Volunteer Mentor Experiences of Mentoring Forced Migrants in the United Kingdom: An Interpretative Phenomenological Analysis

Abstract

Research demonstrates the complex nature of supporting forced migrant populations, however, there exists almost no research regarding volunteer experience of supporting forced migrants. This study explored the experiences of volunteer mentors in the United Kingdom. Eight participants were recruited from a single charitable organisation. Data were collected using in-depth, semi-structured interviews and verbatim transcripts were analysed using Interpretative Phenomenological Analysis. Four superordinate themes emerged: Paralyzed by Responsibility and Powerlessness, Weighty Emotional Fallout, Navigating Murky Boundaries and Enriched with Hope, Joy and Inspiration. Participants experienced a range of emotions as a result of their mentoring: from distress to inspiration. Findings suggest focusing on achievable changes helps mentors. The mentoring relationship is hugely important to mentors but also requires careful navigation. The findings suggest that, whilst it is a fulfilling experience, support is required for volunteers mentoring forced migrants. The relative strengths and limitations of the study are considered. Theoretical implications and suggestions for organisations, clinical applications and future research are provided.

It is well documented that forced migrants typically experience numerous traumatic events (Ellis, Kia-Keating, Yusuf, Lincoln, & Nur, 2007; Neuner, Schauer, Klaschik,

Karunakara, & Elbert, 2004). This population has exacerbated rates of Posttraumatic Stress Disorder (PTSD) and other mental health difficulties associated with trauma (Morgan, Melluish, & Welham, 2017). A systematic review of the literature (Fazel, Wheeler, & Danesh, 2005) estimated a prevalence of between 7% and 17% of diagnosed PTSD in refugee populations. High rates of co-morbidity with other mental health difficulties, namely depression, were found. This estimate does not, however, account for those who have not accessed services or with unrecognised difficulties. Supporting this population can therefore be challenging and is associated with a wide range of psychological implications for healthcare professionals (Century, Leavey, & Payne, 2007; Robertshaw, Dhesi, & Jones, 2017).

Several models seek to explain the effects, including benefits and challenges, of working with traumatised populations. It is proposed that responses akin to direct traumatic experience, such as loss of predictability of the world and shattered beliefs, occur (Barrington & Shakespeare-Finch, 2013; Ehlers & Clark, 2000), resulting in experiences and behaviours like those in PTSD (Lusk & Terrazas, 2015). Beneficial psychological changes, including growth in self-perception, inter-personal relationships and life philosophies, may also occur (Tedeschi & Calhoun, 1996) for those working with traumatised populations. Ludick and Figley's (2017) compassion fatigue resilience (CFR) model proposes a framework whereby empathic concern and exposure to suffering contribute to development of secondary traumatic stress, which is influenced by additional factors (such as self-care) to create compassion fatigue resilience. Protective factors contribute to this state wherein adaptation and coping abilities have been attained. However, the authors highlight that specialist training is often required to access protective factors. Although these models acknowledge some complexity of experience of working with traumatised populations and the importance of social context, they do not seek to explore the phenomenon of this experience. Qualitative,

phenomenological, exploration of experience can inform our understanding of this complex process, and further our psychological understanding of the meanings ascribed to supporting forced migrants. This could improve support for those supporting forced migrants whilst contributing to the theoretical literature.

Professional experiences supporting forced migrants

A wealth of qualitative literature indicates that professionals who support forced migrants can experience complex emotions and profound changes. High levels of distress are consistently reported, particularly when hearing about forced migrants' traumatic experiences. This has been conceptualised as 'vicarious trauma' and 'burnout' in healthcare professionals and psychological therapists (Barrington & Shakespeare-Finch, 2013, 2014; Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015; Splevins, Cohen, Joseph, Murray, & Bowley, 2010). A study of twelve refugee centre staff, holding practical and supportive roles, highlighted the range and scale of clients' difficulties and the pressure this carried for them, describing structures they worked within as limiting (Guhan & Liebling-Kalifani, 2011). Some participants cited feeling overwhelmed and traumatised. Whilst this study offers important insights into experiences of employees supporting forced migrants, lack of clarity around participant job title, role and training makes the content difficult to contextualise. In a novel thematic analysis with 13 counsellors working with forced migrants, participants described themselves as feeling conflicted and sometimes helpless (Century et al., 2007). They described uncertainty about appropriate responses to clients' harrowing stories and distress and feeling unsupported due to limited resources. Moreover, interpreters working with forced migrants described intense feelings, mirroring the clients' emotions when listening to their accounts, particularly when they had had similar experiences (Splevins et al., 2010).

Studies consistently highlight the importance of personal coping strategies but also training, supervision and in managing these distressing experiences. Individualised coping strategies aid management of feeling shock and distress (Barrington & Shakespeare-Finch, 2013; Guhan & Liebling-Kalifani, 2011; Splevins et al., 2010). However, supervision may be useful for making sense of traumatic accounts heard.

In addition to difficulties in listening to distressing accounts, several studies have also identified difficulties with boundaries for professionals working with forced migrant populations. For example, interpreters experienced problems identifying appropriate boundaries due to a lack of training and supervision (Splevins et al., 2010). Counsellors also experienced boundaries as harder to maintain due to the population's 'specialist needs' (Century et al., 2007). However, explicit exploration of how and why boundary maintenance was challenging for counsellors was omitted from the study.

