

**Understanding asylum seekers' agency during resettlement and the importance of
psychosocial interventions**

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December 2022

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree
of Master of Science

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Abstract

Asylum seekers, also known as refugee claimants, are people who arrive in a host country seeking protection from harm in their country of origin. Even during the COVID-19 pandemic, thousands of refugee claimants sought protection in high-income Western countries such as Canada. The psychosocial difficulties claimants experienced post-migration have been extensively documented, and the social isolation and lack of service access had since been exacerbated during the pandemic without recourse. This thesis seeks to first understand asylum-seeking mothers' agency in navigating the structural constraints of resettlement in order to challenge the dominant discourse that characterizes these women as passive and helpless. Subsequently, we use this knowledge to advocate for community-based psychosocial support programs that hold potential for addressing asylum seekers' health and social needs holistically especially in a post-pandemic context.

Résumé

Les demandeurs d'asile, également connus sous le nom de demandeurs de statut de réfugié, sont des personnes qui arrivent dans un pays d'accueil en cherchant à se protéger contre les préjudices subis dans leur pays d'origine. Même pendant la pandémie de COVID-19, des milliers de demandeurs d'asile ont cherché à se protéger dans des pays occidentaux à revenu élevé comme le Canada. Les difficultés psychosociales rencontrées par les demandeurs d'asile après la migration ont été largement documentées, et l'isolement social et le manque d'accès aux services ont été exacerbés pendant la pandémie sans recours. Cette thèse cherche d'abord à comprendre l'agence des mères demandeuses d'asile dans la navigation des contraintes structurelles de la réinstallation afin de défier le discours dominant qui caractérise ces femmes comme passives et impuissantes. Ensuite, nous utilisons ces connaissances pour plaider en faveur de programmes communautaires

de soutien psychosocial qui ont le potentiel de répondre aux besoins sanitaires et sociaux des demandeurs d'asile de manière holistique, en particulier dans un contexte post-pandémique.

Acknowledgements

First of all, my deepest gratitude to my supervisor Dr. Rachel Kronick, whose mentorship and compassion was indispensable to not only the completion of my Master's degree but also my personal development throughout. Her deep care to the vulnerablized, sense of advocacy and innovation, and eloquence have grounded me in the meaning of this work and inspired my continued dedication to working with immigrants and refugees. I would also like to thank my advisory committee: Dr. Richard Koestner and Dr. Monica Ruiz-Casares, for contributing their insights and expertise into my multiple projects. My sincerest gratitude to my honorary advisor, Dr. Els Rommes, for both her guidance in the technical aspects of qualitative research and her encouragement during my many moments of frustration. Thank you to all my wonderful colleagues at the Welcome Haven team: Rosy Kuftedjian, Gabriela Peterson, Selma Mezdaoui, Aseel Alzaghoul, Leonora King, and our amazing group of drama therapy interns and volunteers (shout out to Dina and Lorena for your interpretation during workshops and my interviews), my project would have never happened without you all. Especially to Rosy and Gabriela, thank you for your guidance in ethics submission, all your interpretation assistance in recruitment of participants, your contribution to the interviews and transcription, and most importantly your patience and support to my project. I would also like to thank Dr. Marie-Eve Pare and Dr. Keven Lee for their expertise and advice that helped me better understand social theories and qualitative research writing. Massive thank you to all my family and friends who were there through the tears and triumphs, you are all everything and more to me. Finally, my most heartfelt thank you to all the asylum-seeking mothers who were so generous with their time and stories. Your strength had taught me so much about life - this project has always been for you.

Contribution of Authors

I, Yufei Wu, am the primary author of the two manuscripts (chapters) included in this thesis. Dr. Els Rommes and Dr. Rachel Kronick are second and senior author (PI) respectively on the first manuscript (pending submission for publication), and Dr. Marie-Eve Pare, Dr. Els Rommes, and Dr. Rachel Kronick are the second, third, and senior authors on the second manuscript (pending submission for publication). I independently wrote both manuscripts, with editorial support from other co-authors. The first project was nested in Dr. Rachel Kronick's larger project, but the literature review, data collection, data analysis was all led by me with help from research assistants Rosy Kuftedjian and Gabriela Peterson, and supervision from Dr. Rachel Kronick.

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Introduction

Asylum-seeking mothers are commonly portrayed as powerless victims, deprived of their agency during forced migration. The thesis first examines mothers' experience of structural constraints and agency during resettlement, and subsequently urges for the implementation of community-based psychosocial support programs that hold potential in fostering agency and enhancing wellbeing for asylum seekers.

In chapter one, I present a manuscript that aims to identify the structural constraints asylum-seeking mothers experience during resettlement in Montreal and their expressions of agency. We conducted interviews with 13 asylum-seeking mothers. Following inductive and deductive thematic analysis, we found that mothers experience deprivation, discrimination, and precariousness in a host society that constrained their capabilities. Nonetheless, mothers continued to exert agency in the form of i) resistance to the narrative of dependency ii) intentionality in their motherhood project, and iii) endurance through meaning-making. A better understanding of asylum-seeking mothers' agency can challenge the dominant victim narratives and instead advocate for recognition and support of their agency in research and interventions, such as community-based psychosocial support programs.

Chapter two presents a manuscript that includes a comprehensive literature review and a case study to demonstrate the potential of these programs to alleviate mental distress through building social belonging and facilitating service access. Despite the effectiveness of these programs and the asylum seekers' urgent psychosocial needs during the COVID-19 pandemic, these programs were deemed inessential. This paper urges a rethinking of the critical place of community-based psychosocial programs to address both health and social inequalities for asylum seekers in a (post-)pandemic society.

Taken together, these two papers expand our understanding of the resettlement experiences of asylum seekers in Montreal, both in terms of their agency and wellbeing, and the (lack of) services that were offered during a public health crisis. This thesis challenges the rhetoric around asylum seekers and the care that should be provided, and advocates for community-based psychosocial programs to be considered as core essential services for this highly vulnerablized population.

Chapter 1

Resistance, intentionality, and endurance: Understanding asylum-seeking mothers' agency during resettlement in Montreal, Canada

Introduction

By October, nearly seventy-two thousand asylum claims have been processed in Canada since the start of 2022, more than 60% of which were processed in Quebec (Canada, 2022). Asylum seekers are people who arrive in a host country seeking protection from harm or persecution in their country of origin. Their claims always subjected to scrutiny under a process that determines if they meet the legal definition of refugee or a person in need of protection. In Canada the average wait time for the adjudication of a refugee claim at the tribunal is approximately 2 years, though people wait up to a few months for their decisions and in the case of a negative decision may wait several years more as they undergo various forms of appeals. The migration of asylum seekers is often characterized as one of involuntary displacement, suggesting powerlessness and lack of choice in their migration decision. Asylum seekers and refugees are consequently commonly casted as passive victims of violence and disaster, deprived of their agency in the face of forced displacement (Ghorashi, 2005; Oliver-Smith & Hansen, 2019). Early scholars have stated that the defining feature of refugees' migration is the absence of an inner self-propelling force (Kunz, 1973), and researchers had critiqued the common perception that asylum seekers and refugees represent “an anomaly requiring specialized correctives and therapeutic interventions” (Malkki, 1992). These assumptions have been used to justify the deficit-seeking approach refugee studies often adopt, perpetuating the image of “victimized refugees” and enabled disempowering policies – such as receiving asylum seekers in often remote reception centers and forcing them to rely on welfare - framed as benevolent

(Ghorashi, 2005; Oliver-Smith & Hansen, 2019; Rajasingham-Senanayake, 2004). While those seeking refugee protection are indeed often forcibly displaced and face a limited range of options, the discourses emphasizing victimhood often fail to capture the resourcefulness and agency that seeking protection demands of refugee people.

The risk of being portrayed as powerless victims is particularly salient for asylum-seeking mothers, since migration literature has traditionally described female migration as involuntary. Migrant women are often thought to be positioned on two opposite ends: on the one hand they are portrayed as victims who were “coerced” into their decision to migrate. Unlike men, who are cast as seeking for economic mobility and opportunities, women’s – and especially mothers’ – migration is seen as a form of sacrifice to sustain their homes and fulfill their care responsibilities (Lutz, 2016; Tyldum, 2015). On the other hand, when migrant women are not portrayed as mere victims of patriarchal structures, they are, consistent with an “emancipatory model of agency” (Butler, 2017), considered as “self-supporting agents” who are endowed with freedom and will and whose internal power is never threatened while they work to resist the system, demanding their rights (Benhabib et al., 1994; Briones, 2013; Näre, 2014). Bracke (2016) argued that this neoliberal conceptualization of “resilience” carries an ethical imperative that demands the “good” refugee woman to be constantly positioned in “the process of overcoming,” to be able to bounce back from “whatever life throws” – even when that is complete displacement and “losing almost everything.”

