read this letter.

Best Wishes,

Katie Allan

Trainee Clinical Psychologist (University of East London).

If you feel that you want to discuss matters with somebody else other than the researcher or should you feel troubled by anything related to the conduct of the interview, you can contact Hugo Tristram (Development Officer, British Red Cross Refugee Services) [44, Moorfields, London, EC2Y 9AL. Tel: +44 (0) 207 877 7290. Email: htristram@redcross.org.uk].

Experiences of destitution among people seeking asylum in the UK

Dear Katie,

I am interested in taking part in this research, or have some questions about this and am happy for you to contact me to arrange/discuss this further.

My name

.....

.....

My contact details (phone and/or email)

.....

.....

.....

Thank you for your interest

Appendix Seven: Participant Information Sheet.

Confidentiality continued

will not be possible to identify you from these. Members of staff who work with you at the British Red Cross will be informed when research interviews are in progress. They will not be told any details about what you say in the interview, unless the researcher has concerns about risk to yourself or others. In this case, the researcher might need to share information with British Red Cross staff or other relevant agencies so they can try and help you (I would discuss this with you before doing so, where possible).

Reimbursement

At the end of the interview you will be given £20 as a token of appreciation for your time. You will be asked to sign a receipt (which you will receive a copy of) to confirm that you have received this.

Travel costs will be refunded (up to a maximum value of £10) if you require these to get to and from the interview. You will be asked to sign a receipt (which you will receive a copy of) to confirm that you have received these.

What happens to the findings?

The findings from the study will be written up as a doctoral thesis and a summary of this will be shared with British Red Cross support and campaign services and other relevant local organisations. In addition, brief accounts of this may be submitted for publication to allow the findings to be shared with academic and healthcare audiences. If you take part you can also

receive a summary of the findings and discuss these if you wish by asking a member of staff from the British Red Cross (Hugo Tristram) or by contacting me directly.

Questions/taking part.

If you would like to take part or have any questions about the research you can contact me by:

email: u09333864@uel.ac.uk
-phone/text: 07909770462 (I can call you back) or
-completing the attached form and leaving it in the designated box

If you feel that you want to discuss matters with somebody other than myself or should you feel troubled by anything related to the conduct of the interview, please contact:

Hugo Tristram, Development Officer,
Refugee Services, British Red Cross, 44,
Moorfields, London, EC2Y 9AL.
Tel: +44 (0) 207 877 7290
Email : htristram@redcross.org.uk

Thank you for taking the time to read this information sheet.

Participant Information



Experiences of destitution among people seeking asylum in the UK

You are invited to take part in a research project which aims to explore people's views and experiences of destitution whilst seeking asylum in the UK. 'Destitution' here means being "without a home address, income, government support, rights to work or benefits" (BRC, 2010b).

Before you decide whether to take part, it is important that you understand why the research is being done and what it will involve. Please read the following information and feel free to ask the researcher questions about the study.

Appendix Seven: Participant Information Sheet Continued.

<p>About the researcher</p> <p>My name is Katie Allan. I am a trainee on the Doctoral Degree in Clinical Psychology at the University of East London, Romford Road, London, E15 4LZ Telephone: 07909770462 Email: u09333864@uel.ac.uk</p>	<p>My supervisor for this study is Dr. Sarah Davidson (Deputy Clinical Director, University of East London). My field supervisor is Hugo Tristram (Development Officer, British Red Cross, Refugee Services).</p>	<p>Purpose of the study</p> <p>This study will form the basis of a thesis which will be submitted as part of a doctoral degree in clinical psychology. It is hoped this research will be helpful in finding out:</p> <ol style="list-style-type: none"> 1. If/how people have been personally affected by experiencing destitution while seeking asylum 2. What things they and others can do to help them manage this? <p>The research is being conducted in association with the British Red Cross and the findings will be made available to them to use in their campaign work and to inform the work of their support services.</p>	<p>Who am I recruiting?</p> <p>People over 18 who have experienced destitution within the last two years, whilst seeking asylum in the UK. 12 participants in total will be interviewed.</p>
<p>Do I have to take part?</p> <p>No, taking part in the research is entirely voluntary. If you agree to take part you may change your mind and withdraw from the study at any time, without giving a reason. Your legal rights and the service you receive from the British Red Cross will not be affected by your decision to take part in, or to withdraw from, the study at any time.</p>	<p>What will happen if I take part?</p> <p>You will be asked to sign a consent form that states you agree to take part in the study. Following this you will be interviewed about your experiences for approximately 1-2 hours. The interview will be recorded using a digital audio recorder. This will take place in a private room at/near the British Red Cross centre. The time of the interview will be arranged for your convenience. Interviews will be conducted in English and I will try to arrange an interpreter if needed. It is hoped that British Red Cross volunteer interpreters will provide this service, although this cannot be guaranteed as it is dependant on their availability.</p>	<p>What are the possible disadvantages and risks of taking part?</p> <p>It is possible you might feel distressed by talking about your experiences of destitution. If this occurs, you will be given a chance to reflect on this and you will be free to withdraw from the interview at any time.</p>	
<p>What are the possible benefits of taking part?</p> <p>It is hoped the information you give will benefit others because it will increase our understanding of how the experience of destitution affects people and what helps them manage the challenges of this. This may help professionals and services to support asylum seekers experiencing destitution. It is also hoped that the research will contribute to the wider literature about the experience of seeking asylum in the UK and will help the British Red Cross in their campaign work to improve the situation of people seeking asylum in the future.</p>	<p>However, taking part in this interview will have no impact on your individual asylum claim. Information given during the interviews will not be considered by the Home Office, or any other agency, as evidence to support your own asylum claim.</p>	<p>Confidentiality</p> <p>Participation in this study is confidential. The audio recordings of the interviews will be stored securely and deleted after the research has been examined and passed. The interviews will be typed out, but your name and any other information that would allow anyone to identify you will be removed. Only the researcher, the supervisors and examiners will have access to the transcribed interview. Short quotes from your interview may be included in the write up but these will be anonymous and it</p>	

