Lost & Found in Limerick: exploring the experiences of asylum seekers and refugees who have made Limerick their home.

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Abstract

This research explores the experiences of asylum seekers and refugees who reside or have resided in the Irish system of Direct Provision through the lens of loss and grief. It is an exploration of the lived experience of these individuals who seek asylum in Ireland, a country where emigration historically is a more familiar story. This study navigates the phenomena of loss and grief and how these relate to the migratory journey for the asylum seeker in Ireland. There is scant published material about the varieties of loss that migrants experience from their lived perspective, therefore it is worthy of further exploration. This research aims to bridge a gap between migratory grief literature and the general topic of loss and grief within the social sciences, laying a possible foundation for future study in this area.

A qualitative phenomenological approach was taken for this research in order to delve into participants' personal memories and descriptions of their lives across their migratory journey. Semi-structured interviews were conducted with ten participants and themes have been identified from these conversations. A dynamic underpinning the research was the positioning of the researcher and how her bias was discovered and re-discovered, acknowledged and managed as the research was considered and eventually conducted.

Because of the elusive and potentially vulnerable nature of these participants, recruitment for the study was done through purposive and snowball sampling. Thematic analysis was used to interpret and summarise the main themes associated with loss and grief, issues of identity and building resilience. Ethical considerations were carefully applied throughout the process. The participants who consented to involvement were living or had been recently living in a Direct Provision centre in the greater Limerick area. Resulting themes include the experience of ambiguous loss and disenfranchised grief along with a connection to Ulysses Syndrome as articulated in the literature on the global migrant studies.

This research hopes to add to the academic and social discourse on Direct Provision, and to illustrate where there is a need for intervention and supports for the unique psychological needs of asylum seekers.

Declaration

The work presented in this thesis is the original work of the author, under the direction of Jennifer Moran Stritch and due reference has been made, where necessary, to the work of others. No part of this thesis has been previously submitted to LIT or any other institution.

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Acknowledgement

'Treat people as if they were what they ought to be, and you help them to become what they are capable of becoming.'

Goethe

To the individuals who participated in this research I am so grateful for your involvement and for sharing your stories, your life experience and your hope for the future. You are so inspiring. I wish you success and happiness in the future.

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To my husband John, this would not have been possible without you.

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For confidentiality purposes participants transcripts are not included.

1. Introduction

Migration is a global occurrence (Sinacore *et al*. 2009) and knowledge of this phenomenon is becoming increasingly familiar in current times due to mass migration (Hatton and Williamson 1998) particularly following various armed conflicts, wars and environmental disasters over the last fifty years. Much of the social sciences research connected to migration is situated around the impact of international migration of labour (Taylor 1986; Munz 2007), impact of migration on health (Kristensen *et al*. 2016), and integration of migrants (Munz 2007). Since the early nineteenth century, the majority of Western European countries have experienced lengthy periods of emigration (Munz 2007). However, over the last six decades these countries have witnessed a substantial increase in the arrival of migrants and asylum seekers. Today, according to Munz (2007) several of these EU countries have a positive migration balances, the highest gains observed in Cyprus, Spain and Ireland. Net migration figures assisted some countries (including the Czech Republic, Italy and Slovenia) to turn an excess of deaths over births into a positive total population net figure.

Ireland has seen its inflow of migrants characterised by labour migration in the last 30 years since the EU opened its labour flows. Indeed, over the last quarter century Ireland has experienced a large increase in the numbers of asylum-seeking migrants entering its population. The numbers recorded between the year 2000 and 2016 show almost 77,000 asylum applications (Hilliard 2019).

Even though the numbers of people displaced has grown to more than 70 million globally, there is little academic recognition of the loss and grief experienced through the migratory journey. The system of asylum applications and Direct Provision in Ireland is unlike other countries in terms of how international

protection applicants are processed. Therefore, this thesis offers a starting point for the exploration of loss and grief where asylum seekers and refugees in Ireland possibly reside in an unusual situation.

Chapter 2 is the literature review, which includes global research that positions the foundation for this exploration. It details what is available in terms of academic reviews of ambiguous loss, models of acculturation and additional loss and grief frameworks which may be applicable to psychological interventions to support migrants through the process. The purpose of this research is to develop an understanding of the lived experience of the individuals who comprise the population in this community: the migrants with experience of Direct Provision who have to come to Ireland and Limerick seeking asylum. The research aims to further the discussion on the topic of loss and grief for the migrant community who live in Direct Provision and to review what interventions may support psychological wellbeing and resilience. This chapter provides context for the loss explored in the migratory journey and aims to connect theories and frameworks through which the migrants' perspective can be explored and understood in terms of loss and ambiguity. This review of the literature also looks at forced migration and explores the facets of the social environment which may impact the migrant community in Ireland through the Direct Provision system.

Chapter 3 is the axiology chapter which endeavours to explain the values and ethical considerations of the research as posed by the researcher, before exploring how the research was constructed as a methodology. These axiological considerations explore the background and personal bias of the researcher which is key for the validity and reliability of the research. It is important to address the personal reasoning for carrying out the research in this manner and to highlight

personal biases. Self-reflection and reflexivity throughout the process were significant for the researcher to be assured that the process of conducting the research was done with respect and recognition of the participants.

Chapter 4 describes the methodology chosen and lays the foundation of qualitative inquiry pursued in consideration of this research project. Here the research philosophy is explored and the reasoning for the ontological and epistemological approaches are outlined. This chapter also outlines the process followed in terms of recruitment of participants, data collection procedures and data analysis. Participants were recruited according to the following inclusion criteria: Migrant adults currently residing in Direct Provision in Limerick or having had experience of residing in Direct Provision within the last decade

Phenomenological principles guided the approach to understanding the lived experience of the participants and to analyse the data collected thematically. This allowed the themes to expand beyond just loss and grief to give a more comprehensive and robust view from the migrants' perspective.

Chapter 5 (results and discussion) outlines the findings from the interviews and deliberates on the themes of ambiguous loss, extreme migratory suffering and the 'Ulysses syndrome' framework. It looks at how this disenfranchised grief is experienced by migrants and how migrants may be disenfranchised by society. The chapter also explores the possible lack of social identity for the migrant that may result in 'social death' and explores ways of developing resilience. The participants' stories are shared, and quotes are used to support the themes identified. Each migratory journey is different, so the loss presented itself differently for each individual. The main themes around loss were reflected in

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Berry's Acculturation Model and Achotegui's framework for the Ulysses Syndrome. Resilience, or what is found for the individual, is framed in Boss' ambiguous loss and six steps model. Certainly research is in its infancy with regard to exploring loss and grief for migrants, but this current project hopes to contribute to the overall body of research on this topic. It also aims to increase academic discourse around the experiences of these individuals, which may help to reduce levels of ambiguity and disenfranchised grief for this vulnerable group.

Finally, in Chapter 6, the conclusion and recommendations will be presented including suggestions for future research and exploration of the experiences of migrant peoples, who are significantly marginalised in many Western societies including Ireland.

2. Literature Review

In relation to the research question posed at the outset of this research, it would be prudent to provide background to the issues and challenges that shape the lived experience of today's asylum seekers and refugees in Ireland. This chapter is structured into five parts, with each one offering a synthesis of research literature related to survival migration, grief and loss, and identity. The first part looks at migration and survival migration in particular. Part two is split into an exploration of the complexities of grief and loss under a number of different typologies and models of grief. Part three relates to the aspects of social identity, exploring the construction of such. Part four explores theories of acculturation from psychological and social perspectives. The final section draws on resilience data and looks at the perspective of building resilience.

2.1   Migration

Migration is a dominant political and sociological story in the 21st century. This section will detail the background of global migration and how it connects to the inflow story in Ireland. The United Nations (UN) Migration Agency, also known as the International Organisation for Migration (IOM), states in its *World Migration Report* (2018) that almost one third of the world's 225 million international migrants, 75 million, were resident in Europe and Asia in 2015. European to European migration is the second largest regional migration corridor in the world after the Latin America to North America route, which is deemed the largest. Germany was declared to be the second most popular migration destination after North America as it held the largest population of refugees and

asylum seekers in Europe, with 1.4 million, new, permanent and temporary migration flows to Germany in 2018 (OECD.org 2019). Globally, Germany received the largest number of new asylum applications in 2016 with most claims from Syrian Arab Republic, Iraq and Afghanistan. Elsewhere in Europe, many refugees from the Russian Federation moved to France and Austria and also, in 2016, France was host to large refugee populations from Sri Lanka and the Democratic Republic of the Congo. The Russian Federation had over 200,000 Ukrainian refugees; many had moved after conflict began in 2013.

There are many migration corridors within and out of Africa due primarily to geographical proximity and historical connections to the North African countries Algeria, Morocco and Tunisia who have post-colonial ties (IOM 2019). Statistics collected on the various migration routes show why they continue to shift and change. A German newspaper (*Frankfurter Allgemeine Zeitung* (FAZ) 2019) report shows that, since 2015, the various migration routes have shifted, but after Syria and Afghanistan, the sub-Saharan African countries continue to be the main source of refugees, South Sudan, Eritrea, Democratic Republic of Congo and Somalia being the largest populations (Marten and Volkenborn 2019).

African migration involves approximately equal numbers of migrants moving within or out of the area (IOM 2019). Displacement within and from the country is a major element, with many refugees moving to neighbouring countries within the area. South Sudan is a destination and also a transit country for northern Africa. In 2017, it was believed to be hosting the highest number of refugees in the region, with 845,000 migrants, many of those unaccompanied migrant children trafficking victims (UN 2017). They also produce the highest number of refugees, who are mainly displaced to Uganda and Ethiopia. Large refugee

populations from Somalia have moved to Kenya and Yemen, from the

Democratic Republic of the Congo to Angola and Tanzania and from Zimbabwe

to South Africa to Botswana (Betts 2013, Unctad 2018).

With over 70 million people displaced globally the Office of the United Nations

High Commissioner for Refugees (UNHCR 2019) highlights the high level of

misunderstanding in countries dealing with refugees and asylum seekers. The

1951 Convention on the Status of Refugees was established after World War Two

to define the rights of refugees to counteract such confusion. According to the

UNHCR, the guiding principle of this Convention is '*non refoulement*', which

declares that a refugee should not be returned to a country where they may face

threats to their freedom or life. The UNHCR was assembled to work towards

ensuring protection for refugees and supervising states to meet their obligation

under this convention (Haddad 2008, Loescher 2001). This section on migration

is detailed in order to present the larger picture of migration as a background in

which to situate the position of refugees and asylum seekers, which is explored

further in the next section.

2.1.1   Refugees and Asylum Seekers

As this project explores the lives of refugees and asylum seekers, defining the

terms is important. The term 'refugee' was defined in the 1951 Convention

mentioned earlier and stresses the protection of persons from political or other

forms of persecution. A refugee, according to Irish law, is someone who:

> *'owing to a well-founded fear of being persecuted for reasons of race,*
>
> *religion, nationality, membership of a particular social group or political*
>
> *opinion, is outside the country of his or her nationality and is unable or,*

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owing to such fear, unwilling to avail himself or herself of the protection

of that country...'

<div align="right">(Refugee Act 1996, p. 564)</div>

This literature review will focus on the literature connected to both terms as the research project concerns both statuses. UNHCR defines an asylum seeker as:

'*someone whose request for sanctuary has yet to be processed*'

<div align="right">(UNHCR 2019, p.1)</div>

According to their reports every year there are over one million people seeing asylum. One of the reasons for this can be attributed to forced migration which is discussed in the next section.

2.1.2   Forced Migration

The principal cause behind forced migration is war and violence, with more than fifty percent of refugees' worldwide coming from countries undergoing conflict. The German Federal Office for Migration and Refugees (BAMF 2019) reports numbers as high as seventy percent of registered asylum seekers having fled from war, civil conflict and violence. Human rights violations are another cause of forced migration. UNESCO (2019) describes how in many countries, homosexuality and transsexuality are punishable by lengthy imprisonment or the death penalty. Forced migration is defined as:

> *'...not only refugees and asylum seekers but also people forced to move due to external factors, such as environmental catastrophes or development projects. This form of migration has similar characteristics to displacement.'*

<div align="right">(Betts 2009, p.77)</div>

Some migratory practices have changed in the last decade and, as people flee countries of origin due to a lack of human rights, their asylum applications are often deemed to be outside of international protection as determined by the 1951 Convention definition (Betts 2013). This lack of understanding of structure and integrity of the Convention's definition of a refugee has resulted in confusion for countries and institutions that are trying to create policies to deal with asylum seekers and refugees (UNHCR 2011a). Betts (2009) argues that international cooperation is necessary to provide effective protection.

As already stated, the definition of 'refugee' was created by the 1951 Convention, but this was set up with room for it to be adapted (Betts 2013) and developed over time if required. Many of the participants in this study are in exile for reasons that may fall outside the Convention's focus on persecution, as are many refugees currently (Sengupta 2015). For this reason, it is imperative to examine the topic of survival migration.

2.1.3 Survival Migration

Alexander Betts (2013) coined the term 'survival migration', characteristics of which describe the participants in this research more appropriately. Betts (2009) defines survival migration as people who have no access to fundamental rights within their own country. In an interview with the Society for International Development (SID) Betts states that:

> '*The concept of survival migration is intended to highlight people who have a human rights-based claim not to be returned to their country or origin, whether or not they fall within the international legal definition of a 'refugee.'*

<div align="right">(Zarro 2019, p.1)</div>

In the 21st century reasons for displacement have become increasingly complex, including psychological and social issues such as cultural and religious norms and expectations as well as environmental factors like drought, famine, natural disasters and state fragility. Survival migrants have no protection under the 1951 Convention, though they should be allowed to seek refuge on a human rights-based entitlement. Europe, Africa and Latin America developed supplementary Conventions to support the 1951 Convention which extends the definition of refugee to cover people fleeing external aggression, foreign domination and events seriously disturbing public order (Sharpe 2012). According to Betts (2013) these standards are applied inconsistently and vary from region to region, and therefore these refugees are survival migrants.

2.1.4   Politics and other Countries' Handling of Refugee Situations

According to Betts (2013) Africa has the greatest level of survival migration falling outside the 1951 Convention. Individuals who do not have their fundamental rights recognised in their country of origin are still in need of international protection. Survival migration is an inclusive framework that would include asylum as a mechanism to provide that protection where states agree not to return people forcibly to countries who cannot or will not guarantee those basic human rights.

Today there are many countries who fit into this category of those that fail to uphold the basic human rights of citizens. One example that Betts (2009) identifies in particular for lacking protection for its citizens is Angola. Angola has an appalling record of mass deportations which the police and military carried out between 2003 and 2009 (Betts 2010). They violently evicted thousands of Congolese people and subjected them to mass depravity, torture and sexual

violence (Betts 2010). Betts believes this tyrannical reaction resulted from the lack of international involvement, and when incentives were finally introduced in 2009, reports of Angola's shocking migrant treatment were amended from bordering on crimes against humanity to more moderated treatment or general misconduct towards migrants. The point here is that atrocities carried out in Angola highlight the major gap in the international protection regime.

The scope of the problem is wide ranging however, and a list of countries characterised by their neglect of refugees is set out below in Table 1. These countries have multiple sites of refugee camps for displaced people (UNHCR 2018). Table 1 lists some of the UNHCR displacement figures on refugee and asylum-seeking populations it has worked with since its inception in 1959.

Country	Year	No. of refugees
Algeria	1950	200k
Germany (Concentration Camps)	1951	1million
Hungary	1956	200k
Cambodia/Laos /Vietnam	1970	
Mozambique	1980	1.5million
Namibia	1980's	
Bangladesh	1971	10m
Greece and Turkey	1974	400k
Vietnam	1975	3million
Afghanistan	1979	6million
Ethiopia	1980	
Nicaragua/Guatemala	1982	300k
Balkans	1990	3million
Liberia	1990	1 million
Iraq (Kurds)	1990	1.5million
Somalia	1991	750k
Russian Federation	1991	
Tajikistan	1992	800k
Sudan	1992	3.2million
Bhutan	1992	100k
Rwanda	1994	2million
Kosovo	1999	1million
Myanmar (Rohinga)		2million

Table 1: Countries and Refugees   Source: UNHCR Website 2019

Today, migration corridors exist across the globe. Emigration from South
America to North America and Europe is rising (IOM 2019). Labour migration is
still a robust occurrence in America and Europe, but survival migration is
constantly increasing. Globally, people are moving not just because of war and
fear of persecution but for basic human rights and access to food and security.
UNHCR (2019) statistics show almost 75 million persons of concern globally
(see table 2) at the end of 2018. This figure rose to 79.5 in 2019. The next section
looks more specifically at the Irish experience of migration.
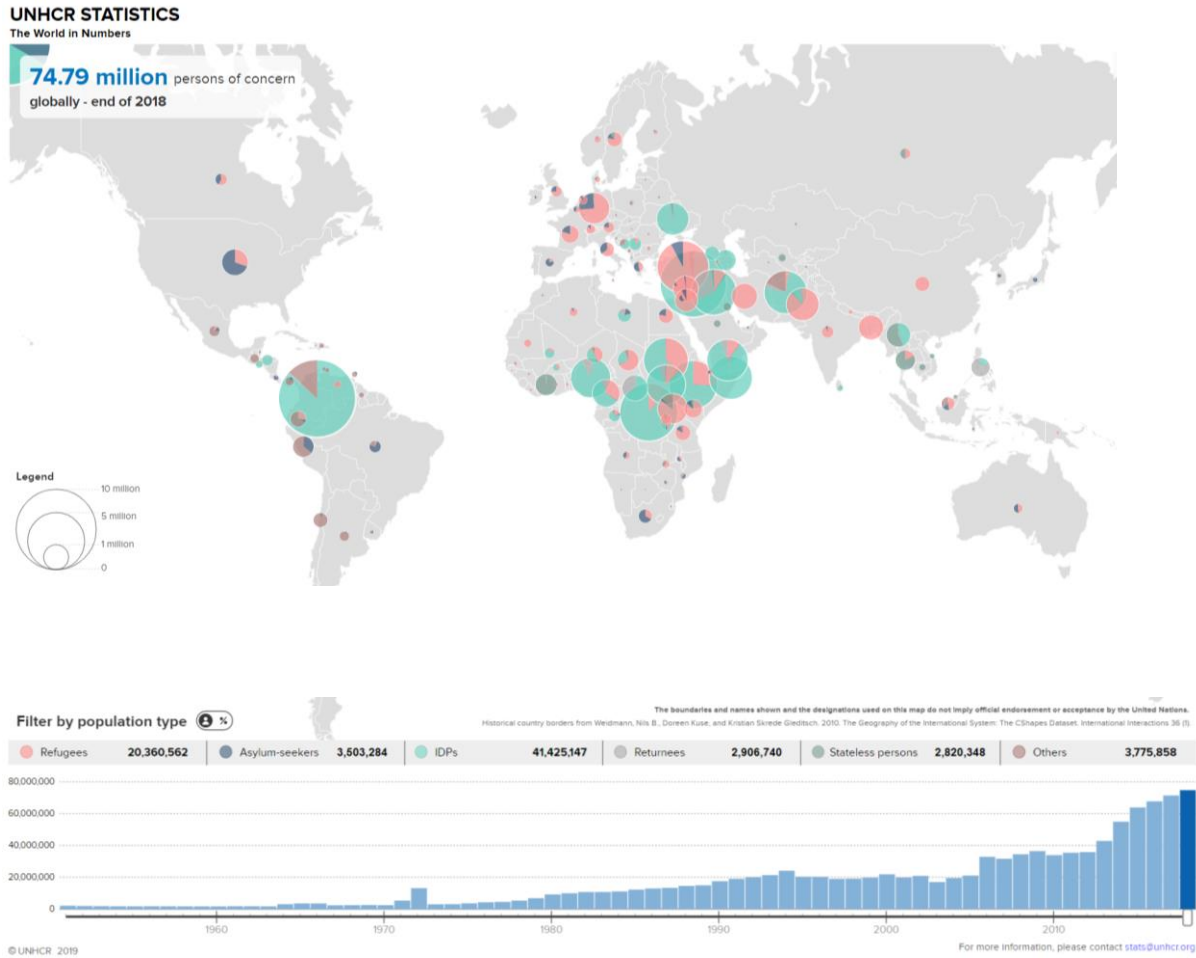
Table 2: Persons of Concern   Source: UNHCR Website 2019

2.1.5 Ireland and Migration

In the global migration rhetoric, the Irish diaspora is a large, well-known community throughout the world. History shows that Ireland has mainly been involved in outward migration and the Irish have a familiar history of forced migration (Fanning 2018). The colonisation of Ireland in the sixteenth and seventeenth centuries is arguably more complex than history relates today. It has not been that long since the Irish were part of the dialogue of being the 'unwanted' population in a receiving country. Jensen (2002) argues that prejudice against the Irish was a myth, but labour history shows anti-Irish prejudice existed in the United Kingdom since the early 19th century. 'No Blacks, No Irish, No Dogs' was a well-known 1950's discourse in the UK (Hickman & Ryan 2020). Migration for Irish people might have been easier because they generally spoke English as their first language and were white, but they were victims of racial discrimination (Ghaill 2000). Migrants arriving in Ireland today are often from more diverse racial backgrounds and may not have English as their first language. This highlights them as being outsiders. Irish migrants have held a complex position of being the 'insider' and 'outsider' (Walter 2001). This could be attributable to the long colonial history where the Irish were once British subjects and, following independence, were often referred to as drunken and dirty savages in British public discourse (Ryan 2001, Douglas 2002). Anti-Irish sentiment is evidenced in Irish immigration to the UK and North America as recently as the last century (Ryan 2007, Dolan 2008). State level immigration control in response to the Irish Famine immigration was prevalent in Massachusetts and New York, and Irish Americans seen as foreign were often refused admission and deported to Europe (Hirota 2017).

As a consequence of this part of our ancestral history, one would imagine that modern Ireland would be more understanding of the needs of migrants. However, Fanning (2018) points out that the people left behind have not learned from losing family members to emigration. Our history suggests that we have perhaps not stepped up to the responsibility of receiving migrants in the way that we would have wished for our own diaspora. For example, when Irish people were asked to rescue Jews from the Third Reich, Irish officials blocked them, which suggests anti-Semitic sentiments (Fanning 2018). Ireland did, however, welcome small groups of refugees over time from Hungary in 1956, Chile in 1973, Vietnam in 1979, Bosnia in 1991 and Kosovo in 1997 (Fanning 2018). History however shows that these groups of refugees were not offered the '*Cead Mile Failte*' or 'one hundred thousand welcomes' the Irish would like to be known for (Ferriter 2004).

In fact, Ireland's history of welcoming refugees is somewhat lacking; when Germany alone stood to take in over one million refugees in 2015, Chancellor Angela Merkel highlighted the fact that some countries were not contributing to the common European asylum policy. Ireland and the United Kingdom were among those countries mentioned by the German leader along with Denmark (De La Baume 2017). Lebanon, in comparison, has a similar population size to Ireland and hosts the largest number of refugees per capita in the world representing 1.5 million Syrians, 200,000 Palestinians and more than 17,000 Iraqi, Sudanese and other origins since the start of the Syrian crisis in 2012 (UNHCR 2020). In the same timeframe, Ireland have yet to admit the 4,000 refugees they pledged to take. By 2018, only half the number promised were relocated (O'Halloran 2018).

The Office of the United Nations High Commissioner for Refugees (UNHCR) and the UN Migration Agency (IOM) have an important role in promoting the exchange of best practice between countries whose national policies differ in relation to the protection of migrants and asylum seekers. Extensive research needs to be undertaken to identify gaps, and to contribute to the knowledge sharing that is required to improve policies and procedures. This may contribute to developing policies to facilitate successful integration for those seeking asylum and influence alternatives to the system of Direct Provision currently in operation in Ireland.