Feminist scholars had criticized this dichotomy in appraising refugee and asylum-seeking women and instead advocated for a more nuanced analysis that explores how women can express agency by strategically negotiating their existence *within* structural constraints and vulnerabilities (Ayala & Murga, 2016; Kanal & Rottmann, 2021; Näre, 2014). Butler (2016) suggested that

perhaps dominant feminist discourse fears that to admit the way one has been controlled is to be solely defined by the term which “robs” one of their agency. For asylum-seeking mothers, asserting their agency and alluding to their ambitions beyond seeking protection such as one of building a new life for their family and children, may be sidelined in the process of seeking refugee status. As Arthur Kleinman has pointed out: ‘trauma stories then become the currency, the symbolic capital with which they enter exchanges for physical resources and achieve the status of political refugee (Kleinman et al., 1997, p. 10). Rather than positioning themselves as agents, refugee claimants are, by nature of the tribunal process, compelled to reduce their narrative to one solely based on trauma and violence that often casts their identities as victims suffering from a pathology (Kirmayer, 2003). Must the women who seek a protected status unwittingly establish themselves as weak and surrender to the structural power to deserve protection? Butler (2016) believed it to be the feminist task to undo this binary and “understand the way vulnerability enters into agency” (p. 25), thereby restoring the voice and power of the “victims” and allowing complexities in their narratives. Expanding the dichotomized view of asylum-seeking women might enlarge our understanding of their agency, from either completely absent or unwaveringly intact, to more nuanced forms that exist in relation to structural constraints. Research that examines asylum-seeking mothers’ resettlement experiences through this more nuanced lens of agency has the potential to challenge the image of helplessness without overlooking the structural context. By recognizing the thoughtful and deliberate choices these mothers made to leave a place that has become too dangerous, their flight -- rather than just a ‘forced displacement’ (UNHCR, 2019) – could be understood as a testament to their agency that, despite the risk, resisted the power that threatened them in their home country (Essed, 2004;

Yarar & Karakaşoğlu, 2022). This image also more closely adheres to asylum-seeking women's own perception of themselves as “achievers and active subjects” (Ghorashi, 2005, p. 195).

As mothers enter a host country whose reception policies are often structured to constrain their agency, it is just as crucial for researchers to explore how asylum-seeking women express their agency in resettlement as it is to identify the ways they have been vulnerablized throughout migration and resettlement. Globally, only a few scholars have sought to explore and make visible refugee and asylum seekers' agency during resettlement: i) in their domestic everyday lives (Kanal & Rottmann, 2021), ii) in the context of dealing with mental health problems (Renkens et al., 2022), and when asylum seekers exist in liminal “non-places” such as the Dutch asylum seeker centers (Ghorashi et al., 2018). In Canada, most research conducted with asylum-seeking mothers has focused on their post-migration experiences in relation to their children's wellbeing, including health inequity in prenatal and postnatal care (Khanlou et al., 2017; Merry et al., 2017).

Research Aims and Questions

This current paper aims to build on existing literature to provide a more holistic understanding of asylum-seeking mothers' resettlement experiences in Montreal through analyzing their expressions of agency. Through grappling with mother's experiences, this research can challenge resettlement policies that thwart families' self-determination and promote research and interventions that recognize and facilitate agency (Cleveland et al., 2018). Specifically, this study asked: What are the structural constraints asylum-seeking mothers experience in resettlement, and in what forms do their agency manifest within these constraints?

Theoretical framework

The conceptualizations of agency existed across multiple social science disciplines and have been widely debated. One of the central discussions is on the relationship between agency and power structure. While social systems are often thought to exert power over subordinated agents that exist within that system, that need not be a unidirectional relationship if the agency of the subordinate is considered. Foucault proposed in his formulation of subjectivation that agency of the subject is not what exists before subordination, but rather the product of operations of power (Foucault, 1983). Giddens (1979) framed this idea in his structuration theory as a *duality of structure* where “structure is both medium and outcome of the reproduction of practices” (p. 69), meaning there exists a discursive relationship between the agent and the structure they exist in. Hence, any social structure can be both constraining and enabling for the agent (Giddens, 1984). Structures are “enacted” by agency practices, and without structure “human agency will be merely random fluctuation of will” (Sewell Jr, 1989, p. 4). The objective of this paper is to shed light on the agency of asylum-seeking mothers in Montreal who exist in a structure that is highly constraining during resettlement. To make their agency visible, we outlined the construct of agency as understood by Ortner (2006) and Mahmood (2006). Their framework would allow us to interpret nuanced forms of agency that exist within (even enabled by) the structure even when its manifestation is not in actions consistent with emancipatory model that overtly and persistently challenge these constraints. Here I will start with the two forms of agency proposed by Ortner (2006) whose conceptualization is grounded in the structuration theory by Giddens (1979), followed by an additional form of agency proposed by Mahmood (2006) whose understanding was complemented by Honkasalo (2009).

Ortner (2006) argued that there are two ways to categorize agency. One way is to see agency through its relation with power in the structure, which is relevant for domination and

resistance. Another way to interpret agency is through the “pursuit of cultural projects” that is defined by the agent’s own logic of the good and desirable, their intentionality is thus situated outside of a power dialectic inherent to the structure. While both of these modalities of agency require resources and knowledge of the structure which all agents possess more or less of (Giddens, 1979), the forms these expressions of agency take are different. In a domination-resistance dialectic, agency is defined as a form of power, including the domination of others and resistance to that domination. This form of agency almost always involves actions taken or contemplated as “causal interventions [...] in the ongoing process of events-in-the-world” (Giddens, 1979, p. 55) that is usually determined by the dominant structure. When agency is operated as intentionality, it encapsulates one’s capacity “for desiring, for forming intentions, and for acting creatively”(Sewell Jr, 1992, p. 20) in pursuing a cultural project, although the “project” may exist on the “margin of power” thus their agency is not used in direct intervention of power (Ortner, 2006). These *projects* can be simple goals or full-blown “serious games [...]that] infuse life with meaning and purpose,” and revolves around the definition set out by the agents according to their values, which are inevitably culturally constituted (Ortner, 2006, p. 145). Intentionality as an expression of agency should, however, be distinguished from routinized survival practices, as it is “the strong role of active (though not necessarily fully “conscious” since a lot of times intentions are rationalized after the action) intentionality in agency that differentiates agency from routine practices” (Ortner, 2006, p. 136). Notably, Ortner (2006) stressed that the two modalities of agency are not “two different things”; rather, the expressions of both of which exist on a continuum depending on context. Therefore, no matter their position of power, agents within any structure will never be “fully drained of agency” (Ortner, 2006, p. 153).

Mahmood (2006) complemented Ortner's definition of agency by including modalities of inaction that may appear at the surface to indicate that people tolerate the "instruments of their own oppression" (p. 38) while in fact they are exhibiting "a capacity for action that historically specific relations of subordination enable and create" (p. 45). While this form of agency exists within the structure, its goal is not as straightforward as resistance, that is to intervene with the power dialectic to confront the dominant. Nor is this agency intentionality as construed by Ortner (2006), which is manifested in actions that are in pursuit of alternative goals to serve projects on the margin. For example, in her ethnographic account of women's mosque movement as part of the Islamic revival in Cairo, women subverted the emancipatory ideal embedded in agency definitions by showing how "inaction" that would normally be deplored as passivity can be thought of as a form of ethical agency – individual's ability to make moral choices and decide what's right and wrong. By drawing on narratives of Arab and Muslim women's practice of endurance [sabr] in accepting "oppressive" cultural and religious practices such as the veil, Mahmood showed us how nonliberal subjects "enable their being, responsibility, and effectivity" by giving meaning to *choosing* how they were to live within the structure of constraints (Mahmood, 2006, p. 42). Similarly, Honkasalo (2009) complemented Mahmood (2006)'s definition of agency by contending that in a world where one's presence is under threat, as is the case for asylum-seeking mothers whose existence in host societies can be undermined at any minute by a negative refugee decision, the struggle to maintain one's grip in this world should be seen as small agency. In certain ways, this modality of agency carries both components of resistance and intentionality: Resistance is demonstrated if we can see how "under certain conditions, continuing to exist [...] is a form of resistance [to a world that denies their existence]" (Butler, 2016, p. 26); Intentionality is demonstrated through an agent's pursuit of

building a virtuous character (the project) that involves practices of endurance and suffering (Honkasalo, 2009). Nevertheless, this type of agency is distinguished because of its apparently passive expression, which contrasts the more active confrontation of power or pursuit of goals characterized by resistance and intentionality.

In summary, the theoretical framework used in the current study to explore asylum-seeking mothers' agency in resettlement combines the definitions proposed by Ortner (2006) and Mahmood (2006). As we have seen, Ortner (2006) theorized agency as resting on Giddens' (1979) understanding of the duality of structure, *agency* is thus outlined as i) a form of power that manifests in dominance and resistance and ii) a form of intentionality in pursuit of a project, both of which are represented by tangible actions. Mahmood (2006) proposed another form of agency as endurance marked by inaction even tolerance, that was nevertheless created by the struggle of people in subordinated positions. Therefore, we situate our analysis using the notions of resistance, intentionality, and endurance as manifestations of agency that are both limited and enabled by the structure asylum-seeking mothers resettle in.

Methods

Methodology

Broadly speaking, our methodology takes a critical approach. A critical approach in qualitative research calls for the generation of knowledge that is “firmly grounded within an understanding of social structures (social inequalities), power relationships (power inequalities), and the agency of human beings (an engagement with the fact that human beings actively think about their worlds)” (Bhavnani et al., 2014, p. 166). This methodological stance lends itself to an analysis of social phenomena (in our case – forms of agency) within a prevailing social structure (in our case – resettlement in Montreal). We choose to include “an overt political struggle against

oppressive social structure” (in our case – challenging the predominant discourse in host society that portrays asylum-seeking mothers as devoid of agency) (Harvey, 1990).

Study Setting

This study was nested within a larger interdisciplinary project studying the implementation, adaptation, and consequences of a two-year community-based, multi-site, psychosocial program for asylum-seeking families in Montreal called “Welcome Haven.” Participants of the program were recruited through local community organizations and the regional program for settlement and integration of asylum seekers. The core program consists of weekly in-person, three-hour drop-in sessions. The sessions were structured around informational and recreational workshop to provide instrumental and emotional support for families, a shared communal meal to further foster community belonging, as well as arts-based interventions for children and youth. Following ethics approval from CIUSSS in September 2021, the Welcome Haven program was implemented in October 2021.