The benefits to working with forced migrants are also reported. Therapists described their work as meaningful and rewarding, some reflecting existentiality and on personal circumstances (Apostolidou, 2016a; Schweitzer, van Wyk, & Murray, 2015). They spoke of feeling wiser, 'richer' or 'deeper' and more able to live in the moment because of their work. Interpreters also reported improvement in personal qualities and life outlook (Splevins et al., 2010). 'Not for profit' staff felt their work reinforced their beliefs and values and gained enjoyment from seeing clients 'grow' (Guhan & Liebling-Kalifani, 2011), although staff roles were combined in the study meaning specific associated roles cannot be identified. These benefits were sometimes conceptualised as 'vicarious post traumatic growth' or 'vicarious resilience' (Barrington & Shakespeare-Finch, 2014) and these vicarious responses were described as 'transformative' for trauma therapists (Hernandez-Wolfe et al., 2015).

Volunteer experiences supporting forced migrants

Volunteers are commonly involved in supporting forced migrants in the UK, however often do not have professional experience and training to draw upon and may not be offered supervision (Wren, 2007). Wren raises concerns regarding the reactive nature of service provision and large responsibility placed on voluntary and charitable sectors to meet needs unmet by statutory services. Furthermore, research with 25 volunteer organisations offering befriending programmes for refugees in Australia, Canada, England, and the United States indicates that organisations feel their volunteers can become overwhelmed by refugees' complex needs and traumatic experiences (Behnia, 2007). Given these factors and the findings regarding professionals' responses to hearing forced migrants' stories, and the reference to the value of supervision, it is therefore important to consider the experiences of volunteers supporting forced migrants.

Only one study regarding volunteers was identified. Jones and Williamson sought to explore the roles, motivations and experiences of eight volunteers working in Glasgow with forced migrants using a framework analysis (Jones & Williamson, 2014). Some described their relationship with those they supported as a friendship and named these relationships as the most positive aspect of their work. Participants reported finding it particularly stressful and upsetting when those they supported were refused asylum or made destitute. Boundaries and directly and indirectly witnessing traumatic events were identified as a struggle, however this was not explored. All participants placed value on organisational support, however most felt little was available – partly due to resource and funding limitations. Whilst this study provides some understanding of volunteers' experiences, it is brief and acknowledges the limited insight it provides, emphasising the need for further research.

In summary, studies demonstrate the complex nature of experiences related to working with forced migrant populations. Although several studies seek to document and explore the experiences of professionals, there is almost no research regarding volunteers'

experiences. Research has highlighted the challenge in listening to the traumatic accounts and stories of forced migrants, the importance of training and supervision and difficulties with boundary maintenance. Although volunteers may have access to less support for their own needs than employed professionals do, they are often relied upon to support forced migrants in the UK. This study therefore aims to explore the experiences of volunteer mentors supporting forced migrants in the UK.

Research question

Since this study is discovery orientated, the study research question is broad and open-ended: What are the experiences of volunteers supporting forced migrants in the UK?

A secondary question, given professionals' experiences of hearing forced migrants' stories, is: How do volunteers make sense of the stories they hear in their roles?

Method

Design

A qualitative design employing individual semi-structured interviews and Interpretative Phenomenological Analysis (IPA) was used to generate in-depth accounts of experience (Smith, Flowers, & Larkin, 2009). IPA is a popular and well used research method, frequently utilized within psychology when addressing phenomenological research questions. Moreover, IPA is a recognised research method for exploring refugee experience from a phenomenological perspective (e.g. Rosbrook & Schweitzer, 2010; Schweitzer & Steel, 2008).

IPA was considered appropriate given the lack of prior research and interest in exploring individuals' lived experiences of this phenomenon within its context (Pietkiewicz & Smith, 2014). Shinebourne (2011) details the theoretical underpinnings of IPA, and

outlines how these are informed by Heidegger, Merlau-Ponty and Sartre's phenomenological and existential works. There is not an overall agreement between different philosophers and researchers on the matter of phenomenology, however the authors of this article take an epistemological and ontological position grounded in critical-realism and contextualism (Bryman, 2012). This position is most consistent with IPA, thus making this the most appropriate methodology to explore the research questions in this study.

Ethical approval was obtained from the Faculty of Medicine and Health Sciences
Research Ethics Committee at the University of East Anglia.

Participants

Participants were eight volunteer mentors recruited from a single charitable organisation in the East of England, who typically met their mentees once a week for 90 minutes. Their role was to support mentees in reaching individualised, collaboratively set goals. Recruitment was purposive to select a sample most relevant to the research question (Willig, 2013). In accordance with the philosophical underpinnings of IPA, a homogenous sample were recruited who were current volunteer mentors (active within the last six months), mentoring for more than six months, over the age of 18 and English speaking.

Prospective participants were excluded if they were a qualified professional in a relevant field (such as social work, counselling, psychological therapies or mental health) or had lived experience of forced migration, since this would change the sense-making of their volunteer experiences. Further demographic information was not collected in the interest of preserving confidentiality, due to the small size of the charitable organisation. A reflexive lens was used throughout, in particular to consider the potential influence of pre-conceived assumptions in developing the research question, topic guide and recruitment.

Materials

A semi-structured interview guide was developed with reference to previous research and in consultation with the organisation (Jones & Williamson, 2014). The interview guide was refined through a pilot interview. In line with the study aims, questions were open-ended and moved from description to interpretation and reflection (e.g. "Tell me a bit about what it is like to hear the stories of the people you work with?" to "How do you make sense of the stories you hear?" and "What changes as a result of the stories you hear?"). The guide was applied flexibly to allow exploration of participants' topics naturally as they occurred (Smith et al., 2009).