2.1.6   Direct Provision in Ireland

'Direct Provision' is the name given to the system that the Irish government's Department of Justice and Equality set up twenty years ago to provide accommodation for refugees and asylum seekers; it is the direct responsibility of the Reception and Integration Agency (RIA) (Thornton 2014). This agency was formed in 2001 to replace the Directorate for Asylum Support Services (DASS) formed in 1999 to respond to the immigration crisis. It is part of the Irish Naturalisation and Immigration Service (INIS), which is a division of the Department of Justice and Equality. RIA's responsibility is to manage the operation of the Direct Provision system (FLAC 2009). While this system of Direct Provision and dispersal was initially implemented as a pilot project, it very quickly developed into a nationwide policy (FLAC 2010).

As asylum seekers have until recently been prohibited from working while their application for international protection is being processed (Ireland amended this in 2018 but Lithuania is now the only country in the EU to have this rule), this system

of Direct Provision serves the basic needs of those refugees and asylum seekers who are dependent on the state for housing and welfare. Direct Provision has been defined by the Department of Justice and Equality as:

> '... a means of meeting the basic needs of food and shelter for asylum seekers directly while their claims for refugee status are being processed rather than through full cash payments.

> (Ireland, Department of Justice and Equality 2016)

Direct Provision provides full board accommodation and an allowance for expenses. When this researched commenced, the figures were €19.10 per adult and €9.60 per child per week. This was changed in 2019 to personal allowances of €38.80 per adult and €29.80 per child per week (Pollak 2019a).

There is no obligation on asylum seekers to participate in this provision system; some people may choose to stay with relatives and use their own resources to survive while awaiting the result of their application. However, if they select this non-Direct Provision route they are not eligible for social welfare or medical support from the state (Joyce and Quinn 2014). The result in either case is that asylum seekers often remain socially excluded and living below the poverty line financially (Foreman *et al*. 2007).

Reports also have shown that individuals who live in Direct Provision centres endure protracted periods of inactivity, sometimes leading to depression, social isolation and stigmatisation (Irish Refugee Council submission to the UN Human Rights Committee, 2014). The RIA does not lease premises but contracts with companies for complete service provision, which includes accommodation and catering facilities. This does not include psychological or social services support.

Typically, the centres have mainly been located outside towns and cities, often in rural locations, making the possibility of integrating with the community fraught with practical obstacles, while increasing the *othering* process and keeping the issue of asylum seekers hidden from mainstream society. The concept of othering was originally introduced by de Beauvoir (1949) as a construction in opposition to the self, which highlights the perceived difference between the self or in-group and the other or out-group.

As already mentioned, asylum seekers were not permitted to work in Ireland, though following a Supreme Court decision in 2018 there is now a limited avenue to work for some asylum seekers (Carolan 2018). Asylum seekers and refugees cannot participate in any form of third level study, and due to the nature of the services provided in total, they are actively prohibited from cooking for themselves. The facilities in which they live provide catering en masse, which removes the opportunity of catering for individual dietary or cultural requirements. It has been reported by the non-profit organisation Doras (Pollak 2020) that people living in this Direct Provision system are further traumatised by unsuitable accommodation and lack of mental health supports where people spend a lot of their time with nothing to do; without financial means they cannot remove themselves from the situation. This level of inactivity and 'waiting' often leads to frustration, loneliness and depression. The Irish Refugee Council, NASC (Irish Immigrant Support Centre) as well as other NGOs who represent asylum seekers are openly critical of this system, and several reports have been produced over the years advocating for a more humane solution (Arnold 2012, Barry 2014).

The diversity of the refugee population is represented by the national breakdown in figure 1 below. This does not represent the further breakdown of cultural backgrounds including religion, tribal affiliation or gender. Gender breakdown in 2018 is in table 3.
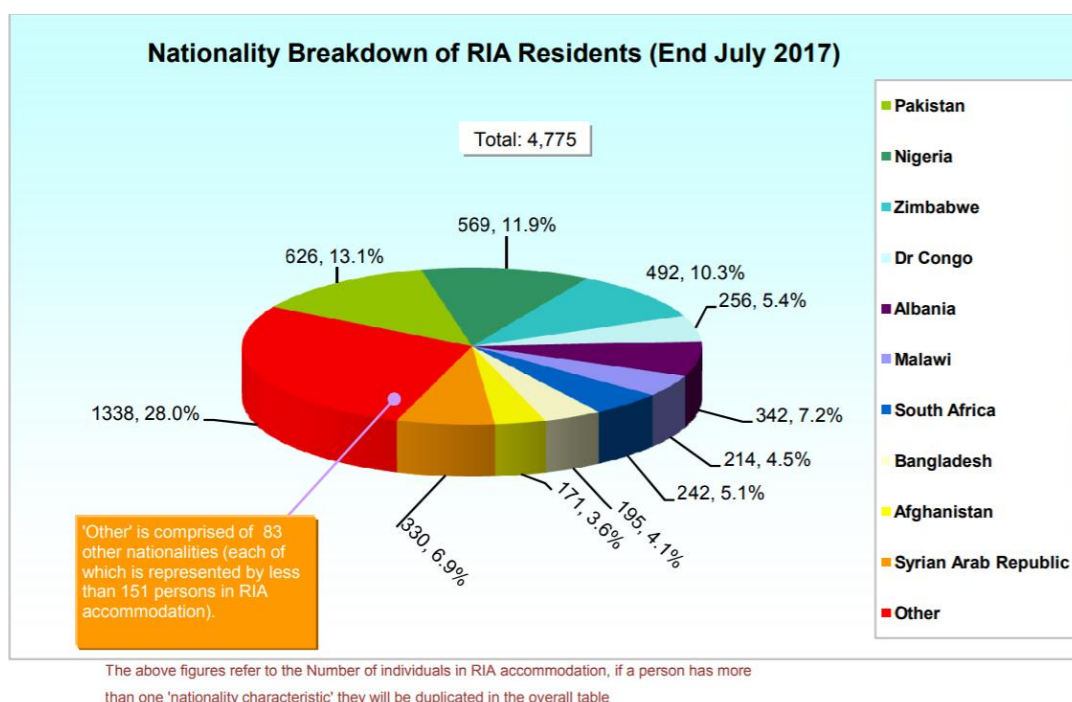
Figure 1: Nationality Breakdown 2017 RIA Monthly Statistics Report July 2017

Number of adult females and males in Direct Provision in 2018

Family status:	Females	Males
Lone Parent	447	16
Married	401	396
Single	647	1953
Total	1495	2365

Table 3: Gender Breakdown in Direct Provision (RIA) 2018

Ireland's system of Direct Provision has been in operation for twenty years at the time of writing. Criticism of the system and protests against the significant effects for many asylum seekers have been widely reported across all media. Despite this, the system though under review has never been significantly amended. Thornton (2019) believes that a review of the entire system, how it was developed and implemented, needs to be explored further in order to find a more suitable arrangement for those people seeking asylum in Ireland. There has been a great deal of criticism of this system and certainly much has been published highlighting its inadequacies: some referring to it as being like a prison (O'Keeffe 2011), damaging to mental health (O'Shea 2014) and even referring to it as the possible subject of a future government apology (O'Brien and O'Shea 2014).

2.1.7   Conclusion

This section has set the context of the research, by defining refugees and asylum seekers according to the 1951 Refugee Convention. It has traced Forced Migration trends and introduced the concept of Survival Migration as it evolves in societies and how it has been handled historically in several countries. Then drawing closer to home, the system of Direct Provision was briefly presented and how it caters for (or lacks in its provision of care) for refugees and asylum seekers. The next section of the literature review focuses on the topics of grief and loss, how such concepts have come to be understood, and how they may impact on the migratory journey.

2.2   Grief and Loss

To deliberate on grief and loss, it is appropriate to review the lenses that theorists have contributed to the social construction that we recognise as mourning, grief and bereavement and their impact on the individual. These are not simple structures and the terms are often intermingled. Mourning is defined as the process that one goes through in adapting to the loss of the person (Worden 2002, p.10). Grief is a process that has been described as the emotional and behavioural reaction which occurs once a love tie is severed (Parkes & Prigerson 2013). Worden defines grief as 'the experience of one who has lost a loved one to death' (Worden 2002, p.10). Bereavement is described as '*the loss to which the person is trying to adapt,*' for example spousal death (Worden 2002, p.10).

The theoretical exploration and development of modern grief started early in the twentieth century, likely due to societies having to deal with large scale loss following World War I when grief and mourning were recognised as part of the human existence and experience. In his famous paper entitled 'Mourning and Melancholia' Freud initially outlines the notion of 'grief work' (Freud 1917). He suggests that working through grief allows for emotional bonds with the deceased to be severed, which will allow the sufferer to move on and re-invest this energy in new relationships.

Freud (1917) declared that mourning can be experienced through losing one's country as well as a loved one. A mourner will try to keep the person (or country in the case of the immigrant) alive by talking about them, replaying memories, visiting their favourite places. Mourning is made bearable by identifying strongly with whatever has been lost. An example of this can possibly be seen in the way

that Irish diaspora often display more of their Irish identity when they emigrate. This reinvention and reconfiguration of the self, results from self-awareness of newly acquired skills and experiences (Giddens 1991). It is recognising their self-identity, and aligning this self-identity strongly to their homeland, that maintains patriotic identification while attempting to integrate with a new culture (Tajfel & Turner 1986).

This seminal work of Freud on unresolved grief set the tone for subsequent thinking across much of the twentieth century. Freud argues that keeping a person (or country) in mind for reunion in unresolved grief supports the conclusion that healthy mourning requires giving up all internal connections and fantasies about the object of mourning. Bowlby (1980) suggests that this version of pathological mourning has been given undue importance and is not relevant to the process of healthy grieving. Moving away from this pathological descriptor, Bonnano and Kaltman (1999) identified the possibility of developing resilience following grief.

2.2.1   Primary Experience of Grief

To further understand the process of grieving, Klein's (1940) work discussed the internal mechanisms of mourning for individuals through their capacity to cope, which stems back to how they experience the world from a very early age. Whether they have positive or negative experiences in the early development of their relationships will influence how they process mourning in later life. For example if a baby/child is nurtured and feels cared for, they are likely as an adult to have a balanced perspective that the person they love is neither all good or all bad, so that in the event of losing that person, they do not have a dysfunctional or complicated experience of dealing with grief. It is important to understand and to

acknowledge how we interpret and approach loss and grief. The inner world of the mourner determines the level of understanding of the loss and how the individual reacts to it (Klein 1940).

An important factor in Klein's work was the identification of using objects to maintain ties to what is being lost. For the grieving individual this transitional phenomenon maintains the link to what is lost and is often representative of the mourner's inner world. Volkan (1981) suggests that this practice could be pathological, however Baker (2001), disagrees with that notion and offers the view that it could be more beneficial in building coping mechanisms by internalising. He views mourning as a process of transformation rather than a severing of ties, by keeping the connection to the object internally. This would be closer to Klein's perspective, where she describes mourning as a process of compensation in which a positive internal relationship can be maintained with whatever has been lost. Klein (1940/1975) maintains that the individual recovers what was attained in childhood: a simple restoration of internal equilibrium. Klein also argues that there is a deepened trust in the internal relationship and emotional ties to the deceased which helps the individual to appreciate life experiences and other people. In Klein's model of grief, the bereaved endeavours to hold onto something rather than investing that energy trying to let it go.

2.2.2 Anticipatory Grief

Following from this primary experience of grief which Klein describes, another type of grieving which was first studied in the in the 1940's is Anticipatory Grief. Aldrich (1974, p.4) defines anticipatory grief as 'any grief occurring prior to a loss, as distinguished from the grief which occurs at or after a loss'. Lindemann

(1944) is described as the initial theorist to discuss the psychological aspect of acute grief stemming from anticipatory grieving experienced by an individual, resulting in diminished capacity to grieve in a functional manner. For example, when individuals are diagnosed with a terminal prognosis, they and their family will start to grieve in anticipation of the loss. Lindemann (1944) developed a theory of grief with five phases, including the following symptoms:

1. Somatic distress e.g.: difficulty breathing, losing appetite

2. Preoccupation with images of the deceased (if the loss is a person)

3. Guilt, sometimes around the possibility of preventing death

4. Hostile reactions, feeling irritable for no obvious reason

5. Loss of routine and inability to carry out day to day activities

Anyone experiencing anticipatory grief may suffer some or all of these symptoms. This might continue for a long period of time, causing further distress to the process of grieving later on. This may be identified in the asylum seeker's narrative as it is likely they may experience this type of grief in the pre-migration stage, the time before they physically leave their family and home.

2.2.3   Attachment and Grief

A further understanding of the family of origin's influence on an individual's capacity to grieve, Bowlby's (1963, 1969-1980) attachment theory describes mourning as being directly connected to a child's experience and attachment to its mother from an early age. In order to explain reactions of bereavement in adulthood Bowlby (1973) examined childhood experiences. Similar to Klein earlier, he agrees that this foundation starts in the early years and is formed in the

nurturing stage of childhood and how children are raised. He describes

attachment as forming in childhood and remaining active throughout life and

therefore explains that good grounding and successful attachment will allow for a

balanced understanding of loss when it occurs. Bowlby worked with Ainsworth

testing the theory that attachment is a survival mechanism in human evolution

and that children form tangible attachments with caregivers. Ainsworth's (1978)

research continues the theory of attachment and puts forward the notion that loss

is always mediated by internal working models which constitute each individual's

attachment style: thus, loss is different for everyone.

The downside to improper or inadequate attachment is dysfunctional or avoidant

strategies in adulthood (Ainsworth *et al*. 1978, Bowlby 1969). Individuals may be

psychologically inept at dealing with mourning in a healthy and reformative way;

which contributes to the success or failure of adapting to a new situation.

Though Bowlby's focus was initially on attachment, he worked with Parkes on

developing a model of grief includes this sequence of four overlapping phases

(Bowlby & Parkes 1970). These are:

1. Shock and numbness. Difficulty in accepting the loss which often includes
   physical distress.

2. Yearning and protest. Awareness of the void left from loss and feeling that the
   future is no longer possible.

3. Despair and disorganisation. Acceptance of the loss and knowledge that life
   will not return to the way it was.

4. Recovery. Rebuilding after loss and establishing goals.

Grief can be experienced in countless ways resulting from numerous experiences. It can also occur when losing a plan for the future, dreams or longed-for life experience. This loss of the assumptive world in Parkes' words can be even more painful than bereavement (Parkes 1972).

2.2.4 Loss of Assumptive World

Bowlby's (1973) theory of grieving described previously, is in line with Colin Murray Parkes who suggests that grieving is a process. The individual experiences a number of reactions to a loss which includes initial shock, followed by physical symptoms and a degree of pining for the loved one, before an acceptance of the loss occurs. Grief is recognised as a transition through these phases until some form of recovery is reached (Parkes 1998). What separates Parkes from Bowlby is the term assumptive world which Parkes used to refer to an individual's view of reality (Parkes 1972). Grieving for the loss of longed-for life experience can be even more painful than bereavement (O'Connor 2002). A set of assumptions is maintained and developed over time that structures our expectations of the world and our future selves. Following a traumatic episode, the fundamental assumptions we held for the future are violated and become shattered (Janoff-Bulman 1992) and this trauma forces us to rethink and reassess the world and how we function in order to rebuild it.

The individual is forced to look beyond the trauma of the loss and reframe their identity as such. They create a new world view beyond the tragedy in which the individual becomes a survivor. With the increase of forced migrants and the high level of exposure to traumatic situations, research suggests that individuals are

entering the asylum process with more apprehension about their future (Buckley 2013, Guarch-Rubio and Manzanero 2017).

2.2.5   Modern Views of Grief

As modern medicine has taken over the management of and reality of death across the last century, the discussion around death and loss in society has been reduced in many ways. Death is often no longer seen as a natural process and part of life. Elisabeth Kubler Ross challenged this in her work. In her research Kubler Ross (1969) identified five stages: denial, anger, bargaining, depression and acceptance, which individuals experience and often revisit when dealing with grief. Her point is that individuals negotiate each of the stages at different times and it is not uncommon to return to stages as they progress through the pain of loss. This framework was innovative in its time and is still used as a tool to help identify the stages of grieving for those who work in the area of counselling personal grief following death, and to help individuals identify their feelings and emotions. The cycle is even used in change management to denote where people are on the scale of identifying loss and accepting change. The model has been criticised also that it is limited to this non sequential process. Corr (1993) argues that this simplicity does not fit with such a complicated process such as grief, but it would be wrong to leave it out of this review as it does have its place within the evolution of grief management theory. Other modern forms of grief have been recognised and documented such as ambiguous loss, disenfranchisement and specific migratory loss, referred to as 'Ulysses Syndrome'(Achotegui 2002).

2.2.6 Ambiguous Loss

As mentioned previously, recognition of more modern theoretical aspects of grief have been acknowledged by Pauline Boss. According to her, everyone experiences ambiguous loss. Ambiguous loss is a 'loss that remains unclear' (Boss, 2007, 2016). Ambiguous loss is defined as an unclear loss that defies closure and can result from a physical or psychological loss. Physical loss experienced through losing someone becomes more complicated or unclear when that loss occurs without resolution: for example, when a person goes missing and the body is never found. In this scenario, normal social rituals cannot be observed, so the grieving individual is therefore left without a means of resolution. Psychologically, losing someone occurs when a person is still present but no longer psychologically available (e.g.: when a loved one develops dementia). But this loss may also occur when one loses one's sense of self or self-identity.

Solheim and Ballard (2016) examine ambiguous loss for transnational families through this theoretical lens which considers the insecurity that surrounds family dynamics across different geographical locations. They suggest that the characteristics of this loss are different in voluntary transnational families versus those separated involuntarily, as in the case of child abduction or war and conflict (Hollander 2016, Robins 2016). The ambiguous nature of this type of loss makes it difficult to overcome as grieving can be complicated.

2.2.7 Disenfranchised Loss

Another form of loss which has been recognised in more recent time is that of disenfranchised loss which is different from the loss of autonomy and ambiguous loss. It is defined as:

> *'the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported.'*

(Doka 1989, p.4)

Doka (1999) refers to the context of societal norms about who is entitled to publicly grieve and the rules about when, where and how they do so. He suggests that disenfranchisement can apply to unrecognized relationships, losses, or grievers, as well as to certain types of deaths. The discourse around this assumes that those with a close relationship with a family member are allowed such recourse, but in the case where people die by suicide or drug overdose (not socially acceptable), those engaged in violent or criminal lifestyles, homeless people (seen as outcasts of society), children and even individuals with special needs (deemed to not be capable of understanding) are not seen to be eligible of such empathy. There are also unrecognised or secret relationships where individuals are disenfranchised because they are unable to acknowledge the loss as it is kept a secret or unconfirmed. It can occur when one is hiding one's own identity for example by being a member of the LGBTQI community and a death takes place, causing disenfranchised grief. This grief cannot be openly acknowledged or supported through rituals of mourning and social support (Doka 1989). If loss is unvalued for the griever this may cause problems, and mourning can become complicated and even prolonged. Attig (2004) describes this disenfranchisement as a denial of a mourner's 'right to grieve'. The current study examines the possible disenfranchisement that refugees and asylum seekers may

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experience from the host population as they are being othered by living institutionally.

2.2.8   The Ulysses Syndrome

In this final section the literature around grief and loss from a migration perspective is reviewed. Given the increase in people becoming displaced globally, this area of grief studies is having a welcome emergence. Many people are being forced to move under major levels of stress, due to conflict and climate issues. This complicates the adaptation by the migrant to the process of migration and to adapting to a host society. The Ulysses Syndrome (Achotegui 2009) specifies a series of symptoms linked to seven types of loss in particular that a migrant experiences. Each loss is associated with miscellaneous aspects of the migrant's life which occur in unpredictable amounts throughout the migration process. They include the loss of family, language, culture, homeland, social status, group membership, and physical security.

The Ulysses Syndrome (named after Homer's Greek hero Odysseus, also known as Ulysses in Roman myths, who spent many years on a harrowing sea journey trying to get back to his homeland) is defined as a set of psychosocial symptoms such as anxiety, stress and depression which results from being exposed to these particular stresses of the migratory journey (Achotegui 2002). Achotegui argues that this extreme migratory mourning presents stress levels that exceed human capacity for adaptation. He describes the seven forms that may affect mental health which contributes to this extreme migratory grief:

1. **Loss of Family**. Leaving loved ones is the most significant of the seven losses, as it is the separation from family that affects our sense of attachment and identity resulting from that connection. This sort of separation has been identified by other theorists (Bowlby 1969, Klein 1975) as being an important factor in human development and progression. Separation from loved ones is stressful.

2. **Language**. Migratory sorrow related to language is twofold. Losing the opportunity to speak one's native tongue is difficult, but also the migrant is forced to learn the language of the host country.

3. **Culture**. Culture is different in every region and this highlights for the migrant how they have left the values and customs of everyday life behind them in their own country. Some aspects of culture are ambiguous; there are no instructions for how 'things get done', so it can be very difficult to understand and navigate a new culture.

4. **Homeland**. Countries and regions vary in great details in terms of scenery, temperature and landscape. Familiarity with one's own landscape is taken for granted usually. When arriving in a new location, light, smells, temperature are all different and this can impact on the individuals' health and wellbeing.

5. **Social status**. The right to work and access to housing and education are some of the ingredients involved in creating one's social status. Often in migration this is diminished. Migrants' access to economic capital is reduced, which affects their housing and education opportunity.

6. **Group membership**. Every individual associates with a group or groups which form part of their identity construction. Anthropological research suggests belonging to a group increases survival (Bowles & Gintis 2013). The

downside to this is that stereotyping and prejudice stems from this group belonging or lack of belonging i.e., identifying those who are outside the group. This suggests multiple sorrows for the migrant, including losing the safety of their own group when they leave the country of origin and having to navigate new groups to forge a belonging in the new country.

7. **Physical security**. Safety is a key factor in psychological wellbeing, and this is put at risk when a migrant faces the arduous task of finding safety in the migration experience. This experience can include the physical journey they face, the risks that are often taken, traversing unknown territory to cross borders, sail the Mediterranean or swim across rivers to reach safety. There is danger of being attacked or killed, being trafficked, sexual abuse, malnutrition and contagious disease. The stress of this loss of physical security weighs heavy on migrants throughout the journey; then once in a host country they face new risks while becoming familiar with their surroundings, having to learn what is safe.

Pandolfi (2018) adds religion to the list of griefs in the Ulysses Syndrome. She discusses how difficult it might be to maintain one's faith due to the host country's prevalent cultural and social norms. She argues that the loss of 'religious experience' should be included on the Ulysses syndrome scale for the migrant who is unable to access or practise their religion in a host country, since this may inhibit their ability to integrate and adapt.

As populations of migrants are in situ in host countries for prolonged periods of time often in poor conditions post-migration, research on the migrant experience is being carried out a variety of countries. Some research suggests a high

predominance of mental disorders and emotional instability (Bogic *et al*. 2015, Guarch-Rubio and Manzanero 2017). Accommodation, shelter and food are often the mainstay of NGO's and host countries' support given to victims of forced migration. Emotional and psychological support may be far down the list of necessary items when dealing with the increasing flow of refugees. Psychological support is required for understanding trauma, post-traumatic disorder, extreme migratory mourning (Ulysses Syndrome) and the fallout of this loss of agency and social capital that develops for migrants in this situation. This is explored further in the next section.

2.3   Social Death

Following extreme migratory issues such as Ulysses syndrome and post traumatic issues which arise for migrants, there are the additional barriers of being 'othered' in the host society. Positive social identity is key to the wellbeing of individuals post migration, but research suggests that migrants, and in particular those refugees who seek asylum may experience what has been termed 'social death'. Sudnow (1967) refers to Goffman's concept of the 'non person' as a foundation for the concept of social death which he defines as treating a patient as if they had already died, even though their body may still be functioning physiologically.

There are a number of definitions of social death found in academic literature. Patterson (1982) defined social death for slaves as being a non-existence outside of their master, thus alienating them from family and future. The concept refers to the loss of power and economic and social capital. Card (2010) agrees with this social death description and applies it to other concepts such as illness, disfigurement, banishment and self-imposed isolation. Sweeting and Gilhooly

(1997) review social death literature from a caregiver's perspective and a high percentage of carers believed those in their care while physically present, were indeed, socially dead. They relate this particularly to western society treatment of patients suffering dementia.

