

Seeking Refuge:
Reconceptualizing Therapeutic Space at a Day Center
for Asylum Seekers in Montréal

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Abstract

Recent years have seen increased recognition of both the vulnerabilities of asylum seekers and the limitations of conventional mental health services in assisting them. A new wave of research and intervention emphasizes the strengths and resilience of marginalized communities, aspiring to respond to the priorities of forced migrants through the provision of community-based, integrated pragmatic and psychosocial support.

This thesis represents an ethnography of one such intervention: a Day Center for asylum seekers in Montréal. Over a six-month period of fieldwork, qualitative data were gathered in order to document users' experiences and perceptions. Results suggest that the Day Center contributed to feelings of agency and wellbeing among participating asylum seekers. In the immediate post-flight context, this model of intervention may provide a safe space that supports the reestablishment of social networks.

Dans les dernières années, la reconnaissance croissante de la vulnérabilité des demandeurs d'asile s'est accompagnée d'une prise de conscience des limites des services de santé mentale pour cette population. Un ensemble de recherches récentes souligne les forces et la résilience des communautés marginalisées et invite à développer des services communautaires fondés sur un soutien des besoins psychosociaux de base.

Cette thèse propose une ethnographie d'une intervention écologique: un centre de jour pour les demandeurs d'asile à Montréal. Des données qualitatives documentant les expériences et les perceptions des usagers ont été recueillies pendant six mois. Les résultats suggèrent que le centre de jour contribue au bien être des demandeurs d'asile et renforce leur sentiment d'agencéité. Ce modèle d'intervention semble générer un espace sécuritaire qui soutient le rétablissement des liens sociaux durant la première phase du refuge.

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Preface

I arrive at the PRAIDA-YMCA Day Center for asylum seekers around 9:30 on a Wednesday morning. The large nondescript building is tucked behind the public library across from Atwater metro station. With the exception of a small patch of green around the metro, the neighborhood feel is urban, centre-ville: fast food, tar, and glassy shopping malls dotted with older, humbler brick buildings like the YMCA itself.

Outside, fixed in the concrete sidewalk, two benches and a tree accommodate a peculiar huddle of smokers. The majority of those who frequent the sidewalk are infirm Inuit of northern Quebec come down to the city for medical care. This YMCA functions as a shelter to those Inuit seeking longer-term care in Montréal's many hospitals. As a result, all the signs in the building read in French, Inuktitut, and brail, and the various visible marks of human illness are commonplace among the building's clientele: bandages, eye patches, skin that is swollen, darkened, blistering.

Occasionally my friend Ali, a human rights advocate and asylum seeker from the Middle East, makes his way out to the benches, carefully draws a cigarette from his shiny silver cigarette case, and smokes alone, staring at the tree with furrowed brow. Several times I have joined him in these quiet outside moments, listening as he unfolds disconnected fragments of his story. It is a grisly one, told in part by the scars on his face and hands. Sometimes Ali falls silent mid-sentence, a storm of memory brewing in his eyes, and then picks up a new narrative thread a few seconds later. I find myself looking up to this man who, despite deep ongoing suffering, peppers me with inquiries about my life and my research.

Today I do not recognize any of the smokers. I greet the group in English and they wave back congenially. Inside the door, a long ramp leads to a security guard before a computer. We exchange a friendly "Ça va?" as he buzzes me in to the lobby, an eclectic gathering point. Here, two elevators lead to upper floors sheltering, in addition to Inuit, Haitian earthquake survivors accepted as refugees to Canada and recently arrived asylum seekers from almost every corner of the Earth. I greet the receptionist amicably and he hands me a set of keys for the "Day Center," a stretch of rooms on the ground floor dedicated to Montréal's asylum seeking population.

In the most concrete terms, the Day Center spans a single hallway. At one end, the “Salle d’Enfants et Familles” is a baby blue haven of toys, games, and children’s artwork supervised by one YMCA staff member and a handful of volunteers. This room serves as a *garderie* for resident children while their parents trek around the city negotiating the bureaucratic maze of the asylum system, applications for welfare and work permits, and medical appointments. When asylum seekers move out of the YMCA after receiving their first welfare check, about one month into their stay in Canada, they may still use the *garderie* when they return for Day Center activities.

Outside the Salle d’Enfants et Familles, a series of offices and activity rooms branch off of the hallway on both sides. Depending on the day, these may be occupied by volunteers doing work for the Center, the *Groupe de Femmes* (women’s group) that meets twice a week, or employment coaching sessions. Further along, side rooms house offices for the two staff members overseeing the Day Center and a small copy room featuring printer, scanner, fax-machine, and paper. A small enclave skirted by couches seats those waiting to meet with the staff social worker. Maude tries to leave her door open, she tells me, “because it really makes a difference in accessibility” (*parce que ça change vraiment l’accessibilité*). Yet the highly sensitive nature of many asylum cases often requires her to meet with clients one-on-one while a small queue forms on the couches.

Across from the copy room, a glass enclosure facing into the hallway serves as the home base for the Center’s volunteers. The walls of the “aquarium,” are plastered with checklists, schedules, and reminders and a gigantic filing cabinet against the back wall holds French and English versions of every form an asylum seeker will ever need to complete. Each day, volunteers sit around the rectangular table in the center of the room and field a stream of questions from the clientele. The majority of these volunteers are asylum seekers or accepted refugees themselves, and they know the ins and outs of the paperwork and institutions they assist clients in navigating. In some cases, volunteers will be called upon to accompany new arrivals to their appointments outside the Center.

At the end of the hall, the door to the spacious and well-lit “salon” remains perpetually open. The walls of the salon are lime green and half of the room is divided by a tall and overstuffed bookshelf (“the library”). On one side, 15 or so chairs are arranged in rows facing a white board. This is the site of regular information sessions catering to the

needs of newly arrived asylum seekers: health, the immigration hearing, legal system, housing, welfare. On the other side of the bookshelf, a few round tables serve as working or reading space for clients, although they are just as often the hubs of lively discussions and joke telling.

The other half of the room is dedicated to more recreational affairs. One corner is boxed in by three long couches surrounding a TV and DVD player; another, occupied by a kiddy-sized table strewn with coloring books and stuffed animals. At the back of the room, a strip of windows running the length of the salon peer into a small computer room, a storage closet for toys and games, and a more sparsely decorated call room featuring several landline telephones.

Today I begin my participant observation in the aquarium. Maude is helping a middle aged woman who speaks Spanish fill out her asylum application. As she leafs through the woman's documents she realizes with delight that the woman's son was her client last year when she worked at headquarters in Côtes-des-Neiges. She exclaims enthusiastically, "Now I meet the Mama!" The others in the room, including me, laugh genuinely. Then she turns to me, tone dropping, and says in English that the woman needs urgently to go to the Welfare office but doesn't have a francophone friend who can accompany her. I watch as she calls a receptionist at the welfare agency to see if they have any Spanish-speaking attendants today. Just as I wander out for a coffee, Maude breaks the news that they do not.

I venture to the back of the salon where two industrial dispensers serve watery coffee from nine to five on days the Center is active. Many of my most important relationships with the Center's clientele have grown from idle chatter exchanged around these coffee machines. Holding a flimsy paper cup in hand seems somehow to justify loitering, creating a fertile ground for small talk. My own one-liner revolves around the quality of the coffee, but the weather, or a simple "Ça va?" often suffice to spark rich and lengthy discussions.

Today, the majority of my fellow coffee drinkers are congregating in the hallway outside the office of "Miss Helga," an employment coach who visits the Center once a week. I know there was an employment workshop this morning, and the participants now take turns stepping in to talk to her individually. Those in line chat amongst themselves, exchanging tips for finding work, contacts of potential employers, as well as jokes. Several greet me warmly as I walk by, offering a handshake or *bisous*, kisses on both cheeks.