Procedure

Informed consent was gained before participants entered the study. Participants were advised they could withdraw, in accordance with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2014), for up to four weeks post-interview without needing to give a reason and without any repercussion. It was not possible for participants to withdraw after this time frame due to the commencement of transcription and analysis, and this was clearly explained to participants before they gave their consent. They were told confidentiality would be maintained wherever possible, excepting concerns regarding safety. Participants were offered a choice of interview settings; all selected the University of East Anglia. Interviews were audio-recorded and lasted between 47 and 77 minutes. All data were transferred and stored securely. Although the interview was designed to be benign, participants were advised they could pause or end the interview at any time and the interviewer, a trainee clinical psychologist, monitored distress throughout. Debrief information signposted participants to support resources.

Analysis

Interpretative Phenomenological Analysis aims to explore how individuals make sense of a specific experience from their own perspective, through the production of linguistically and interpretatively rich contextualised accounts. IPA's theoretical underpinnings posit that an interpretative process be used to access the meanings an individual ascribes to events. Therefore, IPA acknowledges the 'double hermeneutic', whereby the researcher uses their own understanding to interpret the participants' understanding of the phenomenon being studied (Smith et al., 2009).

The transcribed interviews were analysed by the first author following the steps advocated by Smith et al. (2009). A reflective journal was used throughout to identify and 'bracket off' the first author's initial impressions and reflections. Transcripts were read and re-read while making initial notes. Descriptive, linguistic and conceptual codes were identified within each transcript, which was then re-read again in an iterative process. Emergent themes, identified from initial notes, were clustered into groups forming a hierarchy of themes. Not all emergent themes were utilised, and rationale for exclusion was recorded. Analytic dilemmas, decisions and rationale were recorded to ensure transparency. After the hierarchy of themes was developed, the transcript was referred to, to ensure the themes were plausible. This process was repeated for the subsequent transcripts and, after all transcripts had been analysed, themes for each brought together to look for overarching themes. Supervision was utilised to affirm the plausibility of codes and themes during the analytic process.

Results

The analysis generated four overall Superordinate Themes present in at least half of the participants' Superordinate Themes. These overall Superordinate Themes were comprised of a further 10 Subordinate Themes which emerged from participants' Superordinate and

Subordinate Themes developed from the transcripts. Figure 1 illustrates the structure of the themes and their relationships to the individual accounts.

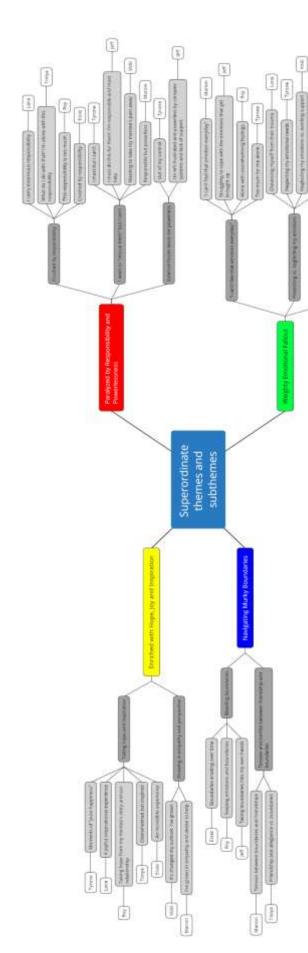


Figure 1. Superordinate and subordinate themes for the group, indicating participant contributions.

Each
Superordinate Theme
discussed in detail,
illustrated by individual

will be

participant accounts with verbatim extracts to explore the individuality across participants. In some instances, related participant experiences are also summarised. Within this section potentially identifiable information has been replaced. Pseudonyms have been used to protect participant confidentiality.

Theme 1: Paralyzed by Responsibility and Powerlessness

Mentors felt an overwhelming sense of responsibility for their mentees, coupled with powerlessness. They heard about their mentees' experiences of settling and living in the UK, their hopes and daily challenges. They also heard about mentees worries about situations such as their asylum 'status' or their separation from their families. Mentors felt a strong desire to improve things for their mentees and to alleviate their feelings of distress and discomfort, often driven by their personal values, sense of morality and justice. Essie conveyed a sense of despair of being unable to do more for her mentee, and her inability to influence certain situations.

Essie: "there's other times where I walk away thinking 'Oh my God, I can't do a thing to help this person' and 'I wish I could do more' and you know qui-just sort of concerned about the lack of power that we have perhaps to influence things"

Roy spoke of experiencing powerful emotional reactions to situations in which he felt fearful and responsible for his mentee.

Roy: "it's quite anxiety provoking at times, like you'd be worried about him erm, or we've gotten into this mode where he'll come up and he'll go 'big problem, big problem' and my heart stops and I go what's going on, is he involved with the police, is he getting kicked out, is he going to be homeless, is he going to be"

Here, Roy's phrase 'my heart stops' creates an evocative moment denoting panic. Roy lists possible problematic situations in quick succession, suggesting tumbling thoughts. He seems to be questioning how he is going to help his mentee, and also indicates that this is a common occurrence, "we've gotten into this mode", which adds to the sense of powerlessness.

Mentors often felt pressured by this simultaneous need and inability to "rescue" their mentees. Tyrone used the phrase "How on Earth" to illustrate his hopelessness and inability to respond to a difficult situation. Jeff also questioned how mentors are supposed to help and highlighted the pressure he feels.