Data Collection

Data was collected from March until July 2022 using semi-structured interviews with asylum-seeking mothers (Spradley, 1979). We included asylum-seeking mothers who had participated in at least two workshops. As we aimed to include a diverse sample that was representative of participants that attended Welcome Haven program, we relied on purposive sampling when recruiting participants who met inclusion criteria. Each participant was compensated \$15 gift card for their time. The first author, along with two other research assistants, approached all potential participants for an informed consent discussion, first through a phone call and then again at the start of the interview. Participants were given the choice to attend the interview online through a secure platform or in-person at a private space, and were

asked for consent for audio recording for transcription purposes. Four of the participants spoke only Spanish and for these participants, professional, or trained-volunteer interpreters were used for the interviews. The first author conducted all interviews with English-speaking participants and Spanish-speaking participants with the assistance of an interpreter, and two other research assistants conducted the interviews with French-speaking participants. All interviews lasted from one hour to two and a half hours.

All interviews were semi-structured starting with demographic questions followed by guiding, open-ended interview questions and about resettlement experiences (e.g. what are some challenges that you have faced since your arrival?) and questions that elicited narratives of agency (e.g. as a mother, do you have different roles or power than you did before resettlement?),. Although premigration experiences were not explicitly sought, some participants chose to elaborate on these experiences to explain their migration decisions. In total, 13 interviews were conducted, 12 of which were audio recorded following participant consent. One participant declined to be recorded thus the first author endeavored to transcribe as much of the interview verbatim as possible during the interview. All English and French interviews were subsequently transcribed in the language of interview, one Spanish interview with interpreter was transcribed in both Spanish and English interpretation to ensure accuracy of interpretation, and two other Spanish interviews were transcribed in English based on the transcript from live interpretation.

Researcher positionality

The members of the research team who conducted interviews identified as female and were part of the Welcome Haven team and thus present at most workshops. The interviewers had often developed meaningful relationships with interviewees. Each one has a different position

regarding their ethnocultural background, immigration status and experience and position of relative sociodemographic privilege. The first author is an East Asian female in her early 20s with an immigrant background. Of the other two research assistants one had lived experience of immigration and had grandparents who were refugees, while the other was Québec born with one foreign-born parent. Collectively the research team spoke 5 languages in addition to English and French. The team's migration experiences helped in relating to the adaptation challenges of the participants. Yet, the team members all had resident status in Canada as opposed to the interviewees. In addition, the team did not share the same ethnocultural and racial background and experiences as the participants. Given the young age of some of the team members who conducted the interview, the participating mother and interviewers had to navigate multiple kinship relations such as mother-child or even mentor-mentee. In some instances, these negotiations led to a deepening of their bond which enabled greater trust and openness, in other times the research team was prompted to reflect on the complexity of the researcher-participant dynamic.

Data Analysis

The transcripts were entered into a qualitative data management software (NVivo). Because the first author was English-speaking, all interviews were translated with a reliable online software into English for data analysis. In the cases where translation was suspected to be inadequate, the first author verified meaning of translation with the corresponding research assistant to improve accuracy.

Coding was conducted both inductively and deductively following principles of thematic content analysis within a constructionist framework as described by Braun and Clarke (2006), as it “seeks to theorize the sociocultural contexts, and structural conditions, that enable the

individual accounts that are provided” (p. 85). This approach requires thematic analysis at the latent level, which involves interpretative work that is not just descriptive but already theorized (Braun & Clarke, 2006). An initial coding map was developed with consultation of the second and third authors based on the common resettlement barriers and coping mechanisms from initial familiarization of the data combined with field experience and past literature. The first author coded all transcripts deductively following the coding map and inductively to generate other relevant codes. The codes were then iteratively reviewed and refined, and themes were generated and defined with interpretations that were consistent with our theoretical framework of agency in consultation with all authors.

Results

The demographic information of all 13 participants can be found in Table 1. In keeping with our theoretical framework, as well as the themes that emerged in coding, we organized results in the two broad categories of “structural constraints” and “agency”. As we believe agency to exist within, sometimes because of, the structural constraints that relentlessly exerted power over them, we need to first understand the structural context these mothers exist in and how power is operationalized to constrain them and forced them into positions of dependency. Thus, in this section we outline the constraints and their effects in terms of i) resources families were deprived of, ii) the discrimination experienced, and iii) the precarity they existed in. Following this we present women’s expressions of agency using the categories of i) resistance to the narrative of dependency, ii) intentionality in the motherhood project, and iii) endurance through meaning-making.

Structural Constraints

Deprivation

Asylum-seeking mothers were regularly deprived of financial resources and access to services as a result of multiple structural constraints that were oftentimes interconnected to perpetuate further deprivation and exclusion. One of the structural constraints that contributed to their financial insecurity was the rejection of their professional credentials from home countries. Many of the mothers we interviewed were highly educated and held professional roles such as professors, lawyers, or medical doctors, which had not only ensured their economic independence previously, but also provided them with a professional identity that was a source of pride. During resettlement, they discovered that their credentials were not accepted in Canada, and that their credentials were not readily converted nor could they enroll in further training as only primary and secondary education was funded for asylum seekers in Quebec (Cleveland et al., 2021). As Fatima pointed out: “[Before my migration] I was working in a lot of refugee camps [as a medical doctor] and now I am, myself, a refugee”. Instead of having a respected professional identity, as a refugee she now was someone, as she called it, “who has to start from zero.” Rosa, who had just finished a law degree before fleeing, explained that the devaluing of her degree directly affected her “morale and self-esteem.” Not being allowed to work at the level they were used to also meant most of them had to depend on welfare or take on low-wage jobs. During the interviews, they explained how their poverty limited their ability to make basic choices for themselves such as finding housing, fulfill their families’ basic needs including providing nutritious meals.

For Mary, the deprivation of access to subsidized daycare directly affected her ability to pay for legal fees to appeal a negative refugee decision:

If I can have money, I can take my son to daycare, I can find a better job, I [will] be able to pay my expenses like the rent, [...] and the lawyers that I have to pay [for an appeal to the refugee decision] [...]. But right now, I'm stuck in the middle.

Compared to pre-migration, when mothers often received childcare support from extended family and friends, this mother, along with few others, felt trapped and “arrested” (Fatima) by poverty, a lack of access to daycare and trusted network that robbed them of their power to act by finding a job with better pay to improve the circumstances of their families. Mothers who did not work similarly expressed fear of their children not getting what they needed socially and developmentally because of the lack of daycare and education. Lack of childcare also compromised mothers’ ability to gain new skills such as attending French lessons which would in turn delay their integration.

Language barriers experienced by asylum-seeking mothers further deprived them of service access and consequently limited their parental role. Those who did not speak French or English reported limited ability to communicate with the teachers and administrative staff at their children’s public schools. One Spanish-speaking mother reported that after consulting her son’s French-speaking teacher on his academic progress, she still felt unsure on how to help her son with homework. Not being able to communicate with their children’s school thwarted mothers’ ability to monitor their children’s educational progress and guide them when necessary. Instead, their children’s academic progress was completely dependent on the school. Beyond education, Fatima explained how language barrier initiated a chain reaction that constrained her access to employment opportunities, which perpetuated her financial deprivation that eventually led to her “ability as a mother” being limited.

Discrimination

Most mothers experienced injustices post-migration such as racism and discrimination. In Quebec, a region in which speaking the French language is a sensitive and important issue (Banerjee, 2021), obstacles to accessing services sometimes occurred on the basis of not speaking French. For example, a Spanish-speaking mother from a South American country described being forced into mandatory quarantine despite having been fully vaccinated because her vaccination proof was in Spanish. Another Spanish-speaking mother reported being turned away from a healthcare clinic because a nurse insisted that the woman bring her own interpreter for the appointment though ironically, upon returning, the mother learned the doctor could speak Spanish.

Next to language, several mothers gave instances of discrimination on the basis of their racialized identity or status. As Fernanda said “There was always an excuse of why they wouldn’t give us the apartment, it was like [...] you have too many people, you are a refugee claimant, you are a Mexican... all these excuses”. Even though refugee claimants are supposed to be entitled to many of the same services as citizen in Canada (with important exceptions like access to subsidized daycare), many mothers had experienced status-based rejections from services and activities as simple as signing a petition, receiving a discount at a grocery store, getting a bank card, and occasionally in seeking healthcare attention, which Selma described as humiliating and “disheartening”. The effects of these instances of likely discrimination can be twofold. They limited women’s ability to forge a community, have freedom of movement, and seek basic services such as housing and healthcare. Simultaneously, these discriminatory acts conveyed messages of rejection essentially signaling to asylum-seeking mothers that they did not belong and were less worthy.

Several aspects of migration process to Canada were portrayed by a few mothers as degrading and threatening. Daniela described how her family felt like they “did something wrong” by crossing the border to seek asylum, and how the process was traumatizing for her son as he felt like he was “in jail” when they were detained for a night at the border. Another mother recounted how the immigration official went through her belongings without consent, intimidating her after her fleeing to Canada. All the trials and barriers families had to endure to prove their deservingness to seek asylum all served to exclude and to symbolically criminalize these women.