Goffman (1961) discusses the concept of social death as observed in mental institutions, where a person's social identity is totally destabilised due to institutionalisation. Social death has been referenced also in hospitals where patients are older or seriously ill. Sudnow (1967) argues that patients' care depended on their perceived social value. Consistent with this view, he believes that people who fall into the category of socially dead often died sooner physically, as he terms social death as where:

> '*a patient is treated essentially as a corpse, though perhaps still 'clinically' and 'biologically' alive*'

(Sudnow 1967, p.74)

Horanska & Lizakova (2019) agree that social death may occur much earlier than biological death. In a study on seniors placed in institutional or social care, this act of removing individuals from society often leads to social isolation. They define social death as a condition where individuals are excluded from important social and interpersonal relationships as a result of this isolation. Loss of agency and identity are all part of social death, treating people as less human (Borgstrom 2017).

Elsrud (2020) links social death specifically to asylum seekers and contends how difficult it is for them to avoid social death. Migrants arriving in Sweden who face social death through the rebuff they experience from the migration agency

and other social services often experience homelessness, poverty and for some migrants 're-escaping'. Elsrud (2020) defines social death as a situation that lacks the opportunity for agency or dignity. Kralova (2015) defines social death as when a group or person has suffered extreme and profound loss. She includes loss of citizenship and social exclusion in terms of displacement. Refugees suffer all of these losses: agency and dignity, home and heritage, social networks, cross generational links and social capital. Social exclusion ensues due to lack of integration, because of a number of factors including language barriers, lack of educational opportunity and loss of status. This is all derived from the loss of social identity which is explored further in the next section.

2.3.1 Social Identity

In trying to understand the lived migrant experience, Social Identity Theory is an important perspective through which to explore meaning. Social Identity Theory first coined by Tajfel (1978) proposes that we derive self-concept through group membership. Tajfel and Turner (1979) explain this group membership through three cognitive processes;

1. Social categorisation, belonging to a group or groups.
2. Social identification, we derive self-esteem being compatible with a particular group.
3. Social comparison, development of self-esteem through personal identity and personal achievements but also through association.

An individual's sense of who they are is based on group membership; from this membership prejudices and biases towards other groups is formed. Though Allport (1954) argues that being part of an in-group doesn't automatically create

hostility towards other groups, the in-group (us) will discriminate against the out-group (them) to enhance our self-image. 'Us versus them' may produce discriminatory thoughts about the other group Brewer (1999).

Ashforth & Kreiner (1999) discuss how individuals develop strategies to construct identity when their identity is threatened. Identification and identity are concepts which give individuals a 'place' in society (Albert *et al*. 2000). Identity construction is continuous for the individual (Pratt, 2001) which suggests that this concept is pertinent to understanding the migrant and refugee experience, as their self-identity is constantly challenged because of the migratory process. According to social identity theory (Tajfel & Turner 1986) 'identity' at the individual level has two parts.

1. Personal identity: the individual whose personal characteristics, achievements and relationships differentiate them from others.
2. Social identities: where the individual 'self' becomes a different being as such, by being part of a group, assuming the characteristics of the group and identifying with those group traits. These social identities include many classifications such as ethnicity, gender, race, occupational roles, and religious affiliation (Ashforth 2001).

Forming one's own identity and establishing values is something that is normally done initially within a family of origin. This extends out to the community in developing the social identity; this identity formation includes concepts such as status, class and culture which aids in the development of support, and solidarity within social groups, and possibly lends itself to opportunities for increased resilience.

2.3.2 Transition and Identity

Miller (2013) discusses the struggles of loss and grief experienced by Hispanic migrant teenagers in the United States and how working through this grief and acknowledging their loss of identity helps them cope. Miller examines the cultural differences between the two countries and identifies the conflict that arises for the teenagers between leaving a collective culture and trying to immerse in the individualistic value system which is typical in the United States. Learning to accept this different value system without devaluing their own identity may help them to reframe and accept the new way of living. This is one example of the adaptation that is required for migrants and their families to identify their new roles and sense of belonging. How the migrant manages this process determines how successfully they can integrate.

Ashforth & Kreiner (1999) concur that individuals need a relatively unwavering sense of self definition to function properly. Ethnicity is part of this self-definition as ethnic groups share many things such as food, beliefs, history, religion and language as part of their social identity (Bhugra & Becker 2005). Language, religion and values are components which make up cultural identity (Bhugra 2004). Other research (Triandafyllidou 1999, Smith 2001) contends that the concept of national identity may include both consensus and conflict. Shared history, language and customs provide for consensus while the same things characterise the difference between groups, thus providing the opportunity to create the 'other' category which may be perceived as a threat. The participants engaged within this research do not possess this shared Irish history or in-depth knowledge of Irish customs and for many, English is not their primary language. These factors may enable the host society to label them as the 'other'.

2.3.3 Acculturation & Cultural Bereavement

As noted earlier, grief literature is often focused on the individual and their response to loss. This section will review from a sociological perspective what it entails for people who leave their entire culture behind. Eisenbruch defines cultural bereavement as:

> '*the experience of the uprooted person, or group, resulting from loss of social structures, cultural values and self-identity: the person or group continues to live in the past'*.

(Eisenbruch 1991, p. 674)

He discusses how people suffer feelings of guilt for abandoning their home. Culture plays a significant part in this bereavement. This includes obvious components such as language, custom and practice. The depth of more intrinsic components such as values, beliefs and assumptions can create problems for both the migrant and the population they have joined. The new culture they have entered may misdiagnose actions due to lack of familiarity and understanding, thus creating more separation and anxiety for the newcomers. Catlin (1992) purports that culture plays a significant role in bereavement. His research identifies different self-esteem impacts depending on one's culture. For example, individuals from the United States reported diminished self-esteem following the loss of a loved one, while in contrast Spaniards reported experiencing increased trust in others following the death of a loved one (Catlin, 1992).

As early as Freud, it has been theorised that the loss of one's culture is a cause of grief (Granek 2010). Losing one's social structure, cultural values and self-identity is cultural bereavement according to Eisenbruch (1990). Cultural

bereavement is expressed in diverse ways in different cultures, and when an individual is removed from their own culture, their expression of grief can be misdiagnosed and misunderstood, particularly for groups who have very different cultural norms from their host country. Strobe and Schut (1998) argue that it is imperative to study the cultural variations of bereavement in order to fully understand our own approach to grieving, but also to develop effective coping mechanisms that are more universal, to prevent this misunderstanding in interpreting other cultures' approach to grief.

2.3.4   Berry Acculturation Model

Acculturation has been defined by anthropologists as what takes place when people from two cultures meet, resulting in a change in the original culture patterns of either or both groups (Redfield, Linton & Herskovits, 1936). According to Berry (1997) acculturation deals with the process of both cultural and psychological transformation which occurs when migrants and host community mix. In any pluralistic society, when cultures meet there is the issue of how they acculturate, both as individuals and collectively in both the dominant and non-dominant group. Berry (1997) identified four basic strategies,

1. marginalisation,
2. separation,
3. assimilation and,
4. integration.

The direct contact between different cultures results in changes for the individual, beliefs, attitudes and values and also on a group level i.e.: socially and culturally (Berry 2003). Marginalisation occurs when contact is scarce between groups

could be due to enforced cultural loss or discrimination. When each group values their own culture over the new, then they remain separated. Assimilation develops when one group are content to subdue their cultural identity and immerse in the new culture. When there is interest from both groups to participate in each other's culture while maintaining a degree of cultural integrity, then integration transpires. An important part of the acculturation process to keep in mind for refugees and asylum seekers is acculturative stress. This refers to the negative side-effects of the acculturation process which results in damage to the individual's wellbeing (Berry, Kim, Minde & Mok, 1988).

Berry *et al*. (1998) highlight a number of ways that acculturative stress develops while undergoing the migratory process in finding a host country:

1. Physically finding a place to live is key. The types of accommodation are likely to be different, there may be a rural/urban variance, different population densities and levels of pollution may occur in the region.

2. Biologically, the change in nutrition with different food types may see a person's immune system not being prepared for that change – even becoming familiar with diverse dietary requirements and tackling different diseases.

3. Cultural change in terms of religious, political, economic, technical and numerous social institutions.

4. Social change occurs. Making new friends is more challenging when there is a language barrier. Socialising and becoming part of larger groups is difficult when you are not familiar with the locals.

5. Psychological change. The individual's mental health is really challenged during this phase, and anxiety, depression, feelings of marginality often lead to identity confusion and heightened psychosomatic symptoms.

2.4   Resilience

Resilience is defined as a complex construct which takes different forms depending on the backdrop context of societies, families, individuals and cultures in which it is located. Resilience takes its shape from a number of components which include genetics, developmental aspects, demographic, cultural and socio-economic variables (Southwick *et al*. 2014). Pietrzak and Southwick (2011) argue that resilience is not a duality of 'present or absent', rather it exists in more of a continuum and is applicable to different circumstances in different formats. For example, a person may be able to exercise resilience in a work setting but have difficulty in adopting it in their home life. Yehuda and Flory (2007) contend that people may become better versions of themselves following recovery from traumatic events thus developing a stronger, more resilient approach to life. This section looks at how trauma impacts upon the development of resilience, resilience from bereavement and other developmental systems.

2.4.1   Trauma Resilience

Resilience in children was researched as early as 1955 when Werner and Smith initiated a longitudinal study on the effect of risk factors such as poverty, healthcare and family conflict on children's development on the Hawaiian island of Kauai. This study showed that some of the high-risk children did well over time and was developed further to understand what potential protective factors were in force. In the case of the children who developed resiliency a number of factors were highlighted:

- They had close relationships with caregivers and others,

- Good cognitive skills allowed them to continue learning and education

- Appeared to be better at gathering resources through appealing personalities

- Often had strong faith and optimistic outlook

A number of studies on trauma and resilience were carried out following the Buffalo Creek Disaster in 1972 (Titchener and Kapp 1976, Erikson 1976, Newman 1976). Thousands were left homeless after rain washed away a dam and flooded towns and communities, killing 125 people and injuring 1100. This flood was studied in great depth due to litigation against the coalmining companies regarding the construction of the dam. Longitudinal data was collected and follow up studies done to examine the effects on children and caregivers (Newman 1976, Erikson 1978, Green *et al*. 1991, Korol *et al*. 2002). As much of the research was linked to the litigation there is a question of reliability of the data, but there are widely replicated findings from other disaster studies such as:

- Dose effects: the more individuals or children were exposed to loss and traumatic experience and death and destruction, the more symptoms they suffered.

- Age differences: generally older children show greater trauma symptoms and distress in the aftermath of disaster – possibly because they can understand more. In some ways younger children are protected but they often regressed in developmental skills, experienced nightmares and reacted badly to losing their caregivers.

- Trauma symptoms: children showed reaction to traumatic situations, some similar to adults.

- Gender differences have been widely replicated. Girls showed more internalising, anxiety and depression or more severe symptoms. Boys appear more belligerent, demonstrating aggressive conduct and 'acting out' behaviour.

- Parental and family functioning made a difference to the children. When family were close, it lessened the traumatic effect for younger people.

In a follow up carried out seventeen years afterwards to review the long-term consequences of the event, it was noted that there were some residual effects. Of those who participated in the study, some had symptoms of trauma but many of the young people developed resilience and recovered (Green *et al*. 1990). McFarlane (1983) investigated the effects on children following the devastating bush fires in Australia shortly after the disaster. She compared primary school children highly exposed to the fire to other children with lower direct exposure. In follow-up research almost twenty-five year later the findings were striking:

- Similar to the Buffalo Creek disaster one of the main factors is separation from caregivers. When children remain in close proximity to their parents they fared better.

- Some children endured effects from the experience, but they found over time most of the bad reactions subsided, so even resilience in disaster recovery is common.

2.4.2 Bereavement Resilience

Many theorists considered only the pathological nature of bereavement and loss. Berzoff (2003) suggests that loss and mourning are interlinked with growth and development. Addressing loss as a positive experience where one can develop skills in adapting to change and building resilience may help individuals create new narratives for themselves. Bonnano (2004) argues that resilience is simply a continuance of healthy functioning following an extremely adverse or potentially traumatic event. Yehuda and Flory (2007) expands on this definition that as it applies to individuals not objects, then resilience should be viewed as a process of moving forward. They argue that individuals who suffer trauma can end up in a better position, so their definition includes a reintegration of self that involves this conscious effort to continue moving forward in that awareness of being integrated with the learnings of the trauma endured. Masten (2014) defines resilience as the competence of a dynamic system to adapt to any instability that occurs which upsets the development of that system.

Behrends & Blatt (1985) discuss the psychological development of the individual where internal structures adapted throughout one's lifecycle aid in creating healthy strategies for developing resilience. The benefit of experiencing loss to the individual is that it forces them to learn new coping mechanisms and build strength and resilience (Stroebe & Schut 1999, Klass *et al*. (1996). Bonds are continued, just in a different way. The importance of maintaining links with what is lost is again reiterated by Volkan (1981) through the benefit of representation via material objects: this can bridge the gap to what is lost.

Resilience has been defined as by Bonnano *et al*. (2004, p.21) as '*a stable trajectory of healthy functioning after a highly adverse event'.* Resilience is a complex construct with many components and is very relevant to the refugee's journey. Much resilience research has been carried out on events where children experience trauma e.g.: Institutions (Ungar 2005), Disaster (Masten & Osofsky 2010; McFarlane 1987) and also on the effects of war (Masten & Narayan 2012).

Early research (Werner & Smith 2001, Garmezy 1991) explored how to define resilience and identify the differences between those who manage well in situations of adversity and those who did not. Individuals have to define risk or adversity (what kind of threat a person faces), as resilience refers to good adaptation to risk or adversity. There are risks to human development, trauma, neglect, and poverty, exposure to violence, war and natural disasters. The quality of family and social relationships is key to building resilience after trauma (Masten 2007; Wright & Masten 1997). Several authors agree with this (Luthar, Cicchetti & Becker 2000, Masten 2001) and suggest that there are many pathways to resiliency, one of which is connection to family and social context. McFarlane & Van Hooff (2009) studied a number of families following the 1983 Ash Wednesday bush fires in southern Australia. Two decades later they did a follow up study and observed that separation from caregivers did worsen for those who were not in close proximity to family members. This experience of separation may play a similar role for asylum seekers in Direct Provision.

2.4.3 Developmental Systems

Good adaptation to adversity shows in physical and/or mental health, meeting expectations of family and society and developmental tasks. When judging resilience in people we assess our expectations of what children or adults should be accomplishing. This is usually similar across countries and cultures, walking, sitting, attachment to caregivers, speaking the language. A basic definition of resilience in human development is recovering well after exposure to challenges to normal human development. As mentioned earlier, Masten defines resiliency as

> '*the capacity of a system to adapt successfully to disturbances that threaten its stability, viability or development'*
>
> (Masten 2014, p. 494)

This definition applies to individuals and families, communities, economies, global climates, and it is scalable. Humans are living systems and interacting with many other systems which are also developing. Resilience will change over time and developmental timing will influence the level of resilience in a person. The stress response will be different for each individual, depending on the individual's own ecosystem. Even biologically the body reacts differently in times of distress. Southwick (2012) argues that some people find it more difficult than others due to the nervous system regulating the stress in the body as the amygdala creates that 'fight or flight' response when the body feels threatened. A well-functioning pre-frontal cortex makes the decision to stop processing hormones related to this response but if damaged it decreases this ability to control stress. This has an impact on resilience.

This applies to adults also and implies that if the environment changes the individual changes. Therefore, if a person moves to a new country, their identity will certainly be affected in some way. This research is an exploratory study, and it may be a benefit to identify the key psychological processes at work for asylum seekers. That is, what happens to any migrant including identity change and choice of adapting to a new environment. In the migratory process a considerable amount of grief is conceivable due to the enormity of losses occurring. It is possible that for forced migrants the pain for this group is increased.

The research identifies the ways that cultural bereavement is documented in other countries and nations and for populations outside Ireland. This dissertation explores how the psychological and sociological impacts on migrants who have come to Limerick and identifies if those things gained/experienced are similar or not. Miller (2013) addresses and acknowledges immigrants' loss of identity and achievement to enable them to form new social identities and work through their grief. Could this model be applied elsewhere for individuals who leave their homelands to move to a new country, either through choice or forced by circumstances?

2.4.4   Conclusion

The first section of this chapter outlines the subject of migration and defines how refugees and asylum seekers are created, in line with the UN Convention of Human Rights 1952 and how they also fall foul of that instrument. This focus on the narratives surrounding migration, migratory corridors and some of the politics connected to modern migration looks at other countries and their handling of this vulnerable group of people. The scope then narrows to a more localised focus: how we in Ireland treat people who seek international protection. The chapter

gives some historical context in the system of Direct Provision which has been in operation for twenty years and how this system is arguably failing the vulnerable it was designed to protect.

The next section analyses the various types of grief and loss and reviews chronologically the exploration of grief over the last century. This moves from the primary experience of grief through examples of ambiguous loss, and how society disenfranchises some loss, and continues on to a present-day evaluation of migratory grief occurrence. It looks at how the Ulysses syndrome diagnoses the extreme loss that migrants suffer.

The third section illustrates how personal and social identity is formed and how it can be eroded for migrants in a host country though lack of group affiliation. It looks at how the migrant identity is constantly challenged in transition. Then it distinguishes how acculturation impacts upon this identity and confronts values and generates an expression of bereavement for its loss.

The final section deals with the construct of resilience and how it can be formed following trauma by viewing loss as a positive, even a growth in mindset perspective. It demonstrates how the social environment influences the development of resilience.

It was necessary for this research to include a short background to migration globally and in Ireland and the development of the Direct Provision system. Much has been written on identity and how as humans we have innate biases towards those who are not like us and how we frame those as the 'other'. The literature review is shaped by many writers on the topic of loss and grief and therefore made it difficult to leave out any information as it is relevant to the discussion later on. As there are many ways to experience loss and grief it was necessary to include a

detailed description. While there are many voices within the loss and grief lens, the dominant ones are ambiguous loss and the Ulysses Syndrome. There is a quantity of recent literature published on the limitations of the Direct Provision system which highlights how this system may exacerbate migrant grief (Fanning 2001; Hall 2004; Fanning & Veale 2004; Breen 2008; Thornton 2019; MacEinri & White 2008; Ni Chiosain 2016).

Migration is an issue globally and in Ireland; while government policies arguably attempt to address it, forced migration and survival migration are often tragic and traumatic experiences which may induce grief and loss. I have found very little published literature that explores the experience of the migrant in Direct Provision through the loss and grief lens under these circumstances: this does not appear to be a question that has been asked in the published literature in a contemporary Irish context. The lack of research around this topic, and the need to develop a better understanding of the migrant experience in Ireland, propels this study. The next chapter will describe the position of the researcher and its effects on the design and implementation of this project.

3 Axiology

3.1 Introduction to Axiology

According to Creswell (1994) the role of axiology is to create standards for appropriate research and how to capture it in writing. Heron and Reason (1997) argue that it is important to consider a research paradigm outside of ontology and epistemology which they suggest is an axiology. Axiology puts in place:

> '*values of being, about what human states are to be valued simply because of what they are*'

(Heron & Reason 1997, p.287)

Denzin and Lincoln (2000) agree that one of the conventions relevant to research philosophy is the axiology. The axiology reflects how an individual thinks and views the world and reality (Lee 1991). An axiology statement can explore the background identifying the values, underlying beliefs and principles which form the output of a research project. Therefore, it is important to declare the axiological position of the researcher and its foundation for the research project. This section aims to examine the axiological perspective of the researcher and the connection to the topic as well as review the personal experience during the research process.

Developing an axiology helps to describe the aims of the research and the position of the researcher. The objective of this research is to explore the lived experience of the asylum seeker and refugee in terms of what they lost and what they have gained as part of their experience in the Direct Provision system in Limerick. I would argue that it is even more important to this project to describe my position as researcher, particularly in the current timeframe with global attention focused

on #BlackLivesMatter protests and demonstrations. There is a growing awareness of racial suppression and white privilege around the world. Wildman (1996) refers to privilege as an advantage that a group possesses which is usually invisible to them. As a researcher I was conscious of my own position and privilege and how her own biases and beliefs would feed into this exploration of loss and grief for the migrant and refugee community.

3.2   Background

Prior to starting this research project, the project proposal was outlined as an examination of the lives of 'migrants' to explore what they lost or found in moving countries, families and homes to Limerick. My plan was to explore the experience of economic migrants, who can be defined as individuals who moved to Ireland to further their career or to improve their economic circumstances by taking up professional work in Ireland. As my background and profession is in Human Resources Management, my position and experience in industry would afford access to a number of interested participants, who would be enthusiastic about their involvement with the research and very willing to share their experiences of moving to a Ireland to pursue professional opportunities and how they maintained their culture in a new country.

Shortly after the project began, during a review of the literature, this strategy was interrogated by world events. Though it feels that the refugee dilemma is never far from the news, in September 2015 the world was re-awakened to the plight of the forced migrant. A heart-breaking picture of the body of a three-year-old boy washed up on a beach in Turkey touched many hearts and many media points across the globe (figure 2). This little boy, Aylan Kurdi, along with his family had

tried to escape from war-torn Syria. He drowned while crossing the

Mediterranean Sea, along with his mother and brother in their journey from

Turkey to Greece (O'Brien 2015).

Images of the lifeless body of the little boy lying face down on a Turkish beach

captured global attention and mine too, stopping me in my tracks. This photo

illustrated the treacherous journeys people had to endure in certain kinds of

migration and the devastating suffering and loss. It created a major disruption in

the public perception of the refugee crisis and humanitarian disaster. At the time,

many countries pledged to take in more refugees in future. This unfortunately was

not to last long as, since that harrowing incident in 2015, thousands more

migrants have been reported drowned due to an absence of safe and legal ways to

find safety (UN 2020)). This immediately changed the course of my research.

Figure 2: Aylan Kurdi   by Nilufer Demir of the Dogan News Agency

Bodrum Turkey

This distressing story refocused my research strategy from exploring professional economic migration to investigating forced migration and the lived experiences of forced and survival migrants coming to Limerick.

The UNHCR 'Desperate Journeys' report shows over one million arrivals of migrants across the Mediterranean in 2015. Deaths have been recorded between 2015 and 2018 of over 14,000 people at sea (see table 4). This newer dynamic of involuntary migration has increased the numbers of forcibly displaced people to over 70 million in 2019 (UNHCR). The focus of the research was then amended to investigate the individual experiences of forced migrants who, by virtue of the asylum application process in Ireland, would also come to experience the Direct Provision system in Ireland.

KEY FIGURES 2015-2018	2015	2016	2017	2018
Arrivals via the Mediterranean Sea to Europe	1,015,877	363,425	172,324	116,647
Deaths at sea	3,771	5,096	3,139	2,275
Number of arrivals by sea in Europe per death at sea	One death for every 269 arrivals	One death for every 71 arrivals	One death for every 55 arrivals	One death for every 51 arrivals
Number of deaths recorded along land routes at Europe's borders	144	72	75	136
Number resettled to Europe	11,175	18,175	27,450	24,885**

Table 4: Key Figures of Arrivals & deaths via Mediterranean 2015-2018

3.3   Pilot Study

The pilot study (see further details in Chapter 4: Methodology) provided a very important discovery for me. When I developed a set of questions for the semi-structured interviews, I discussed them with an advocacy co-ordinator from an NGO that supports migrants and asylum seekers as preparation for my meeting with the pilot study participant. The first question I originally documented was 'Tell me what brought you to Limerick?' At the time, I did think this was a good opening question which would be a nice way to start building rapport. The advice of the NGO employee was that it would more likely have the opposite effect. The pilot study confirmed this observation, and I quickly realised that I needed to assess my position within this work and examine my biases and the effects that my identity would have on the project and my ability to engage with participants. The woman who agreed to take part in the pilot interview had come to Ireland several years earlier. Her asylum-seeking journey had brought her to Limerick where she lived in the Direct Provision system. For the pilot interview, I asked her some questions, off the record, about her experience and she wanted to share what she felt about the system and how she thought my research could possibly benefit changes to the system and increase a general understanding of the migrant experience of loss. She agreed unreservedly to the pilot study but preferred not to be recorded. The points she made were very thought-provoking. The information provided here is based on notes and my recollection of the pilot interview which I confirmed with her and which she granted permission to share as part of my reflection on this project.