Back in the aquarium, Allya, a volunteer and former asylum seeker from the Caribbean, and an older West African asylum seeker named Gus are sitting in front of a desktop computer. They explain to me, one speaking English, one speaking French, that they both recently participated in one of the Center's weekend outings. Gus has come by with his memory stick to ask Allya for copies of the photos she took of the trip. Before Gus leaves the aquarium, I ask more sincerely how he has been doing. He replies, suddenly serious, "It's not going well," (*ça va pas*) but then adds determinedly that it will all be ok when he has his immigration hearing in October. He is dressed impeccably in full suit and has a folder neatly tucked under his arm.

As Gus departs, I notice a young woman standing hesitantly by the door of the aquarium. I recognize her from the Center's monthly discussion group (*Groupe de Parole*). If I remember correctly, she is Cameroonian, about twenty-one years old. She catches my gaze and quickly says hi. I smile and ask her how she's doing, how her immigration process is going, although something about her body language tells me that she is not well. She tells me she was rejected and is in the process of appealing the decision. She has just moved into a new apartment alone and has come to the Center for the change in address paperwork required for both welfare and immigration offices. I ask if she is working and she answers flatly, "No." I put a hand on her shoulder and wish her good luck, silently recalling the dismal statistics on refugee acceptance through the appeal process.

I return to the table in the aquarium where Allya is taking advantage of the lunchtime lull to write a letter to a doctor regarding the mysterious disability she has been nursing for the past few years. Her legs are swollen and painful and she periodically loses feeling in her arm. In earlier conversations, she has told me that her doctors suspect MS. Since giving up her work as a nanny a few years ago, she has volunteered at the Center twice a week in order to keep busy and "get out." Today she asks for my help identifying the best English word to describe the muscle spasms she has been having. We settle on "twitch."

At the other end of the table, I recognize Ilena, a Croatian asylum seeker of around my age who I have spent time with during her volunteer shifts at the Center. Ilena speaks English well and often translates for the many Croatians who pass through the YMCA. Today she has come with her boyfriend to fill out some paperwork. She helps herself to the filing cabinet and spreads a daunting pile of forms out on the table. When I interrupt with a

greeting, she introduces me to her boyfriend and gushes that she finally found a job, beaming a smile of relief. Although she follows up with a cautionary, "It's only temporary, you never know," she looks happier than I have seen her in months.

As the day winds down and I prepare to leave, Jewel, a Cameroonian woman I am acquainted with, comes and sits beside me in the aquarium. In contrast to previous times we have met, she seems disconnected, lost in her own thoughts. She has come to deliver a letter to the social worker that will function, she informs me, to change the name on her welfare documents. Without much prompting, she tells me that the government discovered she had used a fake identity to enter the country and now she has to change the name on all her official documents. Regardless of the reasons she chose (or was forced) to travel under a false name, this does not bode well for her asylum claim. Jewel looks miserable, burdened, on the verge of tears. She repeats over and over "*Ça tappe la tête*," holding her hand to her head, wincing in psychic pain. I find myself repeating a popular trope that circulates around the Center, that she needs to get out more, distract herself, keep busy. I ask if she has friends to go out with and she points at the Albanian woman across the table, saying, "It was her, but she has already left."

Helna, the Albanian woman, no longer lives at the YMCA's shelter, but has returned to the Day Center today to fill out a work permit application. Allya is helping her with the required papers, but when Helna sees her friend pointing she stops to ask Jewel about her troubles, seeming familiar with the drama of the false documents. The women communicate through a seemingly impenetrable language barrier. I begin to translate between French and English but the friends continue as though I am not there, accustomed to their own system of signs, inside references, and a few basic words of each language. Helna manages to advise Jewel to go to headquarters in *Côtes-des-Neiges* to ensure that she can extend her stay at the YMCA until her problem is sorted and the first welfare check arrives.

As they talk, I pack my bags and bid both women goodbye. Jewel raises her head from her hands briefly to acknowledge my going, "*Au revoir*."

This preface serves as an introduction to the therapeutic landscape under study (Gesler, 2005), the PRAIDA-YMCA Day Center for asylum seekers in downtown Montréal. In opening this thesis with a contextualized elaboration of one day's field notes, I hope to illustrate aspects of the Center that do not lend themselves to reductive analyses. As such, particular attention was given to those essential elements that are embedded in the ebb and flow of its everyday life.

There is a rhythm and a tone to the unfolding of days at the Day Center that cannot be captured by dissecting particular interactions or encounters. Nor can they be deduced from a simple addition of parts (lists of activities, attendance statistics). The hustle and bustle of the place, the at-homeness of its occupants, and the quality of flow that time takes on when we are drawn up into a larger network of human activity, seem to exceed the capabilities of telling, favoring instead forms of showing such as narrative description.

At the most basic level, this vignette conveys a sense of *activity* that characterizes the ambiance of the Day Center. While not all days are as busy as the one described, regularly scheduled activities assure that at least a small crowd will pass through the Center on days when it is open. This quality of busy-ness, I will argue, provides a vital contrast to the solitude and tedium many asylum seekers confront during the wait for their immigration hearing. It interrupts ruminative ruts by grounding in the present, offering opportunities for diversion from both weighty memories and the anxiety of anticipation.

The above description also highlights the social generativity of the Center, its production of contexts that encourage the forming of bonds across vast gradients of class, language, nationality, religion, and culture. Asylum seekers meet at the volunteer table while filling out change in address applications, in the line waiting for an employment counseling session, sitting shoulder to shoulder in the small computer room, or standing around the coffee machine. These connections are not forced or artificial, but are often sorely needed. In Chapter 2, I will discuss how the organization of time and space at the Center helps individuals to surmount the mistrust born of trauma to reconstruct their link to the social world.

This passage also draws attention to the diversity of needs that drive individuals to visit the Center. While new arrivals grapple with the mountains of bureaucracy surrounding the asylum process, others seek support integrating into their host society or

simply getting through the day. Helna has come to lay the foundation for a career in Canada. Gus, to archive new and pleasant memories of Montréal. Ali seeks a quiet place to smoke and a sincere listener. Allya comes to fill otherwise empty days with meaningful activity. The breadth of services provided at the Center, its model of user-driven engagement, and its broad mission of promoting wellbeing among the asylum seeking population of Montréal allow this personalization of user experience. In this sense, as I will argue in Chapter 1, the Day Center may function more as instrument than intervention, providing the resources (human and otherwise) individual asylum seekers need to pursue wellbeing on their own terms.

Linked with this diversity of needs, the opening vignette also captures the complex interlayering of affect that characterizes social interactions at the Day Center: conviviality with trauma, connection with solitude, joy with grief, humor with hardship. In emphasizing the pragmatic and social aspects of survival and integration in the present, the Day Center simultaneously backgrounds the *vécu*, that which one has lived through, of participants and creates space for it to bubble up into from time to time. By acting as the sole institutional entity where asylum seekers are not obliged to recount the details of their persecution story, where inclusion is not contingent, the Day Center allows individuals to modulate the extent to which past wounds trickle into their social lives at present. As such, it fosters a wide margin of tolerance for the sidelining, covering up, and writing over of memories as well as for eruptions of the past into the present, as evidenced by Ali's trailing sentences, Gus's admission that "Ça va pas," Jewel's grimace. In the most extreme cases, an individual threatening suicide behind the closed doors of the Maude's office yesterday may today greet me at the coffee machine with pleasant comments on the weather (as occurred twice during my fieldwork at the Center).