Precarity

The most significant constraint highlighted by most of these mothers was the precariousness of their status and the uncertainty they felt over their claim process and eventual decision:

I’m trying to put things in order and trying to be that good person for me not to get any problem, but at the same time, I’m scared because like, I don’t have a guarantee here. At anytime, immigration will call [... and] knock at my door. (Tenneh)

Tenneh described a sense of fear and powerlessness as a result of her precarious status and the looming possibility of forced repatriation, which threatened her identity and highlighted the futility of the actions she could take to not get into any problems. Adriana shared her experience during a meeting with an immigration officer. Because of her anxiety elicited from the interrogative nature of the meeting and her lack of control over the decision, she found her ability to explain her reason to have chosen Canada compromised:

[The immigration officer asked] me: “Tell me in three sentences why you asked for refuge.” And so, I didn’t even know what to say. Because how do you sum up this? And

she said: “Why didn’t you stay in the U.S.?” It was hard for me to explain that I didn’t want to stay in the U.S. because of the way they treat kids, because of racism. I saw—or I heard of a mom and her kids being beaten—beaten up badly, just because he was Latino. So [...] I didn’t want to stay there. But I didn’t tell her that. All these thoughts have crossed my mind, but I couldn’t get myself to tell her. [...] The words that came out of my mouth were: “Because I was afraid of bullying.” And she told me: “This is not a valid reason to not stay in the U.S.” [...] to this day, when I think about it, I get cold, I feel like crying. I know that we’re going to have a hearing, and [...] I’m full of fear about [...] the hearing. I live with that fear.

The uncertainty and lack of control Adriana had over of her claim decision and the little action she felt she could take to ensure the outcome of the hearing caused this mother to feel powerless and dependent on the immigration system. Further thwarting asylum-seeking mothers’ agency was the unreasonable time and financial cost that went into the refugee determination process, especially when their initial claim was denied and they had to go through the arduous process of appeal that required exorbitant time and financial resources. The overwhelming anxiety and fear this mother felt towards the hearing decision, combined with the limited time and space (as she was instructed to explain her migration decision in three sentences), resulted in her inability to speak up with control over her narrative.

A number of asylum-seeking mothers articulated how their precarious status had disrupted their sense of continuity of life and forced them to reappraise their sense of existential meaning. Gloria described her daily struggle with the idea of having to “start over”, asking questions like “who am I? where am I going?” Having to rebuild their lives from scratch during resettlement was already disempowering and demoralizing, and this had only been worsened by

impersonal services. Adriana shared that joining Welcome Haven workshops was the only time her family felt that they “existed”, that they “were going to exist for someone”. By comparing their experiences at Welcome Haven to that of other social services which were often overburdened resulting in more bureaucracy and less individual connection, this mother pointed out the existential meaning of being reduced to her status and seen as just a number out of the many asylum seekers. Living with this precarious status fundamentally threatened these mothers’ sense of existence and future, in a system that could potentially, at any time, deny them of their status thus their right to live in Canada.

Agency

Resistance to the narrative of dependency

All the mothers expressed their eagerness to contribute to the community—whether it be the asylum seeker community or Canadian society in general—and had taken both small and large initiatives to demonstrate their ability and willingness to help. Fatima stated:

“I really want to be, very quickly, a positive part of the community. I do not want to be like someone who is always [helped by] the community and could not [give] back, that is not my nature.”

Fatima elicited the common narrative imposed on asylum seekers – “someone who is always [helped by] the community” -- and resisted that narrative by distinguishing herself as someone whose “nature” is to be “a positive part of the community.” The work many mothers dedicated themselves to was evidence of this effort. Three of the mothers we interviewed – who previously held high-status professional jobs –worked as care attendants in residential long-term care homes for seniors during the pandemic, and expressed the joy they felt to be able to contribute in this

role, despite the health risk they were exposed to. Gloria described her internship at the senior's residence:

It was wonderful! It's good for me. [...] Some people have [dementia], some people are violent. There are some who have [lost] all their faculties. Helping those people [...] That's what I want to do. [...] It was the mother role because they were babies. And you had to be their mom.

By comparing the seniors to “babies”, Gloria viewed these seniors as dependent on her maternal help. Contrasting to their common positionality as the helpless victim in host society, these mothers were able to resist the dependent narrative in these caretaking facilities by proving their independence and capacity to help the needy. Even though the role these mothers were fulfilling was low-wage and under-valued, the fact that a caretaking position – similar to “the mother role” - involved others who were even more dependent helped these mothers to temporarily free themselves from the position of dependency. Mothers attributed their capacity for caretaking to their past experiences in taking care of their parents (again a role reversal that casts them as the independent) and their ability to empathize.

Gloria also expressed her desire to take initiative:

I started to think [...] that [I] could have a business here, [...] for me to stop feeling like I'm at the bottom of the ladder so I can [...] get my confidence back... [So I...] keep [myself] busy [which] allows me to not see myself [as completely starting over] but [...] as an entrepreneur.

Interviewer: So what would you have done as an entrepreneur?

Gloria: I'm thinking of a retirement home. [...] Everybody tells me [...the government] doesn't let you do this, but because it's such a difficult challenge, I said I'm going. I've

been through a lot of hard things. [...] Maybe [it will never] happen, but I'm breaking a path.

By first describing her current state as an asylum seeker as having to “completely start over again”, she resisted the position “at the bottom of the ladder” by taking actions to reframe herself as an “entrepreneur” instead. The connotation of “entrepreneur” implied someone who was - while starting from the ground up – resourceful and capable of taking initiative and resisting the status quo to start something new, someone who was daring and skillful enough to take on a “difficult” challenge. She admitted while it may sound like a “dream” that “may never happen”, the fact that she was “breaking a path” already helped her in gaining her confidence back as she felt able to “move up” the ladder and see herself as an entrepreneurial leader rather than a dependent.

In addition to professional aspirations, most mothers shared examples of the various ways they had already contributed to their community. One mother talked about volunteering with an association that helped asylum seekers, another mother gathered information about the process of school enrollment at Welcome Haven to help her asylum-seeking friends enroll their children in school. Mary explained that she experienced participating in the research itself as an act of service and altruism: “I want you to know what is happening to me, [and] use that as a way of making some report or something that will be able to help other people”. Through the course of her interview, she enumerated the many ways she needed help, yet at the end she emphasized the contribution she still could make by sharing “what is happening to her.” Her eagerness to demonstrate how she had “helped other people” reflected her resistance to be portrayed as someone who was only asking for help.

Adriana contacted the Canadian branch of a charity organization she used to volunteer with in her home country:

[By continuing to volunteer, I'm] showing [my] children that there are people who need to be helped, that we need to train ourselves to help many people who need it. [...] I was doing [volunteer work] in [my country of origin], I continue to do it here in Canada, because it is not because I am in Canada, it is because I am doing it for [my children's] future. And now in Canada for sure that is going to serve Canada as a country.

This mother has explained, on the one hand, how integral “the spirit to help others” was to her role as a mother. No matter where she lived or her socioeconomic status, raising children who would “help many people who need it” was an important goal for her as a mother. Pointing out how her effort would “serve Canada as a country” signaled her commitment to the Canadian society and implicitly legitimized her family's worthiness to be accepted based on an understanding of the neoliberal immigration policy (Root et al., 2014). This mother was resisting their precarious asylum-seeking status and instead, she expressed why they deserved to be accepted: they were more than unskilled dependents who took welfare from the Canadian government. They were helpful agents who were already demonstrating potential in contributing to Canada as a country in the future.

Aside from helping others, asylum-seeking mothers' ability to take matters of their resettlement into their own hands also helped them to feel more empowered. Tenneh shared:

Everything that you are doing, the social worker will not say: ‘I will call these people or text them for you.’ You have to call them. So for me, it's a good way [for] me to be adapting [...] I never have the opportunity to do choice on my own. So I feel good, I feel proud.

Similarly, Rosa shared her feelings of powerlessness when she was quarantining at a federal hotel, where she was forced into a position of passivity as “everything was given.” Mothers’ struggle against having basic decisions made for them reflected their resistance to being treated as passive victims who were incapable of making choices and taking actions on their own.

Intentionality in the motherhood project

For most of these women, motherhood was the primary, most important project they actively pursue. Most mothers attributed their migration decision to protection of their children: “To see [my son] flourish, I can break any barrier. There are no barriers.” (Cassandra); “I’ve always wanted my kids to have that very good future [...] I think that’s what’s been giving me strength to support them, it’s a driving force for myself” (Daniela). These mothers had made clear through these statements that their main goal and motivation in resettlement, if not in life, was to protect their children and offer them a better future.

Two mothers in our sample sought asylum after fleeing gender-based violence in which their agency as mothers and as people was highly compromised. They admitted that while they had to endure and conquer the obstacles of post-migration by themselves, they were able to garner more control in their motherhood and pursue goals that align with their values as asylum-seeking mothers in a new country. Aisha explained that choosing to leave an abusive relationship was part of her obligation as a mother to protect her children from the values and circumstance she deemed harmful and instead raise her children “the way [she] wanted to”. Thus, even when her circumstances were difficult and her children were being disobedient or disruptive, she remained the agent who was shaping her motherhood according to her own values and ideals.

Part of these women’s goal was to be a role model for their children. Rosa shared how her child viewed her:

My son said to me that anything my mom says she will do, she does it. So for me, coming here and having these moments that I have to push through has allowed me to be that example to them and leave them a sort of legacy that they will use as they navigate life in Canada.

Even though Rosa initially did not think to take pride in conquering these mundane everyday challenges, she confronted them with the intention of showing her children an example and leaving them “a sort of legacy”, thus distinguishing these instances from passive, routinized practices for survival.

Mothers reported placing children’s wellbeing as their priority in resettlement. A few mothers mentioned avoiding taking children with them shopping, because they didn’t want to distress their children when they couldn’t afford certain things like they used to in home countries. Similarly, most mothers chose to conceal their negative emotions from children. Cassandra explained that: “Sometimes I wait to take him to daycare to cry because I’m not going to cry in front of him. I have to be strong.” By suppressing negative emotions, these mothers’ intention was to protect their children from seeing their mothers’ weaknesses, one that they perceived to conflict with the roles they aimed to convey as mothers. In contrast, Fernanda shared that she was able to open up more to her family in Canada by showing her “vulnerable side” including crying. She felt she was able to give her children an “emotional education” that fostered closer family relationship. In this case, her crying in front of her family was intentional and part of her efforts to teach her children.