Jeff: "how does the mentor who may not have ever done that before ... you know got no clue how it worksokay using the internet you can spend an hour or so trying to find out how to do it but that time they've got into arrears.... yesso they'reso you can rescue them once they've got into trouble yes by finding out but actually there's no I have to say manual of how you how someone needs to fit into how things work not society but how things work in the UK"

Often external forces contributed to this sense of powerlessness. Roy and Jeff both spoke about feeling frustrated and powerless when interacting and liaising with complex systems such as housing authorities, councils and financial authorities on behalf of their mentees. For Tyrone, the support his mentee was getting from his school was a source of discontent.

Tyrone: "it's just like his situation and how like there aren't enough resources for him and he's still not getting enough time like the school he's going to"

When participants were able to identify something they could do to help, this enabled them to remain motivated and encouraged. There was a common attitude of 'as long as I'm doing something to help' I'm making a worthwhile difference, as illustrated by Marion.

Marion: "it's often a bit of a… you feel uncomfortable because you don't …you kind of initially want to solve the problem but you can't you can't solve anything for them so you're sort of … I mean I feel then just sort of forced to just go …just be there for them just be present and don't panic and go Oh God Ok what can I say, what's going to make them feel better, you know like what …what can we do now to distract or something and yeah … so that's been my overall feeling like … when it is just to like really show him that you're there and like you listen to them …just try and yeah"

Marion identifies the unpleasant feelings she experiences from being unable to help as much as she would like. Her descriptions "you can't solve anything for them" and "forced to just" evoke a sense of helplessness and being unable to control the situation or alleviate the problem. However, Marion then identifies that just 'being with' her mentee is helpful, and her focus changes from solving the problem to supporting her mentee emotionally, "show him that you're there".

Theme 2: Weighty Emotional Fallout

The emotional toll for mentors was sometimes overwhelming, and a sense of heaviness was conveyed. Participants consistently described experiencing personal on-going distress, and occasionally horror at what they heard. Participants linked this to empathising with and hearing about mentees' situations, both past and present, and also fears for their mentee's future. One mentor voiced how experiencing and being exposed to constant distress had led to "emotional fatigue".

Marion: "you lose touch with the the emotion because it's ...you're just confronted with it as an everyday thing and so you kind of go oh, well that's just... can't I can't feel that emotion every day it'll be tiring to constantly be reminding myself of how you can feel after certain like r- moments of actually imagining you know what a horrible experience that people have gone through"

Marion appeared to be tired during the interview. She struggled to form coherent sentences; "lose touch with the the" and "oh, well that's just can't", suggesting this part of her experience is disruptive and difficult to articulate. Her powerful phrase "I can't feel that emotion every day", gives a sense of being burdened. The length of her full description adds to the sense of being overwhelmed. The timing of a subsequently requested drink break seems important – perhaps indicating this topic was aversive to 'be with'.

Some participants tried to protect themselves by disconnecting from their mentees and emotive material, highlighting concerns regarding over connecting, predominantly in relation to burnout and becoming "ill" from too much exposure to emotive material. Lana twice referred to others' emotions as "poison", conveying a powerful and emotive sense of danger, and implying fear. Both Lana and Tyrone identified they felt achieving a good balance between connecting and not connecting was important for their own self-care, and for their mentee's experience. Lana highlighted this in her repeated use of the phrase "compassionate distancing". Lana and Tyrone located self-efficacy and responsibility within their mentees, perhaps to distance themselves from feeling overly responsible for their mentees as part of their strategy to avoid becoming too connected.

Lana: "you can only so far help people as well so it's kind of like being compassionate and not allowing yourself to get absorbed in it... cos as soon as you get absorbed in it I think you've gone and you can't really help another cos you're

in the pit with them ...so yes that I'd say like you observe it and you stay focused and you know in that way you can be compassionate and throw them the stick to get them out rather than jump in and both be lost"

In this extract Lana uses a goal-orientated metaphor which denotes her having a job to do and needing to take a different stance to the mentee to be helpful. The references "you've gone" and "both be lost" indicate high stakes and danger in this scenario, and a finality to potential consequences. She is located as the more powerful and responsible individual in the pit metaphor, in contrast to the beginning of the extract where she states that you can only help people so far. However, she is at risk of being in the pit with them, which suggests a merging of selves and boundaries and of being 'brought down'. This provides a potential link to the theme Navigating Murky Boundaries. These contrasts and the hypothesised positions of being in the pit or being out of the pit convey the dynamic of power and powerlessness which seems to permeate her experience, providing a link to the theme Paralyzed by Responsibility and Powerlessness. Her 'distancing' in the metaphor allows her to not become overwhelmed and "lost" due to the emotionality of the situation.

Some mentors appeared to neglect their own emotional needs. Several suggested they ought to be able to cope because they 'had it easier' than their mentees. Tyrone commented that he would want any additional emotional support to go to mentees before mentors, and Vicki also described prioritising her mentee's feelings over her own. However, mentors also consistently described needing emotional support. Roy spoke of feeling 'disconnected' from the voluntary organisation, and isolated in his mentoring role. Essie spoke about her hopes the interview might offer a space to help process her feelings.

Essie: "it is more the kind of psychological things er... I mean even this, you know that's one of the reasons I thought, I thought actually it would just be quite good for

me to come and talk about this for an hour or so um, so maybe the sort of talking aspect is is a useful thing um and if it was there, people would use it, definitely"

Essie shares her thinking process prior to the interview itself, indicating that this was an issue she was already consciously considering, and perhaps indicating she was hoping that the space to talk might help her make sense of her feelings. She suggests that there isn't a space for her or others to talk through their feelings and "psychological" things, conveying a sense of lack of support. Her use of formal language could suggest she perceives this issue to be serious. Furthermore, some mentors commented they would not begin a subsequent mentorship – perhaps symbolising the draining nature of their experience and the lack of support available to them.