Finally, this narrative portrait suggests the many ways in which I, as ethnographer, was woven into the social fabric of this institution during the period of my fieldwork. Although I approached my project, as many anthropologists do, with aspirations of gaining understanding through belonging, I was continuously surprised by the extent to which I was actively drawn into this belonging by others at the Center. I believe that the ease with which I formed relationships with clients and gained access to their experiences is less a

testament to my skill as an ethnographer than it is to the thrust of social generativity that characterizes the institutional culture of the Center.

Initially I worked on my field journal at a round table in the Salon when I wasn't directly engaged in participant observation. However, within a few weeks, the more focused tasks of transcription and writing field notes became impossible in this setting. Even on quiet days, I found I could go no more than a few minutes without being approached by an acquaintance or even a total stranger. Not only was I engaged in friendly chatter, but I genuinely enjoyed it, allowing myself to be swept up into more involved conversations. I grew to care about the individuals animating the Day Center at the time I was working, and to follow with pleasure, and sometimes with great sorrow, the development of their lives, their stories, in Montréal.

Eventually I settled into the toy closet at the back of the Salon when I needed a quiet space to write. The small room provided an escape from the constant stimulation of the Salon that left me buzzing at the end of the day, while allowing me to peer out through my long window onto Center activities. Equally important, it allowed others to peer in and to seek me out when desired. When my door was open, the stream of guests was fairly steady. When it was closed, those asylum seekers I felt closer to did not hesitate to knock to come in for a chat, to update me on their asylum process, to show me pictures of their children back home, or to confide more grave concerns. In these and so many other ways, I, too, became a feature, at times instrument and at times agent, of the therapeutic landscape that is the Day Center.

Note: Author Contributions

As per McGill thesis regulations, I confirm that I was the primary investigator on this study and the first author of both manuscripts included in this thesis. Dr. Rousseau acted as a mentor throughout the duration of the fieldwork; she provided guidance in the development of the project as well as the execution of fieldwork. She also provided feedback on earlier drafts of this thesis, including the manuscripts.

Introduction

Every day I cannot sleep at night until five, six in the morning. I see the day start. After that I sleep some hours. I don't know. I must go to see the doctor or psychologist something like that. And you know the biggest problem? When you are with your family, someone with his wife, with his children, normally with the TV, the kitchen, the car, and one day- tack! He is alone, small thing [room], no TV, anything, just some bed on the floor. Something like someone lose everything, lose at one time: no family, no children, no wife, no money, no job, no car, no house, nothing. And you must start to do something. Ok, I'm not young. I'm 42 years old and I'm thinking how can I start from zero- not from zero, from down from zero...? – Muhammad¹, Male asylum seeker, Middle East

On the day this narrative was collected, I had anticipated a quiet afternoon of transcription in my office. When I noticed Muhammad hovering around the coffee machines outside my window, I stepped out to greet him. We had already chatted casually once or twice at the Center. With his thick build and deep voice Muhammad was an imposing figure, and I was surprised to see him brimming with emotion when he replied. Noting the dark circles under his eyes and the quavering in his voice, I immediately invited him to come drink his coffee in the privacy of my office. With his permission, I turned on my tape recorder and listened as he spoke, with very little prompting, for over an hour.

This excerpt captures many of the difficulties of being a recently arrived asylum seeker (i.e. refugee claimant) in Montréal. Muhammad's words convey a sense of profound loss, both of material and social capital and of the symbolic potential they contain: identity, security, comfort. He captures the enormity of the task that falls to asylum seekers, and which may feel overwhelming or even impossible in the context of a crumbling personal ecology: to start over, to build something from nothing. Not from zero, but from *less than* zero, he says, gesturing to the numerous forces he perceives to be working against his success.

¹ All names are pseudonyms.

Muhammad's account also begins to translate suffering into terms of psychiatric symptomology, specifically insomnia. He distinguishes these symptoms as pathological, suggesting that he needs to seek psychological care. Psychiatric and public health literature tells us that many like Muhammad do meet the criteria for treatment in the mental health sector. According to one recent study, about 50%-60% of asylum seekers presenting in the health system in Montréal are diagnosed with psychiatric disorders (Ouimet, Munoz, Narasiah, Rambure, & Correa, 2008). Internationally, those seeking asylum in Western countries have been found to have significantly higher rates of psychiatric disorder than host and even most refugee populations (Ryan, Kelly, & Kelly, 2009).

In recent years, both quantitative and qualitative studies have worked to illuminate the factors underlying this disparity. In addition to experiencing high rates of pre-migration trauma, many asylum seekers are detained upon entering host countries, a practice of which the adverse psychological impact and associated ethical issues have been well documented by clinicians and activists alike (Cleveland, Rousseau, & Kronick, 2012; Physicians for Human Rights & The Bellevue/NYU Program for Survivors of Torture, 2003; Silove, Steel, & Mollica, 2001; Steel & Silove, 2001). Asylum seekers also have a precarious immigration status that limits their access to a variety of health and social services (Piwowarczyk, Keane, & Lincoln, 2008; Piwowarczyk, 2001, 2007), and the bureaucratic procedures involved in seeking asylum can be lengthy, re-traumatizing, and, often, ultimately unsuccessful (Crosby, 2007). In the Canadian context, research affirms the salience of such post-migration stressors. Studies have examined the psychosocial impact of family separation (Rousseau, Mekki-Berrada, & Moreau, 2001), detention upon entry (Cleveland et al., 2012), and economic challenges such as finding affordable housing (Kissoon, 2010) on asylum seekers in Canada.

Research has also explored the ways in which asylum seekers and other forced migrants are alienated from the formal mental health sector (Miedema, Hamilton, & Easley, 2008). One recent study used qualitative methods to explore asylum seekers' perceptions of barriers to health care access, identifying internal community factors, structural factors, and social assimilation factors impeding the provision of quality care (Asgary & Segar, 2011). In Montréal, Rousseau et al. have surveyed local health care practitioners to identify

structural and systemic barriers to care for refugees with precarious status living in the city (Rousseau et al., 2008).

Collectively, this body of research has contributed to advocacy and intervention efforts by shedding light on important barriers to the pursuit of wellbeing affecting asylum seeker populations. But the identification and naming of such “barriers” may also evoke a false sense of tangibility, lending solidity to what is troublesomely intangible. As Muhammad’s account suggests, the roots of suffering my interlocutors articulated are perhaps better theorized as absences: separation from loved ones, isolation, inactivity, uncertainty, poverty... All too often, these voids exceed the potential of mental health “intervention” as we know it (Miller, 1999). A psychotherapist cannot guarantee the success of an asylum claim, and the safety it confers, any more than a psychiatrist can collapse the distance between father and daughter living on different continents.

This account also pushes the boundaries of established anthropological theory around healing, particularly relationships between healing and everyday life. Muhammad paints a quotidian shaped by and shot through with absence, a pervasive emptiness that disrupts natural and familiar rhythms. “Every day,” he begins, sleep does not come until the early hours of the morning. The contours of Muhammad’s material life are defined by what is missing: *no* TV, *no* bedframe, *no* car, *no* money. Likewise, his immediate social world is characterized by the lack of wife and children. In this way, Muhammad’s narrative poses questions regarding our treatment of the “everyday” and the “ordinary” in medical anthropology. Namely, how might one take refuge in an everyday that is anything but ordinary?

This thesis examines processes of healing and adaptation in the lives of those who have applied for refugee status in Canada on the basis of a “well-founded fear of being persecuted” in their countries of origin (United Nations, 1951). Specifically, it explores how these processes are facilitated by the Day Center, the product of a partnership between PRAIDA/CSSS de la Montagne (a public organization) and the YMCA (a non-profit organization). Whereas statistics on high utilization by the target community reflect the popularity of services offered, this research sets out to understand *how* the Day Center fulfills its mission, giving particular consideration to the voices of users themselves.