She spent quite a few years in the Direct Provision system, and, in her own words, she said she felt she was nothing. Having left her home country for her own protection, she arrived in Ireland. She had safety, which was her primary objective, and her intention was to find security which she linked to the first part of Maslow's hierarchy (Maslow, 1943). Then she disclosed that she settled into that existence with food and shelter provided by the state, which was not food connected to her culture or country. The system provided nothing that she was familiar with. She slept in a room with strangers, in a tiny bed that she kept falling out of. In the first six months of asylum in a Direct Provision centre, she recalled that if she could have gone back to her country of origin she would have. She felt what she was experiencing was a form of non-existence: having left her own society where she had an identity, a family, a profession, many achievements and was a contributing member of society to becoming a "nobody" in Ireland. She reported that in her experience the Direct Provision system only attends Maslow's basic needs: once a person has her physiological and security needs attended to, what happens next? For this asylum seeker, it turns out that in Direct Provision that is the ceiling and no other needs are met after the fundamentals of food and shelter.

This pilot interview provided a significant insight into life in Direct Provision experienced first-hand. As a researcher this pilot interview awakened in me the realisation that perhaps the people working in this industry lack training in emotional supports. I expected that everyone would come into this as I did, with the idea to help and support the people they are providing care for, but I realised that was not the case – and this thought certainly reflects my bias on undertaking this research project. On reflection this helped me to recognise my assumptions

and contribute more broadly to my axiological statement and the resulting recommendations of tailored training in loss and grief supports for individuals who work within the Direct Provision system.

3.4   Positionality

As mentioned earlier, an axiology studies judgment about value. It is this process of social enquiry that is relevant here. The role that one's own values play in all stages of the research process is important to review to produce authentic outcomes. Heron (1996) suggests it is worth writing a statement of personal values as a researcher about the parties involved in the research prior to meeting participants. The relationship that develops between researchers and participants is fundamental to carrying out research (Tong 1995, Jackson *et al.* 2003). Axiology is key to qualitative research particularly in search of validity and values (Hiles 2008). It is within this context of our individual values that our relationship with others can be demonstrated.

The benefit to the researcher is to heighten awareness of any value judgements being made when drawing understanding and meaning from data collected as it is possible that this may be different when other researchers draw meaning depending on their personal values. This helps the researcher to be clear in arguing their position on decisions made throughout the research process. I agree with Heron (1996) who argues that human flourishing, which is dependent on autonomy and co-operation, is intrinsically worthwhile. I believe my approach to the interview process would be person-centric in this regard. For me the social context and participatory decision-making of the interviewees are important to bear in mind.

There are a variety of opinions on how qualitative research should be managed between the researcher and participant. Lincoln and Guba (1985) argue that maintaining distance between a researcher and participant in the co-construction of knowledge allows for professional discernment in the construction of the knowledge by the researcher. Tajfel (1978) encapsulates the approach of this research with the idea that human behaviour can only be understood if we can explain individuals' subjective representations of social reality. Tong (1995) claims that research relationships may be characterized by understanding, sensitivity, self-disclosure, and reciprocity. On the other hand, Jackson *et al*. (2003) acknowledge there may be power differentials but that it is possible to minimise power inequities by creating a two-way discussion: an information sharing conversation, rather than an interview, in which the participant has room to share any concerns.

Throughout the interviews I was aware of the power afforded a person of white skin/ethnicity, middle class, with the position as the 'interviewer', and tried to reduce this power discrepancy by creating an information sharing environment and also involving the participant in decision-making as much as possible. Some examples of the ways I tried to offer choice and control to the participant included choosing the place to meet for interview, deciding what they wanted to discuss and when they wanted to finish, etc.

In reviewing my own positionality within the research, I questioned the possibility that my presence in the process may an ethical concern. A female, white researcher with a fairly privileged background (i.e. a middle-class earner, a native of the host country) instigating this research with one of the most disempowered groups in society could present as imbalanced in terms of power

dynamics. I felt it would be important to establish rapport with each participant

and in my experience throughout our meetings I believe my participants felt

comfortable sharing their personal experiences to some extent.

There may be one exception to this, when one participant was very nervous. I

followed the same protocol as all the other interviews. We met in a neutral

location, I explained the research and the reasons for it and was careful to clarify

that he could withdraw at any stage. Despite my attempts to reduce his discomfort

(evidenced by his one-word answers at times) I asked him if he wished to

withdraw, he said no, he wanted to continue. I still chose to keep that interview

short. My focus as a researcher while conducting interviews was partly to make

the experience as pleasant as possible for the interviewee and also as a

representative of the host country to show that I empathised and wanted to make a

positive contribution to their situation. I consider myself to be open and work

hard to be aware of my inherent biases on race, gender, age, sexual preference

and I believe I came to the interview with as little presuppositions or bias as

possible given my experiences and background. I also used a reflective journal

throughout this process.

3.5   Reciprocity

This part of me that wanted to create a good experience allowed the interview to

flow whatever way the participant wanted it to. Most of the interaction and

information sharing I believe was done in the same fashion. I was culturally

unfamiliar with each of their stories which could be considered a shortcoming,

but I did declare that and also any lack of knowledge that I had regarding the

integral workings of the Direct Provision system. This led to most of the

candidates offering detailed explanations of their life in Direct Provision and anything else they felt I should know or felt comfortable enough to share with me. I learned from the participants what it was like for them to be part of the 'system' of Direct Provision. I did not offer any incentive to participate in the research, but I did pay for any food or (non-alcoholic) drink that we had while we were doing the interviews. I felt that was the least I could offer.

I was open about my own socio-cultural background. I tried to manage my bias as much as possible but I understand that I had the upper hand so to speak and it is therefore not possible to be an equal partner in the process, particularly when people opened up about the shortcomings of the Direct Provision system, or Irish people. My sense is that my participants felt safe in doing so (Ryan 2018 unpublished notes). They also defended their critiques of the Irish Direct Provision system and Irish people. I was also appropriately being added to the cultural interchange, as a member of the host society with specialist knowledge that might be in a position to help them out in the future. Being a HR professional, I could support individual requests for finding suitable educational courses or helping to guide or construct a participant's curriculum vitae when they were searching for work.

I felt that this reciprocity or potential for exchange was part of the process, where I could give something back in return for their time and commitment to my research project. Was this the culturally correct thing to do as a researcher? I did not question that at the time; it was only on reflection and in discussion with other researchers and my supervisor that I found this was something I felt was crucial to my research. I have met other researchers who did not feel it was incumbent upon them to reciprocate. Capron (1989) argues that research should be

conducted through principles of respect, justice and beneficence for people. My own belief system wants me to leave people hopefully better off after a research interaction, or at the very least the same as prior to their participation. Having reflected on it, I believe this is one of my own personal values that I approach most individuals I engage with. My belief is we all have a responsibility to create a better environment for people. My feeling throughout the interview process was in sharing our cultures, the participants were happy that I was interested in learning about their language and their norms and we had fun learning the different approaches we would take to things. Even most of the participants when presented with a consent form to sign, expressed no suspicion around it, which I found to be a positive and therefore did not increase any power relationship. Inevitably I felt both parties to the research were equal in this respect, although this is only my perception and may not be truly and objectively accurate. I developed friendships over the project timeframe and indeed I am still in close contact with some of the participants. I have assisted with building CV's and cover letters for work applications and I have been involved in finding suitable further education courses for a few the participants to help further their careers.

3.6   Personal Values

Heron (1996) points out that when developing an axiological stance, it is important to recognise and reflect on one's own values and beliefs, as the impact of these would be viewed as being a positive guide throughout the process. Even to the detail of collecting data through personal interaction rather than anonymous responses in a questionnaire would show that the migrants' individual

perspectives meant a great deal to me as a researcher. I agree with van Manen's idea that life:

'*comes first and theory comes later as a result of reflection*'

(van Manen 1990, p.15)

Certainly, my own reflections on the project were expressed at every supervision meeting and every time I studied the data and reviewed themes and discussions. Throughout the project I kept personal notes as a form of reflective practice and bias management. This is important when researching to validate critical reflection throughout the process (Lauterbach & Hentz 2005).

3.7   Role of Self in Research

Exploring the issues experienced by people in Direct Provision was initially a new topic for me. It was interesting to remain relatively neutral, lacking political beliefs or personal viewpoints on the subject. However, with a background in human resource management and organisational behaviour, my personal belief that all people should be treated equally and that all lives matter could invoke a certain bias in the data. I was aware of this and self-reflective in trying to remain objective towards the research collected. From a phenomenological perspective I attempted to remain nondirective while being immersed in the collecting of data and attempting to understand it through the eyes of the participant. I had to balance between being an advocate for change and improvement and being able to capture shared information from participants in a way that would benefit the research because my bias would be addressed.

There are many advantages to using this method of research but particularly it should provide a rich set of data as it is first-hand, direct conversation with the

interviewees. It also increased my self-awareness to explore meanings that participants ascribed to phenomena in constructing meaning and conclusions. As discussed earlier, it constitutes a holistic approach and keeps the points in context for the particular group and its members. The act of researching maintains the status quo thus offering some ecological validity (Denscombe 2014). Phenomenological methodology is concerned with explaining the human experience, through feelings and emotions, beliefs and perceptions (Denscombe 2014). Interviewing in a phenomenological manner allows for greater understanding of themes in a lived world perspective of the interviewee (Brinkmann & Kvale 2015) and this is the approach I chose for this project. At the end of each interview I thanked the participants for their time and stated they could make contact in the future if they had any questions or if they felt I could be of any assistance to them in their search for work, suitable study or to get details of the completed research. Each participant expressed their contentment with the meeting; each person was positive, and nobody reported any stress or distress. One participant called a few days later to call the interview process his lucky charm as he received his refugee status that same week.

3.8   Research fatigue

Before concluding this section, it would be remiss not to mention research fatigue. Research fatigue can happen when individuals or groups become tired of engaging with researchers. This may create a reluctance to engage in further research (Clark 2008) which can develop into a barrier to future participation. There is some evidence to suggest that research fatigue can be found in different research areas such as: mental health (Tomlinson *et al*. 2006), social care (Murray

2005) and some sensitive areas of research (Coy 2006). In discussion with the pilot study subject and some of the participants they told me that they were getting tired of people asking them to participate in research.

This experience of research fatigue typically occurs in the context that some research groups are 'hard to reach' (Emmel *et al*. 2007). It is often the same people who repeatedly volunteer to be interviewed by researchers doing this type of phenomenological qualitative study. This was confirmed by an activist member of MASI (Movement of Asylum Seekers in Ireland) who I met while attending a European Cooperation in Science and Technology (COST) conference dissemination workshop in the local university in 2016. He suggested that asylum-seekers in Ireland are perhaps getting tired of doing interviews and not seeing results, positive change or other outcomes as a result of the research they participate in. He also appealed to academics and researchers to find new ways of disseminating their research so that the wider public has access and that policymaking can become more enlightened. This notion of fatigue on the part of elusive and vulnerable populations has consequences for sampling for future research too. It has also forced me to think about how I might best disseminate the results of this project in an effort to stay true to the wishes of the participants. It has to be more than a completion of a postgraduate degree for me and should be used to contribute to solving the problems of Direct Provision and supporting migrants experiencing loss in Ireland.

In conclusion, reflecting on the importance of identifying one's association to the research topic is key, in order to be fully aware of the bond that may be implicit but needs to be explicitly stated. The researcher needs to be aware of the use of self as an instrument of data collection (Borbasi *et al*. 2005) as well as

representing the context of the data presented as the researcher is framing the participants' narrative through their own perception of the world. This chapter states the values that are important to me as the researcher and reflective considerations I have mapped out in order to evaluate the data collected and represent it objectively. Further exploration into ethical concerns will be presented in the next chapter, as well as providing the reader with a theoretical framework for the methods used.

As I mentioned earlier, I kept personal notes throughout the project which allowed me to reflect on my personal reactions to events as they unfolded. For example, in the pilot study I was surprised to learn that many people working in Direct Provision centres did not come from professional care backgrounds, and some employees were apparently unwilling or perhaps insufficiently trained to provide appropriate emotional and psychological support for the people in their care. That is the background I come from: where my family would support others in the community. I learned that this value may not be shared by everyone and often I realised it is not the case in reality. Notes that I kept at the time reflect that this was a disappointing discovery for me (Ryan 2017 unpublished personal communication). This axiological chapter has reviewed how reflexive consideration has occurred across this project. The next section outlines the methodology for the research, including ethical considerations and details of how the study was conducted.

4   Methodology

4.1   Introduction to research design

The research objective of this project is to explore the lived experience of asylum seekers and refugees who have lived in Direct Provision and made Limerick their home over the past decade. This includes as part of the participant criteria those who have resided in a Direct Provision centre within the Limerick City and County environs. Following on from what was presented in the axiology chapter, this chapter will detail the research philosophy that determined the methods employed in order to answer the research question. It will include an explanation for the choice of research design, then an introduction to the paradigms behind the approach taken, including an explanation of ontological and epistemological principles guiding the methodology. Details of the recruitment and selection process for the participants as well as steps taken for ethical responsibility will complete this. The research project set out with a desire to capture deep descriptions of the losses and discoveries of the refugees and asylum seekers and to explore how individuals from other countries who end up in Direct Provision centres within and on the outskirts of Limerick city engage in local community and build new cultural links in Limerick. The methodology is guided initially by ontological and epistemological foundations which will be explained in the following sections.

4.1.1   Ontology

Before determining the most suitable research methods it is important to identify the ontological positioning at the start of the research. Ontology is the study of the

nature of being or reality (Marsh and Furlong 2002). What we think shapes what we believe reality and truth to be. In exploring the lived experience of migrants, it is important to understand what constitutes reality and how it is possible to show and analyse its existence. The researcher is better equipped if aware of both approaches. This may encourage confidence in the suitability of the methods chosen for the research and also support conviction for the results from their research (Creswell 1994). Fundamentally, ontology is underpinned by two different philosophical approaches: objectivism and subjectivism (Burrell and Morgan 1979) which will be explored further in the next section.

4.1.2   Objectivism

Objectivists contend that we live in a pre-existing world where there are causal laws to explain the configurations of social behaviour (Easterby-Smith *et al*. 1991). Lakoff (1987) stipulates that social phenomena and their meanings present as external forces that are outside the individual's control. These phenomena are independent in their existence. It is possible to discuss institutions or organisations as tangible objects, for example, with standards and rules. Several authors (Lakoff 1987, Easterby-Smith *et al*. 1991, Crotty 1998, Bryman 2008, Creswell 2009, Saunders *et al*. 2009, Moule and Hek 2011) advocate that in an objectivist paradigm the world is a separate entity to the individual. They argue that people are separate from that tangible reality, while being part of that setup and following those rules. So, in effect, both the institution and its inhabitants are separate components. Cultures would be seen as sets of beliefs and values that are shared and therefore constrain individuals while remaining external to the participants. Objectivists believe that only one Truth, with a capital 'T' can exist

and that this can be studied objectively and made applicable to other situations. The role of the researcher is to be objective in the approach to measuring the phenomena to be explored. Objectivism follows the rules of natural science where facts are facts, and everything can be measured. Alternative names for this approach include the terms such as scientific, traditionalist and quantitative (Hussey & Hussey 1997). This research project is situated outside this paradigm however, as the research question is about investigating personal experience and therefore leans more towards qualitative examination.

4.1.3   Subjectivism

Subjectivism maintains that social phenomena are not external or separate in existence but rather are formed through the perception of the individual. The assumption is that humankind is autonomous and therefore shapes the world:

> *'within the realm of their own immediate experience'*

(Morgan and Smircich 1980, p.494)

This considers that each individual is situated in their own unique culture, history and social milieu. It suggests that there are multiple realities as phenomena are socially constructed and there is a collectively shared meaning of assumptions and culture (Burrell and Morgan 1979). In contrast to the objectivist approach where the researcher seeks to uncover universal laws governing social behaviour, as explained in the previous paragraph, the subjective researcher explores narratives and the creating of meaning in situations. This allows for different viewpoints through data collection methods such as in-depth exploratory interviews, phenomenology and ethnographical research. This perspective is also deemed as qualitative and phenomenological or humanistic in its approach

(Hussey and Hussey 1997) and it is the approach which aligns with the research question posed within this project.

This ontological perspective dictates the epistemological method to follow: that is, what the researcher believes about the nature of reality within the context of the research conducted, will dictate what kind of relationship exists between the researcher and the research and its participants in deciding what reality is.

4.1.4   Epistemology

As stated, when considering a research strategy to examine lived experiences, the main objective is to identify a tool or framework that will permit an effective investigative approach to be made towards undetermined situational issues. It is important to consider what is regarded as acceptable knowledge in this discipline. Many writers would argue that qualitative and quantitative research have fundamentally different epistemological concerns (Bryman and Bell 2011, Denzin *et al*. 2011, Creswell *et al*. 2007). There are two main epistemological positions. The first position, which supports the principle of applying the methods and principles of the natural sciences to the study of social reality, is known as positivism.

4.1.5   Positivism

Positivism commonly uses quantitative methods which are objective, and research methods that are measurable and replicable (Marsh & Furlong 2002). Positivists attempt to identify causes which influence outcomes (Creswell 2009)). They do not seek to understand but rather explain behaviour. Berg (2001, p.10)

states that quantitative research has a positivistic approach, 'Positivists utilize empirical methodologies borrowed from the natural sciences to investigate phenomena.' While a positivist research approach may portray the researcher as being independent of the phenomena being researched, this particular study takes place within a constructionist framework. The researcher's understanding of the migrants' experiences is based upon their own subjective identification, perception and comprehension of their circumstances: in particular the realities of living in Direct Provision. Positivism acknowledges that there is a clear distinction between normative and scientific statements and that knowledge is developed by the gathering of facts which provide the foundation for the generalisation and structuring of data in a comparable format (Bryman and Bell, 2011). Positivism strongly sustains quantitative research. However, it is not correct to associate positivism entirely with scientific research, as some writers reject this scientific approach (Denzin *et al*. 2011) in favour of a different viewpoint which reflects the uniqueness of the human experience in social reality rather than the natural order of things. Positivists believe that problems are better understood if reduced to single elements (Hussey & Hussey 1997). The contrasting epistemology is interpretivism which is reviewed in the next paragraph and fits the research design more appropriately.

4.1.6   Interpretivism

Interpretivism is a more 'understanding' approach towards human behaviour while positivism seeks an objective 'explanation' of that behaviour (Bryman and Bell 2011, p.16). Interpretivism is about understanding social reality from the participant's view and context, rather than through detached observation. In

contrast to positivism, this approach acknowledges the differences between people and objects of the natural sciences, and therefore requires the researcher to grasp the subjective meaning of social action. For example, in discussing 'leadership', Grint (2000) explains this as a construct used to make sense of that social action.

The world is better understood if the totality of a situation is reviewed rather than reduced to single elements (Hussey & Hussey 1997). The method of research which best facilitates interpretation of the migrants' experience by the researcher is called 'interpretivism'.

Working within this interpretivist paradigm, the researcher views reality as being socially constructed and therefore subjective, allowing different meanings to be created. Furthermore, in adopting a constructionist stance, this study began without a preliminary hypothesis to be established (as would have been the case in a positivist paradigm, where the research is deductive in nature). The positivist approach is not central to this study, as it is not working from a theory and attempting to prove the supposition in a deductive manner. The research conducted in this study is largely inductive and therefore knowledge building.

It is important to note that meaning and knowledge are socially created (Bryman 2008). People gain understanding through feedback from the social world to understand themselves and the world around them.

The premise assumed in this study is that individuals act on meanings which arise from social interaction, and that interpretive research techniques allow participants to draw on their own understanding of their personal experience. This leads onto how people interact with their environment to construct meaning.

4.1.7   Constructionism

Constructionism is described as a reflection of the 'indeterminacy of our knowledge of the social world' (Bryman & Bell 2011, p.23). Through the analysis of the participants' subjective accounts of their personal experiences, it should be possible for the researcher to evaluate how participants construct their social identities and understand their experiences.

Constructionism suggests that phenomena are in a constant state of change and reinvention and that knowledge is constructed. Becker (1982) asserts that culture is created constantly and that it predates people's participation, so perspectives are continuously amended to make sense of situations as they occur. The basic assumption of constructionism is that knowledge is constructed and symbols are products of culture which are used in that creation (Cobb 1994, Jonassen 1992). Constructionism also claims that categories are constructed through meaning and are therefore socially constructed rather than being independent entities. Some social constructs include 'masculinity' and 'citizenship', and these exist by virtue of social interaction rather than as features of objective reality, so they constantly evolve. These constructs are always shaped by the context in which they exist and therefore (as opposed to objectivism) they cannot be applied to all other situations but only to similar contexts.

Using these particular epistemological and ontological approaches allows for an inductive, exploratory, less formal method of data collection, as it fits into the qualitative category of research which seems apt for this project. Under the qualitative umbrella, this assortment of research methodologies has grown in popularity (Denzin & Lincoln 2000, Moule & Hek 2011). Though Beecroft *et al*. (2006) argue that it is more useful to have a clear idea of the research question,

qualitative research is exploratory in nature and usually does not carry a hypothesis at the outset to validate or refute. A hypothesis was not necessary for this work. But qualitative research is greater than the mere recording of human narrative (Denzin 2014) as will be investigated further in the next section.

4.1.8   Phenomenology

Staying with the interpretivist paradigm, this research study identifies the benefits of investigating the lived experience from a phenomenological viewpoint. Phenomenology is concerned with how individuals make sense of the social constructs around them. Creswell (2007) points out that it is a structured approach to analysing a shared, lived experience or phenomenon. It is concerned with understanding an individual's subjective view of the world. Van Manen (1990) describes it as reducing the experience to a universal essence. Phenomenological research consists of thoughtfully making what is implicit become explicit in any experience or activity that normally takes place in the mundane, unnoticed everyday world. The act of 'indwelling', where human beings live in everyday, familiar experiences that are rarely articulated (Polanyi 1967).

Bryman (1988) discusses Schutz' phenomenological perspective of social reality. It looks at how individuals make sense of events around them (Schutz 1962) and how social reality and human action are meaningful and motivate people to act on this reality. Schutz (1962) argues that 'by a series of common-sense constructs they have preselected and pre-interpreted this world which they experience as the reality of their daily lives' (Schutz 1962, p. 59). According to Van Manen (1990) researchers first identify a phenomenon (in this dissertation the phenomenon identified is the experience of grief and loss for the migrant residing in Direct

Provision in the greater Limerick area). Considering what produces this

experience, the researcher writes their interpreted description while maintaining

contact with the original phenomena. Moustakas (1994) is less preoccupied with

the researcher's interpretation as bracketing of the researcher's personal views

prior to the research allows for a fresh perspective to analyse the data collected.

Husserl is considered to be the originator of classical phenomenology. He argues

(Husserl 1970) that the 'lifeworld' is understood by individuals, experienced

without any interpretation. His approach is to understand human experience

through a rigorous study of phenomena as they occur, and that description of the

experience should be documented without interpretation occurring (Valle *et al*.

1989). Husserl formed the term phenomenological reduction (Racher & Robinson

2003). This is key to Husserl's phenomenology where the researcher brackets or

removes any presuppositions related to the phenomena under examination. The

principle is to share an experience as impartially as possible in order for it to be

understood precisely. Merleau-Ponty (2005) described phenomenology as the

study of essences including perception. He also encouraged this type of reduction

(Racher & Robinson 2003). Moving from a positivist (Husserl) and post positivist

(Merleau Ponty) perspective of phenomenology to a more interpretivist approach,

Heidegger's (1962) hermeneutic phenomenology looks at the lived experience too

but includes context such as culture, artefacts, prior experiences and prejudice.