Appendix Eight: Participants' Countries of Origin of & Demographic Profiles

Participants' countries of origin:

Sierra Leone, Ghana, Liberia, Democratic Republic of Congo, Ivory Coast, Bolivia, Burundi, Angola, Uganda. One participant chose not to disclose this.

Broad ethnic descriptors:

11 participant's were Black African and 1 participant was Latin American

Participant number	Gender	Age Range	Time in UK	Current Asylum Status
P1	Male	18-29	4 months	Asylum Seeker (recently refused and having to make another appeal)
P2	Female	30-39	12 years	Not Disclosed (discussed waiting for asylum claim decision)
P3	Female	40-49	5 years	Claim under Article 8 of the European Convention of Human Rights
P4	Female	30-39	10 years	Fresh Claim under Article 8 of the European Convention of Human Rights (previously refused)
P5	Female	30-39	15 years	Asylum seeker
P6	Female	40-49	7 years	Asylum seeker
P7	Female	30-39	6 years	Refused asylum (made fresh claim)
P8	Male	30-39	4 years	Asylum seeker (previously refused and made fresh claim)
P9	Male	40-49	7-8 years	Refused asylum seeker
P10	Female	40-49	10 years	Asylum seeker (previously refused and made fresh claim)
P11	Female	40-49	7 years	Asylum seeker (previously refused and made fresh claim)
P12	Male	30-39	7 years	Refused asylum seeker (made fresh claim)

Appendix Nine: Consent Form

Research title: **Experiences of destitution.**

Name of researcher: **Katie Allan (Trainee Clinical Psychologist)**

I confirm that I have read and understood the information sheet for the above study, and I have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without it affecting my legal rights or the service I receive from the British Red Cross.

I understand that the study is confidential apart from certain circumstances explained to me by the researcher (i.e. researcher may need to break confidentiality if she feels that I am a risk to myself or to others).

I agree to the interview being audio recorded, and understand that the audio records will be deleted once the research has been examined.

I understand that the research forms part of the requirement for a Doctoral Degree in Clinical Psychology and the findings may be published and/or used by the British Red Cross in their campaign work.

I agree that any words I may say during the interview can be used anonymously in the write up of this research.

I agree to take part in the study.

Name of Participant Date Signature

Name of Researcher Date Signature

Appendix Ten: Sources of Support Resource Sheet

Some sources of support for you:

SAMARITANS

The Samaritans provides confidential, non-judgemental emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair.

Telephone number for the UK: 08457 90 90 90 (many local branches across the UK have a local phone number which you can call at a local rate. Please visit their website: www.samaritans.org

Email: jo@samaritans.org

Address if you prefer to write: Chris, P.O. Box 9090, Stirling, FK8 2SA

NHS Direct

NHS Direct responds to any health concerns or queries on a wide range of health topics, 24 hours a day, 365 days a year. This service also has a confidential interpreter service, available in many languages (simply say the language you wish to use when they answer your call).

Telephone number: 0845 4647

Website: www.nhsdirect.nhs.uk

SANEline

SANEline is a national out-of-hours telephone helpline offering emotional support and information. It aims to give you the time and confidential space to explore your situation, without judging or telling you what to do.

SANEline is part of the charity SANE, and is run independently of any NHS or other statutory services. If your first language is not English, they can provide interpreters via the Language Line translation service.

National telephone helpline: 0845 767 8000 (open between 6pm and 11pm every day). Website: <http://www.sane.org.uk/SANEline>

Rethink

It is the largest charity for severe mental health problems in England and it runs 13 regional helplines.

Address: Rethink, 89 Albert Embankment, London, SE1 7TP

Telephone numbers: 020 7840 3188 or 0845 456 0455

email: info@rethink.org

web: www.rethink.org

General Practitioner (GP)

If you are registered with a GP practice in the UK, please book an appointment with your GP to find out about other local sources of support.

Accident and Emergency (A and E) Services. These are open 24 hours a day 7 days a week and treat people who present with a variety of conditions, including primary care, injuries and emergencies. Homerton A and E is local to the Red Cross Centre in Hackney and is located next to the main entrance of Homerton hospital, Homerton Row, Hackney, London E9 6SR. In addition to treating medical emergencies, Homerton hospital also has a mental health crisis service attached (see below).

City and Hackney Crisis Service. Their website states that this is a: crisis service incorporating psychiatric liaison and Home Treatment Team. The service is for people experiencing mental health problems which require urgent assessment. The service offers round the clock assessment and treatment for mental health emergencies. Clients are initially assessed by a trained nurse and may be seen by a psychiatrist. Help from this hospital based crisis service includes referral on to specialist agencies for either prescription, advice or support. In some cases clients may be admitted when this is assessed as necessary. Address: East London NHS Foundation Trust, Homerton Row, London, E9 6SR.