Literature relevant to this investigation spans the disciplines of medicine, psychology, and the social sciences. Accordingly, this thesis takes an interdisciplinary tack, drawing on theory from anthropology, psychiatry, psychology and health geography to explore therapeutic processes active at the Day Center.

Chapter Précis

This thesis reflects on a six-month period of ethnographic fieldwork in the context of a multi-ethnic, user-supported Day Center for asylum seekers in Montréal. Specifically, it attends to the ways in which regular participation at the Center contributed to feelings of increased wellbeing and agency among users. In the following sections, study findings are presented in the form of two manuscripts.

First, Chapter 1 offers a deductive analysis of qualitative material using a theoretical framework for understanding processes of adaptation and development after persecution (Silove, 2007, 2013). This paper is written for an audience of practitioners, with a focus on illuminating salient challenges in the post-migratory context of Montréal as well as Center programs that were found to assist asylum seekers in overcoming these challenges. Drawing heavily on ethnographic data, it considers the ways in which the Day Center responds to the needs of a culturally and socioeconomically diverse clientele. As the preface suggests, catering to such a broad user-base requires exceptional flexibility and in many ways the Center may be better conceptualized as a repository of resources (an “instrument”) that is independently navigated by asylum seekers than a standard intervention.

Chapter 2 considers an alternative framing of the Day Center as a therapeutic landscape. This manuscript presents two key themes that emerged during an inductive analysis of data: safety and the reconstruction of the social link. It echoes the preface in interrogating which forms of social engagement may be deemed safe or constructive for asylum seekers, and the ways in which the Day Center enables individual users to modulate the expression of past trauma and “refugee stories.” The paper also considers the ways in which safety and social networks may be mutually reinforcing, proposing that a particular type of therapeutic community becomes possible in contexts of shared liminality. It concludes with reflections on how prevailing notions of the “therapeutic landscape” might

be expanded or modified to account for the particular window of vulnerability that constitutes the asylum claim.

Chapter 1

ADAPT: Supporting Wellbeing and Agency at a Day Center for Asylum Seekers in Montréal

Liana E. Chase & Cécile Rousseau, MD

Abstract

The field of psychiatry has seen increasing recognition of the salience of post-migration stressors as they contribute to the net burden of morbidity experienced by asylum seekers. This awareness dovetails with a growing interest in interventions that integrate psychosocial care with the provision of support and services to meet the basic needs of forced migrant groups. This study represents a qualitative exploration of one such intervention: the PRAIDA-YMCA Day Center for asylum seekers in Montréal. Using an ethnographic methodology, the study aimed to elicit perspectives of staff and utilizers on the mechanisms underlying positive changes in wellbeing and agency experienced by Center clientele. Data gathered included fifteen semi-structured interviews and fieldnotes from nearly fifty participant observation visits to the Center. This article summarizes findings of a deductive analysis of ethnographic material using Silove's (2007, 2013) ADAPT model of adaptation and development after persecution and trauma. We found that isolation and perceived ongoing insecurity and injustice were salient threats to the adaptive systems outlined by Silove in the post-migration context of Montréal. Our analysis also shed light on some of the ways in which the Day Center supported asylum seekers in responding to these threats, contributing to feelings of improved wellbeing and agency among users.

Introduction

The designation "asylum seeker" (a.k.a. "refugee claimant") refers to one who has applied for, but not yet received, refugee status in a foreign country on the basis of a "well-founded fear of being persecuted" in his or her country of origin (United Nations, 1951, p. 3). Research suggests that the status of asylum seeker may confer particular psychosocial vulnerability when compared with other forced migrant and immigrant populations. A

recent literature review on the mental health of those awaiting immigration outcomes in Western countries found that rates of psychiatric disorder among asylum seekers were significantly higher than those of host country and even most refugee populations (Ryan et al., 2009). At the local level, a recent evaluation of the health of asylum seekers in Montréal found that approximately 50%-60% of those presenting in the health sector were diagnosed with a psychiatric disorder (Ouimet et al., 2008).

Several explanations for this disparity have been proposed. First, unlike refugees accepted overseas, many asylum seekers are detained upon entering host countries; the adverse psychological impact and ethical issues associated with this practice have been well documented by clinicians and activists alike (Cleveland et al., 2012; Physicians for Human Rights & The Bellevue/NYU Program for Survivors of Torture, 2003; Silove et al., 2001; Steel & Silove, 2001). Second, asylum seekers have a precarious immigration status that limits their access to a variety of health and social services (Piwowarczyk et al., 2008; Piwowarczyk, 2001, 2007). Finally, the bureaucratic procedures involved in seeking asylum can be lengthy, re-traumatizing, and, often, ultimately unsuccessful (Crosby, 2007). In the Canadian context, research affirms the salience of these post-migration stressors. Studies have examined the psychosocial impact of family separation (Rousseau et al., 2001), detention upon entry (Cleveland et al., 2012), and economic pressures such as finding affordable housing (Kissoon, 2010) on asylum seekers in Canada.

A growing body of literature questions the capacity of the public mental health system to respond to the needs reflected in these statistics. One vein of research has explored issues around accessibility of the formal mental health sector to asylum seekers and other marginalized groups (Miedema et al., 2008). For example, a recent study by Asgary and Segar used qualitative methods to explore asylum seekers' perceptions of barriers to health care access, identifying internal community factors, structural factors, and social assimilation factors impeding the provision of care (2011). In Montréal, Rousseau et al. have surveyed local health care practitioners to identify structural and systemic barriers to care for refugees with precarious status living in the city (2008).

Another current of research suggests that cultural issues may limit the efficacy of those mental health services that are accessed by asylum seekers. A now substantial literature has critically interrogated the appropriateness of Western psychiatry and

psychology for work with marginalized non-Western populations, pointing to the cultural construction and problematic assumptions underlying practices like psychotherapy (Miller, 1999; Summerfield, 1999, 2002). Today, it is widely recognized that modes of experiencing and representing distress vary across cultures (e.g. Kirmayer, 1989; Nichter, 1981) with important implications for treatment. For example, asylum seekers from some cultures may express discomfort with individual-centered therapies that emphasize disclosure of trauma (Tribe, 2005). As a result, Western clinicians working with asylum seekers may experience difficulty identifying distress and working within a culturally meaningful framework to address it.

For these reasons, and in the context of already overburdened public health systems, international guidelines increasingly emphasize the reinforcement of social and community supports as a first tier of mental health care (Psychosocial Working Group (PWG), 2003; Inter-Agency Standing Committee (IASC), 2007; Tribe, 2005). These recommendations dovetail with a new wave of research that conceptualizes forced migrants as active agents in their own pursuit of mental health and wellbeing and calls for research on resilience and resources within refugee communities (Rousseau & Measham, 2007; Ryan, Dooley, & Benson, 2008).

Building upon this burgeoning literature and the experience of local social service providers, the PRAIDA-YMCA Day Center was conceived as a complementary therapeutic context for asylum seekers living in Montréal. Operating in tandem with one-on-one services made available through the local governmental organization responsible for the orientation and integration of asylum seekers, PRAIDA (*programme régional d'accueil et d'intégration des demandeurs d'asile*), the Day Center provides resources and information pertaining to safety and survival while also aspiring to foster agency and social network-building in a community setting.