Theme 3: Navigating Murky Boundaries

Mentors often found it hard deciding where to place boundaries and were drawn to bend boundaries by their care and concern for mentees. For some (Essie and Roy) this was experienced as a gradual blurring which 'crept in'. For Jeff the desire to help was so strong he chose to forego 'the rules' in order to help his mentee.

Jeff: "like you think bloody hell something will happen here you know …so I did I guess I broke some of the mentoring rules so I got …I leant him some sleeping bags blow up mattresses camping chairs you know just to give them somewhere to sleep and sit yes … and then trying to help him hunt up some furniture"

Jeff uses profanity to emphasise the strength of his feelings in relation to the situation. The phrase "something will happen here" suggests Jeff had fears for his mentee in the event he did not intervene, and this drove him to act. Here a link to the theme 'Paralyzed by

Responsibility and Powerlessness' is seen through Jeff's sense of responsibility to his mentee. Rather than remaining powerless, Jeff chooses to act regardless of 'the rules'.

Some participants described difficulties balancing friendship and boundaries, with most describing the relationship as a type of friendship. Participants experienced this developing naturally over time and some relaxed the boundaries of their relationship, becoming involved with their mentee's social circle (or vice versa) and spending time together informally.

Marion: "I just can't do that with him in the same way so I'm just going to make my own judgements on like where... like how... like what the ...because he needed like he he's just such a social person like he loved meeting my [relation] and like we just we were out and it was like summer time and so yeah I sort of felt like I could be a bit like more free with it and just not so ... yeah I guess not sort of sectioning it off as meeting someone who needed the special help but just sort of like another human being who enjoyed ...in his case at least he enjoys meeting new people and he's just very sort of outgoing and so it's kind of like cool ok then I can just be a friend"

Marion repeatedly emphases the benefit of relaxing boundaries for her mentee, also implying this was necessary to maintain the relationship. Here she may be justifying her decision to relax the boundaries, feeling that others may not approve (elsewhere she states this is discouraged). The use of the phrases 'with him' and 'my own judgements' suggests Marion sees appropriate boundaries as shifting, rather than being static.

Tonya illustrated feeling tension between the friendship and mentoring role, referencing her reluctance to share information in group supervision and feeling 'bad', perhaps guilty, for doing so. She references the trust her mentee has placed in her and uses

the phrase "grassed on" (reporting someone to an authority figure) which has particularly negative connotations concerning betraying loyalty.

Tonya: "I'm quite close to her as well so I would be like we are friends I think ...I felt bad for even saying something I don't know whether you remember I felt like I'd grassed on her in a way about what had happened... I would feel like she would not like it I was talking about certain things in front of people because we do meet and she does trust me and I trust her so we... I wouldn't do that to her anyway so I find that challenging definitely"

The accounts suggest there is an on-going tension, judgement and negotiation regarding boundaries, which contribute to mentors' abilities to carry out their role. There was a sense of boundaries being the mentor's own responsibility, rather than a shared responsibility with the organisation.

Theme 4: Enriched with Hope, Joy and Inspiration

Despite the challenges, mentors found the experience inspiring, fulfilling and joyful. Most participants referred to their mentees as either inspirational or amazing, often this was seen as a result of witnessing resilience or courage and perseverance. Tyrone described moments of "pure happiness" and Roy spoke about feeling his "hope in humanity" had increased. Roy also repeatedly used the word 'enriched' to indicate the desirable influence his mentoring had on him. The connection mentors had with their mentees seemed to give many mentors a sense of enjoyment, meaning and accomplishment. Lana reflected on how she had not anticipated this two-way process.

Lana: "I was surprised about was the amount of appreciation that I've felt you know from meeting him and what I get out of it you know because before it was like ok I'll

go and help them you know the people that need my help whereas actually like every time I go I come back feeling so much more you know joyful and like... yes like just like wow you know"

Similarly, Jeff spoke of feeling "rewarded" through his role, stating that this was what enabled him to continue with it. Tonya spoke about feeling that she had gained perspective on life.

Tonya: "I just think it's amazing I just look at her and think you're so strong and it is inspirational to think that the impact that someone can have on you and I don't even know... I don't even know what happened to her and she's so positive and happy and always down for a laugh and we always have a good time together and I'm always happy to see her I just think it makes you appreciate her as a person and puts in into perspective why so many people have problems that don't seem significant"

Here Tonya speaks quickly and confidently, using 'so' and 'always' to further emphasise her belief in her statements. She also conveys a sense of warmth, admiration and respect for her mentee, sharing that she has shaped her perspectives despite not knowing the details of her journey to the UK.

Finally, some mentors felt improved in their outlook and ability to empathise with others, as described by Vicki.

Vicki: "it's beneficial to yourself you get to kind of reflect on yourself and how you treat people ... you learn how to listen and I think it helps you like treat people better as well ... friends and family and that kind of thing"

Marion also spoke about becoming more empathetic and sensitive to others' experiences, as did Tyrone. This theme was often revisited by participants in their closing statements. It seemed they felt the inspiration, appreciation and growth they gained was an important part of their experience which they wanted to encapsulate in a 'take home message' to the researcher. Furthermore, it seemed these experiences offered mentors some protection against the more difficult aspects of mentoring, particularly those described in the theme 'Weighty Emotional Fallout'.