Appendix Eleven: Transcription scheme (Drawn from Parker, 2005)

- To signify researcher's speech: Katie (researchers name)
- To signify participant's speech: participant's number.
- To signify a pause/hesitation: ()
- To signify a pause/hesitation of over few seconds: (number of seconds).
- To signify an inaudible section of the interview: [unclear].
- To signify other things going on: [laughter], [phone ringing] etc.
- To signify interruption: [(placed after the interrupted speech)
] (placed directly below the interrupted speech and directly preceding the speech of the person who interrupted).
- To signify overlapping talk: = (placed both directly at the end of the end of the turn of the person who finished and directly at the beginning of the speech of the person who took it up and continued).
- To signify speech trailing off:

Appendix Twelve: Constant Comparative Methods, Memo-writing Processes and Example Memo

Constant Comparative Methods were utilised throughout the entire analytic process to make connections within and across interviews. Previously analysed transcripts were revisited and re-interrogated against later codes and developing categories to determine similarities and differences between these and refine the developing theory (theoretical sensitivity). While I was attentive to individuals, situations or themes that did not match my developing analysis (negative case analysis), I heeded Charmaz's (2006) caution against *importing* these into the analysis to try and ensure that this remained grounded in the actual data.

Memo-writing. To encourage a reflexive, constructivist approach to the developing analysis, Charmaz's (2006) guidelines for writing informal, private memos were followed. Written from the beginning of the coding process, these afforded me space to reflect on, and make links between, codes and developing categories. Providing a 'traceable audit trail through the analysis' (Madill et al., 2000), memos helped me consider the evolution of my analytic ideas (Starks & Brown Trinidad, 2007) and the beliefs and assumptions underpinning the developing categories

Example Memo

Managing Appearance

There seems to be a theme around how people present themselves to others. When living within a capitalist value system where wealth confers status, poverty is humiliating. Thus, it is important to people that their disadvantaged social position is not apparent. Dressing in a certain way, ensuring clothes are clean etc. is one area where people do report control over their self presentations; through this they feel able to resist negative judgements and position themselves as equal to others. How does this relate to developing categories? Again, people are actively negotiating self-presentations as a means of resisting exclusions and negative subject positioning.

Appendix Thirteen: Example Initial Coding

P8: People call you names. **[encountering stigma: “people calling you names”]**

Katie: Mmmm.

P8: They describe you the way you are not actually, **[Lacking control over self-definition: “they describe you the way you are not”]** you know so it's pathetic. I just want to be self reliant. **[wanting to be self-reliant]**

Katie: Yeah.

P8: You know I don't want to put myself, you understand like subordinate to other people, put pressure on other people. **[not wanting to be subordinate to others; not wanting to pressure others]**

Katie: Mmmm.

P8: You know? That's what I believe. I have my full, I my complete arms, I have my two legs, I can work for myself and support myself. **[believing in ability to work and support self]** You know, so if you are here, becoming like a beggar **[“becoming like a beggar”]** =

Katie: = Mmmmm.=

P8: = because like a beggar, waiting for something to be given to you to *survive*. **[likening self to beggar : “waiting for something to be given to you to survive”]** It's pathetic actually. **[“It's pathetic”]**

Katie: What, what do you mean by pathetic, what's that, what's that like?

P8: It's I don't know the situation I find myself. **[finding myself in the situation]**

Katie: So the situation [

P8:] I find myself, it's pathetic. **[seeing the situation as pathetic]**

Katie: And, and does it affect how you feel about yourself?

P8: Of course! Of course! Now that I've realised myself it's affecting me psychologically. **[feeling affected psychologically]**

Katie: Mmmm.

P8: Because I can see people out there living happily. **[making social comparisons :seeing “people out there living happily”]** I am supposed to live the same way they are living. **[believing self should live the same way]** But due to certain reasons beyond my control, I cannot live like them. **[being unable to live like them due to “reasons beyond my control”]**. You know?

Katie: Yeah.

P8: That's a problem. [Crying]

Katie: It's hard. (4)

P8: Sorry about that.

Katie: That's alright. (3) It's not fair.

P8: Lets continue.

Katie: You want to con, your okay to continue?

P8: I'm okay, yeah.

Katie: What, what were you thinking there?

P8: It's like you've just, you're losing your future. **[likening the situation to losing future]** You're losing your future **[losing your future]**. If your an ambitious person **[identifying as an ambitious person]**, taking into consideration the amount of years I've lost doing nothing, **[losing years doing nothing]** you know? For me, it's a long time. For example, if I was in the educational line, sort of, the academic line, I would be by now have got maybe more degrees, sort of. **[envisaging what could have been; recognising own potential]**

Katie: Mmmmm.

P8: I'd be more useful to society. **[envisaging being more useful to society]** But now I am down there. **[“now I am down there”]** Doing nothing, **[“doing nothing”]** just stuck in one place. **[feeling “stuck in one place”]** You know, it's a shame actually.

Katie: Yeah, so it's kind of, you know your skills and your talents and what you hope for yourself [

P8:] Yeah and even what you have learned, you know its declining because you can not practice what you have learned. **[being unable to practice learning, seeing learning as declining]**

Katie: Mmmm.

P8: That's a problem. (3) You are just stuck in one place. **[“stuck in one place”]**

Katie: Stuck.