To date, the design of community-based, integrated care centers like the Day Center is primarily theory-driven, with limited qualitative research documenting the psychosocial dynamics of these emerging intervention contexts. While a handful of ethnographic studies have explored similar intervention models in other settings (Lewis, Hopper, & Healion, 2012; Emami, Torres, Lipson, & Ekman, 2000; Liou, 2011), their findings are not

generalizable to asylum seekers, who face a highly unique set of ecological and psychosocial pressures.

This study aimed to generate qualitative data around processes supporting wellbeing and agency at a Day Center for asylum seekers in Montréal. Specifically, it sought to elicit user perspectives on therapeutic aspects of the Center and to triangulate and extend these findings through immersive participant observation over a period of six months. This article summarizes findings of a deductive analysis of ethnographic material using Silove's "ADAPT" framework (2007).

The ADAPT theoretical formulation outlines five adaptive systems that operate in responses to trauma and persecution: safety; bonds, family, and networks; justice and human rights; roles and identity; and meaning. The model posits that common experiences of trauma and persecution may threaten the optimal functioning of these systems, leading to eventual psychiatric morbidity, and proposes that various forms of assistance may counter these threats to support adaptation and development. Several features make this analytic tool well-suited to illuminating therapeutic processes in the intervention under study: (1) by definition, all asylum seekers claim to have experienced persecution in their country of origin and research shows that many have also experienced trauma, (2) adaptation is related to both wellbeing and agency in the context of recent migration, , and (3) it accounts for the salience of both pre- and post-migration stressors. In the following sections, we use this model to structure the presentation of ethnographic findings and to consider the potential long-term psychiatric impact of participation at the Day Center.

Methodology:

Research Context:

The Day Center for asylum seekers in Montréal was launched jointly by the regional governmental organization working for asylum seekers (PRAIDA), and a local YMCA in July 2010. The stated goals of the Center are to improve quality of life and agency among asylum seekers in Montréal. The program is community-based in the sense that the team of volunteers providing the majority of services at the Center is largely comprised of asylum seekers and accepted refugees (former asylum seekers). Furthermore, the program is located at the YMCA downtown, a neutral, non-stigmatizing community resource space that

also serves as a shelter to many asylum seekers during their first weeks in Canada (prior to receiving their first welfare check).

Day Center activities and services are geared towards providing basic pragmatic support such as language courses, employment training, and information sessions on accessing health and social services in Montréal. Additional services support asylum seekers in the asylum claim process, including information sessions on the immigration hearing, referrals to legal council, and assistance filing an asylum claim and with associated paperwork. The Center also hosts weekly and monthly meetings of a Women's Group and Discussion Group as well as occasional celebrations and frequent group outings. Childcare is available during all events and activities and transportation to and from the Center is reimbursed.

Internal utilization statistics reflect the popularity of services offered, indicating that asylum seekers attribute value to Center activities. However, no systematic effort has been made to understand the psychosocial dimensions of the Center. In light of the paucity of literature on such interventions, research was needed to better understand how participation in the PRAIDA-YMCA Day Center might contribute to positive mental health and wellbeing. Accordingly, the founding director of the Day Center requested assistance from the Équipe de Recherche et Intervention Transculturelle (ÉRIT), the research entity with which both authors are affiliated, to conduct a study to this end.

Research Design and Methods

This study represents an ethnography concerned with illuminating the subjective experience of users of an intervention. Following the receipt of ethical approval from the Centre de Santé et Services Sociaux (CSSS) de la Montagne,² the principle investigator (PI), Chase, made regular field visits to the Center over a period of six months. During fieldwork, she engaged in structured group activities and informal socializing at the Center, acting in both contexts as a participant observer. Notes taken during observation formed the basis of a field journal that was updated at the end of each day. The PI also conducted semi-structured interviews with clients and staff at the Center. Interview questions were open-

² CSSS de la Montagne is a governmental public health and social service organization in Montréal affiliated with both the authors' research team and with PRAIDA.

ended and covered threats to wellbeing facing the target population as well as resources for and pathways to adaptation, including those made available through or at the Day Center. Interviews were conducted by the PI in English or French in a private space at the Center and were recorded with the permission of interviewees.

Participants:

Participants were recruited through the PI's personal interactions at the Day Center and with the assistance of the staff social worker and Center volunteers. Sampling was purposive, as efforts were made to include participants from diverse backgrounds; however, given the sensitivity of asylum cases and concerns for privacy expressed by the clientele, we elected not to rely on translators, thereby limiting the final sample to those who could communicate in English or French.

The final interview sample comprised fifteen interlocutors including nine asylum seekers, five former asylum seekers (accepted refugees), and one non-refugee staff member. Accepted refugees were included only when they continued to engage with the Center as volunteers (four) or staff (one). Age of interviewees ranged from twenty-six to fifty-five, and education level from illiteracy to Master's level. Of the asylum seekers and accepted refugees interviewed, two were from Latin America, two from the Middle East, one from Eastern Europe, and the remainder from Africa (representing Central, East, West, North, and Sub-Saharan regions). The sample included nine males and six females. 60% had arrived in Canada alone. All participants visited the Day Center on a regular basis, and almost all (twelve) completed the interview in French.

Data Analysis

Most interviews were recorded. All interviews were transcribed and transcripts and field notes were entered directly into a qualitative data management software (TAMS Analyzer). Using this software, the PI performed a thematic content analysis of all qualitative data using codes generated from the data set (inductively) as well as codes for each of the systems detailed in Silove's ADAPT framework.

Results

An analysis of data through the lens of the ADAPT framework revealed a number of salient threats faced by asylum seekers in the post-flight context of Montréal as well as pathways through which the Day Center supported asylum seekers in overcoming these threats, contributing to feelings of wellbeing and agency. In the sections that follow, these findings are organized according to the five adaptive systems outlined by Silove (2007, 2013).

Security

Issues of security were paramount in asylum seeker narratives collected during this study and most of the threats enumerated in Silove's model arose independently in semi-structured interviews and informal discussions at the Center. First, many asylum seekers experienced the potential rejection of their claim as an immediate threat to life and limb. For example, Ali, a middle-aged man from the Middle East, stated, "I'm scared [they will] debark me again to my country, scared they don't accept to bring my family. It's like somebody put a gun to your head and you are waiting for them to shoot you, I feel like this." This quote captures the sense of danger many asylum seekers associated with the prospect of forced repatriation, which, in the wait for the outcome of one's asylum process, is still looming. Ali's words also suggest that he struggles with anxiety and potentially hypervigilance, normative responses to living in persistent danger according to Silove's ADAPT framework (2007, 2013).

A more limited number of informants experienced ongoing threats from former aggressors after arriving in Canada. For example, one mother of two confided that her abusive husband had recently promised relatives that he would come to Montréal to find and kill her. Another woman from Sub-Saharan Africa told the PI that those who had helped her escape had threatened to hunt her down to avenge unpaid debts. In a third case, the abusive father of a young female asylum seeker from the Middle East did, indeed, come to Montréal to force her return; she went into hiding in another province. This young woman shared that, "...even the doctors at the psychiatric hospital I was at, the social workers, nobody believed that I was in danger here in Canada, until my father showed up

in Montréal.” Accounts like these disrupt the common assumption that asylum seekers are universally “safe” on Canadian soil.