Discussion

Existing literature has explored the experiences of professionals working with forced migrants, identifying this as a complex phenomenon and emphasising challenge in listening to accounts of trauma and the importance of support and supervision. Given the reliance by many charitable organisations on volunteers to support forced migrants, often without regular support structures, this study aimed to explore volunteers' experiences of hearing forced migrants' stories. Rather than hearing substantial, repeated accounts of mentees' journeying and historical trauma, volunteer mentors heard 'snippets' over time and most commonly heard stories of post-migratory lives and fears for the future. Participants focused largely on the emotional implications of hearing these stories, perhaps indicating the emotiveness of their experience.

Theme one, 'Paralyzed by Responsibility and Powerlessness', encapsulated mentors' simultaneous feelings of responsibility and helplessness. Participants felt ineffective in terms of their ability to help their mentees and sometimes overwhelmed. Literature regarding volunteers, counsellors and specialist practitioners identifies a similar sense of helplessness in relation to effecting change, linking this to burnout (e.g. Apostolidou, 2016a). Experiences of dualistic hope and hopelessness were described by refugee centre staff, interpreters and

mental health professionals working with forced migrants (e.g. Barrington & Shakespeare-Finch, 2014), which links this theme to the final theme 'Enriched in Hope and Joy' in the current study. To sustain motivation and wellbeing, some participants focused on the changes they were able to or had made. This could be considered a coping strategy which protects mentors against overwhelming feelings of powerlessness or helplessness. Other volunteers supporting forced migrants have named seeing successful outcomes as positive, fulfilling and motivational (Jones & Williamson, 2014).

Theme two, 'Weighty Emotional Fallout' explored the emotional implications of the on-going distress mentors experienced. Many participants felt distress, often this involved fearing what might happen to their mentee. Similarly, volunteers interviewed by Jones and Williamson (2014) experienced distress from worrying about asylum decisions and possibilities of destitution. Strong feelings of empathy and distress were experienced by counsellors and interpreters working with forced migrants (Century et al., 2007; Splevins et al., 2010). Similarly, voluntary organisations offering befriending programs have reported instances of volunteers being overwhelmed by refugees' complex needs and "anguishing situations" where they feel helpless and powerless (Behnia, 2007). Behina identifies situations where volunteers can do little to help and finding the complicated legal aspects of helping as contributing to this, which was also evident in the mentors' experiences in the present study. However, feelings of shock and trauma were not generally experienced by the mentors in this study, in contrast to previous research (Behnia, 2007; Splevins et al., 2010). This difference could be due to lesser exposure to traumatic materials for the participants in the present study.

Some mentors articulated refraining from connecting too much with mentees' emotional experiences. This was conceptualised as a self-protecting strategy to reduce likelihood of burnout, which also enabled mentors to remain compassionate and efficiently

support their mentees. Ludick and Figley (2017) pose that detachment is a common self-care strategy in those exposed to trauma to retain resilience and compassion. Conversely, there is some suggestion that connecting with others and with those who are traumatised aids to prevent burnout in highly emotive and distressing situations, though this research does not specifically concern supporting forced migrants (Kearney, Weininger, Vachon, Harrison, & Mount, 2009). Although there seemed to be conflicting positions for mentors regarding taking care of their own emotions, there was a strong and consistent sense that emotional support from their organisation was needed. This has been identified as particularly important for mental health professionals working with forced migrants (Apostolidou, 2016a; Barrington & Shakespeare-Finch, 2014).

Theme three, 'Navigating Murky Boundaries' considered how mentors weighed up where to place boundaries and how boundaries became eroded over time. This finding adds to existing literature which documents the difficulties in negotiating appropriate boundaries with forced migrants (Century et al., 2007; Jones & Williamson, 2014; Splevins et al., 2010). Some mentors chose to forgo boundaries in order to act to help their mentees and to counteract feelings of powerlessness. Counsellors have also described choosing to 'step outside of' boundaries due to feelings of impotency and a need to help forced migrants in some situations (Century et al., 2007). In both instances this seems to be linked to feelings of moral imperative to help others in dire or unjust situations.

In the current study, mentors usually considered themselves becoming friends of their mentees, yet recognised boundaries were needed. Not only are participants supporting a population with specialist needs, but the nature of their role requires the formation of a strong relationship (Ragins, Cotton, & Miller, 2000). Fell and Fell (2014) detail the difference between befriending and friendship. They discuss how befriending involves being in a more powerful position and helping another, whereas friendship is defined as a mutually beneficial

relationship. However, aspects of both are relevant for mentors. Mentors have a position of relative power and are supporting mentees; however, they also see the relationship as a friendship from which they too are benefiting. Therefore, it is logical that confusion and difficulties in implementing boundaries may arise. Existing literature suggests that good supervision and training is integral to reducing this difficulty for those supporting forced migrants (e.g. Apostolidou, 2016b). Hoad (2002) argues that organisations must be responsible for supporting volunteers in creating and maintaining consistent boundaries through on-going supervision. Gilbert (2001) specifically advocates the use of reflective practice and supervision in considering boundaries and obligations to service users in professional roles. Furthermore, supervision has been shown to reduce stress and burnout when working within emotionally challenging settings (Bradshaw, Butterworth, & Mairs, 2007; Edwards, Burnard, Coyle, Fothergill, & Hannigan, 2000).