This is explained further in the next section.

4.1.9   Hermeneutic Phenomenology

Hermeneutic phenomenology takes Husserl's phenomenology beyond the merely objective or descriptive understanding. Both Heidegger and Van Manen advocate expanding this method in a more interpretive manner, as they reject the notion that the researcher is unable to leave behind their personal knowledge in the process (Racher and Robinson 2003). I agree as I think it would be very difficult to leave ourselves out of the research completely.

People and their worlds are integrally intertwined (Moran 2000) and the researcher assumes the investigator role while positioning herself in the data collection. This approach rejects the concept of objectivism where facts are facts, things can be measured and are value free. Schutz (1962) proposed that the social world can only be interpreted by those acting in it and their own interpretation. As stated previously, quantitative research is a more natural science approach to acquiring knowledge and qualitative research assumes more of an investigative method, meaning-making exploration of knowledge. In hermeneutic phenomenological traditions, developing themes through data interpretation is carried out via language and the interpretation of unspoken meanings embodied in the lived experience (Ho *et al*. 2017; van Manen 2016). The hermeneutical phenomenological framework has been successfully applied in nursing and educational research (Friesen *et al*. 2012, Sundler *et al*. 2019).

Reviewing all these approaches, I suggest that Heidegger's approach is what fits best for this research. This project rests on hermeneutic phenomenology as the study of experience together with its meanings (Friesen *et al*. 2012). The next section looks at the moral and ethical codes which guide this project.

4.2 Research design

Qualitative research methods were chosen for this project and the research was carried out in particular through a hermeneutical-phenomenological lens. I believe that this particular research design is supported by a phenomenological approach in an effort to understand how participants attach a personal meaning to their daily experiences. Denscombe (2014) argues for the importance of taking a holistic approach to understanding this meaning through social interactions, relationships and interdependencies. This gives the completed study an inclusive picture of the data through the lens of the researcher and their personal experience, values and beliefs.

Creswell (2002) contends that qualitative research requires complex reasoning which is multidimensional and iterative and the reality of qualitative research reflects the reality of human thinking in its approach to questions. Qualitative methods are used to gain understanding, to explore the lived experience of migrants and also to get an in-depth understanding of the emotions and thought processes and feelings in a way that other research methods cannot (Strauss and Corbin 1990). It is quite a flexible and creative way of gathering and presenting data, and the researcher uses their own experience to understand the phenomena as part of presenting the data. The researcher is conscious of pursuing a holistic approach and maintaining the context of each narrative, respecting the individuals and their space, while acknowledging the impact of possible personal beliefs and biases.

A qualitative study was carried out in Limerick in 2016 and 2017, meeting ten participants and conducting ten in-depth semi structured interviews. Out of 10 participants 8 interviews were audio recorded and two were at written notes at the

participants' request. Semi structured interviews have been defined as a shared experience between a researcher and participant where a conversational intimacy allows both to be comfortable in sharing their story (Ramos 1989).

Semi-structured interviews were selected as the most suitable means of data collection because they are suited to exploring the perceptions and opinions of the participants regarding their own personal lived experience, and it allows the researcher to develop a bond which may encourage further probing and clarification of the discussion. Oakley (1998) defends the qualitative interview in describing it as is a type of framework in which the processes and principles are recorded as well as challenged. The semi-structured nature means that even though a set of questions is laid out prior to the research, the researcher can convey the meaning of the questions using different language. This is what facilitates validity and reliability (Denzin 1989). This is particularly important for respondents whose first language may not be English.

Each interview lasted between 30 and 90 minutes. The interviews were recorded (with permission) and transcribed. Where the participant preferred not to be recorded (on two occasions), the interviewer made notes following the interview as both participants were willing to share their stories 'off the record'. A pre-prepared interview schedule provided a framework to commence the interview process (see appendix 1). However, being semi-structured, the interviews did veer away from the framework in order to explore issues as they arose during the discussions.

Interviews were a significant part of the research design and given the level of detail and personal meaning involved in the topic of grief and loss for individuals, structured interviews were ruled out easily, as that format would be too rigid and

prevent in-depth personal responses. Semi structured interviews have the benefit of allowing flexibility in the discussion, and individual participants tell stories in their own words, without any preconceived direction or meaning. It also allows for a discussion to feel more like a 'friendly' conversation which allows the researcher to be more responsive. Corbin and Morse (2003) state that their experience conducting interviews over many years found that participants react positively to this type of interview method and a high percentage expressed their gratitude for the experience.

Interviewing is a potent way of producing evidence of the human experience, but qualitative research interviews also give participants a voice. Taylor and Bogdan (1998) maintain that interviews should be a safe place for participants to share their story and that this is further facilitated by a semi structured style of questioning. Semi-structured interviews are probably one of the most commonly used qualitative methods (Kitchin and Tate 2000). Semi structured interviews were held for a duration of up to one hour and thirty minutes with 10 participants. Participants were asked open-ended questions about their situation in terms of what they left behind and what they gained by being in Limerick, Ireland. The interviews were conducted in a way to facilitate the participant's freedom to go whatever direction they felt comfortable with, while the researcher still relied on a framework to be explored albeit a semi-structured one. The flow of the interview was managed by having key questions listed to ensure they were addressed in the interview process. Having loose research questions in the early stages of the research allows for findings to be theorised after data collection. There are risks to this approach, but this highly inductive method does offer a lot of potential for

the researcher. The names of the participants and places were anonymised as discussed earlier to protect their identities.

One feature of phenomenological interviewing is where the researcher is obliged to review any assumptions or beliefs held about the research topic. Objectivity could be questioned, but separation of the researcher's presuppositions was managed by identifying those prior to starting interviews (Valle *et al*. 1989).

4.3   Ethical responsibility

Qualitative social research involves people and at times developing close relationships to produce data. This carries ethical issues (Hammersley and Traianou 2012). Understanding individuals' perspectives and how they construe meaning, must be done in their own environment in order to fully comprehend the context and cultural background. This implies that ethics approval is not just a procedure to complete requirements for institutional committees but goes beyond that to embody comprehensive involvement in the overall research ethos. While historically research may have done harm (for example Zimbardo's (1971) Stanford Prison Experiments and Milgram's (1963) Electrical Shock Experiments) research today is more regulated and not only based on the premise of 'do no harm' but also endeavours to create an enriching experience for the participant. Edwards and Mauthner (2002) propose theories which show the researcher's responsibility is from the view of caring rather than focused on outcomes. It is important to consider the perception of individuals involved, the relationships formed while conducting research and the communities involved. This is particularly important when working with a vulnerable population such as those residing in Direct Provision. As noted earlier in the axiology chapter, I was

very aware of the power differential between myself and the vulnerable population such as those participants in Direct Provision, so it was imperative to be extremely careful about how to proceed.

This research study was granted full ethical approval by the Limerick Institute of Technology (LIT) Research Ethics Committee in November 2015. Participant recruitment began in December 2015 (see appendix 5 for recruitment letter) and interviews were conducted between April 2016 and January 2017. Recruitment was carried out using advertisements (See appendix 4 for Plain Language Statement) in the office of a local NGO who specialises in support for migrants, the same advertisement in the college social media, and verbally through an advocate worker with the NGO.

Participants were invited to contact the researcher or advocate worker by text, phone or email initially to express interest and ask any relevant questions. Due to the vulnerable nature of this particular group, the researcher felt that it may be difficult for participants to come forward to an unknown researcher they were not familiar with, so agreed with the advocate worker to field any inquiries. Interested participants were provided with any additional information (see appendix 3 for Participant Information) regarding the study and the background of the researcher. They were assured that participation was voluntary and that consent could be revoked at any point up until the time at which the data was collated for analysis.

Once an interest to participate had been declared, participants were asked which location would be most suitable for them to meet for the interview: either a hotel or coffee shop in the city centre. Participants chose to text at that point to make

contact and arrange a date and time for the interview. Of the ten participants five

chose to meet at a hotel, one was met in a late closing coffee shop (in order not to

disturbed at 6pm when most other coffee shops were closing) and the other four

were met at a regular local coffee shop, all based within a short distance of each

other in the city. The reason for these locations were firstly to offer the

participants the choice of where they wanted to meet the researcher, secondly that

they could be offered a beverage or food, but mainly because it provided a safe

and pleasant ambience to hold a discussion rather than a formal interview. Each

session commenced with introductions, the reason for the study was outlined, and

gratitude expressed for the participants' time. Participants were asked if it was

permissible that the interviews would be audio recorded, as is typical (Kvale

1996) and informed that the recordings would be stored on an encrypted device in

a locked desk in the researcher's home. All files will be destroyed following the

completion of the M.A. Once they agreed to the details of the research,

participants received a consent form (see appendix 2 for Consent Letter) which

was signed and retained by the researcher.

It was then explained that they could take a break from the process at any time,

end the interview or withdraw consent at any time up until the data was collated

for analysis. The researcher's role at this point was to attend fully and engage in

the process, by active listening, paraphrasing for clarity and also to reflect back

any emotions described to the speaker. Paying attention to the emotional content

allows the researcher to understand the rich depth of the narrative and allows for

improved coding afterwards (Kvale and Brinkmann 2015). Also doing this allows

the researcher to be mindful of any distress or upset arising from the discussion to

enable protection of the participant if necessary, changing the topic if it becomes sensitive.

At the end of the interviews, participants were asked to review the information given to them and given time to process any questions they may have. This would have been an ideal time to ask them to select a pseudonym to be used in the dissemination, but the researcher refrained from this, later deciding on anglicised names to further anonymity and remove any possibility of identifying the participants. This made the dissemination of the research more personal for an Irish audience who may make a greater connection to traditional Western names.

4.3.1 Pilot Study

The pilot study is useful in developing the research method as it informs the larger study (Prescott and Soeken 1989). Based on this information the research can amend and refine the research methodology and remove any risk elements. An initial pilot interview was conducted with a participant who had come through the Direct Provision system and was living in a refugee centre for a number of years before her authorisation for refugee status. I had also met with an advocacy worker from a local NGO who described the Direct Provision system from her experience, something I was not familiar with at all. Feedback from both the pilot participant and the advocacy worker helped to shape the questions to accurately ask for the information that corresponded to the research aims and objectives, which centred on the lived experiences of loss and grief for people who have experienced Direct Provision.

4.3.2 Sample Participants and Recruitment

Qualitative sampling generally seeks to reflect diversity which is appropriate to the research question posed here. This determines the criteria for the sample group required. Smith (1993) discusses the lack of a definitive or correct path to knowledge in qualitative research. Whilst there are no absolute distinct rules for sample size (Baum 2002; Patton 1990), sampling in qualitative research often relies on small numbers for the purpose of effectively studying a specific phenomenon in detail (Miles & Huberman 1994; Patton 1990). Van Manen (2014) stresses that the typical understanding of sampling is not relevant to phenomenology as it is not possible to get an empirical sample subset of a population within this methodology. Willis (2007) states that an understanding of the context of the data collected is crucial to its interpretation. In order to achieve a rich dataset, the sample is derived purposively rather than randomly (Ezzy 2002, Tuckett 2004). However, when researching vulnerable or hard to reach populations the researcher has to be pragmatic, and the sample size will be dictated by those who agree to participate in it.

Purposive sampling is an inherently biased form of sampling which is necessary to agreed criteria at the outset (Lincoln and Guba 1985). Criteria deliberately selected following a pilot study in order to gain access to the type of data and events which answer the research question.

The selection criteria included adults residing in, or previously resided in Direct Provision centres in Limerick in the last ten years. Further inclusion criteria stated that they must have conversational English, as the interviews would be conducted in English. In attempting to understand what the best sample size could

be, the researcher looked at the population of people in Direct Provision who qualify under the terms of reference of this project. At the time of data collection there were circa 7,000 people living in Direct Provision in Ireland (Thornton 2019) and approximately 500 people in the Limerick Direct Provision centres. However, accessibility to the residents of Direct Provision is limited, so having ten participants could be construed as being representative of the population being investigated. Increasing the numbers in sampling for qualitative research does not guarantee that accuracy of the findings would be increased, provided that limitations of the sample size is acknowledged (Bryman and Bell 2011).

The emphasis of this research has been placed on analysing the context through the participants' eyes. People who are living in Direct Provision are a difficult to reach population. This is partly due to the geographical location of some of the Direct Provision centres but mainly due to the predisposition to not discuss their situation due to challenges they face and the vulnerable position of the refugee and asylum seeker in Ireland.

4.3.3   Participant Recruitment

As mentioned already, contact was made with a local organisation that supports the migrant population in the Midwest of Ireland to aid in the recruitment of participants. Recruitment began in December 2015 in conjunction with this organisation, with the collaboration of an advocacy worker. The agency continued to post recruitment information and it was mainly through personal contacts that participants initially volunteered to be interviewed. Further recruitment attempts were made through these participants to see if any further

contacts would participate. It was a slow and prolonged recruitment period which continued until January 2017 at which point it was decided by the researcher and research supervisor to cease recruitment as all options had been exhausted.

This project used a combination of purposive and snowball sampling. Purposive sampling is a type of convenience sampling, derived purposefully rather than randomly (Mays & Pope 1995, Ezzy 2002). The sample then continued to expand through 'snowball' sampling where each participant refers another. Snowball sampling is often used as a tool when trying to obtain data or access to a vulnerable population or marginalised groups (Atkinson & Flint 2001). Snowballing is an effective method which allows the researcher to meet the next participant through a referral system. However, recruitment was difficult because possible participants were either afraid to talk to a stranger (researcher) or also because the people who have spoken to researchers before are becoming despondent and tired of talking, as mentioned in the axiological exposition in Chapter 3. It may well be the case that the reluctance of individuals to participate is mainly due to fear, as my pilot study participant suggested, but also due to interview fatigue.

Some researchers highlight challenges to engagement of potential participants citing lack of interest, unwanted intrusion and research fatigue (Van Manen 1991, Baxter *et al.* 2001, Clark 2008).

See the table 5 for details of the participants and their status at the time of interviewing.

Name	Country of Origin	Time in Direct Provision	M/F	Record	Current Status
Alan	Syria	6 months	M	Transcript	Stamp 4
Fred	Malawi	1 year	M	Transcript	Stamp 4
Mark	Tanzania	2 years	M	Transcript	Stamp 4
Deirdre	Zimbabwe	3 years	F	Transcript	Asylum seeker
Mike	Cameroon	3 years	M	Transcript	Asylum seeker
Frank	Zimbabwe	6 years	M	Transcript	Asylum seeker
James	Uganda	6 years	M	Transcript	Stamp 4
Barry	Nigeria	7 years	M	Notes	Stamp 4
Vicky	Zimbabwe	7.5 years	F	Transcript	Stamp 4
Amy	Uganda	10 years	F	Notes	Stamp 4

Table 5:   Participants' details

4.3.4   Procedure for Data Collection

For the purpose of data collection, the researcher used semi-structured qualitative interviews. Interviews are a widely used tool in qualitative research which provide a method for investigating personal perspectives and in-depth understanding of phenomena being explored (Ritchie 2003). Smith (2011) advocates the use of semi-structured interviews as a way of comfortably engaging with a participant in order to view their world in detail through their individual perception.

Semi-structured interviews include a collection of questions that are more general than in a structured interview. These more fluid interviews allow the researcher to obtain rich thick descriptive data (Geertz 1973) which includes capturing thoughts, emotions, and motivations of the participants in their social context. Open ended questions are asked in order to evoke responses that would be meaningful and culturally appropriate to the participant while providing richly detailed information. Another reason to use a semi-structured sequence is to allow

alternative information to arise, by giving the participants space to direct the interview as they feel comfortable to do so. The researcher felt that this worked well, as the flow of each discussion felt more like a conversation than an interview. Building rapport is an important part of data collection. The researcher is responsible for providing a comfortable, non-threatening, safe environment so that participants are willing to share their personal experience and feelings (Taylor and Bogdan, 1998). This feeling is aided by the unstructured flow of the interview, in an informal non-hierarchical atmosphere of power equality. Though Kvale (1996) argues that this empowering style of interviewing may still conceal large power differences. The researcher still holds the power over the interviewing process and decides when to terminate the proceedings. This was negated somewhat by allowing the participant to decide when to finish the interview and to determine their level of cooperation in the discussion.

The interview question format was kept very simple (see appendix 1 Interview Questions) and was designed with support from a local NGO's advocacy worker and the pilot study participant who advised on facilitating the participants' sharing of experiences without triggering trauma. There were no questions asking about background information or reasons why participants were seeking asylum. Questions were open ended in nature and encouraging participants to share their experience. All participants were forthcoming about their experience in Direct Provision, while being reminded that they could refrain from answering a question at any time without consequence.

The benefit of this method is the ability to explore the descriptive experience of the participant and to delve into complex behaviours, beliefs, assumptions and opinions. Qualitative research allows for a deeper probing of issues than

quantitative processes and in that way leaves room to expand on what arises in the communication or observation of the research participants (Denzin and Lincoln 2000).

 The researcher made a decision not to share transcripts with the participants following the first participant's feedback. This particular participant did not have English as a first language so when he read his transcript, he was disappointed with the written version of his words. He had to be reassured that it was natural and that his English was not as bad as he thought. It helped that in the interim period between the interview and reading the transcript his English had improved dramatically. Some authors (Brinkmann and Kvale 2005, Vernon 1997) assert that exposing the analysis to participants who may be ill-equipped to deal with sensitive issues can be trauma-inducing. The concept of beneficence in research ethics (Capron 1989) states that researchers should have the welfare of the research participant as main priority so the decision was made following this that none of the other participants would be asked to review their notes.

4.4   Analysis of the Data

In-depth thematic analysis was carried out on the transcribed interviews. Braun and Clarke (2006) maintain that thematic analysis is a method used for identifying and reporting patterns or themes within the data. It is a systematic way of coding data into clusters which make up concepts or patterns in a dataset. Thematic analysis is used across many disciplines in qualitative analysis (Strauss and Corbin 1990; Glaser 1992; Boyatzis 1998; Hutchby and Wooffitt 1998). At a minimum it can be used to organise and define data, but Boyatziz (1998) argues it goes further and interprets aspects or themes of the topic. It can be tailored to the

researcher in finding out meanings behind data or actual topics arising in the interview. One of the benefits of using thematic analysis is its flexibility that it can be adjusted to provide a detailed and complex set of data by splicing data under different themes and meanings. Braun and Clarke (2006) have a six-tier methodological approach to analysing themes, which is the framework used to analyse the data in this study. See table 6 for the adaptation.

Stages	Analytical Process (Braun and Clarke, 2006)	Practical application in this study
1	Familiarisation with the data collected	Reading over the interviews, re-reading, noting the familiar points
2	Generation of initial codes	Open coding and labelling of initial themes in a nonhierarchical framework
3	Searching for themes	Categorising codes, distilling and relabelling associations
4	Reviewing themes	Re-coding breaking down current categories into subcategories to look at negative views, beliefs and assumptions to ascertain deeper meanings
5	Defining and naming themes	Data reduction – further analysis of each theme to refine specifics to generate clear definitions and names for each theme
6	Producing an output	Final analysis of extracts, relating back to the literature and research question to produce outcomes and discourse. Testing and validating

Table 6: Coding adapted from Braun and Clarke 2006

The ten participants were interviewed in a neutral setting away from their accommodation, in an attempt to facilitate an empathetic and friendly setting. The researcher was aware of trying to create this friendly setting and tried to reduce any perceived power imbalance and to encourage the interviewees to discuss their experiences comfortably. Open-ended questions were asked and the participant was given the freedom to choose his/her own direction with their story. The interviews were audio recorded and transcribed afterwards and read in full to get a global sense of the whole narrative and re-read to become familiar with the

points. The interview transcripts were then highlighted, and components coded first to uncover patterns in a loose manner. Then they were re-read and organised into similar units and combined categorically and then thematically with themes organized in a hierarchical structure. These themes were subsequently connected back to and viewed within the context of previous research as reviewed in chapter two.

The methodology used for this research frames the objectives of the study which is to see through the eyes of the participants and understand the meaning they attribute to their environment. The methodology facilitated an exploration of the following research questions:

1. What are asylum seeking migrant experiences related to grief and loss?

2. Do these individuals employ any particular methods or have resources to support their experience of loss as a result of living in Direct Provision?

3. How do migrants view their identity and reflect on their experiences once they are relocated to Ireland?

The research intended to address these questions and allow for broader issues about migration experienced by the participants to be explored. A qualitative methodology ensured that significant insights from the migrants' narratives are contained within the findings.

4.4.1 Limitations

Every research project consists of numerous segments, beginning with choosing a topic to research and ending with the dissemination of the findings. Every step in between those points has the potential to shape the final piece, and the importance of maintaining validity and reliability is key throughout each part (Brink 1989).

This is a qualitative research study which looks at what individuals go through in their daily lives and can therefore only be said to be true of their own experience. The limitation here is that these encounters cannot be generalizable to the entire population of migrants living in Direct Provision. A further limitation is that the respondents who presented for interview may not all have had English as their first language. Without a budget to employ an interpreter, this study is limited to those who could speak English without using a translator. This can be a challenge for qualitative research (Hazuda 1996). It is also an issue where interpretation of words may not transfer if the translator does not have an equivalent word in the target language so a background in both cultures would be ideal for a translator (Twinn, 1997).

Confidentiality and the anonymity of the participants in this project were protected by not using a translator for the interviews. Certainly it could be argued that having a translator may support the validity of data being shared however Phelan & Parkman (1995) suggest that participant anxieties are increased when an interpreter comes from the same ethnic background. Also the researcher felt that a translator might have had a larger voice within the interview, not just in the choice of language relayed but also with their own experience and personal biases, as it was likely that they too would have a migratory experience.

Additionally having an interpreter join in the discussion might reduce the intimacy of the meeting and prevent the individual sharing personal details. Also there is the issue of confidentiality. While this is guaranteed between the researcher and participant, sharing information through an interpreter can compromise this confidentiality in addition to reducing anonymity

Another limitation in the research could be based on the gender of the participants. Grieving often depends on the identity of the individual. For example, there some literature that suggests that grieving styles and the experience of loss may be gendered. Doka & Martin (2010) discuss two ends of the grieving continuum to be between intuitive or more female style, and instrumental which they refer to as a more masculine form of grieving. The vulnerability of the participants may prohibit them sharing such emotions or lived experiences. Grief and loss are part of a very personal individual journey, without a clear or prescribed progression to recovery (Boss 2006; Kubler Ross and Kessler 2005). Each individual processes their adaptation to loss in a different way. To overcome this in future, research participants of both male and female genders could be interviewed, and data compared.

Finally, in terms of limitations of the study, as the sample size is limited it can be argued that this research is not generalizable. This is mainly due to the difficulty in accessing participants because they are a vulnerable group but also qualitative research almost always has a much smaller sample size compared with quantitative approaches. It could be argued that a larger interview cohort might increase the representativeness of the sample and thus improve the validity of the findings. Bryman (2008) refers to generalizability as external validity.

4.4.2 Conclusion

This section looked at ethical responsibility, how best to construct the research and the importance of understanding the participants' perspectives and how they derive meaning in everyday occurrences. The philosophies which underpinned the research helped to ensure the safety of the participants from physical to emotional perspectives and also aimed to create a positive experience, particularly for the participants who could be considered a vulnerable and potentially misunderstood group. The recruitment process for participants and the steps towards analysis of the data were reviewed. In the next chapter, the themes derived from the interviews with participants will be identified and discussed.

5 Results and Discussion

This study is an attempt to investigate the different aspects of grief and loss experienced by migrants to Ireland, specifically refugees and asylum seekers with experience of living in Direct Provision. The research also aims to identify if any resilience building methods were evident within the experiences of these individuals. For a complex topic such as grief and loss it is important to examine this carefully and obtain a detailed and descriptive narrative in order to understand fully the lived experience. Ngozi (2009) describes how imbalanced and hazardous it is to look at one side of a narrative for an individual, and discusses the danger of misinterpreting what is really going on when complex situations (such as in this study - migration, integration, grief and loss) are reduced to a single narrative. This chapter will review those narratives and discuss the findings from the interviews conducted with individuals who migrated to Ireland and experienced Direct Provision, while linking the findings to the literature explored in Chapter 1. As already mentioned, the purpose of the research was to explore the personal journey of loss and grief experienced by asylum seekers and refugees. For this purpose, research questions set out originally as discussed in the methodology were about exploring the personal experience of migrants' experiences and practices following migration to Ireland. The research wants to understand and discuss the following:

1. What are asylum seeking migrant experiences in relation to grief and loss?
2. Do these asylum seekers employ any particular methods or have resources to support their experience of loss as a result of living in Direct Provision?