P8: And you know you deserve more than that. **[knowing “you deserve more”]** That's a problem.

Appendix Fourteen: Example Focused Coding

Example focused codes constructed from initial codes (from interviews 1 to 5).

Focused Codes	Initial codes
<p>“m “moving from place to place”: Instability of accommodation</p>	<ul style="list-style-type: none"> • being moved from one house to another (P2) • moving up and down (P2) • not liking being moved from one house to another (P2) • needing one place to stay with daughter (P2) • being given a place to live for a year (106) vs. being moved to another place (P2) • Living with the constant threat of being moved (P2) • “moving from place to place” (P3) • “moving with your children up and down”; being homeless” (P3) • having two children going “up and down (P3 • anticipating having to leave house if refused (P4)
<p>Suffering material exclusions: “a pound in your purse it's really, oh, like a miracle”</p>	<ul style="list-style-type: none"> • Finding it “hard to get bus pass, transportation, blah, blah, blah, money for some soap” (2) • Not affording the rent; being locked out by landlady (2) • Struggling to afford something from the store (2) • Being eager to buy but not having money (2) • “no income, no benefit for my children, nothing” (3) • never having “support for my children and me” (3) • having no financial help, no housing, nothing (4) • not having money “to live everyday” (4) • “Living and breathing on the street” (4) • “almost dying because I don't work, I don't have anything” (5); suffering hunger, not eating (5) • “a pound in your purse it's really, oh, like a miracle” (5) • not having payment (5) • not having anything to wear, soap to wash (5) • having support removed: no longer getting vouchers (5) • being unable to afford anything (5)
<p>Facing an uncertain future</p>	<ul style="list-style-type: none"> • Not knowing your future (P1) • Having no motivation due to not knowing future (P1) • not knowing outcome of application for my children (P3) • “living day by day” as facing an uncertain future(P4) • Not knowing if I am going to stay (P4) • being unable to plan for the future (P4) • Reflecting on consequences of being refused (P4) • Facing being sent to unknown/unfamiliar country (P4) • not knowing what it going to come (P5)

Appendix Fifteen: Early Categories

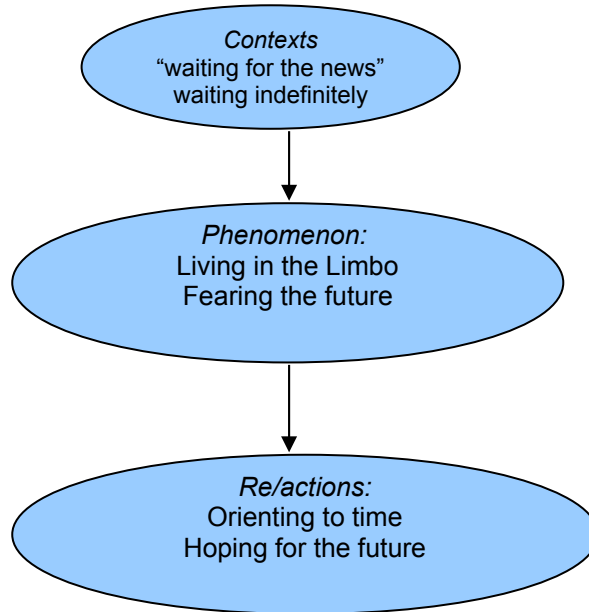
All focused codes were cut out and grouped together into categories using index cards to consider relationships between them. 16 initial categories were constructed:

- Suffering exclusion from social, economic and political resources
- Making social comparisons
- Comparing past and present selves and situations
- Living in fear
- Negotiating temporal exclusions
- Relating to the Home Office and Asylum System
- Suffering and resisting exclusions from valued social roles
- Encountering and resisting exclusionary attitudes
- Struggling for a respected and recognised self
- Suffering
- Considering risky survival strategies
- Relating to support services
- Emotion-orientated coping vrs coping through doing
- Taking refuge in religion
- Coping in relationship
- Seeing positive growth

Appendix Sixteen: Axial Coding Examples.

Through the use of axial coding, I was able, to consider relationships between categories and subcategories and consider the properties and dimensions of categories. Example categories, properties and dimensions considered included:

1. 'Negotiating Temporal Exclusions'



2. 'Relating to services'

Relating to Home Office	Relating to support services
<i>mistrust, powerlessness, let down</i>	<i>cared for, re-humanising</i>

Through memo-writing and raising concepts, and by employing Strauss and Corbin's (1998) 'conditional/consequential matrix' (see 3.1.1, Figure 1), which enabled me to consider the contexts participants were acting out of, I was able to integrate the 16 initial categories. This process resulted in the construction of two main categories, spanning four context categories (Socio-economic, Institutional, Family Friends and Community and Individual):

Suffering Exclusions.....Responding to and Resisting Exclusions

Appendix Seventeen: Further Quotations

Context Category	Main category	Sub-categories	Focused codes	Additional Quotes
Socio-economic context	Suffering exclusions	Material “exclusions	<p>a pound in your purse it's...like a miracle”</p> <p>Housing and home exclusions</p> <p>Restricted privacy and control in accommodation</p>	<ul style="list-style-type: none"> • it's hard for her for to get, eh, bus pass, transportation, blah, blah, blah. Money for some soap. (Interpreter for P2, 81-83). • I've nothing to eat, I, I take days without eating, take days without showering. (P9, 564-567) • because you don't have any status you don't have any rights for anything. You just be moving with your children up and down...so it's really, it's really stressful (P 3:98-102) • last week I was uh, I sleep at friends until this day. Um, last week, um I was just sleeping on the bus (P5, 210-211). • you are free, if you have your place every day will be happy, but like you be going from one place, for me I've never slept in the street but from one place to another, from one place to another. It's not a good life (P7, 140-143) • the place where she is living now, they are living with quiet of foreign people, like Chinese, Jamaican, Nigerian,