Finally, Gloria shared her dream motherhood in which she enjoyed enough financial stability to take her children to diverse extracurricular activities. Instead, during resettlement, because of the social isolation and lack of service access, her life had been reduced to monotony.

Nevertheless, she managed to create enriching moments with her children by turning off her phone to chat with them, watching movies or borrowing books from the community library, and listening to podcasts to learn new knowledge and skills. After receiving a donated piano, they took piano classes online and practiced together. Even without accessible extracurricular activities, this mother was full of intentionality in her motherhood project - to create a happy childhood with different sources of knowledge and a close-knit family relationship for her children.

Endurance through meaning-making

In facing constraints outside of their control, one way mothers endured was by giving meaning to these challenges in resettlement. Aisha shared that when she was feeling down about her circumstances, she would remind herself that: “life is [...] not meant to be smooth, it has to be some ups and downs.” A few other mothers shared their expectation of the resettlement process being difficult and emphasized that they sought to give it time. By normalizing and reframing their suffering, these mothers were able to make sense of the obstacles outside of their control that they nevertheless had to endure during resettlement.

Many mothers emphasized the importance of making the most of their present by refraining from looking back:

If I look back [at the past], I’m going to crash. [...] I won’t be able to rest in this day and exist in this day. [...] so for me it’s about looking forward and being present and also surrounding myself with people that will help me and support me and make me feel welcomed. (Fernanda)

Fernanda was able to manage pre-migration trauma in resettlement by staying mindfully present which was facilitated by going to the church and praying, as well as receiving community

support. By avoiding ruminating on the past, this mother was choosing to invest in the present. Similarly, Gloria shared how she focused on the present and practiced gratitude:

There was a moment when I said stop [thinking about the past]. Think of the wonders, think of all you have, think of the fact that you were able to get out of where you were. Stop thinking about the future, think about the present.

Gloria also described having a community social worker helped her stay mindful with the saying: “the storm is already here, now you have to learn to dance in the rain.” She noted in the interview: “it’s true, I have to learn to dance in the rain. Today [...] I can’t say completely that I dance in the rain, but at least I smile in the rain”. This mother was able to endure “the rain”—the material deprivation, loss of social connection, precariousness and discrimination—by focusing on gratitude for the present.

Mothers also gave meaning to their resettlement barriers by explaining how these challenges would serve their future. One mother believed that the long wait time for her work permit was a God-sent opportunity for her to learn how to rest and recharge from her whole life of working. Another reported she saw waiting as a chance to spend quality time with her children during their crucial developmental stage. One mother saw her transition from a relatively high socioeconomic status with maids at home to having to take care of chores by herself during resettlement as a process of becoming “human” (Cassandra). Another participant saw her struggle with the lack of childcare as a journey that was teaching her something and shaping her for something greater. Rosa explained how she gave meaning to the poverty she experienced during resettlement:

I [always] thought of myself as the least strong in my family but going through [resettlement] I realized that we all have that strength, we just have to find it. [...] One

example is getting welfare, getting welfare is something I never would have done in [my country of origin]. Here I did it, and I had to overcome a certain pride and preoccupation with what others would have said.

Making meaning of their resettlement challenges allowed these mothers to endure these difficulties and narrativize their resettlement journey in an empowering way. Instead of lamenting the ways they had to passively accept structural constraints outside of their control, these mothers emphasized what the constraints *enabled* them to do, whether it be learning how to rest, or developing humility as a form of “strength”. Claiming control over the meaning of resettlement allowed these mothers to see themselves as agents who still have power as they endure these challenges even when the structural constraints threaten to render them powerless.

Discussion

This study aims to illustrate how different forms of structural power impose constraints on asylum-seeking mothers during resettlement by examining these mothers’ own accounts. As much as the host society structure constrain these mothers through deprivation, discrimination, exclusion, and precariousness, the women in our study are not without agency. Rather, their agency is found in the ways they resisted the narrative of dependency; in their intentionality to fulfill their motherhood role; and in their endurance of suffering. Structures are never entirely constraining by themselves. Asylum-seeking mothers within the resettlement structure – despite being positioned as destitute and powerless – found ways to evade, resist, and transform such structure (Giddens, 1979; Ortner, 2006).

Many of the structural constraints found in this study had been reported by past literature. A comprehensive overview of asylum seekers’ resettlement in Quebec conducted by Cleveland et al. (2021) highlighted the impact of financial deprivation and lack of subsidized daycare

access for asylum-seeking mothers, especially single mothers: More than 60% single mothers experienced food insecurity compared to 34% in other groups, and the duration of their reliance on welfare was much longer as a result of their lack of access to subsidized daycare. Moreover, as identified in the current study, one of the main parenting concerns for non-Francophone asylum-seeking mothers was their lack of ability to help with their children's homework (Cleveland et al., 2021). The current study provided further proof of these constraints.

Because of the little power asylum seekers are granted in most host countries, only recently has research sought to understand asylum seekers and refugees' potential for resistance in resettlement. Maculan (2022) used ethnography to capture how asylum seekers in Italy resisted the unjust living policies in reception centers, such as the lack of personal space, by using clothes as curtains to create privacy in shared living spaces. Renkens et al. (2022) found that refugee parents resisted professional healthcare assistance (that pathologized children often without accounting for cultural difference) by refusing to seek out the service. In both these examples, however invisible the refugees and asylum seekers' power might be, they resisted by working their way around the demand of the dominant power. Even without directly challenging the structural authority, their agency was evident. Our finding contributes to this growing body of literature by showing how asylum-seeking mothers' eagerness to perform caretaking roles and help others was a form of resistance.

Although poverty, lack of daycare access, and language barriers all compromised asylum-seeking mothers' ability to meet their children's needs in some ways compared to pre-migration, mothers manifested their agency in their ability to fulfill their motherhood project intentionally. Although mothers were not directly challenging structural constraints in their acts of motherhood and parenting, their intentionality in what Ortner (2006, p. 147) termed "playing

their own serious game” with its culturally significant goals is a form of agency. In a similar vein, in her analysis of the agency of asylum seekers staying in Dutch asylum seeker center, Ghorashi et al. (2018) found individual desires and goals such as joining a soccer team or becoming a pilot was an example of the “serious games” asylum seekers play. This was described as agency maintained in “a delayed form” (p. 377), synonymous to agency-as-intentionality, and was commonly utilized by the less resourceful who managed to negotiate their space in the system from the margin of power (Ghorashi et al., 2018). On the one hand, in a Western paradigm that prioritizes individualistic goals, the emphasis on motherhood may risk reducing women’s agency to be solely in service of children and family. On the other hand, the interdependent model of agency argues that “goals, desires, and needs of others in a relationship may be just as important as one’s own” (Kitayama & Uchida, 2005, p. 139). In this model, one’s pursuit of goals may adjust based on interpersonal functions since the goals of others are hardly separable from those of the self, much like in motherhood where the mother’s main goal is her children’s wellbeing. Therefore, conceptualizing agency in an interdependent model illuminates how motherhood goals are not necessarily at odds with individual agency. By understanding motherhood’s goal as consistent with the interdependent model of agency, the mothers’ goals in prioritizing children’s needs and wellbeing in this study is as significant as these mothers pursuing their own goals. Motherhood thus makes a significant culturally constituted project that is worth pursuing. Mothers’ agency can then be found in the intentionality they put into fulfilling their motherhood project, within the structural constraints of resettlement and sometimes because of it, such as the mother who was able to leave her children with the legacy of how to persevere in difficult moments of resettlement – an intentional motherhood goal that only took place because of the structural constraints the family lived within.

In cases where asylum-seeking mothers' power is entirely constrained, agency is found in the ways they endured resettlement challenges by making meaning, staying mindfully present, and practicing gratitude. This finding contributes to the understanding of agency proposed by Mahmood (2011) and Honkasalo (2009), highlighting internal processes such as capacities for endurance, survival and persistence. This form of agency-as-endurance is a direct representation of Giddens (1979)'s *duality of structure* where structure can be both constraining and enabling, as the structural constraints these mothers must endure also enabled their meaning-making. Ghorashi (2018) has observed similarly nuanced forms of agency in Dutch asylum-seeking center. While she analyzed that the center constituted a non-place characterized by inert emptiness, asylum seekers found ways to make this experience meaningful, as they stressed how "severe limitation in one's life do not have to limit one's inner world and power of imagination" (p. 384). In another study with Afghan refugees, endurance allowed construction of ethical agency, which is the strength to make meaning of suffering and accomplish the indispensable tasks of life. Thus, exerting ethical agency served to cultivate a respectable identity that was valued in their culture (Hiitola et al., 2020). This dimension of agency is captured in our current study by asylum-seeking mothers' capacity to give meaning to their suffering. Consistent with Honkasalo (2009)'s small agency and Mahmood (2011)'s agency-as-resilience, asylum-seeking mothers' endurance during resettlement is also about investing and struggling in the present liminal state with all its disempowering circumstances in the hope of achieving their dream of resettlement in the future. Like in our study, this type of agency is often supported through religious practices (Abi Zeid Daou et al., 2022; Renkens et al., 2022).

The current study is limited in several ways. First, the sample is only consisted of 13 mothers, which might limit the generalizability of this data. Nonetheless, this sample still

provided a rich data set that allowed in-depth contextualized analysis. Considering our recruitment method, the sample not only reflected those who sought asylum in Montreal but also attended our program, which again limited the representativeness of the sample. The majority of our sample consisted of highly educated mothers who held professional degrees from their home countries, which might contribute to their strong reflexivity in articulating their capacity for resistance, intentionality, and endurance. The participants' connection to our program may also explain their eloquence, as field experience from our key informants has found those who are connected to supportive organizations engage in more collective consciousness-raising from their experiences with the organization and interactions with its members.