3. What happens the identity and behaviour of migrants at the supposed end of the migratory journey?

The main themes arising from the analysis of the interviews will be explored in this section. Following a qualitative approach to data gathering, themes were established through thematic analysis. This section will review the totality of the phenomena explored (Denzin & Lincoln 2011). Themes will be supported by direct quotes from the transcripts. All interviews were transcribed and are included in the appendices section of this thesis. Throughout the interviews and in examining the data, additional themes appeared which relate to the migrants' journey, in particular their experience with Direct Provision.

While there are strategies in place for migrant integration (Department of Justice & Equality Migrant Integration Strategy 2017) this system proves to be one of the biggest barriers for asylum seekers to integrate into the host community. It could be argued that this theme is extremely relevant to the experience of grief and loss, but this thesis is not focused on the topic of Direct Provision but rather on the types of loss experienced, identity formation and the resilience building techniques used. Therefore, there is some narrative from the findings on the topic of Direct Provision and recommendations related to this will be included for future research in a later chapter. It is important to note that the research has been carried out in the context and environment of the Irish Direct Provision System, interviewing people who have experience of the system while not specifically researching the topic of Direct Provision in itself.

As mentioned, there were ten participants who engaged with interviews in the research project and this group was split equally between those that (at the time of interviewing) were either:

- currently residing in Direct Provision or

- had received refugee status and moved on from Direct Provision.

The participants included:

Name	Country of Origin	Time in Direct Provision	M/F	Record	Current Status
Alan	Syria	6 months	M	Transcript	Stamp 4
Fred	Malawi	1 year	M	Transcript	Stamp 4
Mark	Tanzania	2 years	M	Transcript	Stamp 4
Deirdre	Zimbabwe	3 years	F	Transcript	Asylum seeker
Mike	Cameroon	3 years	M	Transcript	Asylum seeker
Frank	Zimbabwe	6 years	M	Transcript	Asylum seeker
James	Uganda	6 years	M	Transcript	Stamp 4
Barry	Nigeria	7 years	M	Notes	Stamp 4
Vicky	Zimbabwe	7.5 years	F	Transcript	Stamp 4
Amy	Uganda	10 years	F	Notes	Stamp 4

Table 5: Participants' details

All the interviews took place in a public setting in a location convenient for the participant and eight were audio recorded and transcribed and two were recorded through the use of researcher notes. The main task in interviewing is to decipher the meaning of what the interviewees say (Kvale, 1996). Sometimes it is not only the words of the participants that are relevant, but their body language and withheld or expressed emotions that need to be examined.

Gadamer (1960, p.34) suggests that this totality of experience refers to the integration of a life experience into the individual's consciousness and becomes part of a 'significant whole'. In a phenomenological study this lived experience is further explored as a means of knowledge development (Jones & Borbasi 2004). Van Manen (1997) argues that as a framework to study the lived experience, phenomenology uncovers tangible and intangible knowledge through reflection with a high level of accuracy. Thematic analysis in qualitative research allows for

this data to be grouped in order to find implicit themes which may be shared and uncovered through this method of coding (van Manen 1984).

As mentioned in the methodology section, interviews were conducted, transcribed, coded and resynthesized and thematically analysed to produce five main themes. The next section will explore the themes in greater detail. Loss took a variety of forms in the migrants' stories. At first, tangible things like loss of family and homeland were obvious. Secondly and possibly more significant in the outpouring of stories, the loss of personal identities of each person were highlighted. The primary themes included:

1. Migratory Grief

2. The Ulysses Syndrome

3. Ambiguous Loss

4. Disenfranchised Grief

5. Identity and Social Death

6. Resilience

There are strong relationships between each of the themes. The entire migratory process is laden with transition and loss, and this research attempts to answer the research questions through exploring the subjective experience of individuals' daily lives. Giving voice to this experience will offer an understanding of the grief and loss experienced by individuals with experience of the Irish Direct Provision system.

5.1   Migratory Grief

The most important finding this study reveals is that migratory loss does exist and that it is familiar to the members of the migrant community. Research indicates

individuals who choose to migrate to another country experience loss and the grief associated with this journey, and it often impacts their wellbeing (Casado, Hong & Harrington 2010; Aroian 1990). Research also signposts migratory grief as being a significant predictor of depression compared to other variables such as language, age or home attachment (Casado & Leung 2001). Eisenbruch (1990) talks about loss of social structure, cultural values and self-identity causing bereavement among migrants. Additionally, migratory grief which has not been processed by the migrant could interfere with their psychological adaptation and acculturation (Aroian 1990). This bereavement is articulated in assorted ways by different cultural norms, and when an individual has lost their own culture, their expression of grief is often misdiagnosed, misunderstood or ignored by those within the host society.

Furthermore migratory grief can still occur many years after an individual takes up residence in a host country (Arredondo-Dowd 1981) and therefore may never be resolved. However, trying to settle into a host country leaves little space for recognition of this expression of grief associated with migration (Casado *et al*. 2010). Achotegui (2019) claims that the process of emigration has become so stressful that human beings are unable to adapt. As a result, this loss and grief remains unprocessed. This suggests therefore that the impact of migratory grief may be quite significant. Also, to date there has been little published on the psychological side effects of migration coupled with Direct Provision in Ireland. This thesis hopes to add to the topic, improve awareness and create a space in which further discourse can take place.

For the individual, processing migratory mourning can be compared to experiencing a death in the family or of a loved one (Achotegui 2002). If the

individual cannot process the associated reaction, this can cause emotional and psychological distress. Data from the annual Global Trends 2019 report (UNHCR) showed that over 70 million people were displaced globally at the end of 2018. Because of this large number it is clear that research into migratory grief is even more essential at this time in human history. As mentioned previously, the research narrative around migrants often discusses the need to integrate or acculturate (Casado & Leung 2001). The concern is suffering grief resulting from migratory losses can greatly impact migrants' health and well-being (Casado, Hong & Harrington, 2010; Aroian, 1990). Research shows that mental disorders are more prevalent among this population particularly those exposed to traumatic or violent situations (Bogic *et al*. 2012). The prolonged application process that the Irish system forces upon asylum seekers may also contribute negatively.

Participants in this study did discuss how behaviour in their accommodation centres often was not harmonious which, upon critical reflection, was possibly due to individuals' inability to process their own grief and trauma. People living in Direct Provision are in limbo; they have not yet found a place to feel secure and to process this trauma and migratory grief, sometimes this ends up in aggressive combat. An example from Deirdre's interview outlines this conflict:

> '*...this one time at the centre, there was a fight between these two ladies. It so happened that the other lady ended up biting the other one's ear off.*'

> (Interview 5 Deirdre page 8, Line 235)

In contrast, one individual who did not remain in the Direct Provision centre for too long was more optimistic and described his accommodation as one of the 'better' centres in Ireland. When asked how he managed his wellbeing, Alan said

he compares his life now and his treatment at this Direct Provision centre to how he left his war-torn country. Of course, his life has improved now:

'I think yes how, when I came from Syria, we don't have electricity, we don't have a water, we don't have anything. I've always compared this situation...'

<div align="right">(Interview 1 Alan page 19, Line 568)</div>

All the participants in the research had first-hand experience with the Direct Provision system and they each identified the difficulty they had in adjusting to their physical surroundings. They also spoke about the psychological aspect of the experience. Some were frustrated by their roommates, some were in fear of sharing the limited space, and others were exasperated by the lack of control over their lives, their lack of identity as individuals and being labelled in they considered derogatory and dehumanising terminology such as asylum seekers, refugees and migrants. Some participants discussed how difficult living in this system can be on their mental health. Frank referred to others in the centre:

'I know two people and it is public knowledge that they are going crazy, you understand? And every time there is a fight in the room you understand, every time there is a fight'.

<div align="right">(Interview 6 Frank page 3, Line 83)</div>

'Yes, a lot of people was crazy because just staying their own - especially single room...'

<div align="right">(Interview 1 Alan page 32, Line 987)</div>

James, who had spent six years in the Direct Provision system and had recently received his residency papers, talked about the psychological effect of lying around all day with no idea of how long his asylum application would take.

> *'And obviously the psychological effect: if you sleep every day, you are not allowed to do anything, you don't have the mental stimulation to do things, to get out there and do something, you know?'*
>
> (Interview 7 James page 1, Line 34)

One participant, Vicky, tells her story of having to share a room with someone who was abusive towards her. After enduring weeks of negative treatment, she tried to sort it through the centre manager which did not solve the problem. She was forced to look further for help:

> *'Finally, I went to the management, and the management protected her, believe it or not. So, I had to go to [NGO] and I had to go to the guards, because that is racism…'*
>
> (Interview 4 Vicky page 2, Line 72)

Many individuals talked about the lack of trained staff being part of the problem in the centres. Most staff in Direct Provision centres do not have specific training in dealing with trauma or any supports for psychological issues. This was confirmed by Deirdre:

> *'The worst part about it as well is, the staff that is put in place there doesn't have the qualification to handle those type of issues. They don't have training to deal with people in vulnerable positions.'*
>
> (Interview 5 Deirdre page 3, Line 85)

Mike talked about how he had to approach his GP for help as he had difficulty sleeping.

> *'…you can't sleep, you know, if you are too stressed sometimes you can't sleep, you know.'*

This vignette links back to the physical presentation of symptoms that Achotegui (2009) mentions for people who are suffering migratory grief:

The process of applying for refugee or asylum status and waiting for days, months and years takes a toll on the processing of grief. Individuals do not have the proper time or space to deal with the grief as mentioned by Achotegui (2009). This has further consequences for the individual. James said:

> *'It depends on what stage of your application you are in, so every day you wake up anticipating, you sleep sometimes, or if you are mentally disturbed, you can go through the night without sleeping and wake early in the morning...'*

To concur, Frank who frequently shared his weariness with the process of waiting throughout my interviews with him, mentions his exasperation at the system. This may indicate that those living in Direct Provision have little resources to deal with the disappointment and delay of the process.

> *'So there's a lot, lot of frustration, big time. Before you know it, you've spent three years, four years, five years, seven years in the system.'*

Asylum seekers are not offered a choice in where they are placed or who they share accommodation with within the Irish Direct Provision system. It is not unusual for the residents to be forced to share close personal space with people of another religion, or native to another country, and the physical area in the centre is often within limited space with very few facilities. Alan talks about the lack of facilities and having to share rooms and bathrooms with three other people:

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> *'Their rooms, I sent to me in this rooms stay with different people... There are three persons a room and we have uh - Yes, it's a shared toilets, was very bad…'*
>
> (Interview 1 Alan page 13, Line 403)

Some participants discussed how the physical effects on personal appearance become more apparent when that person is granted status to remain in Ireland and they have left the Direct Provision system. Their appearance and demeanour improve, and it becomes obvious especially to those left behind. Deirdre said:

> *'Because you can see it, in their skin and in their pain. You can see that this person is alive now. This person is healthy, I'd say, but it looks very different'.*
>
> (Interview 5 Deirdre page 13, Line 422)

These examples suggest the physical manifestations of unprocessed migratory grief displayed through behaviour, demeanour and diminished wellbeing. It would be very useful for clinicians and psychologists and anyone who supports migrant to have a tool to identify these symptoms and signpost people to where they might get better help. As mentioned in Chapter 3, the Ulysses framework (Achotegui 2002) may hold the answer.

5.2   The Ulysses Syndrome

The process of migration can be so intense and dangerous for people who are fleeing conflict, warzones and environmental disasters that it causes the individual to endure many forms of stress. Migrants may also experience a sense of loss and grief in relation to the country of origin, family and much more (Achotegui 2002). This picture of extreme migratory grief shows up particularly for migrants who live in very adverse situations including loneliness, exclusion and fear. Achotegui (2009) articulates Ulysses Syndrome as a term grouping a

number of sufferings that migrants experience under one heading. Achotegui (2019) goes on to list seven types of migratory mournings that affect mental health and argues that migrants, while presenting as suffering from mental disorders, are in fact experiencing extreme migratory grief. Ulysses Syndrome analyses a set of symptoms and clinical signs such as depression, acute stress disorder and post-traumatic stress disorder (PTSD) and lists these seven corresponding griefs or mournings which relate to different aspects of life that are irretrievably lost through the migration experience (Achotegui 2002).

This syndrome may explain why there are such high levels of mental ill health among migrants, and particularly when those experiences are compounded by living in the Direct Provision system in Ireland. Prejudice against this group following an arduous and stressful journey, along with the social isolation and lowered economic and social status, can aggravate symptoms. The phases of acculturation are not linear and can be very difficult to navigate, which leads to many individuals being misdiagnosed when they present for medical or psychiatric diagnosis (Berry et al. 1988). Often symptoms left untreated can lead to severe psychological disorders, including physical illness and depression (Casado & Leung 2001). The findings suggest that there were a number of things to support the theory of Ulysses Syndrome and the seven griefs/mournings.

1. **Loss of Family**

The biggest loss expressed by each individual was that of family. This has many connotations in loss. Firstly, being separated from loved ones can be very stressful. This impacts on wellbeing and health as well as affecting one's identity. Who we are in society is often framed by who those we are related to,

what tribe we belong to and to what group we are attached. Attachment literature discusses the significance of close relationships and there is supporting research that bonds are formed in infancy and remain strong throughout life (Bowlby 1969, Ainsworth 1978). Frank talked about being away from his family for so long, he really was missing them:

> *'Really I miss my family, I miss my wife and my children. I just miss them a lot, it is my heart's desire that we stay together and I raise children of my own like other families...'*

<div align="right">(Interview 6 Frank page 3, Line 83)</div>

For Vicky, missing her own children was compounded by being around other's children:

> *'You have people around you, but you don't have your own especially children.'*

<div align="right">(Interview 4 Vicky page 6, Line 195)</div>

2. Language

The difficulty for migrants attempting to acculturate may include overcoming barriers such as language and negotiating a new physical environment and culture while attempting to handle their grief and loss (Aroian 1990). Describing an interview with an Irish Immigration officer, Alan comments:

> *'The officer asked me many question. Where you will go, why? How many times you will stay there. I couldn't answer it because my language was not very good.'*

<div align="right">(Interview 1 Alan page 6, Line 156)</div>

3. Culture

Differences in culture may be difficult to overcome sometimes, especially for older people. Vicky was visibly bothered when talking about this situation which had been very upsetting to her:

> *'In my culture, that doesn't happen, it doesn't happen...'*

> (Interview 4 Vicky page 5, Line 185)

Another participant, Mark, actually said it is what he missed: his own culture. He describes feeling lonely as a result:

> *'I missed our culture. I discovered I was lonely in Limerick...'*

> (Interview 2 Mark page 1, Line 43)

4. Homeland

Speaking about how he felt about his homeland Alan said:

> *'...everything destroyed, everything change, but the people there or I, I feel that the people just living for the hope, the hope is finished and start again...'*

> (Interview 1 Alan page 27, Line 827)

Many interviewees used expressions of migratory losses including homeland and family. The difference in the new environment compared to their homeland caused many of them to become ill shortly after arrival. The difference in the weather, plus a drop in temperature for those who came from warmer countries, (which is most countries outside of Ireland that immigrants arrive from) brought lowered immune systems and resulting illnesses and infections. This could also be related to the lack of belongingness that migrants feel after they arrive in Ireland as it has been shown to lead to poorer immune function (Kiecolt-Glaser et al. 1987).

Two participants commented on this, Fred said:

>*'Like the first time I came here, the change in weather, I think I have a fever',*

Vicky confirmed she had a similar experience shortly after she arrived in Ireland:

'It was very severe when I came here, I really fell sick very sick, I lost my voice for about three months or so'

5. Social Status

Social status has huge impact when it is lost, it damages the person's economic potential as well as an individual's self-esteem and identity. This is not something that was discussed in the interviews. This was obvious through the fact that the participants were aware they were not in a position to work, to be educated, or to be fully part of society.

>*'I studied in Iran, I want to back to Syria to work there and my wife is a doctor'*

6. Group Membership

Although housing alone does not guarantee integration it is the first step to achieving it (Rowe and Pelletier 2012). The helplessness a migrant feels in a strange land without family or community networks may be immense. Vicky talked about how she overcame that as she had been volunteering in a charity shop for so long she had formed a new network. When she received her refugee

status and had to find a place to live, the women from the charity shop where she

had been volunteering for years, while her asylum application was processed,

helped her to furnish it,

> *'...the women there they brought me, they were asking me, "What do you*
> *want… I found myself with three new toasters three new kettles. When the*
> *social welfare came to see me in my flat they were wondering, "Are you*
> *living alone?" There are piles of blankets and everything'.*

<div align="right">(Interview 4 Vicky page 4, Line 127)</div>

7. Physical Security

In the migration journey, one participant talked about his numerous failed

attempts to leave a war-torn home. Alan spoke about how he was lucky that

eventually he met an agent who was honest and as he knew the journey he was

undertaking could be very treacherous:

> *'...because a lot of people say to me, "don't go on this way because very*
> *dangerous'*,

<div align="right">(Interview 1 Alan page 2, Line 59)</div>

The Direct Provision centre may be a place that does not guarantee physical safety

(Pollak 2019b). Frank spoke about the dangers of being a woman there:

> '*Very tough place for women who are in the system, and actually to*
> *understand that, some of them end up doing things that are not good…*'

<div align="right">(Interview 6 Frank page 6, Line 207)</div>

8. Religion

It can be difficult to hold onto the religious environment and characteristics of

one's spiritual life in a host country for a number of reasons. Religious practices

may be quite specific and form part of the cultural and social compass for the

migrant (Pandolfi 2018). The migrant may lose this aspect of identity when

trying to acculturate in a new environment which can lead to distress, disorientation and heightened loneliness. This impacts upon their ability for acculturation and integration.

Mike expressed his personal struggles around religion and said:

'Cause now I'm in a research and in a struggle, trying to figure out, is God really exists?'

(Interview 8 Mike page 40 Line 1172)

It may have been too much of a struggle so he finally admitted that he couldn't decide between religions so it was better to have none:

'I don't believe in any- I'm just neutral, you know'

(Interview 8 Mike page 43, Line 1272)

In contrast, another participant Frank who managed to maintain his religious affiliation noted that it was the only thing that kept his focus on the future and kept him sane:

'Trust me, I think it is only by God's grace that I keep strong',

(Interview 6 Frank page 2, line 71)

While Ireland is arguable a more secular society it is still very influenced by Catholicism there are few other religious supports, predominantly Christian, can be difficult context for people to come to.

Grief will not cure itself because society thinks it should. It is key for psychological and social supports to be put in place for this very vulnerable group. Measuring migratory grief through the framework of Ulysses Syndrome could be crucial when considering therapeutic supports and clinical remedies for migrants presenting with physical ailments, as much of this grief centres on the migrant trying to find and develop a new identity in a new culture. It is vital for

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clinicians to be able to identify symptoms of migratory grief as a stress response rather than a mental disorder, in order to provide the correct intervention. The next section further explores the theme of loss, particularly from the ambiguous loss perspective.

5.3   Ambiguous Loss

As discussed in the literature review, according to Boss (2007, 2016) everyone experiences some level of ambiguous loss. Ambiguous loss refers to an unclear loss that defies closure and can result from a physical or psychological loss. When someone emotionally close to an individual dies, this loss can be compounded if normal social rituals are not followed, as it may interfere with the grieving process for those left behind.

Each of the participants describe their experiences of different types of loss secondary to their migratory experience in their conversations. One participant categorically displayed evidence of ambiguous loss in his interview on a number of levels. Ambiguous loss describes where the physical presence is removed or where a person is physically intact but mentally has been isolated from the family (Boss 2009). The inability to accomplish social rituals after the impossible task of living without knowing or locating his relative, is both sides of the ambiguous loss theory. When Frank talks about his reasons for leaving his country, he talks about a close relative who went missing:

> '*We never buried him, don't know if he is dead or alive, you see? So that's life, that's what I'm living with every single day*'.
>
> (Interview 6 Frank page 2, line 54)

Ambiguous loss (Boss 2009) can be identified when someone or something is still present, existing or alive but there is no access to it. This may occur when a person is forced to leave their country because it is no longer safe to be there. For Deirdre who spoke about her country's situation:

'*It's not a safe country for me*'

(Interview 5 Deirdre page 7 line 190) and

'*We're all seeking here - seeking asylum, because we thought our lives were in threat*'

(Interview 5 Deirdre page 7, line 209)

To heighten this loss, or make it final, another interesting factor which showed up in the interviews for participants when applying for refugee status is that the asylum seeker learns that it is no longer permissible to return to their own country. This was verified by Fred who was very sad when he said:

'*According to my case worker, I can't go back*'

(Interview 3 Fred page 10 line 267)

This experience may reinforce the ambiguity of the loss as asylum seekers finally got what they wanted but lost freedoms to return to their country of origin. That loss is highlighted even more.

Ambiguous loss theory also includes the influence of contextual factors (Solheim and Ballard, 2016). The effect on each of these dynamics is important to understand when looking at the experience of asylum seekers and refugees. It can be argued that living in a Direct Provision centre does not promote healthy behaviours to process grief while people are forced to remain waiting for months

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and years to learn if an asylum application is granted. The process often takes so long that everything is postponed, including grief and the development of hopes and expectations for life after Direct Provision. Frank explains,

> *'...they keep people in the system for so long, they are now going out for five to six to seven years in the system, some people are born in the system'.*

<p style="text-align: right">(Interview 6 Frank page 1, line 42)</p>

Even once asylum seekers are safe from the past, they find it very difficult to plan for the future, Frank continues:

> *'You don't know what awaits you tomorrow and you can't plan, you can't plan on anything',*

<p style="text-align: right">(Interview 6 Frank page 1 line 29)</p>

When asked what he had left behind, this participant, Alan initially replied:

> *'All of dreams, all, everything',*

<p style="text-align: right">(Interview 1 Alan page 26, line 792)</p>

Immediately after that he said that he had lost his dreams, his future, it was obvious that his memory jogged in front of his eyes and he recalled the people he had lost:

> *'A lot of people I know (him), the, they died',*

<p style="text-align: right">(Interview 1 Alan page 26, line 795)</p>

5.3.1 Physically Absent Psychologically Present

On listening to the narratives of people's lived experiences in this research, it becomes apparent that heavy emotional loss may not be recognised unless viewed in a fuller context. Further, the bereavement and accompanying sadness of an ambiguous loss are generally not validated (Boss, 1999). The asylum seeker is here in Ireland, all his relatives are lost to him, and society shows no recognition

of this. He has no way to deal with this trauma while living in Direct Provision. Fred talked about how large this ambiguity is for him:

> *'Yeah, but because for me, I don't have a family, don't have a father or mother',*

(Interview 3 Fred Page 10 line 273)

For Vicky, the asylum seeker who has had to leave family and children behind, they are never far from her thoughts:

> *'...your children are so far away, they are suffering, you cannot work here and help them, we are not allowed to work...'*

(Interview 4 Vicky Page 2, line 42)

Ambiguous loss is often associated with definitive stressors that add both to the ambiguity and to the sense of loss (Boss 1999). One individual found it so difficult to explain his background, his family or his culture. He left many silences throughout the interview. It was as if he was unable to find the words to describe what happened, or perhaps it was too traumatic for him to recall and it didn't feel okay to probe. When he was asked what he missed from home, this participant Fred sadly said:

> *'I don't really miss that much...'*

(Interview 3 Fred page 3, line 58)

This was followed by silence. It felt more like what was not being said was more important than any of the words he could find to explain his situation. Describing his experience of loss of freedom in his own country, another asylum seeker Mike says:

> *'Yeah, human beings they don't have freedom'*

(Interview 8 page 21, line 604)

Further noteworthy how loss is compounded again and again. In Mike's story when his father died, the family had to leave their home for their personal safety, as they had no protection. This shows how unsafe he perceived his homeland to be:

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> *'We just abandoned the farm because my f-- my mum-- when my father died...'*,

Ambiguous loss is a loss that remains unclear and defies closure and can result from a physical or psychological loss (Boss 2007). Ambiguous loss, without a clearly defined event goes unrecognised in the community as there are no rituals to mark it.