				<p>so at times the quarrel.[K: Okay.] That makes her sooo depressed. [K: Okay.]</p> <p>Because there's no law over there, like if you put this one TV in, when you come back somebody will change it and put it another way or some way else. (Interpreter for P2, 480-488).</p> <ul style="list-style-type: none"> • they don't like to clean the toilet. They go to, to the toilet they do anything there, they they even, leave their clothes in the toilet for the past two weeks. You see what I mean they even abuse their own place, their, they even [unclear] the same place. You see what I mean. They go to the toilet they leave their dirty clothes there. (P12, 183-188). • I can say it's not safe too because I need my, uh what can I say, personality, you know? I can be there and the daughter is there watching me. [K: Mmmm].Wearing clothes, you know. It's pulling me down, it's pulling me down. [K: So it feels like because you have to share your space with your sister's daughter that you can't be, your personality?]. Yeah. [K: What about your personality, what is it about it?]. Um (4) I can, my woman, I'm a woman, I need my privacy. [K: Your privacy]. My privacy, you know? Even my own, my own child, I can't you know? But sometimes () I need to do that. Maybe she
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			<p>Making social comparisons</p>	<p>was sleeping and I didn't know, I was putting on my clothes and she wake up, you understand? (P 10, 95-112).</p> <ul style="list-style-type: none"> • it has a balance. Some people they can access food, sort of. [Katie: Okay.] But they cannot access other facilities. And some other people they can access like NAS support but they can not access other things. That's how it is. There are different people different circumstances actually when as far as the asylum system is concerned. [K: Okay.] There are some people, they are on NAS support but they lack other things. [K: Mmmmm.] There are some people they are not on NAS support but they getting support from other organisations and other charities. (P8. 738-752). • Because what I am going through is very tough but when I see people outside in the streets I feel bad because that's what I am going through but I am not a person who sleeps outside (P5, 681-684). • there are just few hospitals which you can access if you, if you are like me. You can't just go to every hospital. [K: Oh really, so they have, I didn't know about that. So they have specific hospitals that people who..] yeah, for people like,
		<p>Participation and access exclusions</p>	<p>Inequality of access</p>	

				<p>like homeless and destitute people. [K: Okay.] And they open up and give you set days, Monday and Tuesday and Friday. But you can't just go to any hospital. [K: Okay.] But then they are all under NHS. [K: Okay.] Yeah. [K: Mmmm. And what, what,what do you think about that?] What do I think about that? It's what you, you should be thinking about that because it's NHS come on (P9, 954-969)</p> <ul style="list-style-type: none"> • I went to this place. [shows letter] [K: NHS]. xxx Hospital. You know? [K: Yeah.] Alright and I went there today and they booked me appointment and I went there on Monday. On Monday I don't know how to get there. You see what I mean? Today I went there because when I go to sign in this immigration places, they give me bus ticket just for reporting the day. [K: Okay.] That is Tuesday so they gave me another from the 11th. [K: Okay] Next Tuesday. [K: Yeah.] You see? But on Monday I cannot go there, I don't know how to go there. [K: Okay, because you don't have any money?]. Money. You see what I mean? [Laughing]. (P12, 401-418). • [K:So there's something about having a job and working that ...] It makes you healthy,
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			<p>Education and employment exclusions</p>	<p>you have a purpose in your life. You wake up and be something, you just wake and feel oh, you feel the day is so nice, you put on a smile, you go to work, you understand? You meet your friends at work. (P9, 620-630).</p> <ul style="list-style-type: none"> • If at least, you know, you can do some work and if you, cause the most difficult is you wish to do something but you can't. [K: Yeah]. Cause, you know, you know, you don't have the, you don't have the means to do it [K: = yeah.] that's the most difficult thing, that's the most difficult thing (P1, 247-257).
			<p>Valued social role exclusions.</p>	<ul style="list-style-type: none"> • It's too hard. [Tearful] They don't understand, just they say "I need food, I like, I want, I hungry, I need this kind of clothes, my friends are wearing this, hey mummy like this, hey mummy give me ten pound, five pounds, you don't never give me one pound, fifty p never give". That children say. Don't understand what your status, what means your status (P6, 96-101). • so many children back home are suffering you know...I have two children that I was paying fees for up to now, sometimes I, now I don't have the money to do it... you know so it's really really

		Stigma		<p>painful because you want to do something but you can't (P3, 548-554)</p> <ul style="list-style-type: none"> I supposed to experience a friendly atmosphere, I find myself to go to charities then people are calling you names so it's surprising actually. (P8, 1110-1113) they thought maybe we are here to exploit them, their resources, or we are like enemies sort of but we are not enemies. I think we are the most law abiding people. (P8, 648-650).
	Responding to and resisting exclusions	Adopting a survival orientation	Accessing services	<ul style="list-style-type: none"> The thing is they help us, they give us food. [K: Mmmm]. And food to take home. Like every week they give us food to take home and there is food for me to give my son. Pasta, like any food to feed him. Me, me, to feed me and him. [K: Mmmm]. And the, the, the Red Cross I really thank God for the Red Cross what they doing us, cause they helping us (P11, 829-900) you reach a certain limit and you don't have anything, you don't, you don't have money, you don't have nothing [K: = Mmmm] so you just want to do, just to die because you don't feel like you are, you are living really you are just like a ghost, it's really bad. I went to the Citizen's Advice and then they rung, rung the Red Cross