Conclusion and implications for research and intervention

The findings of this study have the potential to shape clinical and psychosocial interventions with asylum-seeking mothers. First, highlighting the role of agency in mothers' fulfillment of their motherhood project during resettlement points to the importance of interventions that protect family functioning and the parental role. Considering the several ways mothers had been deprived in their parental project (financially, informationally, and socially), psychosocial interventions that aim to restore social connections and facilitate service access (Koh et al., 2018; O'Shaughnessy et al., 2012) could be especially supportive of these mothers' agency.

Moreover, given asylum-seeking mothers often struggle to find spaces that recognize their capacities, creating leadership opportunities for these mothers may be another cornerstone that will support mothers' sense of agency and ultimately, wellbeing. Having an active role in their community could also support those who have experienced trauma to forge a pathway in a new host society (Ghorashi, 2005). Based on these findings, clinicians and program facilitators

may also rethink the framing of interventions as unidirectionally offering help to asylum seekers, and rather invite asylum seekers to be leaders, co-designers and facilitators in these programs. While the current study had mainly found mothers to pursue projects and resist power in gender normative ways such as through domestic role and caretaking, future interventions and research should explore how mother (and fathers) may engage in meaningful cultural projects outside of conformity with traditional gender roles. .

The policy implication fundamentally lies in recognizing asylum-seeking mothers' desire and potential to take actions and contribute. Increasingly, some policies in Quebec serve to disempower and limit asylum seekers (Cleveland et al., 2021). However, as this study has shown, asylum seeking mothers are agentic actors who make the powerful decision to seek refuge and who have much potential to contribute to Canadian society. Policy and public discourse must shift from emphasizing the burden of refugees and asylum seekers (Nicolas, 2022) to one which, without dismissing the structural constraints they face (Embiricos, 2020), acknowledges their contribution.

Table 1*Demographic Information of Interview Participants*

Participant code	Region of origin	Length of resettlement (month)	Marital status	Number of children	Education level	Language
Gloria	Central Africa	7	Married	2	Professional	French
Cassandra	Caribbean	16	Married*	1	Professional	French
Aisha	East Africa	36	Single	2	Highschool	English
Fatima	East Africa	4	Single	1	Professional	English
Mary	West Africa	27	Single	2	Professional	English
Tenneh	West Africa	2	Single	2	Highschool	English
Rosine	Central Africa	5	Married*	2	Professional	French
Adriana	South America	5	Married	3	Professional	Spanish
Selma	West Africa	3	Married	2	Professional	English
Daniela	South America	1.5	Married	2	Professional	Spanish
Divine	Central Africa	2	Married	3	Highschool	French
Fernanda	Central America	4	Married	3	Professional	Spanish
Rosa	South America	3	Married	2	Professional	Spanish

*indicates married but partner is still in country of origin

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Preface to Chapter 2

Chapter one explored the forms of agency asylum-seeking mothers use to navigate the structural constraints of resettlement in Montreal. Illuminating asylum-seeking mothers' capacity for self-determination is instrumental in subverting the "helpless refugees" image and advocating for interventions that recognize and support their agency. Chapter two emphasizes the *essential* role community-based psychosocial support programs play in fostering asylum seekers' psychosocial wellbeing, which worsened during the pandemic. Following a review of the evidence of how social isolation and healthcare barriers were exacerbated by the pandemic, we used our own field experience in implementing "Welcome Haven" to propose the urgent implementation and continuous evaluation of community-based psychosocial support programs for asylum-seeking families post-pandemic.

Chapter 2

Revisioning *Essential* Health Services for Refugees and Asylum Seekers: Some Lessons in the Wake of the COVID-19 Pandemic

Introduction

By the end of 2020, the year the COVID-19 pandemic began, an unprecedented 82.4 million people were forcibly displaced worldwide, including 26.4 million refugees and 4.1 million asylum seekers (UNHCR, 2021). Asylum seekers, also known as refugee claimants, are people who arrive in a host country seeking protection from harm in their country of origin. Unlike refugees who arrive in a host country with a secured path to citizenship, refugee claimants must undergo an often-protracted process to determine if they meet criteria for refugeehood. In Canada, for example, the process takes an average of two years (IRB, 2021). During this time, claimants, including many children and families, live in limbo and uncertainty (Haas, 2017). Although high-income Western countries such as the United States, Canada, and United Kingdom host only 15% of the world's refugees (UNHCR, 2021), these countries still host more than 100,000 of asylum claimants (Canada, 2021; Monin et al., 2021; Sodha, 2021).

Refugee and asylum seekers struggle with various post-migration difficulties that have been identified as salient predictors of mental health and well-being (Chen et al., 2017; Ghahari et al., 2019; Hynie, 2018; Li et al., 2016). These stressors include socioeconomic factors such as poverty, unemployment (Hocking et al., 2015), insecure housing (Porter & Haslam, 2005), and language barriers (Watkins et al., 2012); and social factors such as loneliness, social exclusion (Chen et al., 2017; Correa-Velez et al., 2010), racism and discrimination (Edge & Newbold, 2013; Shedlin et al., 2014). Additionally, refugee experience higher rates of psychological distress compared to other migrants such as labour migrants (Lindert et al., 2009) and economic

and family class immigrants (Beiser & Hou, 2017; Kennedy et al., 2006). The experiences of forced migration and extreme adversity including war, gender-based violence, torture, and other forms of social unrest leave refugees and asylum seekers particularly vulnerable to psychological disorders. For instance, post-traumatic stress disorder (PTSD) among refugees and asylum seekers has an estimated prevalence rate of 15% (Priebe et al., 2016; Silove et al., 2017), which is significantly higher than the 1.1% among non-refugee populations (Karam et al., 2014). Finally, for refugee claimants, the state of precarity during the lengthy process of awaiting refugee status and the fear of forced repatriation are also strongly associated with mental health problems (Chase & Rousseau, 2018; Griffiths, 2014; Ryan et al., 2009; Silove et al., 2007), and even with suicidal ideation and completed suicide (Nickerson et al., 2019; Procter et al., 2018).

The COVID-19 pandemic has further worsened asylum seekers' existing psychosocial difficulties, making them among the most affected populations (Garcini et al., 2020; Mares et al., 2021; Nations, 2020). A systematic review has identified that financial insecurity, existing physical and psychological health conditions, and being subjected to stigma as some key predictors of new or exacerbated mental health problems during COVID-19 (Gibson et al., 2021). Asylum seekers are oftentimes affected by these intersecting determinants. Their fears related to COVID-19 specifically were greater than those of native-born citizens (Choi et al., 2020; Fitzpatrick et al., 2020; Goodman et al., 2020). Indeed, racialized migrants suffer from a higher risk of infection of COVID-19 compared to host country members (Hayward et al., 2021): According to an Organization for Economic and Co-operative Development (OECD) report, a number of high-income countries found the COVID-19 infection risk of immigrants to be at least twice as high as that of native-born citizens (OECD, 2020). In Ontario, the most populated province of Canada, migrants (including immigrants, refugees, and other newcomers) only

account for 25% of the population, whereas they represent 43.5% of COVID-19 cases, with racialized newcomers overly represented in hospital admissions in the first phase of the pandemic (Guttmann et al., 2020). The pandemic further affects asylum seekers by delaying claim processing times leading to longer periods of uncertainty even compared to protracted processing times prior to the pandemic (Dalexis & Cénat, 2020; McAuliffe & Bauloz, 2020). For some claimants, pandemic lockdowns have triggered traumatic reminders of wartime, exacerbating pre-existing PTSD (Benjamin et al., 2021). A WHO survey (2020a) has shown that around 60 – 70% of asylum seekers worldwide reported deterioration of mental health during the pandemic, including depression, anxiety and loneliness.

Social Isolation During the Pandemic

Social connectedness has a significant impact on mental health and wellbeing and has been recognized as a key determinant of asylum seekers' vulnerability to poor mental health and lack of access to healthcare (Priebe et al., 2016; Strang & Quinn, 2014). Yet, as the general population has experienced, the pandemic has drastically decreased opportunities for social connections (Best et al., 2021). Asylum seekers already suffer from a lack of social connections in host societies, and now due to travel restrictions and border closures, many of them have to endure even longer periods without the possibility of family reunification. Prolonged separations during the pandemic may further intensify ongoing fears for family members who are still in danger, which could lead to feelings of powerlessness to assist them in the face of the current pandemic (Miller et al., 2018). For asylum seekers from Africa who live in the US and work in nursing and residential homes, distressing memories of the Ebola epidemic have triggered fears for their family's safety back home in resource-limited countries (Mattar & Piwowarczyk, 2020).

Asylum seekers are further isolated in host societies because of their living and working conditions that put them at a heightened risk of contracting COVID-19. For migrants who live in closed environments (including reception centres or immigration detention) or in overcrowded housing, the risk of contracting COVID-19 is high, which may in turn lead to social stigmatization and further isolation (Basok & George, 2020). Throughout the height of the pandemic many asylum seekers served as essential workers in North America, often risking their lives doing low-wage jobs as security guards, custodians in hospitals, and personal care attendants in long-term care facilities (Cleveland, Hanley, Cardona, et al., 2021; Jacobs, 2020). Precarious employment is often the only option for many asylum seekers as they may shoulder the responsibility of financially supporting their family both in their host country and in home country (Cleveland, Hanley, Cardona, et al., 2021; Mattar & Piwowarczyk, 2020; Mittendorfer-Rutz et al., 2020; Peters, 2020). Caring for the most vulnerable may also have caused refugee claimants to give up their existing social community in order to prevent those they cared for from getting infected (Giordano, 2021).