Theme four, 'Enriched with Hope, Joy and Inspiration' encompassed the energising and hopeful aspects of mentors' experiences. Many related this aspect of their experience to the connections they enjoyed with their mentees. Other research with volunteers supporting forced migrants cites the relationship as the most positive aspect of their work (Jones & Williamson, 2014). The relationship experience was identified as a superordinate theme in a study of therapists' experience (Schweitzer et al., 2015). Moreover, compassion and relating to forced migrants was interpreted as a protective factor against vicarious trauma for refugee centre staff (Guhan & Liebling-Kalifani, 2011). This aspect of the mentors' experience may therefore potentially have benefits in relation to managing the distress they also experienced.

Mentors spoke passionately about feeling inspired, fulfilled and having grown in their appreciation for life and their empathy for others. They conveyed a sense of renewal and enrichment through their experiences and often through witnessing resilience from their mentees which seemed to positively influence the way they saw their lives. These

experiences are similar to those of others who work with or support forced migrants. Interpreters have also described a sense of joy, admiration, reward and aspirations to live deeper more meaningful lives from working with forced migrants (Splevins et al., 2010). Trauma therapists have reported gains in empathy, compassion, tolerance and sensitivity and appreciation of life (Arnold, Calhoun, Tedeschi, & Cann, 2005). Similarly, mental health professionals, therapists and counsellors working specifically with forced migrants report a variety of enriching changes, including feelings of reward, appreciation, satisfaction, privilege, change in life philosophy and sense of purpose (e.g. Century et al., 2007). Hernandez-Wolfe and colleagues (2015) describe the interaction between distress and these responses as "profound intertwined experiences of pain, hope and joy". In the current study these enriching experiences appeared to be highly important to the wellbeing of mentors and to their continuation in their roles. Despite only formally taking 90 minutes a week of mentors' time, the diverse and deep emotional responses explored here seem to suggest the mentoring experience has important meaning and significance for mentors, and, potentially, has implications which influence their lives more widely.

Implications

This study has a range of implications for theory, service design and clinical application. Theoretically, this research has provided an initial understanding of what voluntarily mentoring forced migrants in the UK is like. It has highlighted emotional challenges, the sense of responsibility mentors feel and the importance of feeling efficacious. Although participants experienced feelings of powerlessness and distress, they also felt hopeful, encouraged and fulfilled by their mentoring.

Organisations in the UK using volunteer mentors to support forced migrants may need to attend particularly to trauma, self-care and boundaries in training, even when roles do not

involve direct trauma work. Given the distress and dilemmas experienced by participants, specialist supervision with a validating, emotional focus should be provided wherever possible. Support from psychologists or other professionals proficient in supporting those working with traumatised populations may be advantageous. It is recognised that organisations may be charitable, and resources may be limited; however, investing in these areas might aid sustainability by improving volunteer retention, resilience and efficiency. Organisations may wish to consider how to monitor volunteer wellbeing and create non-stigmatising avenues for those struggling.

Conclusion

This study provides an exploration into a novel research area using methodology particularly suited to this end. It provides greater understanding of the commonalities of experience of regularly voluntarily mentoring forced migrants in the UK, attempting to give an idiographic and interpretive account of this. The epistemological approach is consistent throughout, and steps have been taken to strengthen the quality of the approach, including the use of a pilot, reflective journal and supervision.

There are many possible areas for further research. This could investigate further the scope of distress experienced in this population and consider how to monitor and improve wellbeing. Since this study has highlighted the importance of the mentoring relationship and of supervision, research into what facilitates a 'good' mentoring relationship, or how mentors can manage a difficult relationship would be appropriate. Similarly, research into how supervision is experienced, or evaluating supervision for this population is highly important. Research could also explore the experiences of volunteers with different roles, or those located in different organisations and geographies.

Acknowledgements

The authors thank the participants for their time, their openness and their rich contributions to this research. We would also like to thank the organisation and staff for their support of the study and their aid with recruitment.

Declaration of conflicting interests

The authors declare that there is no conflict of interest.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Bibliography

- Apostolidou, Z. (2016a). Constructions of emotional impact, risk and meaning among practitioners working with asylum seekers and refugees. *Counselling & Psychotherapy Research*, *16*(4), 277–287. https://doi.org/10.1002/capr.12087
- Apostolidou, Z. (2016b). The notion of professional identity among practitioners working with asylum seekers. A discursive analysis of practitioners' experience of clinical supervision and working context in work with asylum seekers. *European Journal of Psychotherapy & Counselling*, 18(1), 4–18. https://doi.org/10.1080/13642537.2015.1130073
- Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology*, 45(2), 239–263. https://doi.org/10.1177/0022167805274729
- Barrington, A. J., & Shakespeare-Finch, J. (2013). Working with refugee survivors of torture and trauma: An opportunity for vicarious post-traumatic growth. *Counselling Psychology Quarterly*, 26(1), 89–105. https://doi.org/10.1080/09515070.2012.727553
- Barrington, A. J., & Shakespeare-Finch, J. (2014). Giving voice to service providers who work with survivors of torture and trauma. *Qualitative Health Research*, 24(12), 1686–1699. https://doi.org/10.1177/1049732314549023
- Behnia, B. (2007). An exploratory study of befriending programs with refugees. *Journal of Immigrant & Refugee Studies*, 5(3), 1–19. https://doi.org/10.1300/J500v05n03_01
- Bradshaw, T., Butterworth, A., & Mairs, H. (2007). Does structured clinical supervision during psychosocial intervention education enhance outcome for mental health nurses