			<p>Adopting a survival orientation</p>	<p>[K:Mmmm] and I didn't know they were helping destitution people, I knew they were helping only the homeless who are on the streets [K: Mmmmm] I didn't know they are people helping here. That's how I got here, I thank God for that really (p5, 67-75).</p> <ul style="list-style-type: none"> • And I will eat as much as possible [at the Red Cross] to, at least to sustain me up to 9 o'clock or more, beyond that. [K: Okay]. That's how you survive. [K: So you eat what you can when you can?]. Yes, if possible if I had another compartment of my stomach I would store it there. So it's like you have a calender within the week. [K: Mmmm]. Monday this centre is open, Tuesday this centre is open, Wednesday this Centre is open. That's how we travel. (P8, 789-799). • Thinking, thinking, thinking about how can I get, how can they give me food for my children (P6, 80-81).
			<p>Considering risky survival strategies</p>	<ul style="list-style-type: none"> • Cause some people, you know, that's what they do. Cause if you stay home and you don't even, you know, have something to eat or don't even have no access for nothing [K: = yeah] if you, if you not strong mentally you

		<p>Connecting with valued roles</p>	<p>Connecting with valued roles</p>	<p>gonna go and do something really bad. That's the problem. [K: Like what do you mean?] Like, you know, be going to be, like, um, drug, drug dealers or stuff, or, you know, like those kind of things (P1, 283-291).</p> <ul style="list-style-type: none"> • People can corrupt your mind easy. You know? [K: What would that look like?]. If I want to let people on the street as well. [K: People on the street.] Get close to them or do the things they do. [K: What kind of things.] Different couple of things they do. Stealing, shop theft, stabbing. • [K: Okay and are those things that you see other people who are destitute doing?] Yeah, yeah. [K: And why do you think they are doing that?] It's all about poverty. ...[K: And what do you think it is about you that means that you don't do that.] Well that's why I go to church. That's why I listen to Christian radio because they, they talk about all this (P12) • she (friend) always give me advice. About she just say, just have faith. [K: Mmmm]. Everything will be okay. [K: Mmmm]. The most important you just have to give him, love your son and protect your son from any danger. [K: What do you think of that?] I, I, I think of th, I was thinking she's right. I should not put myself first I
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		<p>Contesting negative representations</p>	<p>Contesting negative representations</p>	<p>should put my son first. (P12-849-858)</p> <ul style="list-style-type: none"> • I've learned something from here as well. (through volunteering) So it's educational as well. So that's why I like every bit of it (P8, 934-944) • if you go through the asylum process (2) you are law abiding. You understand? [K: Mmmm] .You are not allowed to work. You refrain from that. [K: Mmmm.] Like me. You refrain from that. You are law abiding. That's the law. They say you are not allowed to work. So at the end of the day you rely on charities. So you are law abiding. [K: Mmmm]. You see we are peaceful. [K: Mmmm.] .So I don't, I see no reason why they should have different views on us actually. (p8, 652-664) • So the, when the politicians say, so we are taking away these people's right, these people's jobs. But these people, these people have been sitted on their ass for all those years. They don't want to work. [K: Mmmm]. Do you mean British people or who do you mean there?] Yeah, yeah. Look at the Polish, they come yesterday, they are now doing
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				<p>everything. The Spanish and the Portuguese they are [unclear]. If you go to central London they are not British any more. It's all foreigners. They are all doing the job. [K: Mmmmm.] And these people they do, they go to bed and sleep and wait for the income support to knock on their door. And they are saying that we are the one's spoiling their system. We are not interested in their income support (P9, 185-199).</p>
Institution -al	Suffering exclusions	Temporal exclusions	<p>Waiting for the news</p> <p>Fearing the future</p>	<ul style="list-style-type: none"> • I said the only think I'm praying is that they can answer me. So my stress I be going through be past. [K: Mmmmm]. It's not nice like when you have suffered, suffered they refuse you. (P7, 430-434) • everyday, everyday just wait for the news. Even when I am saying because this landlord they will say, they say they don't know if they will, if they then refuse my case I will have to leave the house. I don't know for how long, there is no-one I can talk to. (P4, 291-296). • I am just prayful for the Home Office to help me, like to get my papers and I want the Home Office to a, to agree to let me, to let me stay in this country [K:Mmmmm]. Yeah, cause I don't have nobody there to go if they send me back. Where would I live,