5.3.2 Physically Present but Psychologically Absent

Some interviewees described how they were able to put their time to good use and advocate for others. These individuals can be considered to be physically present while psychologically absent in terms of coping with the loss they experienced. While others who struggled to preserve their mental health were focused more on psychological than physical presence. Participants confirmed how they grappled with the new environment, the culture, the new identity thrown upon them. They also recognise the narrative around refugees.

> *'...the refugee, uh, it's, uh, many thing is bad. I don't know, but it's normally in any-any country or any place in the world.'*

Some participants are choosing psychologically to be present in their former occupation, or former lives. They report missing their lives as productive members of society, and their identities as active working professionals. In discussing his and his wife's former profession in his country of origin Alan said:

> *'I studied in Iran, I want to back to Syria to work there and my wife is a doctor'*

Another example of being psychologically absent is when Fred was in his Direct Provision centre, in order to pass the time, he would disengage with his roommates and prefer to watch movies. This is the opposite of networking, of socialising.

> *'During most of the time you are staying three or four people – guys in a room – you don't really concentrate, so sometimes you just stay in the room and watch movie.'*

(Interview 3 Fred page 9, line 241)

Vicky talked about when there were four of them sharing a room, some would play music, some would try to cook their own food (which is not permissible in any centre), and they all shared a small television with a remote control but everyone fought to have control of the television, so she would tune out of the environment by reading.

> *'I like reading so I escaped in my books, sometimes I got ear plugs and I put and I just got lost in my books'.*

(Interview 4 Vicky page 1, line 22)

Fred describes in his narrative that his personality leans towards introversion. When I was explaining how culturally in Ireland it would be easier to find a job through others, in your network, he understood that it would force him to make friends. He seemed happier when he thought about it:

> *'That will make me to know people and help each other',*

(Interview 3 Fred page 10 line 289)

To encourage him to maintain good mental health, someone recommended to Alan:

> *'...after a few days I came to Limerick. One person from there, he said to me that don't stay in the room. If you'll stay in the room, you'll be crazy.'*

(Interview 1 Alan page 32, line 98)

Stepping out of the Direct Provision environment caused some participants to gain an outside perspective of the system. For some of the participants, being absent from this environment was what they craved but loss was reinforced when they realised their only support network existed inside those centres. They left their associates and only familiar faces behind when they received their refugee status as they are forced to leave behind that Direct Provision community and network of other migrants. When asked about having friends, Fred quietly said:

> '*most of them are in Direct Provision, sometimes they are not allowed to go out, sometimes of course it is very difficult*',

<div align="right">(Interview 3 Fred page 33, line 76)</div>

The loss of the community relates back to the literature on ambiguous loss (Bowlby 1974; Boss 2006), and it is suffered again and again by the residents of the Direct Provision system. Losing first, one's country and family, then finding and building a new community within the Direct Provision system, sometimes many different groups if the individual is moved around centres, are all part of this repeated cycle of loss. When James finally received his refugee status and moved out, he lost that community, as he no longer fit there either.

> '*when I got my papers and I got my place, the first three months were very tough. It's still very tough on me because I'm still transitioning.*'

<div align="right">(Interview 7 James page 1, line 36)</div>

According to Boss (1999) ambiguous loss is the most stressful type of loss because it can damage the health and resiliency of the individual or family it affects. When a loss is ambiguous, it causes complications, freezing the processes around grieving and suspending normal rituals so mourning cannot occur. However even though a person may not find closure, Boss (2006) also

believes it is possible to thrive and offers guidelines to do so which include finding meaning, adjusting mastery, reconstructing identity, normalising ambivalence, revising attachment and finally, discovering new hope. This will be explored further in the section on resilience.

The theory of ambiguous loss may be directly linked to and could be in line with Achotegui's points on extreme migratory grief being difficult to overcome (Achotegui 2002). As stressors are so extreme for migrants, there is much difficulty for them to overcome their experience, with very few tailored supports existing as of this writing in Ireland. The six guidelines for resilience with ambiguous loss that Boss (2006) offers as a solution is also lacking in evidence for the migrant story. Perhaps twenty per cent of the participants have managed to find meaning and possibly to normalise ambivalence somewhat in order to create new hope for their future. This evidence cannot be seen for the remaining 80% of participants, however. They struggle with finding meaning or adjusting mastery. The evidence from the findings show that they find it difficult to normalise the uncertainty when they are left in limbo in the Direct Provision system for years.

Along with ambiguous loss, there are a number of ways in which grief is disenfranchised for asylum seekers and refugees. The next section will look at these findings.

5.4   Disenfranchised Grief

As noted in chapter 3, there are myriad ways that people experience loss and grief. The concept of disenfranchised grief, where an individual's right to grieve has been restricted or removed within society, is present within the findings of this project. Doka (2002) defines this concept of disenfranchisement as one in

which "survivors are not accorded a 'right to grieve'" (p. 5) as the author views grief as a socially supported privilege. The theory of disenfranchised grief acknowledges that loss, which is not sanctioned, either because of the nature of the loss, the relationship or the bereaved person, can cause isolation and depression in the griever.

Disenfranchised grief is 'grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported' (Doka 1989, p. 4). A strong example of this is discussed by Frank whose brother went missing and is still missing. Because he had to leave his home and country suddenly, Frank and his family still do not know if the brother is dead or alive as of the time of our interview. They had no opportunity for rituals, no mourning process and now in this new culture, he has no way to deal with this loss. He is doubly disadvantaged in that he is potentially grieving an actual death or murder. He is doing that from another country, so he is arguably unable to share this experience with his family. There are so many layers of ambiguity as well as disenfranchisement in this suffering.

> *' had my brother ... He was abducted last year. We didn't know anything about him last year after we fled the country…I was lucky to get out, but my brother, I don't know. We never buried him, don't know if he is dead or alive…'*

<div align="right">(Interview 6 Frank page 2, line 50)</div>

Contributing to disenfranchised loss theory, there is a section of Irish society who argue that asylum seekers are being very well looked after as they have accommodation and they are provided with food every day. This is sometimes evident during election campaigns when particular xenophobic parties are looking

to win votes. This could be viewed as ignoring the rights of asylum seekers as human beings. There is no evidence that society acknowledges trauma or loss experienced by migrants. This process may be seen as denying their right to grieve and prevents the individual from actively mourning or publicly or outwardly expressing what is often a highly detrimental set of losses, including their country, culture and family. Frank was very much aware of how society holds this stigma around immigrants and said:

> *People are living normal lives out there, you see, they are living normal lives with their families… They don't even think about us, it hurts, it hurts, it hurts.*
>
> (Interview 6 Frank page 2, line 55)

When asked, participants point easily toward what they missed from their homeland. Mark noted:

> '*I have so many things I miss from home. I miss my people, my brother, my neighbour, the environment, the sun, the social life*'.
>
> (Interview 2 Mark page 2, line 120)

Perhaps it is difficult for others in society to understand the losses and trauma that asylum seekers have experienced. One participant was clearly upset about how the system processes applications without any empathy. Deirdre commented:

> '*It's like they're placing a value on people's lives. Like yours is less worthy, wait a minute, this one is more valuable than yours*'.
>
> (Interview 5 Deirdre page 7, line 205)

Another example, Vicky reflected on the food and the weather that was completely missing from her life since she left her homeland and managed to joke

about the winters getting warmer in Ireland since she arrived:

> *'The other thing is the food, really, and the sunshine. I miss the sunshine.*
> *Winters are improving, I think they are aware that I am here'.*

(Interview 4 Vicky page 5, line 181)

This humour is helpful in building resilience according to Boss (2006) six pillars of resilience building.

Another individual, Deirdre talked about being forced to leave behind her country and family:

> *'I came there at age 15 as a refugee. I came from a very political family…*
> *so that created problems for me'*

(Interview 5 Deirdre page 1, line 7)

One respondent, when asked what he had left behind, Alan replied sadly:

> *'All of dreams, all, everything'*

(Interview 1 page 26, line 792)

Contextual factors are also key components of disenfranchised loss and another factor that became obvious from the migrants' stories is the loss of a way of life, including the basic necessities to maintain a certain standard of living. Alan, who has spent time in a conflict zone, talked about getting accustomed to losing basic amenities in his migratory journey:

> *'It's the next day, no sugar at all in all shops, next day no chicken, next day no*
> *fruit, no a vegetable any vegetable'.*

(Interview 1 Alan page 22, line 674)

Though Alan was fairly upbeat and positive throughout the interview, he expresses his sadness very clearly about people who he had lost, people he had left behind and had little contact with and also people who had died after he left.

Clearly in the migratory journey which he explains in his interview, throughout a number of attempts to leave his country to find safety, he felt that he was never afforded an opportunity to grieve all he has lost. After arriving here, he found out that many people in his hometown had died in the conflict:

'A lot of people I know him, the, they died. It was very sad to me',

(Interview 1 Alan page 26, line 795)

Given the multiple examples of grief and loss, the participants mention very little support in centres and there is very little published research either on this issue in Direct Provision. There is a risk that these members of Irish society may be unable to function and develop peacefully with good mental health, as they are often unable to integrate and contribute fully to the host society. There is very little mention of grief supports for people in Direct Provision, and inadequate literature exists from NGOs either, in support of this psychological position. If psychological supports exist they are described as being present in acute facilities such as having psychological first aid in refugee camps (UNHCR 2011b). Outside of that there is no evidence for this type of designated support in Direct Provision where people may spend on average three to six years.

Reviewing Doka's (1989) theory here helps to identify the one type of grief that participants have described in relation to their own experiences, either through the migratory journey or integrating to their new community. This also poses the question: what type of emotional or psychological supports are made available to the migrant? It is possible that there are voluntary or non-governmental agencies providing such support but overall, participants in this study did not mention anything in relation to this. Though these research participants did not show high levels of trauma outwardly within their interviews, research shows that migrants

suffer severe levels of post-traumatic stress disorder (PTSD) symptoms (Lin 1986, Masser & Rasmussen 1986) particularly following the transitory period of the migratory journey. Alan discussed how perilous his journey was at least four times in the opening of his conversation while talking of how he came to Ireland. He described walking many miles through different countries:

> *'...maybe have dogs there or fox or any things there. It's very dangerous'*

<div align="right">(Interview 1 Alan page 3, line 70)</div>

Having tried to reach a safe country previously and being returned he knew he had no choice:

> *'Because he had tried many times, he knew he had to keeping going*
> *despite the danger. But I (was) forced to try that way. Because I don't*
> *have another choice.'*

<div align="right">(Interview 1 Alan page 3, line 73)</div>

Social and health psychology research suggests social supports are key to finding and maintaining levels of self-esteem (Baumeister 1993). These positive social networks are platforms on which companionship, esteem and informational support can be attained and are of great benefit to the vulnerable individual (Wills 1985). Support measures affect the degree of integration in a large social network (Cohen & Wills 1985). Being part of a supportive group aids mental and physical health (Haslam et al. 2018). Social support is what is lacking when disenfranchised grief occurs. Taylor defines social support as:

> *'Information from others that one is loved and cared for, esteemed*
> *and valued, and part of a network of communication and mutual*
> *obligations from parents, a spouse or lover, other relatives, friends,*

<div align="center">121</div>

> *social and community contacts such as clubs, or even a devoted*
>
> *pet'.*

<div align="right">(Taylor 2003, p.235)</div>

Therefore, it makes sense that social support and acknowledgement is a strong factor in recognising grief. This current study is relevant to promoting this acknowledgement and social support, as it may potentially generate awareness of and validate this unique and invisible grief that migrants suffer.

Unanimous in the interviews was the view that participants felt they were part of a community and have a shared identity as asylum-seekers in the Direct Provision system. Forming relationships with others in the Direct Provision centre was one way of achieving this. For those who found that difficult, volunteering their time at charity organisations allowed them to find a shared supportive community. Both Mark and Alan volunteered locally:

> *'I trained kids from the school to play football. That gave me another*
> *community, I suppose'*,

<div align="right">(Interview 2 Mark page 2, line 55)</div>

> *'And I went to … work in the volunteer shop'*,

<div align="right">(Interview 1 Alan page 32, line 965)</div>

Forming relationships with staff and customers in various charity shops allowed friendships to form for these interviewees. At least one third of the participants volunteered in charity shops in the city, partly to improve their language, partly to make friends. Despite their circumstances of living in Direct Provision centres, some people did forge friendships within them in order to survive. However, the findings show that this was often difficult and, in some centres, fraught with

concern. Some roommates were not so friendly, and residents had little choice in who they would live with, as Vicky explains.

> *'...they would do things that I don't like you know and you cannot tell someone to calm down, or lower down the music or they start shouting at you...'*

<div align="right">(Interview 4 Vicky page 1, line 19)</div>

In one Direct Provision centre I visited as background research for this project, an informal social support structure was evident to me as a researcher and also later as a volunteer in a personal capacity. Examples of social support were evident, from interviews with the participants or afterwards when I was involved with local charity groups that gathered and delivered clothing and toys to children and families living in local Direct Provision centres. Residents knew who needed certain age-appropriate toys and clothing, for example, and made sure that their friends in Direct Provision got the necessary items. This support, while it fits into Taylor's (2003) definition, is very individual and haphazard at best and is not broadly sufficient psychologically or emotionally for the many losses which migrants experience. This can be seen further in the next section which considers this theme of social death and identity re-formation in a new culture.

5.5   Identity

An individual's happiness is strongly linked with having some close social bonds (Turner 1983). Research suggests that the absence of close personal relationships is strongly correlated to unhappiness, emotional distress and depression (Argyle 1987, Myers 1992, Baumeister and Leary 1995). Only when the first two needs of Maslow's hierarchy, physiological needs and security, are met may the individual

move to the next level which is the social need of belonging (Maslow 1943). How is this need for belonging being addressed for migrants and asylum seekers, particularly those who reside in a Direct Provision centre?

It is suggested that personal belonging and group identification can lead to better psychological wellbeing (Haslam et al. 2009). Denial to access the possibility of love, esteem and self-actualisation may make it difficult to maintain self-confidence or agency. Research points out that a deficit in this level can lead to social anxiety and more pathological issues such as stigmatisation (Goffman 1961) and social death (Kralova 2015).

As discussed in the literature review, there are a number of definitions of social death which include non-existence or non-personhood (Patterson 1982) and the undermining of a person's social identity (Goffman 1963). These definitions of social death are evident in the language the participants use in interviews and the examples of what happens to them while residing in the system of Direct Provision. They use language of imprisonment to describe how they feel. This metaphor explains their lived experience clearly and also suggests that people experience social death because they are left to reside in centres on little financial, social or psychological support. It should be noted several respondents reported that they still felt detached from their community during and after the asylum process. While in this space, they are unsure of any next steps and therefore unsure of their identity. At the time of writing this most people were not allowed to work and therefore they are at risk of losing their identity as professionals. At the time of writing, the rules of Direct Provision in Ireland make it difficult for them to participate in society in general, (Arnold 2012) so they may feel they no longer form part of a larger societal group such as a professional association.

Even as parents their identity may be challenged. They are prohibited from cooking for their children so it may be difficult to accept that they are still fully caring for their children and fulfilling the role of parent and provider.

Some of the people interviewed were unsure if they could work in their profession again in Ireland and this consideration contributed to the lack of clarity around their identity:

> *'I studied in Iran, I want to back to [my country] to work there and my wife is a doctor'*

<p align="right">(Interview 1 Alan page 24, line 742)</p>

Alan's experience may be useful as an example of professional identity displacement for the asylum-seeker in Ireland. Alan and his wife, who has travelled with him seeking asylum, would have been considered comfortable in their country of origin as both were working as highly paid and well-educated professionals. Since they left the Direct Provision system, he has been fortunate to secure a job and have his qualifications recognised. His wife, however, though he did not mention it directly in the interviews with me, will likely have difficulty having her qualifications and education recognised. Despite studying medicine for more than a decade, her qualifications may not be recognised in Ireland and therefore her whole professional identity has the potential to be challenged.

Authors have drawn on stigma as part of social death (Kralova 2015). Another contribution to this loss of identity occurs when migrants experience 'skill discounting', which is defined as non-acceptance of an individuals' education and professional experience from their country of origin (Esses et al. 2006). This discounting of skills happens to many migrants. Even though some of the participants in this research may have a high level of education, their

qualifications are not recognised in Ireland which may delay or prevent them from entering the workforce here in the profession for which they have trained and from which they derive much of their identity. This delay achieving educational equivalency may further result in a sense of loss (Lee & Westwood, 1996) and ultimately in economic and psychosocial hardship. Vicky, a teacher in her home country, describes how lonely it is to lose your profession on top of losing your family:

> *'...having come from a background of teaching, you know, and being involved with people, being involved with your family, I had kind of to make my own family here because it can get very lonely, your children are so far away'*

<div align="right">Interview 4 Vicky page 2, line 40</div>

Identity is constantly challenged for migrants in Direct Provision. The rules in place for communal eating facilities and meal provision restrict parents teaching their children basic skills. The ambiguity of being a parent though children are not present is difficult for people to live with. For others, without family they struggle to identify their own position:

> *'If your family is rejected, you become isolated, you are in trouble. I missed that big time, because there is a vacuum...'*

<div align="right">(Interview 2 Mark page 2, line 74)</div>

Deirdre talks about the difficulty she experiences as a parent because of the rules in place in her centre:

> *'There's even stupid rules like, you can't clean the corridor. What kind of thing is that? I can't even sweep up in front of my own door.'*

<div align="right">(Interview 5 Deirdre page 15, line 467)</div>

The same mother has difficulty with the conditions in the facility where residents are not allowed to cook as there are no cooking facilities. She points out that the children living in Direct Provision are not getting an opportunity to learn basic

life skills such as cleaning and may miss out on opportunities for bonding with their parents and their culture of origin:

> *'This is how you cook, this is how you prepare a basic meal, this is how you wash up dishes, this is how you clean a room. Now, these children, you can't do that with them.'*

<div align="right">(Interview 5 Deirdre page 15, line 477)</div>

Frank commented that for him, despite the breakdown and the dysfunction attached to being an asylum seeker, this does not absolve you of your responsibilities. Frank explained that even though his family and children were not with him, he still felt his responsibility as a father:

> *'you can't plan on anything you understand if you are an asylum seeker that doesn't mean that you have run away from your responsibility, to your children or your family or something. You still have to fend for your children...'*

<div align="right">(Interview 6 Frank page 1, line 30)</div>

Even while in the Direct Provision system, an asylum seeker pointed out the disadvantage of living in a single room alone. He commented that being in a room with strangers is necessarily preferable, but his point was if you are alone, nobody looks for you and if you are missing from activities there may be no one who checks on you. There is very little group affiliation or belonging in this system for the asylum seeker. Several of the participants talked about what they perceived as lack of support or care from the staff. Alan's comment (Interview 1 Alan page 33, line 993) below indicates that if a resident does not attend for dinner, for example, there is not a member of staff or any person with responsibility to check up and ensure they are okay. As there is no obligation to attend, and indeed most individuals in Direct Provision are without purpose or reason to be anywhere else, absence from some activities within the centre may not be missed. Also, if an individual becomes unwell and unable to reach out to someone, they are completely alone. Alan pointed out what happens to you if you are unwell:

> *'Nobody will know you, where are you, what happens is you. Maybe you stayed sick or you know and two days nobody know that.*

<div align="right">(Interview 1 Alan page 33, line 993)</div>

There are copious amounts of possible benefits to being part of a group under conditions of scarcity (Baumeister and Leary 1995) but the results here suggest that the current system of Direct Provision in Ireland creates barriers in the development of these benefits. To compensate for the lack of belonging, Vicky argued that even if her qualifications remained unrecognised in Ireland or if she could not attain a work permit, she would offer to sweep streets which would give her a purpose:

> *'I was even wishing they could even tell me to sweep the streets for them ... and they pay me just a few hours...'*

<div align="right">(Interview 4 Vicky page 2, line 43)</div>

Identity is further reduced and demeaned even when it comes to fundamental rights to one's own body and religious practices which may be lost to those residing in the Direct Provision system. The system of Direct Provision does not allow for people with religious beliefs to be separated (perhaps with good intention so as not to segregate). Frank observes:

> *'There is no privacy in the house, we are different religions, Muslims and Christians',*

<div align="right">(Interview 6 Frank page 2, line 66)</div>

Vicky compares how she is being treated in terms of privacy against what would be the norm in her own culture. Familiarity and belonging was lost to this participant, and her experience of Direct Provision highlighted and even accentuated her loss:

> *'I mean, a grown woman being put in a room with others young enough to be your own children. In my culture, that doesn't happen, it doesn't happen. You won't dress in front of your children, you know? In Direct Provision I am forced to go to the bathroom to dress'.*

Giving the space to articulate the stories of these individuals who have

experienced cultural bereavement, loss and grief may provide a cathartic

experience. Knowing that they have been heard allows individuals to normalise

the loss (Tubbs & Boss 2000). In telling their stories they may identify the

tangible resources that they miss and identify what the differences are in the new

culture. Then they can hold what is part of their 'own' culture while adopting the

new environment, keeping and celebrating both as part of their new identity. It is

possible for some migrants to lose their sense of social identity, which might

result in a very complex situation such as social death.

5.6   Social Death

Kralova (2015) describes social death as a complicated phenomenon in that it has

number of facets. This includes a:

- loss of social identity,

- loss of social connection as well as

- loss associated with the disintegration of the body.

To more thoroughly understand the concept, one could consider social death as
the opposite of wellbeing (Kralova 2015). Certainly, something that all of the
participants in this study agreed upon was having a lack of wellbeing. James
talked about the lack of purpose presenting as a type of weariness:

> *'...if you sleep every day, you are not allowed to do anything, you don't*
> *have the mental stimulation to do things, to get out there and do*
> *something'*

This participant Mike agreed that it was a difficult way to live:

'Everything in Direct Provision, it is really oppressing'

However, another participant goes beyond this weariness and lack of energy recognising that it is very unhealthy, Vicky says:

'...you have to really look for something to do, to maintain your sanity',

It can be difficult to self-motivate while living in these conditions, and the individuals who took part in this research expressed awareness of how the system keeps them separate from society, confirming this concept of social death. Frank comments that:

'...the system, it has been designed to discriminate against us, you know to racially discriminate and everything, because I am confined in a place in town, but people don't know, that tells you that I am total(ly) alienated...'

Tajfel and Turner (1979) propose social identity is created from group membership. Losing both social identity and social connectedness are two factors of social death. The individual is part of society which gives identity as part of this group. Identities such as religious association, cultural background and traditions all form part of this distinctiveness (Ashforth & Mael, 1989).

Participants in this study come from different cultural and religious backgrounds. Some Muslim, some Christian. Each one had an occupation. Professions of the participants included an engineer, an entrepreneur, a teacher, an administrator, a chemist, and another worked in marketing. These professional qualifications are not recognised or deemed useful while they await a response in the Direct Provision setting. While an asylum seeker is waiting on an answer to their application, their skills and experience lie idle and even self confidence in their ability is lost. Two participants discuss their loss of skills:

'...where they come from they are qualified, have got good level of education. But if you spend 10 years in the system, one you are not allowed to work, you obviously downskill.'

(Interview 7 James page 1, line 26)

'I would do anything, but after staying in the system 7 to 11 years my body is – I've lost much confidence in myself, only way to get that pride is go back to school.'