- and the service users they work with? *Journal of Psychiatric and Mental Health Nursing*, *14*(1), 4–12. https://doi.org/10.1111/j.1365-2850.2007.01021.x
- British Psychological Society (BPS) (2014). *Code of human research ethics*. Retrieved from https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy Files/BPS Code of Human Research Ethics.pdf
- Bryman, A. (2012). Social research methods. Oxford: Oxford University Press.
- Century, G., Leavey, G., & Payne, H. (2007). The experience of working with refugees: counsellors in primary care. *British Journal of Guidance & Counselling*, 35(1), 23–40. https://doi.org/10.1080/03069880601106765
- Edwards, D., Burnard, P., Coyle, D., Fothergill, A., & Hannigan, B. (2000). Stress and burnout in community mental health nursing: a review of the literature. *Journal of Psychiatric and Mental Health Nursing*, 7(1), 7–14. https://doi.org/10.1046/j.1365-2850.2000.00258.x
- Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38(4), 319–345. https://doi.org/10.1016/S0005-7967(99)00123-0
- Ellis, B. H., Kia-Keating, M., Yusuf, S. A., Lincoln, A., & Nur, A. (2007). Ethical research in refugee communities and the use of community participatory methods. *Transcultural Psychiatry*, *44*(3), 459–481. https://doi.org/10.1177/1363461507081642
- Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7000 refugees resettled in western countries: a systematic review. *The Lancet*, *365*(9467), 1309–1314. https://doi.org/10.1016/S0140-6736(05)61027-6
- Fell, B., & Fell, P. (2014). Welfare across borders: A social work process with adult asylum seekers. *British Journal of Social Work*, 44(5), 1322–1339. https://doi.org/10.1093/bjsw/bct003
- Gilbert, T. (2001). Reflective practice and clinical supervision: Meticulous rituals of the confessional. *Journal of Advanced Nursing*, *36*(2), 199–205. https://doi.org/10.1046/j.1365-2648.2001.01960.x
- Guhan, R., & Liebling-Kalifani, H. (2011). The experiences of staff working with refugees and asylum seekers in the United Kingdom: A grounded theory exploration. *Journal of Immigrant & Refugee Studies*, 9(3), 205–228. https://doi.org/10.1080/15562948.2011.592804
- Hernandez-Wolfe, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of Humanistic Psychology*, 55(2), 153–172. https://doi.org/10.1177/0022167814534322
- Hoad, P. (2002). Drawing the line: The boundaries of volunteering in the community care of older people. *Health and Social Care in the Community*, 10(4), 239–246. Retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.1046/j.1365-2524.2002.00361.x
- Jones, C., & Williamson, A. (2014). Volunteers working to support migrants in Glasgow: A qualitative study. *International Journal of Migration, Health and Social Care*, 10(4), 193–206. https://doi.org/10.1108/IJMHSC-10-2013-0034

- Kearney, M. K., Weininger, R. B., Vachon, M. L. S., Harrison, R. L., & Mount, B. M. (2009). Self-care of physicians caring for patients at the end of life. *Journal of the American Medical Association*, 301(11), 1155. https://doi.org/10.1001/jama.2009.352
- Ludick, M., & Figley, C. R. (2017). Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*, 23(1), 112–123. https://doi.org/10.1037/trm0000096
- Lusk, M., & Terrazas, S. (2015). Secondary trauma among caregivers who work with Mexican and Central American refugees. *Hispanic Journal of Behavioral Sciences*, 37(2), 257–273. https://doi.org/10.1177/0739986315578842
- Morgan, G., Melluish, S., & Welham, A. (2017). Exploring the relationship between postmigratory stressors and mental health for asylum seekers and refused asylum seekers in the UK. *Transcultural Psychiatry*, *54*(5–6), 653–674. https://doi.org/10.1177/1363461517737188
- Neuner, F., Schauer, M., Klaschik, C., Karunakara, U., & Elbert, T. (2004). A comparison of narrative exposure therapy, supportive counseling, and psychoeducation for treating Posttraumatic Stress Disorder in an African refugee settlement. *Journal of Consulting and Clinical Psychology*. https://doi.org/10.1037/0022-006X.72.4.579
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Czasopismo Psychologiczne–Psychological Journal*. Retrieved from https://www.researchgate.net/publication/263767248_A_practical_guide_to_using_Interpretative_Phenomenological_Analysis_in_qualitative_research_psychology
- Ragins, B. R., Cotton, J. L., & Miller, J. S. (2000). Marginal mentoring: The effects of type of mentor, quality of relationship, and program design on work and career attitudes. *Academy of Management Journal*, 43(6), 1177–1194. https://doi.org/10.5465/1556344
- Robertshaw, L., Dhesi, S., & Jones, L. L. (2017). Challenges and facilitators for health professionals providing primary healthcare for refugees and asylum seekers in high-income countries: A systematic review and thematic synthesis of qualitative research. *BMJ Open*, 7(8), e015981. https://doi.org/10.1136/BMJOPEN-2017-015981
- Schweitzer, R., van Wyk, S., & Murray, K. (2015). Therapeutic practice with refugee clients: A qualitative study of therapist experience. *Counselling and Psychotherapy Research*, 15(2), 109–118. https://doi.org/10.1002/capr.12018
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research.* London: SAGE Publications.
- Splevins, K. A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research*, 20(12), 1705–1716. https://doi.org/10.1177/1049732310377457
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9(3), 455–471. https://doi.org/10.1007/BF02103658
- Willig, C. (2013). Introducing qualitative research in psychology. Maidenhead: Open

University Press.

Wren, K. (2007). Supporting asylum seekers and refugees in Glasgow: The role of multiagency networks. *Journal of Refugee Studies*, 20(3), 391–413. https://doi.org/10.1093/jrs/fem006