			<p>Living “in the limbo”</p>	<p>where would I go to? (P11, 472-478).</p> <ul style="list-style-type: none"> • when you don't have paper, when you are passing on the street you see these police you be scared. [K: Yeah]. Sometimes if you're in the place where they kept you, you be watching on the window, like oh my god maybe they will come for me. Am I going back? It's not easy. (P7, 100-105). • It's like you've just, you're losing your future. You're losing your future. If your an ambitious person, taking into consideration the amount of years I've lost doing nothing, you know? (P8, 522-525) • you have paper you do everything. [K: Mmmm] You have everything like you go to school. It's only about, oh the pain in you. [K: Mmmm.] You go to school. You know exactly in your mind, I, I have a paper. [K: Mmmm].When I get a job, or maybe when I get a British, I can go around. [K: Mmmm]. I can go, go go around, travel any place. You know. When you don't have paper you just sit down in one place, like, like it give you more stress (P11, 149-162). • My situation at the moment
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			Relating to civil society organisations	<ul style="list-style-type: none"> at times she comes here (the Red Cross), because of what you are giving to her it makes her feel alright but when she doesn't come her she started feeling lonely and depressed as well so she likes coming here always. (P2, 436-439). you know in this country when you go outside you can see everybody's face is frown. [K: Mmmm]. Even if when you turn and say hello somebody will not answer you. But here when you come you say hello, yeah they will be how are you? How did you spend your weekend? And you will be interacting, communicating with them, so in your heart you know that you have got somebody (P7, 401-409)
Family, friends and community	Suffering exclusions	Dependency	Experiencing relational power imbalances	<ul style="list-style-type: none"> I start having this, eh, destitution about 3 years. I'd be, I'd go to this person, stay with this person, sit it in the house not doing anything. Sometimes, you know some people when you stay in their house, if you greet them [K: Mmmm.]. some time they just do their mouth on you [K: Mmmmm]. they are, they are not happy they come home, all those things (P7, 3-11). [K: So you found yourself in situations where () there was certain activities going on and they weren't for you?]. Yes [K:and then you, and em, because you weren't up] yeah

		<p>Struggling for acceptance and connection</p>	<p>Shame and social positioning</p> <p>Encountering rejection</p>	<p>you didn't dance to their tune so they kick you out (P8, 719-724)</p> <ul style="list-style-type: none"> • it's really sad because (2) before, you were not like that, you know, you were, em independent and then something just came up (P3, 311-313) • Because the people who are in my country now I left back years ago, they are even better than me maybe, so how can I go empty hands? I'd rather die, you know? (P5, 316-319) • some of my friends I used to know back home [K:Yeah.] because of that yes they just keep far away from me. [K: because of the destitution?] Yes. [K: Why do you think that is?]-... they just think, um, because you are homeless, or you are living with somebody you don't have life to live or something. (P3, 325-326) • [K: So if I'm understanding you right, so while you have been here in this country, em, your, your feeling that people from your own country who are e, who are here are, they look at you differently because of destitution?] Yeah. [K: And they put you, what do you mean by that they put you in
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			<p>the corner?] Yeah, because they reject you and you, they leave you alone [K: Why, why do you think they do that?] They do that because they, they, they thinking that they, they, they are, um, they better than you. (P10, 159-170).</p> <ul style="list-style-type: none"> • even though sometimes, even me I feel lonely, I am alone (p4, 607-608) • I feel like I don't have no-body to help me like, no friends, like no family around me (P11, 255-256). • they put you in your corner. In your corner and because of my situation and I knew that and I knew.. my people, I stay alone. And when I stay alone, I can't move. I can't move on (P10, 155-158). • At times when she her friends she just pass by because she is so desperate she doesn't want to talk to anybody (P2, 367-369). 	
	Responding to and resisting exclusions	Resisting dependency and ostracism	Resisting dependency and relational power imbalances	<ul style="list-style-type: none"> • I was with a friend, he accommodated me for a while but because what, I don't like what they are doing. Sometimes when they take their drugs I have to walk out and wait until they are finished I have to come in (P8, 710-713).

			<p>Managing presentation of self</p>	<ul style="list-style-type: none"> like let me say I was living in your house, the way you were maltreating me, looking at me that kind of way, talking to me that kind of way [K: Mmmm] Yeah, I will see you, I will say hello to you but in my mind I will say when I was living in that house that's the way [K: Mmmm] that person was behaving to me. (P7, 346-343) Yeah, yeah because if I am working I will not depend on anybody, I know at the end of the week or at the end of the month I will get what I work for and with that I will be able to () manage myself, manage my children, you know...[K: So, so em, not depending on people is important? What does that mean to you do you think?]Yeah, because, em, before I don't depend on people. [K: Mmmm.] Because sometimes [child making noises] you know somebody have something and you go to the person to help you and the person will say 'no I don't have' and that one makes me sad, you know, so instead I don't go. (P3, 289-300). maybe say "Oh my God, I feel sorry for her look what happened to her, they raped her, like look the situation she is going through, she doesn't have nobody no family", like
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				<p>they will feel sorry for me but they won't be able to help me. (P11, 301-305).</p> <ul style="list-style-type: none"> • So I just have to look nice and all that, you know, yeah, no-one can tell what it is that you are going through (p5, 182-184). • I had reached the point (2) to give up and I've got a friend who told me not to give up (P5, 55-56) • When you take the little one there [to church] she prays together with friends. [K: Mmmm].... makes her feel a little bit better because at the end of the day she is not staying alone. She does have some people to talk to, so when things happens like that she feels alright. (Interpreter for p2, 545-552) • keeping everything inside is not good so look somebody, find somebody who is having the same situation or somebody that's been speaking the same language as you and confess. (p4, 512-514). • I make new, new, I make new, new, friends here [at the Red Cross] [K: Mmmm.] When I see, well [laughing] [K: People down stairs?]
		Coping in relationship	Coping in relationship	
			Being in it together: valuing relationships with peers	