Silove’s framework also encompasses ecological threats to security such as poverty. While most informants received some government assistance in meeting basic needs (*Aide Sociale*), their living situations were often precarious. One middle-aged man from the Middle East described the residence he shared with his teenaged son as a small room with “just some mattress on the floor.” Another woman reported being so distressed by a late welfare check that she began to lose her hair. Still others recounted the difficulties of finding housing and, later, a job given their temporary immigration status and/or lack of competency in French and English. The harsh Canadian winter was also a challenge for many. One woman shared, “Here I have to confront snow... I feel more discouraged.”ⁱ

Qualitative data elicited in this study pinpointed specific features of the Day Center that helped clients respond to threats to their security, either by directly meeting basic needs or by empowering asylum seekers to do so themselves. First and foremost, the Center’s information sessions were cited as instrumental in enabling asylum seekers to navigate the ecological pressures of life in Canada. In particular, sessions on housing (*logement*), health care (*santé*), and welfare (*aide sociale*) provided vital information on access to resources required to meet basic needs. The Center’s information session on the police assuaged many fears related to the legal protections guaranteed to asylum seekers. It is noteworthy that at least one interviewee had been tortured by police in his country of origin; in cases like these, a demystification of the police force may provide invaluable reassurance, working against the anxiety and hypervigilance that victims of persecution often experience as well as the potential for encounters with the police to “trigger” traumatic memories.

In addition to these more structured activities, the Center also offered an array of supplementary resources and services that were accessible at any time during opening hours. For example, the walls of the Center were plastered with lists of food banks, important addresses, emergency numbers, and information pamphlets. These materials were complemented and reinforced by the Center’s staff and volunteers, many of whom were themselves asylum seekers or accepted refugees and therefore possessed extensive knowledge of the relevant systems. For example, one accepted refugee who worked at the

Center explained that she had compiled her own list of useful resources that she shared freely with clients. Other volunteers assisted new arrivals who did not speak English or French by making phone calls to resource centers (e.g. food bank, salvation army, welfare office) on their behalf and by translating during information sessions.

Participant observation revealed that the circulation of resources and assistance also operated among new arrivals. For example, immediately following information sessions, it was common for attendees to ask one another for clarification on details of the session or for those present to transmit important information to those who arrived late or missed the session. This practice of *entraide*, or mutual aid, appeared to consolidate learning gained through formal information sessions while decreasing the reliance of asylum seekers on “professional” resources (i.e. paid staff members). Other forms of *entraide* among participants exceeded the physical boundaries of the Center, with many going on to live together as roommates or to otherwise share resources and information with friends acquired at the Center.

Day Center services geared towards empowering asylum seekers to make effective asylum claims were also described as contributing to safety and security. In addition to providing information sessions on the asylum hearing (*l’audience*), the Center connected clients with immigration lawyers and offered assistance completing the extensive paperwork associated with an asylum process. In many cases, the volunteer staff was critical to an asylum seeker’s ability to complete this paperwork on time; the necessary forms are usually only available in English and French, posing a major obstacle to those who do not speak either language or who are illiterate. One interviewee from West Africa shared, “I do not know how to write, I did not have the chance to go to school. They brought me someone who helped me to fill out my forms so that I could go see a lawyer.”ⁱ Access to the internet, telephones with international calling capacity, fax machines, and printers were also vital resources for asylum seekers assembling highly sensitive documents in support of their case.

Thus, qualitative data revealed several ways in which the Day Center promoted personal and social safety among the utilizing population. As one forty-year old male from the Middle East emphasized, these services were vital lifelines to those who had no outside support network in the city:

All the time, everything I need, to copy, to take something from the internet, to receive documents for my case, for everything I come here. They help me. Any time they say 'ok.' They help me for everything I need.... Because I don't know anyone, I don't have any friends or contacts outside. Just two or three persons I know from here.

The connection between feelings of safety and security conferred by Day Center services and the constructs of interest in this study, wellbeing and agency, was also clearly articulated in the data set. For example, a male asylum seeker from Sub-Saharan Africa summarized,

Because with regards to transportation, we didn't find that much difficulty since the PRAIDA Day Center had given us a map of the city, how the city functions, like how the subway functions. When we mastered that map, we were able to succeed calmly.... There is internet [here] that is permanent. There are trainings that take place that allow an asylum seeker to be truly active, to understand. The problem is really comprehension of the Canadian system. When you don't understand the system, well you're still in Canada and it will be difficult for you to get by. But when you understand the system, it enables you to do something, to open yourself up, and to flourish.ⁱ

This narrative makes an explicit connection between the pragmatic support offered by the Day Center (providing a map of the city, providing trainings on the *système canadien*) and the speaker's sense of agency (ability to be active) and wellbeing (succeeding calmly, opening up, and flourishing).

Bonds, Family, Networks

Bonds, family, and networks also comprised a recurring theme in data gathered on sources of distress. In particular, among the threats to this adaptive system outlined by Silove, forced separation appeared to be particularly salient in the discourse of asylum seekers who frequented the Center. Among those interviewed, 60% had arrived in Canada alone, indicating, in most cases, the leaving behind of loved ones. This was fairly consistent with findings of an earlier study of refugee claimants in Montréal, wherein roughly 80% of those surveyed had suffered prolonged separations from their spouses and/or children,

with significant implications for mental health and wellbeing (Moreau, Rousseau, & Mekki-Berrada, 1999).

In our sample, parents separated from their children expressed the most distress. One mother from West Africa described her concern with tears streaming down her face:

Yes, my child is still with his father in [country of origin removed] and that is what makes me sad today. Because when his father calls me... [my child] says, "I want you to come tomorrow...." That discouraged me. I can't explain to him. He cannot understand. He is six years old. What are you going to tell him? What are you going to tell him so that he will understand me? "Mom, when are you going to come back?" He cannot understand.ⁱ

Another asylum seeker, a father of three from the Middle East, shared his feelings about the family reunification process in cases of asylum:

[It takes] around maybe 2-3 years, maybe 4 years. When I'm thinking about 2 years, 4 years, I say, it's a long time. I have a girl, 6 years old. That means when I see her again [she will be] 10 years old. I have a boy who is 14. When I see him again he will be 18, he will be a man...when they see me again, I don't know what they will think that I am. It's hard. It's very hard.

Both of these narratives capture the pain and suspense involved in prolonged family separation. In addition to awaiting their asylum outcome, these individuals anticipate a longer and more strenuous wait, the wait for family reunification. And in the meantime, they fear, fundamental parent-child bonds are degrading. In light of these accounts, it is not difficult to imagine the normative response suggested by the ADAPT model, separation anxiety, taking hold. Indeed, many parents, particularly mothers, expressed a constant state of worry regarding their children (for example, repeating, "I hope that nothing happens to them..."ⁱ over and over).

Isolation emerged as another prominent threat to this adaptive system that permeated narratives of the everyday life of many key informants. For example, one asylum seeker from the Middle East in his mid-twenties shared, "Actually, I feel very alone. I miss my family a lot. In my country you stay with your family, even if you can afford to leave.... It is safe; you have your parents there." When prompted to talk about leisure activities, the young man replied, "I don't do anything. I stay alone all day. Sometimes I do

my prayers. I had hobbies in my country but not so much here.” He went on to indicate that the stress of the asylum process made him “low,” and in the absence of social networks, he was inclined to spend long periods of time alone in his apartment. This young man’s account and many others collected in this study may reflect a trend among the utilizing population (i.e. those who are more socially isolated are more likely to come to the Center on a regular basis) or a broader issue among asylum seeking populations that has been relatively neglected in the literature.

Data also pointed to a connection between isolation and eventual psychiatric morbidity in this population. Spending time alone was characterized explicitly as a vulnerability factor by most users, and one that warranted intervention. For example, one West African woman told the PI, “...we have nothing here. To stay at home- it makes one crack, it disturbs.”ⁱ The woman touched her temple and winced as though in pain as she recounted this, her word choice in French (*ça fait craquer, ça dérange*) reflecting a profoundly destabilizing quality to her loneliness. Another woman from the same region shared, “If I am alone in my home, it’s not good for me. Because when I am alone at home I sink again into my problems and I start to cry and cry. That’s what they tell me: you must not stay alone because when you are alone you risk falling ill.” Here, too, isolation is equated with the potential for development of more serious or long-term mental illness.