(Interview 6 Frank page 4, line 149)

Social identity as a concept came about in the early 1970's and was focused on social and psychological processes within groups (Israel and Tajfel 1972). Individuals' identity is tied to the groups they belong to and the professions they participate in. The asylum seekers in the Direct Provision system are a minority group and in effect, due to geographical location are effectively outcasts of society in general. The current system of Direct Provision has approximately 33 centres and the majority of these are located on the outskirts or outside main towns or cities.

Social and psychological processes include power relations, autonomy and status which comes as part of participating in a group. There is no autonomy afforded the asylum seeker in Direct Provision. They are not allowed to participate in the choices of what they eat daily. Three different participants commented on the lack of choice and poor quality of the food:

'We ate the same kinds of food every day, and coming from a different background, like I am from Africa(n), we have our own African food, we make it differently. I'm not saying the Irish food is not good but it can be monotonous if you are eating it day in day out'

(Interview 4 Deirdre page 1, line 12)

'...that's the problem we are having, because, well, you know we are not allowed to cook ourselves, so most of the food is poor. You know

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> *sometimes you don't feel like to eat, because you are you get used to how boring it is.'*

Tajfel (1972) defines social identity as 'the individual's knowledge that he/she belongs to certain social groups together with some emotional and significance value to him/her of the group membership'. Goffman (1961) studied mental hospital patients who were long term hospitalised and the effect of institutionalisation. These effects are evident in most of the participants. After six years in the system without access to cooking facilities, one asylum seeker talked about how he had forgotten how to cook or fend for himself. When James left the Direct Provision centre finally and found his own accommodation, he was unable to put a meal together for himself; his basic culinary skills were gone:

> *'...the first six months, three months, all I was doing was having sandwiches, that's all I could do',*

There are many institutional rules that maintain order, and limit the individual's agency, Deirdre talks of these:

> *'...you're not allowed to drink alcohol in the premises. You're not allowed to play rock music'*

Further to Goffman's (1961) description of where people are no longer in their natural social setting, therefore without their social roles when placed in an institution, their agency and identity is removed thus rendering them effectively a 'non-person'. Two participants, Frank and Vicky appear acutely aware of this and said:

> *'People are living normal lives out there, you see, they are living normal lives with their families, but they have got to keep us in the system this long*

and cannot say anything. They don't even think about us, it hurts, it hurts, it hurts.'

<div align="right">(Interview 6 Frank page 2, line 55)</div>

'Was the same routine every day, you are sleeping with the same person or same persons in every day, you are eating the same food, you are meeting the same people for dining, the same manager, the same place same routing, it can really knock you out.'

<div align="right">(Interview 4 Vicky page 1, line 29)</div>

The loss of social connectedness is also part of social death and can happen with loss of identity, for example in one's profession. The asylum seeker is culturally estranged, often has lost his family and home and is not allowed to work while awaiting a decision from the Department of Justice so they also lose this identity which is their profession. Losing this social role may also create a void in human connectedness.

Membership of a subordinate group may confer unconstructive connotations (Abrams & Hogg 1990) thus impacting upon social identity negatively. One asylum seeker who tried to upskill by doing a course found that people wouldn't sit with him or interact once they knew where he lived. Mike said:

'Cause what I've realized, if you say that you Direct Provision—or you meet someone, yeah? A friend or could be someone else and you tell them, "I'm from Direct Provision, your whole thing will just end there and there'.

<div align="right">(Interview 8 Mike page 14, line 374)</div>

5.6.1 Volunteering

Some participants spoke about their efforts to become part of the community by volunteering their time in charity shops, training local children. At least half of the participants were involved in organisations on a voluntary basis:

> *'I have volunteered in a charity shop all these things since I have came to Limerick',*

<div style="text-align: right">(Interview 4 Vicky page 1, line 34)</div>

> *'And I went to...work in the volunteer shop'*

<div style="text-align: right">(Interview 1 Alan page 32, line 965).</div>

Some participants recognised volunteering as a way of improving their language, and some used it for making connections. Mark and James talk about this:

> *Also, I was a volunteer during my time in Tralee, at the Tralee Volunteer Centre. There was a fundraiser for a charity for people affected with cancer, I was an active member of the fundraiser, I trained kids from the school to play football. That gave me another community, I suppose.*

<div style="text-align: right">(Interview 2 Mark page 2, line 54)</div>

> *'...in volunteering, that's how you meet new people, people get to know you and get interested in you and want to help each other'.*

<div style="text-align: right">(Interview 7 James page 1, line 11)</div>

According to one of the interviewees this is not normal behaviour for people where he comes from. While not all the participants are African, volunteerism is quite strong in Ireland so this comparison may be representative of more cultures than just Africa:

> *'You do not have that volunteering mentality in Africa. In Africa, it isn't something important. We don't volunteer easily, everybody is selfish'.*

<div style="text-align: right">(Interview 2 Mark page 4, line 135)</div>

According to Kralova (2015) life roles are crucial to people's existence and a person's quality of life is impacted greatly if lost. Sudnow (1967) believes it would be wrong to apply the term social death to any form of social maltreatment. Gordon's (2011) definition of social death is 'refers to the process by which a person is socially negated or made a human nonperson. Gordon (2011, p.17) cautions that social death is something we in society do that can and must be stopped. The profound lack of access to education and progression socially and economically is also likely to have a large impact on the asylum seeker's self-identity. It appears to be an enormous task to reconstruct or recreate one's identity for those who remain in Direct Provision for a long time. Some participants want to denounce the identity of the refugee due to the stigma attached to it. It is possible for some people perhaps years later after they have moved on they may wear it as a badge of honour, as it represents something monumental that they managed to overcome. Part of this reframing can also aid in helping migrants bounce back from traumatic experience and develop resilience, which is further explored in the next section.

5.7   Resilience

Redefining one's identity is difficult as it takes time to establish what the new identity is through reframing and recalibrating (Ashforth and Kreiner 1999). Miller (2013) discusses reframing as an important tool to normalise the post-migration condition. Boss (2006) also argues it is possible to thrive and offers guidelines to do so which include:

- finding meaning,

- adjusting mastery,

- reconstructing identity,

- normalising ambivalence,

- revising attachment and finally, and

- discovering new hope.

Pertinent literature shows that the key to building resilience and decreasing the after-effects of suffering trauma is in the quality of the individuals' relationships and family and social contexts. (Masten 2001, 2007; Wright & Masten 1997; Luthar, Cicchetti and Becker, 2000.) The difficulty for the population involved in this research is that migrants are often estranged or distanced from their families, not because of family rupture or disagreement but because of the necessity of forced migration. Relationships are often challenged or even severed with their families and home country and the social context in which they now reside is fraught with bias, stigma, lack of autonomy and other negative impacts.

But key to this study is to explore the lived experience and what sustains the migrant in this situation. Vicky describes how volunteering sustained her and

helped to build resilience; I suspect it was also a structure and a community of belonging that helped:

> *I'm still involved and that really kept me going, it fulfilled me so much that I cannot let it go. I feel so completed by volunteering.*

<div align="right">(Interview 4 Vicky page 1, line 37)</div>

Mark talked about how local community involved him in sporting activities and social events when he was trying to live on the small sum afforded to each asylum seeker:

> *'They called me to play football, they bought drinks for me - at that time we got €19 each week, it was not enough to live on'.*

<div align="right">(Interview 2 Mark page 2, line 45)</div>

This same participant recognised clearly how that support was important to maintain him through dark times:

> *'I was an active member of the fundraiser, I trained kids from the school to play football. That gave me another community, I suppose. I used that time because it was a vacuum, so I needed some sort of thing'.*

<div align="right">(Interview 2 Mark page 2, line 55)</div>

The literature (Garmezy 1991, Masten 2014) demonstrates that resilience is not simply an innate quality of a person though for Deirdre she felt she always had this type of strength and tenacity:

> *'I've never been that type of person to really sit back and watch things go wrong, I'd rather say, "Okay. I tried". It didn't then think, what about ... but I tried. I think that's what keeps me positive, by trying'.*

<div align="right">(Interview 5 Deirdre page 12, line 383)</div>

Another participant who also must have been building his resilience muscle in his home country as he is still thinking about making things work back home, even while in isolation in Ireland. Frank says:

'In my country, maybe we can make things work again. I spend much of my time doing that, it takes my mind away from not having a purpose.'

<div align="right">(Interview 6 Frank page 7, line 259)</div>

It is not the first time for this person either to understand the strength is there, Fred said:

'I didn't have a choice, just keep on going'

<div align="right">(Interview 3 Fred page 9, line 249)</div>

Other participants describe using other distraction tactics to take their mind off their current situation, Mike uses exercise to alleviate the boredom:

'But I do some exercises, we have a gym'

<div align="right">(Interview 8 Mike page 27, line 776)</div>

When asked how she managed to get through the isolation and inadequate lifestyle of Direct Provision, Vicky said:

'Let me just say, it's my children, because I needed to go through this and to finish with this, and at least I get to see them again'.

<div align="right">(Interview 4 Vicky page 3, line 91)</div>

5.8   Conclusion

This chapter sought to disseminate the findings from this research which are all interlinked and closely connected to the health and wellbeing of the vulnerable population studied.

Themes were identified through thematic analysis from the interviews conducted with the participants. Strong themes are evident throughout the research of loss and grief, migratory loss, loss of identity, social death and resilience which were all interlinked throughout the semi-structured interviews with the participants. The findings suggest that grief and loss from the migratory journey is often overlooked by the host society and by the institutions accommodating migrants in Ireland. Migrants' adaptations to their new identity include experiences such as feeling frustrated with the lack of agency and the time delay in processing their application for asylum. Very few participants experienced a smooth transition from the place of asylum-seeker or refugee, but even when the length of time to process asylum was short there is still evidence of loss and grief across the migratory journey.

Findings here suggest that Ireland as a host society may not provide sufficient supports to migrants dealing with loss and grief and may arguably worsen the experiences of grief and both ambiguous and disenfranchised loss for this elusive community. There is little evidence of Direct Provision centres providing high quality, culturally appropriate psychological or social supports for grieving any loss within this very vulnerable population. The research outcomes from this study lend themselves to the argument for a radical change in how Direct Provision services are organised and conducted. Conclusions drawn from the findings and recommendations will be presented in the final chapter.

6   Conclusion and Recommendations

This aim of this research study was to explore the loss and grief experienced by migrants coming to Limerick in the last 10 years. The intention was to identify this loss and review strategies which may contribute to building resilience. The ultimate desire behind the project was to give a voice to the people who live this experience daily and are often forgotten within our society. It would be wonderful if this research inspired a greater understanding and appreciation of the migrants' position within wider Irish society. It might even contribute to better outcomes for individuals once they understand their own loss story and also for the majority of the host community to see the benefits of having migrants integrate in our society, and to value the similarities and differences among us as human beings.

This chapter will look at those perspectives and possible interventions for migrants and review the implications and limitations of the research. Throughout the research many avenues opened up around loss, grief and implications for future research. There will be recommendations for this and also a more personal interpretation of the main findings.

1. A qualitative phenomenological study of the loss and grief experienced by migrants was undertaken. A total of ten semi-structured interviews were conducted, with eight recorded and two captured through notetaking by the researcher and thematically analysed. The participants were migrants from different countries and geographical locations, and all were at varying points on their migratory journey with experience of living in Direct Provision in Ireland.

2. The data was analysed as gender neutral partly to maintain the anonymity and confidentiality, but future research could compare what men said in comparison to women. What might be useful for future research would be to do a comparative study of the male versus female experience as both experience and exhibit loss and grief differently. Grieving often depends on the identity of the individual: for example, men are expected to grieve in a certain way and women in a totally different way. Expanding the research to include more interviews with migrants from different Direct Provision centre using other modalities could allow for interventions to be tailored specifically to individual needs.

3. This tailoring of interventions also applies to members of the LGBTQI community. More research could be undertaken to further explore migrants' narrative on their experience. Gathering more reliable information about these differences might help to inform policy around refugee programmes.

4. As mentioned, semi-structured interviews were conducted directly with the participants. It can be argued that future research incorporating an interpreter as part of the interview process would allow for more detailed input from the participant. Having someone who has the language to explain the concepts and the purpose of the research might encourage more data sharing. The danger of this is that the interpreter may have an unknown bias that may skew the results.

5. Overwhelmingly the analysis shows that grief and loss are at the heart of the migrant story but, if this is the case, then the lifeblood must be the resilience and coping skills that are developed to overcome the numerous barriers put in place. There is virtually no mention of grief supports in any published

material for people in Direct Provision. The findings of this study show that loss and grief phenomena are an umbrella heading for a number of losses that are endured in the migrant journey. These emotional burdens of grief could perhaps be minimised or even prevented if proper psychological and grief supports were introduced within the Direct Provision process. This is a recommendation for the Department of Justice and NGO's working with asylum seekers.

6. The data shows that migrant integration in host societies is key to preventing depression and other mental health issues. If the host society prohibits the opportunity to grieve, or fails to recognise the need to grieve properly, this may cause the grief to persist indefinitely. When grief is unending it is likely to impact physically for the individual. Integration within the society will always be affected by this inability to grieve. Furthermore, if an individual is consumed by trauma it may become a barrier to integrate, to make friends, to contribute to society. The geographical location of many Direct Provision centres prohibits asylum seekers and refugees from building any form of network as they are miles away from the nearest community. The ongoing COVID19 global pandemic has highlighted the very human need to be connected to others; we need places to go and ways to connect in order to feel that we belong. The Direct Provision system as it currently stands needs to be radically overhauled or ended. People seeking asylum and protection in Ireland should be housed in the community to foster inclusion but with proper supports provided for their unique psychological and grieving needs.

7. What strikes me most after carrying out this research is the massive evidence pointing to the waste of human potential and human capital that remains

trapped for political or legal reasons and regulations within Direct Provision.

Irish society would benefit if asylum seekers' abilities were better used. For

future research I would recommend exploring the barriers and facilitators that

would support people to overcome this potential waste. As a society and

economy, we lose out on vast amounts of prior learning, previous education,

language and experience. Research is needed to uncover ways to develop and

nurture that. The participants in this study talked frequently about their

educational and future aspirations and what they wanted to do in the future. In

further research, this could be explored: how we can help migrants to pursue

that ambition.

6.1   Implications

- As demonstrated through the Ulysses Syndrome, when loss and grief is

  disenfranchised, or grieving is prohibited the outcome for mental health is

  poor. This outcome could be extended to physical health also.

- Participants in this study did identify with all the stages in acculturation

  theory and in the Ulysses Syndrome. How are members of a community to

  adjust to migration, with good mental and physical health and in a position

  to integrate and contribute emotionally and economically to their new

  country when society provides very few opportunities to franchise their

  grief? The dearth of literature around the particular grief and loss

  experiences for migrants must be addressed. Future research could test

  the stages of grieving and acculturation over time so a longitudinal study

  would be essential. There is at the time of this writing scant evidence of

  research on loss and grief supports anywhere for migrants. Also, a

longitudinal exploration of the supports in place for educational access

and progression would be ideal. This would be a welcome study.

This research is an exploratory study and it poses many questions. It may be a

benefit for policy makers to identify the key psychological processes at work for

asylum seekers. In the migratory process there is much evidence showing grief is

likely, due to the enormity of the losses occurring. It may benefit policy makers to

consider introducing methods of supporting grief and loss to make adjustment and

perhaps recovery for the migrant in Ireland a fuller possibility.

The Irish diaspora has maintained Irish culture and identity throughout the world.

Our emigrants contribute meaningfully to other societies. We can provide a

similar arrangement for migrants in Ireland; we might invite them to maintain

their culture as a sense of who they are while adapting to the ways of our nation.

We must develop more supportive models to maintain these individuals while

they are in the process of seeking asylum here. From this research, it is clear that

while much is lost for the forced migrant in Ireland, and there is much to be

grieved, it is our duty to help these individuals find acknowledgement, solace,

inclusion and opportunity in our society.

7   Bibliography

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8   Appendices

Appendix 1:   Interview Schedule

Interview Schedule

1   How long have you lived in limerick

2   Where are you from?

3   Tell me about your home.

4   What do you think of Limerick?

5   Is your family with you?

6   Did they come with you originally? Tell me how that came about.

7   Tell me about your life in Limerick

8   Is there anything else you wish to discuss

9   Is there anything I can help you with

10   Any other comments

Appendix 2: Letter of Consent

Lost and Found Research Masters at Limerick Institute of Technology

Letter of Consent

I understand the research is about the lived experience of migrants coming to Limerick and identifying the loss of culture and gaining a new identity and that the results will be used for the purpose of completing this research masters.

I know that my participation is voluntary and that I can withdraw from the research project at any time without prejudice during the interviewing and up to one month after the completion of the interview.

I am assured that the researcher will make every effort to secure all information gathered and that any evidence provided will be kept anonymised and confidentially stored.

I am aware that I can receive a copy of the final research results on request.

Participant signature: _____

Participant name: _____
(Please print)

Date: _____

Appendix 3: Participant Information Sheet

Participant Information Sheet

Introduction to the Research Study – Lost and Found in Limerick

To potential participants

The following research study is being undertaken as part of a Master's programme at Limerick Institute of Technology.

The programme entitled;

'"Lost and Found in Limerick: exploring the experiences of migrants who have made Limerick their home" will seek to explore the experiences of cultural grief and loss experienced by individuals and what they have found to build resilience and coping skills in their new home.

Supervisor

The supervisor for this research is Jennifer Stritch. Her contact email is jennifer.stritch@lit.ie

Researcher

Michelle Ryan is the main researcher. Her email is michelle.ryan@lit.ie

Participants

Participants will be sourced and randomly selected through in two ways - professional contacts and volunteers requested through agencies such as Doras Luimni which is 'an independent, non-profit, non-governmental organisation working to support and promote the rights of all migrants living in Limerick and the wider Mid-West region'.

This project will commence in 2015 and will be completed in autumn 2016. In the first phase of the project the researcher will conduct an extensive review of academic literature. The second part of the project will focus on data collection from interviews with potential participants.

As a participant in this study you will be asked to attend one interview of up to one hour's duration. Audio recordings will be made of all interviews and stored in a confidential, password protected file. The time and venue will be by mutual agreement and they will be conducted in a confidential location.

Participation

Participation in this project is completely voluntary and without persuasion. You may withdraw from this project at any time during the interview and up to one

month after the interview you have the option to withdraw your participation. There is no penalty for withdrawal.

Confidentiality

As a participant in this research your anonymity will be completely maintained and the information you have shared will be strictly confidential. Your identity will be protected at all stages throughout the project. In the final document you and all the other participants will remain anonymous your real name will not be used and any other potentially identifying information will be removed from the final thesis to protect your identity. A summary of the findings will be made available to you on request.

All data collected throughout this project will be held in a secure computer in a password protected and encrypted file to which the researcher and supervisor only will have access. On successful completion of the thesis all notes, recordings and interview transcripts will be held in a secure location for a period of one year and will then be destroyed.

The results and findings of the research will be presented in a Master's Thesis and some of the material may be published as for example, articles in professional academic journals and may be presented at seminars or conferences.

Limitations to data confidentiality will be guided by counselling ethics in this research. Under Mandatory Reporting Guidelines if you disclose an incidence of harm or intention to harm a child it must be reported. Confidentiality cannot be maintained if you disclose an incidence of harm or intention to harm yourself or others.

If you have any concerns about this study and wish to contact an independent person, please contact:

The secretary, Limerick Institute of Technology Research Ethics Committee, c/o Graduate Studies, Limerick Institute of Technology, Moylish Park, Limerick. Tel: 061-293526.

Other support measures

Organisation	Website	Telephone
Citizens information centre	www.citizensinformation.ie	076 107 5780
Doras Luimni	www.dorasluimni.org	061 310325
Pieta House	www.pieta.ie	061 484444
Migrants Rights Centre	www.mrci.ie	(01) 889 7570
Mymind	www.mymind.org	076 680 1060
Samaritans	www.samaritans.org	061 412111

Appendix 4:   Plain Language Statement

<u>**Plain Language Statement**</u>

Introduction to the Research Study – Lost and Found in Limerick

To potential participants

The following research study is being undertaken as part of a Master's programme at Limerick Institute of Technology.

The programme entitled;

"'Lost and Found in Limerick: exploring the experiences of migrants who have made Limerick their home" will seek to explore the experiences of cultural grief and loss experienced by individuals and what they have found to build resilience and coping skills in their new home.

Supervisor

The supervisor for this research is Jennifer Stritch. Her contact email is jennifer.stritch@lit.ie

Researcher

Michelle Ryan is the main researcher. Her email is michelle.ryan@lit.ie

Participants

Participants will be sourced and randomly selected through in two ways - professional contacts and volunteers requested through agencies such as Doras Luimni which is 'an independent, non-profit, non-governmental organisation working to support and promote the rights of all migrants living in Limerick and the wider Mid-West region'.

This project will commence in 2015 and will be completed in autumn 2017. In the first phase of the project the researcher will conduct an extensive review of academic literature. The second part of the project will focus on data collection from interviews with potential participants.

As a participant in this study you will be asked to attend one interview of up to one hour's duration. Audio recordings will be made of all interviews and stored in a confidential, password protected file. The time and venue will be by mutual agreement and they will be conducted in a confidential location.

You may be asked to provide photographic evidence of one positive item that you can identify as helping with your transition.

Participation

Participation in this project is completely voluntary and without persuasion. You may withdraw from this project at any time during the interview and up to one month after the interview you have the option to withdraw your participation. There is no penalty for withdrawal.

Confidentiality

As a participant in this research your anonymity will be completely maintained and the information you have shared will be strictly confidential. Your identity will be protected at all stages throughout the project. In the final document you and all the other participants will remain anonymous your real name will not be used and any other potentially identifying information will be removed from the final thesis to protect your identity. A summary of the findings will be made available to you on request.

All data collected throughout this project will be held in a secure computer in a password protected and encrypted file to which the researcher and supervisor only will have access. On successful completion of the thesis all notes, recordings and interview transcripts will be held in a secure location for a period of one year and will then be destroyed.

The results and findings of the research will be presented in a Master's Thesis and some of the material may be published as for example, articles in professional academic journals and may be presented at seminars or conferences.

Limitations to data confidentiality will be guided by counselling ethics in this research. Under Mandatory Reporting Guidelines if you disclose an incidence of harm or intention to harm a child it must be reported. Confidentiality cannot be maintained if you disclose an incidence of harm or intention to harm yourself or others.

If you have any concerns about this study and wish to contact an independent person, please contact:

The secretary, Limerick Institute of Technology Research Ethics Committee, c/o Graduate Studies, Limerick Institute of Technology, Moylish Park, Limerick. Tel: 061-293526.

Appendix 5:   Recruitment Letter/Email

Recruitment letter/email

'Lost and Found in Limerick'

Dear (name of contact at agency)

As discussed previously I am writing to you with regard to recruiting participants in my research on '"Lost and Found in Limerick: exploring the experiences of migrants who have made Limerick their home" which will seek to explore the experiences of cultural grief and loss experienced by individuals and what they have found to build resilience and coping skills in their new home in Limerick.

I would appreciate if you can post the following ad in your centre -

My name is Michelle Ryan and I am researching migrant experiences in moving to Limerick. My research is part of a research Masters programme that I am undertaking at the Limerick Institute of Technology. My supervisor is Jennifer Stritch and she can be contacted at jennifer.stritch@lit.ie.

Participation in this project is completely voluntary. Your input will be totally anonymised and may be used as part of the research paper and ensuing presentations or papers.

As a participant in this research your anonymity will be completely maintained and the information you have shared will be strictly confidential. Your identity will be protected at all stages throughout the project. In the final document you and all the other participants will remain anonymous. Your real name will not be used and any other potentially identifying information will be removed from the final thesis to protect your identity. A summary of the findings will be made available to you on request

You may withdraw from this project at any time during the interview and up to one month after the interview you have the option to withdraw your participation. There is no penalty for withdrawal.

To participate you must be over eighteen years old and be living in Limerick for the past five years. Participation will include having a conversation with the researcher (me) for approximately one hour.

If you are interested in participating please contact me at michelle.ryan@lit.ie.

Thanks and regards,

Michelle Ryan

Appendix 6:   Participant Transcripts (not included)