				<ul style="list-style-type: none"> Downstairs. When I see I can "Oh, long time". Just when I do "ho long time", I can, something bad can fly, you understand me? [K: Is that, is that a greeting?] Yeah. [K:Yeah. And why is it, why do you think when you do that something bad..] Eh because when I see her I'm feeling like I am with my own. You understand? [K: Mmmhh.] Yeah. Like I'm safe. Someone who can help me , who can like me. (P10, 559-575)
Individual	Suffering exclusions	"I'm suffering, I'm suffering, I'm suffering"	<p>"Im suffering, "Im suffering, "Im suffering"</p> <p>Having a suffering past</p> <p>Unrecognised suffering</p>	<ul style="list-style-type: none"> Yeah, its really hard you know, its really hard. (P1, 64) it's really, really painful. It's really painful. (P4, 437-438). Yeah so I think it's affected me this, this problem or this kind of suffering [tearful] (P6, 289-290) he (husband in C.o.O) was hitting me, fighting, every time it's a problem....he said he was going to kill me (P3, 239-247) And yet you've got all these thing you, the baggage you carried all the way from home. Your people died you know. [K: Mmmm]. All this kind of....It's a lot, it's a lot. It's a lot. (p9, 730-733). maybe people don't understand my pain, my

				<p>[unclear] maybe I don't know. [K: Would you want them to understand?] Uhuh. Maybe people understand they (2) maybe people no suffered a lot like me, they don't understand, maybe people suffered they understood me. [K: So if people have been through and suffered they, they will understand but for those who haven't they can't?] They can't understand. (4) People who knows suffer they understood, they no thinking it's crazy woman (p6, 373-382)</p> <ul style="list-style-type: none"> it's like being a president who attend this, how you call it, this prestigious colleges or university. He never suffered, he's from a very wealth background [K: Mmm] he happened to become a minister or a president. He doesn't know what the grassroots people are suffering. (p8, 1395-1401).
	Responding to and resisting exclusions	Managing emotions	Distraction and engagement	<ul style="list-style-type: none"> Just keep yourself busy. Keep going the library during the day, cause otherwise you are going to have these thoughts, thoughts for suicido (P9, 911-913). The most important thing that helps me to cope is prayer really, the meditation. When I feel things are very, very difficult I just sit down in a meditation position and I mediate for hours, breath in, breath out. (P5, 571-574).

			Medication	<ul style="list-style-type: none"> I can't think anything (due to medication), I was just like a baby, walking without thinking, yeah I walk like that baby without thinking. (P6, 324-326). Cause when you take the tablet. [K: Mmmm.]You, you, you can sleep. [K: mmmm] Then when you sleep longer you, you can forget a lot of things. (P10, 276-281).
			Emotional support and sharing stories	<ul style="list-style-type: none"> the more you talk about your problem, the more you get it out of your mind, because it's like a ball in your heart. It stay there. It's like a disease as well sort of. So the more you talk about it the more you bring it out (P8, 226-229). "It's helpful to talk... I don't like it when I don't talk, makes me worried and stressing" (P1, 452-455).
		Recognising growth, seeing progress and making meaning	Recognising growth, seeing progress and making meaning	<ul style="list-style-type: none"> But me I'm going to do the same job like this one, the Red Cross when I have my status. [K: When you have your status you are gonna come and ...[unclear] [K: And why are you thinking about that, what would that mean to you?] Just for me to encourage people that's behind the same situation like me. Tell them there is hope, there is hope for you one day.

				<p>(p7, 560-569)</p> <ul style="list-style-type: none">• I've gone through a lot yes and eh God willing if I got, if I get better 'll just have to help the homeless because what I'm going through is just too much. And I just ask God to help me, in fact eh, I will all the time because I love to help people as well. [K: And that sounds like, so it's important for you to help other people? =] Yes. As soon as I get my papers I have to do that yeah. [K: Why? What, what does that mean to you?] Because I am so touched myself and I would be happy to help such people. [p5, 677-695].
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Appendix Eighteen: Reflective Diary Extracts

Extract 1

Feeling guilty *again* after today's interview. I am acutely aware of my relative privilege, in not having to worry about how to feed myself tonight, in being able to come home to a space of my own and relax and in being able to follow my career goals. I feel ashamed about how the UK treats people seeking asylum and a sense of responsibility for this. Reflecting on the interview, I realise that the emotions of guilt and shame were present for me at times during the discussion. I wonder whether, as a 'representative' of the UK, I positioned myself in the 'persecutor role'?; did my uncomfortable feelings lead me to inadvertently move away from the topic under discussion, thus missing important data? In future interviews, I need to be aware of this. I also need to remain mindful of how the participant sees/positions me. Does my Britishness perhaps make some things more difficult to say? Empathy seems important to creating an environment where participants feel able to express feelings of anger and injustice.

Extract 2

I have been required to follow the risk procedure and make a number of Samaritans referrals now. I have found conducting these interviews quite intense as I have heard many tales of suffering over an short period of time (as well as stories of hope and survival). On reflection, what I am finding most difficult is that, unlike with a therapeutic relationship, my role, after hearing people's stories, is not to provide further ongoing support. Again, I am reminded of the importance of peer and supervisory support to help me reflect, and cope with, my own emotional responses and role boundaries.