Feelings of isolation were also attributed to “culture shock” in the context of a rapid transition from more community- or family-oriented societies to a highly individualistic one. One young female interviewee from West Africa elaborated:

...in Africa people are open. For example... I live in an apartment building [in Montréal] where there are several apartments, and I haven’t seen my neighbors! But in Africa when there is a new person who arrives, the neighbors are going to go say, “Hi, I am your neighbor, can I help you?” So it is a little difficult here. You find yourself facing someone in the subway and you can’t smile, you can’t say “Hi” ...here it is more the fact of individualism. I miss community, I miss it.ⁱ

Another African refugee, this time from the Sub-Saharan region, echoed this sentiment, saying, “Here it is solitude that reigns. People are somewhat closed off within themselves; they are suspicious of the other.”ⁱ The frequency with which this observation arose in

interviews suggests that such shifts in social norms can contribute to distress in a context of limited social support.

Structural barriers may also bar the development of new relationships. One man talked about the difficulty of meeting friends outside the Center, “because I am not yet immersed in a professional context, because that’s where you can really make a lot of friends. It’s at work where one diversifies [one’s social circle].”ⁱ Due to the delay in processing work permits, most individuals are not permitted to work during the first 2-6 months of their time in Canada. Language barriers and poverty (living in cheaper neighborhoods far from downtown; lack of money for transportation) were also commonly cited as obstacles to making friends in the city at large.

Issues of trust within ethnic or nationality-based communities also appeared prevalent. Some informants deliberately avoided other immigrants from their countries of origin for a variety of reasons. For example, an atheist and feminist woman fleeing a deeply religious family in the Middle East described her anxiety around other immigrants from her country; she feared they would tell her family of her whereabouts and/or criticize her decision to leave.

Qualitative data analysis revealed a number of mechanisms through which social networks were repaired, maintained, and regenerated at the Day Center. At the most pragmatic level, a call room featuring phones with international calling capacity and an internet room with several computers supported asylum seekers in contacting friends and family in their countries of origin.

In addition, the Day Center was frequently represented as a fertile ground for building new connections. Many informants made their first and/or only friends in Canada at the Day Center, often staying in touch even after one or both parties ceased to attend regular activities. The bonds forged at the Day Center seemed to cast safety nets on both economic and emotional levels. On one hand, clients often ended up sharing resources, including apartments, and even occasionally going so far as to lend one another money. In this context of *entraide*, social network-building and ecological support provision were not mutually exclusive.

On the other hand, these friendships functioned to “break isolation” and confer emotional support. By virtue of a shared, precarious immigration trajectory, friendships

among asylum seekers could be profoundly comforting: as Ali, quoted above, told me, “When I came here to YMCA, I know so many friends. We make a relationship. If you talk to [other] asylum seekers, it helps. They just tell you, ‘It is ok, it is in God's hands,’ this kind of thing.” Despite Ali’s reference to religion, there was evidence that friendships at the Center did not form exclusively along lines of culture and faith. On the contrary, the data set is replete with stories of unlikely friendships transgressing cultural and even linguistic barriers.

Aspects of the Day Center that were said to “break isolation” also extended beyond those fostering individual connections to opportunities for social immersion in group activities. Interviews and fieldnotes indicated that many appreciated being part of a group, regardless of their level of interaction with others in it. For example, at the beginning of a monthly discussion group meeting, one older woman from West Africa shared that the Day Center, for her, was “all about breaking solitude. It is my second home, it allows me to relax, it does me good.”ⁱ She went on to say that she didn’t have “this smile”ⁱ when she arrived in Canada. Another participant echoed, “I was sad, I didn’t know anybody. Here there were activities, and it is here where I really opened up. Since coming here, I feel somewhat relieved. I have found my smile again.”ⁱ Both of these quotes attest to the important social function of activities that bring asylum seekers together. Simply being surrounded by others could offer “relief” by “breaking isolation,” especially for those asylum seekers who arrived in Canada alone.

Justice and Human Rights

Many asylum seekers utilizing the Center continued to experience distress related to injustice and human rights violations in the post-flight context. First, as mentioned above, a significant number of informants had left loved ones behind in the context of persecution. In the absence of any ability to comfort, protect, or intervene, ongoing abuses in the country of origin may feel even more unbearable to asylum seekers living in Canada. For example, one male asylum seeker from the Middle East told the PI, “I have two kids and my wife is pregnant... I talked to them on Friday but on Saturday they [government police] attacked my wife. I just read about it in the paper. I haven't heard from them since. I am so worried.” While this man had ostensibly landed in a country that respects human rights, his

wellbeing continued to be threatened by violations of these rights in his home country, his sense of agency eroded by the distance between himself and his loved ones.

In addition to ongoing injustices in the country of origin, a significant body of literature questions the ethical grounds of the detention centers some asylum seekers pass through before being granted entry to Canada. Accusations of inhumane treatment and psychological degradation have led some to question whether forced detention of asylum seekers is an appropriate application of the justice system or a violation of basic human rights (Cleveland et al., 2012; Physicians for Human Rights & The Bellevue/NYU Program for Survivors of Torture, 2003; Silove et al., 2001; Steel & Silove, 2001). This concern was echoed by key informants in this study. For example, one Center volunteer and former asylum seeker from Sub-Saharan Africa shared, “I have met some asylum seekers who passed through detention centers.... It really marks them. They are much more stressed because they think... they are chained up, they are like prisoners. For a host country like Canada... it’s not really my image of Canada. They arrive to escape problems and they find themselves in handcuffs.”ⁱ Another asylum seeker complained to the PI that the detention center staff treated him “like a dog”ⁱ and still others reported being cooped up indoors for months at a time or separated from loved ones of the opposite gender. These testimonies indicate that dehumanization, degradation, humiliation, and incarceration, as detailed by Silove, may indeed continue to threaten adaptive systems in the post-flight context.

Finally, some have suggested that recent systemic and legal changes in the processing of asylum claims in Canada violate human rights treaties protecting asylum seekers. In 2012, a series of immigration reform laws were passed that effectively limited the consideration of asylum claims from certain countries of origin (e.g. by denying access to an appeal process); the new laws also hinder the family reunification process and increase detention practices, including the detention of children (Amnesty International, 2013). A number of watchdog groups have condemned these reforms as obstructions to justice (Amnesty International, 2013; Human Rights Watch, 2014), with implications for the wellbeing of asylum seekers. In addition, some asylum seekers interviewed in this study reported experiencing discrimination and racism at the micro-level, in their new communities as well as in the search for housing and later a job. Rising perceptions of discrimination among migrant populations in Montréal and their mental health

implications have been documented elsewhere (Rousseau, Hassan, Moreau, & Thombs, 2011).

Our ethnography highlighted a number of programs at the Day Center that acted, either explicitly or implicitly, to promote justice and human rights among using asylum seekers in Montréal. Information sessions, in particular, emphasized the rights of asylum seekers in Canada in the domains of housing, welfare, health care, and employment. It was not uncommon for presenters to discuss cases in which other asylum seekers had been taken advantage of or denied basic services and the means of recourse available to victims of such abuses. Moreover, the Center's policy of "accompagnement" contributed to the prevention of such injustices; volunteers at the Center were often called upon to travel with particularly vulnerable new arrivals to appointments, acting as advocates in navigating a complex web of health, immigration, and social service systems in Montréal.