Asylum seekers also suffer from racism and discrimination in host societies, which bears a known association with increased rates of mental disorder (Jannesari et al., 2020). Since the pandemic, there has been a rising xenophobic attitude in popular media that spreads misinformation and encourages targeted attacks (Triggs, 2020). By enforcing travel restrictions, governments further reinforced xenophobic sentiments by implying that migrants were more likely to carry the virus, causing newcomers to experience heightened discrimination and sense of othering (Barker, 2021; Omidvar, 2020).

Unlike many in mainstream society who readily transitioned to online spaces to seek social support, asylum seekers had no straight-forward solution to combat their social isolation

during the pandemic. The closure of public spaces such as community centers, libraries, museums, and the intermittent closures of churches, mosques and temples shut down the possibilities of social connection for asylum seekers for whom these spaces were essential as a means to receive social support before the pandemic (Cogo et al., 2021; Edmonds & Flahault, 2021). Mothers were likely disproportionately prone to isolation due to school closures. In some jurisdictions such as Quebec, Canada, a lack of access to subsidized daycares forces refugee claimant mothers to stay at home and care for their young children, often without any support from their own family members nor connections from host society (Cleveland, Hanley, Cardona, et al., 2021). Indeed, recent research suggests that asylum-seeking women experience intense loneliness and significantly higher level of self-reported depression compared to men (Cleveland, Hanley, Cardona, et al., 2021). Therefore, for high-income Western countries, maintaining a social network and increasing sense of belonging should be considered as one of the most important strategies to improve asylum seekers' mental wellbeing during the pandemic (Cogo et al., 2021; Sharif-Esfahani et al., 2022; WHO, 2020a).

Barriers to Healthcare During the Pandemic

Overall refugee claimants tend to have poor access to healthcare in high-income Western host societies (Bradby et al., 2015; Brandenberger et al., 2019). Barriers to health care may be related to limited understanding of the healthcare system, concerns over confidentiality and security, discrimination from healthcare providers, among other structural, cultural, financial, and linguistic barriers (Ahmed et al., 2016; Asgary & Segar, 2011; Guadagno, 2020; Hadgkiss & Renzaho, 2014; Heikkurinen, 2019; McKeary & Newbold, 2010; Morris et al., 2009; Satinsky et al., 2019; WHO, 2020a). The pandemic has further deprived claimants of healthcare access because of fear of infection when seeking care, and lack of information on available services,

especially for newcomers who depend on social services to help build their trust in health professionals, healthcare systems and information (Benjamin et al., 2021; Browne et al., 2021; Im & George, 2022; Mittendorfer-Rutz et al., 2020). The United Nations Network on Migration (2020) deemed refugee and migrant communities to be the “hardest to reach” in the dissemination of information regarding COVID-19. One survey found that 10 – 20% of undocumented migrants who suspected COVID-19 infection refused or were extremely worried about getting tested for fear of information sharing between immigration and health services that would result in deportation (Goodman et al., 2020). Moreover, discrimination within health services and racist public discourse that portray asylum seekers as undeserving of health coverage deepen these gaps (Chase et al., 2017). For refugee claimants who already faced health inequalities before the pandemic, current circumstances leave them even more disadvantaged.

Responding to the Psychological and Health needs of Refugee Claimants

Given the disproportionate burden on the psychological health of asylum seekers during the pandemic, there is an urgent need to implement better services that are tailored to this community. Specifically, clinicians who care for refugee and migrants have advocated for increased access to community resources, including social support amongst refugee communities and host society members such as care providers (Benjamin et al., 2021). Community-based psychosocial support programs draw on an ecological perspective, which transcends traditional mental health services that focuses on individualistic health care provision (Mitschke et al., 2017; Soller et al., 2018), and instead aim to improve well-being through community collaborative approaches that center on resilience and prioritize social integration (Priebe et al., 2016; Weine, 2011). Numerous studies have documented the positive impact community-based psychosocial support programs have on asylum seekers’ mental health during resettlement

processes, including enhancing financial and social wellbeing (Chase & Rousseau, 2018; Cogo et al., 2021; Sanchez, 2016; Shaw & Funk, 2019; Spring et al., 2019; Yalim & Kim, 2018). Despite this evidence, during the first waves of the pandemic, very few community-based psychosocial support programs were operating at full capacity. Those that continued to provide services have made a significant difference to asylum seekers by providing extensive social, instrumental, and informational support (Cogo et al., 2021; Im & George, 2022; Peretz et al., 2020). For instance, the Southwark Day Center in the UK provided asylum seekers with food, advice, and a space that gave them “a sense of hope, care, and love”, which was described by asylum seekers themselves as “a lifeline” (Cogo et al., 2021). In Bergen, Norway, a community-based farming program for refugees allowed them to maintain social bonds during lockdown, and promoted their integration through establishing their own small business in local farmer’s market. Although there is some evidence that virtual service provision is feasible for this population, a significant number of limitations have been noted, including lack of technological literacy, unstable or unaffordable internet access or hardware, as well as claimants’ experiencing the online encounter as less safe, private, and trustworthy leading to difficulties establishing emotional rapport especially in the context of linguistic and cultural differences between service providers and clients (Benjamin et al., 2021).

How do Community-Based Psychosocial Support Programs Work?

Community-based psychosocial support programs can facilitate social connectedness through various interventions delivered in a wide array of organizational structures (Sanchez, 2016; Slewa-Younan et al., 2018; WHO, 2018). These interventions often highlight the community component because the majority of asylum seekers came from collectivist societies and their communities were disrupted during forced migration (Stewart et al., 2008). Hence, re-

establishing such a community is a culturally sensitive way to promote social integration during resettlement. For instance, Refugee Community Organizations (RCO) are networks developed by refugees themselves to offer direct support and access to different services (Lacroix et al., 2015). Their program activities often involve refugees sharing their lived-experiences in coping with post-migration challenges with other newcomers (Stewart et al., 2012), and seek to restore newcomers' sense of community through cultural and social activities such as sewing, cooking, and women's groups (Akinsulure-Smith & Jones, 2011; Aubé et al., 2019; Betancourt et al., 2015; Clarke, 2014; Gerber et al., 2017; Spring et al., 2019; Zetter et al., 2005). Similarly, organizations that involve members of the host society such as volunteers and social workers offer instrumental support, which is especially helpful for women in navigating family needs (Beiser & Hou, 2017), and facilitates integration in the host society by fostering positive individual relations between asylum seekers and host-country members and building mutual trust and respect (Aubé et al., 2019; Chase & Rousseau, 2018; Nannestad et al., 2008).

Community-based psychosocial support programs often incorporate outreach services to assist in preventive healthcare (WHO, 2018). These lower tier preventive approaches (IASC, 2010) effectively complement more specialized healthcare services whereby community providers help refer refugee claimants to healthcare services that claimants might be initially hesitant to use or have difficulties accessing (Quosh, 2013; Ruiz-Sánchez et al., 2021; Williams & Thompson, 2011). Directly working with the asylum-seeking community will also allow practitioners to identify asylum seekers' most important needs, target barriers specific to them, and correspondingly provide culturally appropriate support to address their health beliefs (Hayward et al., 2021; Pejic et al., 2017; Salinas et al., 2021) and help them regain trust in the healthcare system (Uitterhaegen, 2005). For example, a team of healthcare providers in London,

UK, collaborated with other community organizations to build an integrated model of care that centralized health, social and other welfare services to address the complex needs of asylum-seeking families continuously despite relocation, while significantly increasing efficiency by limiting the number of repetitive appointments (Farrant et al., 2022). This continuity of care not only strengthens the trust and confidence asylum seekers have in healthcare providers, but also provides more clarity for asylum seekers in navigating the healthcare system. These integrated psychosocial programs should be sustained in the event of new confinement since providing refugee claimants with resources will allow them easier access to healthcare (Cleveland, Hanley, Jaimes, et al., 2021), and will further empower their capacities as agentic social actors who seek for resources to reshape their resettlement experiences (Chase & Rousseau, 2018; UNHCR, 2017).

An Emerging Model from Quebec: Welcome Haven Program

Based on the unmet needs of refugee claimant families prior to the pandemic, our research team launched a community-based psychosocial support program in 2021 in Montreal, Canada to provide informational and material support to asylum seekers. This program is in collaboration with local community organizations, researchers, clinicians, and public healthcare institutions. The core program consists of weekly in-person, three-hour drop-in sessions in neighborhoods with high refugee claimant population density, especially in suburban areas where services are often lacking. The sessions are structured around informational and recreational workshop to provide instrumental and emotional support for families, a shared communal meal to further foster community belonging, as well as arts-based interventions for children and youth.

Preliminary results from participant observation indicate that bringing refugee claimants together to share food and resettlement experiences have effectively promoted a sense of community and social connectedness. During our pilot sessions, we have observed participants chatting amongst each other during dinner, exchanging numbers and making a Whatsapp group chat so that they could “go grab coffee together” and organize other social activities amongst themselves. During the workshop, participants echoed each other’s questions and concerns, bonding over shared experiences and frustrations during resettlement. Mothers would share childcare responsibilities during the workshop such as taking turns to tend to each other’s children. Meanwhile, we observed participants developing connections with host society volunteers, including with the research staff on the team. Oftentimes the material presented at the workshops would elicit participants’ recollection of their own experiences, which were shared to volunteers who lent an empathetic ear. Many participants were delighted to share anecdotes about their children’s growth, showing volunteers their children’s artwork and amusing videos. The general ambience was described as “warm and intimate”, with several participants thanking staff at the end of the sessions for “welcoming” them to this space.

The Welcome Haven program has also demonstrated promising potential to reduce barriers in accessing care. When individual families express the need for specific resources, we have dedicated social workers to help individual families navigate them, such as accessing winter clothes, getting referrals to immigration lawyers and psychologists, or finding a primary care clinic. Our program does not eliminate the underlying dearth of services, but it can at least help participants more readily find the services that do exist. We also bring resources directly to the workshops by hosting community organizations who provide seminars on preparing for refugee hearing, and tenants’ rights, for example.

Implementation has not been without challenges. A combination of public health measures and anxiety from community partners about putting families at risk closed our doors for several months. This compelled us to implement virtual programming including information sessions for parents and creative art workshops for children and youth. It has been clear that many claimants lack access to appropriate technology and, we suspect, are fatigued by or wary of online forums. Online attendance is poor, and participants often keep their cameras closed, except for those who have already established rapport with us through previous in-person workshops. While some participants have expressed interest and appreciation for these online support sessions, the limitations of online programs are clear. Initial findings from our study thus suggest that accessible community-based psychosocial programs are crucial to refugee claimants and are most effectively delivered in-person.

Future Direction

Despite community-based psychosocial support programs being one of the most effective means to protect asylum seekers' mental health in high-income Western countries, investment in the provision of these programs has been grossly insufficient and unsustainable (Darrow, 2015; Lacroix et al., 2015; Shaw & Funk, 2019) even before the pandemic. In Montreal, for example, a public Community Day center for refugee claimants had demonstrated positive impact on their sense of safety and social networks, yet the program was closed (Chase & Rousseau, 2018). The COVID-19 pandemic has intensified debate regarding what services are considered "essential" and therefore protected from closure and worthy of funding. The mental health sequelae of the pandemic are now widely acknowledged, but this has not corresponded with services to address these needs. A WHO survey (2020b) has found that although demand for mental health services is rising, 93% of countries worldwide had reported disrupted or halted critical mental health

services because of the pandemic. Despite the majority of countries promising to include psychosocial support in their national COVID-19 response plans, only 17% of these countries have provided full additional funding for covering these services (WHO, 2020b). In societies divided by inequalities, refugee claimants - the vast majority of whom are racialized - stand to suffer most from the global lack of services.

Since an ecological perspective of asylum seekers' mental health is still fairly recent, future research is warranted in order to support this multimodal approach to psychosocial service (Hynie, 2018; Murray et al., 2010; Salo & Bray, 2016). Future evaluative efforts should acknowledge that asylum seekers' needs, whether they be social, health, or informational are mutually constitutive (Chase & Rousseau, 2018) rather than a singular hierarchy of needs. Additionally, better communication between community members, clinicians, researchers, and policymakers, and more organizational flexibility is required for the effective implementation and continuation of these programs (Priebe et al., 2016; UNHCR, 2017).

Conclusion

Over many years, researchers and practitioners have relentlessly called for the expanded implementation and continued evaluation of community-based psychosocial support programs (Chase & Rousseau, 2018; Murray et al., 2010; Slewa-Younan et al., 2018). The urgency of this call is highlighted by the pandemic as institutions are now grappling with health disparities and racial injustices. These programs require intersectoral collaboration, financial investment and - during a pandemic - demand the designation of 'essential services' as they are so urgently needed by refugee claimants. We can close such programs, but that will come at the cost of the social integration and mental health of those they are meant to serve. As the world emerges from the COVID-19 pandemic, it is particularly urgent, now more than ever, for governments and

policymakers to devote resources—both fiscal, infrastructural and human--to these low-cost community-based psychosocial support programs for refugee claimants in the effort of cultivating an inclusive society with equitable health outcomes for all.

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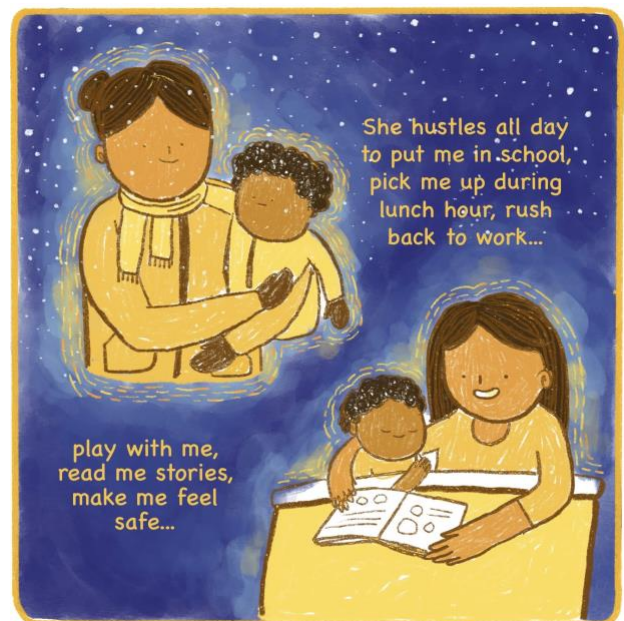
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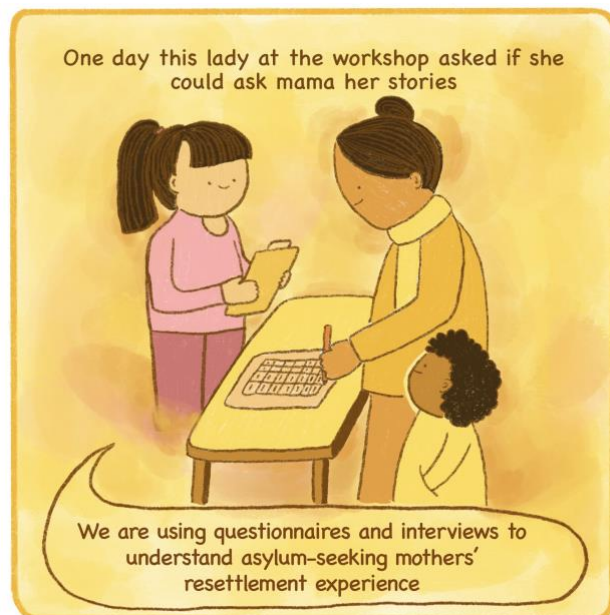
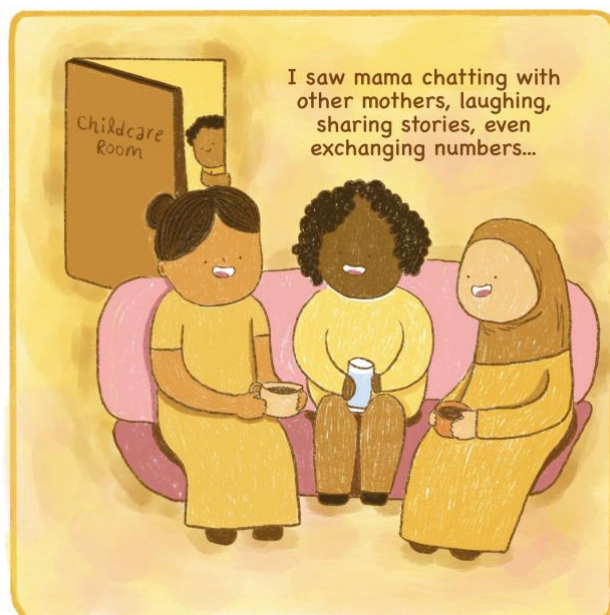
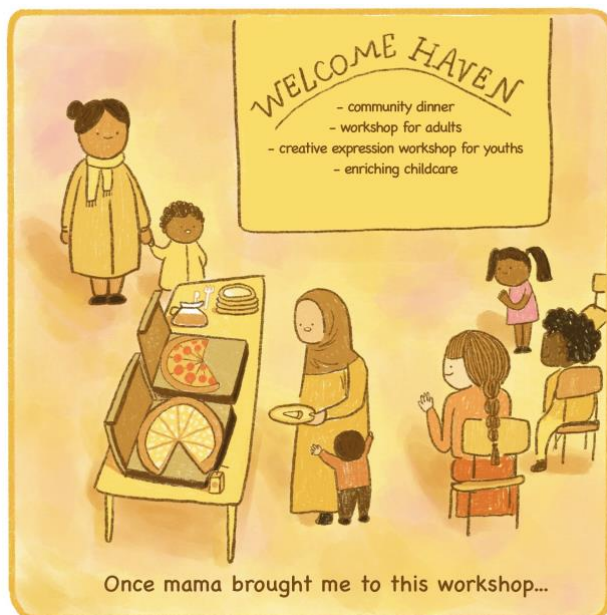
Conclusion

From understanding asylum-seeking mothers' agency in resettlement to suggesting community-based psychosocial support programs as essential services to support agency and enhance wellbeing, this thesis critically examines the psychosocial needs of asylum seekers and highlights the importance of interventions that address these needs. The result of the first study fills an important research lacuna considering asylum-seeking mothers' agency has traditionally been overlooked and misunderstood. Together with the second chapter that reviews how and why community-based psychosocial support interventions are effective and urgently needed, this thesis paves the direction for future research and interventions to incorporate an ecological perspective that prioritizes asylum seekers' agency and protects their wellbeing.

Appendix A
Comic Entry for SSHRC Storyteller Challenge

MY FAMILY'S JOURNEY TO CANADA
and the people who helped us along the way





The researcher asked mama how she is taking things into her own hands to rebuild our lives in Canada, how she's feeling, and how the workshop can better help us...



Mama sounds like she has many stories to tell, she just needs someone to listen

Resettling in Canada has been challenging, but mama seems more hopeful after the workshop. I know as long as I got my mama I will be okay, but who has she got?