As detailed above, the Center also offered a variety of services that supported the access of asylum seekers to a fair immigration trial, thereby promoting the ultimate execution of justice in accordance with international human rights legislation pertaining to asylum. By providing references to legal aid, information on the immigration hearing, and support in completing associated paperwork, the Center empowered the victims of persecution to make effective asylum claims. Moreover, pragmatic support at the Center (e.g. access to a fax machine) facilitated the gathering of "proof" documents to support claims.

In accordance with Silove's model of assistance in justice and human rights issues, social justice principles were applied across all interventions at the Center; childcare was available to enable those with small children to attend activities, volunteer translators were recruited to ensure access for those who do not speak English or French, transportation was reimbursed for those who could not afford subway passes, and handicap-accessible transportation to and from the Center was also available.

The connection between these forms of assistance and the wellbeing and sense of agency of asylum seekers was readily apparent in qualitative material, for example, in this excerpt from an interview with a male asylum seeker from Sub-Saharan Africa: "I knew that if I failed my hearing I would have to return and all that, that makes one anxious. When I came here [to the Day Center], I learned that there is a process, you need to pass through

this and that. That is what gave me strength.”ⁱ In the case of this informant, access to information provided by the Day Center was associated not only with learning the steps necessary to complete an asylum claim, but also with feelings of strength and the alleviation of anxiety.

Roles and Identity

The theme of roles and identity was also salient in the data set, particularly in the midst of the extreme sociocultural and environmental flux that characterizes the months after arrival. First, for many, though not all, utilizing the Center, these early months were a time of great economic precariousness. During this period, asylum seekers grappled with the absence of material referents such as belongings, land/property, and the home. Compounding matters, it typically took several months for asylum seekers to apply for and receive work permits; in the meantime, many were dependent on limited state aid/welfare packages.

For many interviewed, these ecological pressures were a source of distress, frustration, and, at times, shame. The inability to support oneself during the first months in Canada was sometimes associated with a sense of failure or inefficacy. Those who were educated, in particular, expressed frustration at not being able to work initially, and, later, not being to find meaningful work corresponding to their skillsets. For example, one volunteer at the Center, a lawyer from Eastern Europe, expressed that she was ashamed at having to depend on welfare while looking for a job, citing the stigma associated with accepting charity in her country of origin.

Separation from loved ones also emerged as a threat to roles and identity. A number of informants expressed great distress at having left children behind in their countries of origin, fearing that they were failing in their responsibilities as a parent. For example, one man from the Middle East described his guilt at missing out on the “most important time” in his son’s life. Another woman from West Africa talked about leaving her four children behind with her mother, saying, “I think of my children, how they are, if they’re ok. I hope nothing happens to them.... No one else can raise your children.”ⁱ

Finally the asylum process represents a period during which an individual’s national identity is, in the words of one interlocutor, “suspended.”ⁱ During this time, both the asylum

seeker's past and future identities are at stake; ties to the country of origin have been severed through flight and ties to the host country, and associated rights and privileges (such as access to higher education), have not yet been cemented. This state of suspension was often described as destabilizing of the present sense of identity; many expressed a need to know the outcome of the immigration hearing in order to begin to reconstruct themselves following the devastation of persecution and exile. In the words of one young woman from West Africa: "What would do me good would be to be accepted as a refugee and to be able to rebuild myself. Because I need to rebuild myself and to create for myself an identity that I lost."

The Day Center appeared to contribute to the cultivation and stabilization of roles and identities in several ways. First it offered significant support to asylum seekers in pursuing a career. Weekly employment training sessions and language classes assisted asylum seekers with obtaining work permits and searching for jobs. For those who had not yet received a work permit, the opportunity to volunteer at the Day Center was a chance to begin to improve one's candidacy in the meantime. As one woman volunteer from the Middle East told me, "Volunteer experience here counts a lot on your résumé." The eventual finding and holding of a job enabled both the carving out of a new role in the host society and the ability to uphold preexisting roles through economic stability (e.g. providing for one's family).

Activities and celebrations at the Center also worked to reinforce identities among participants. For example, in the Center's Women's Group, women skilled in handicrafts gathered together to work on creative projects. Their products were often sold to fundraise for the Center, thus putting the women's skills to valuable use. The Center's discussion group emphasized giving the "*parole*," the right to express oneself, back to asylum seekers who felt they had lost it. Moreover, several celebrations throughout the year invited asylum seekers to dress in traditional garb and prepare meals native to their regions of origin. In all of these ways, Center activities appeared to encourage individuals to reclaim their cultural and personal identities in the secure space of the YMCA.

Meaning

A sense of loss of meaning in life was articulated by several informants in this study. For some, this sentiment was traced to experiences in the country of origin and/or the threat of forced return. One woman, for example, described a hopelessness emerging from past threats of persecution that would, if her claim were rejected, result in the end of her career and a permanent separation from her only child. She shared,

I often ask myself the question, “What is my life good for?” Because my childhood was not easy, my childhood was difficult.... [My career]³ was everything for me in my life, it is the only thing I succeeded at... Imagine that you have to leave it. Its like you put nine years on hold. All to punish me. Its not easy for me. Especially when I think of my child, of my mother.ⁱ

In her current position of exile, the looming threat of repatriation and the associated consequences led the speaker to question the very value of living. These feelings were exacerbated, she suggested, when thinking of the loved ones she left behind (her child and mother).

For others, the loss of meaning was more explicitly linked with the challenges of everyday life in the host country. In particular, an uncomfortable idleness seemed to characterize the days of many asylum seekers in their early months in Canada, prior to receiving a work permit. For example, one man told the PI,

“And you know the biggest problem... when you are with your family, someone with his wife, with his children, normally with the TV, the kitchen, the car and one day -tack!- He is alone, small thing [apartment], no TV, anything, just some bed on the floor.”

This asylum seeker from the Middle East described the absence of distraction he experienced at home as a thing of great consequence, the “biggest” problem in his life as a recently arrived asylum seeker. His words offer insight into the effects of a dramatic loss of the familiar, the environmental cues that signify normalcy and structure daily life, associated with the post-flight context.

³ Details of the case have been excluded to preserve confidentiality.

In considering the role of the Day Center, many participants were deeply touched by the assistance they received at the organization. The generosity of the staff and volunteers exceeded their expectations for welcome in Canada and, for some, was enough to restore some sense of hope in life. This sentiment was effectively summed up by one informant in a letter to the director of the Center. She stated, "You have taught us by the grace of God, that we are not lost in life. You gave us a second chance to become, someone good despite the difficulties lived in our countries."ⁱ In other words, the fact of the Day Center's investment in asylum seekers appeared to reaffirm some users' own sense of self-worth.

For several interviewees, it was connections with other people at the Center and the ability to help and support others that restored feelings of meaning in life. Volunteers, particularly, attributed meaning to their work at the Center. For example, one highly educated Eastern European woman told the PI that she struggled with shame and boredom in the wait for her work permit. In the meantime, she stated, "It [volunteering] gives me a purpose." Thus, not only are the Day Center's services helpful to the clients, but the opportunities it affords to serve others may be one of the instrumental features of the intervention.

Discussion

Informants in this study continued to experience a number of threats to adaptation after arrival in Canada, an internationally recognized "host country." Most notably, feelings of insecurity (related to both pragmatic challenges and the possibility of forced repatriation), injustice (both ongoing abuses in the country of origin and new forms of injustice in the host country), and isolation were salient in the narratives collected. The majority of interviewees had arrived in Canada alone and expressed significant distress associated with separation from loved ones, a finding consistent with previous research on asylum seekers in Montréal (Moreau et al., 1999). Informants also named barriers to the development of new social networks in the host country.

These threats were experienced most acutely in the months between arrival and receiving a work permit, a period often characterized in asylum seekers' discourse by the absence of routine, occupation, and the social and material signifiers of normalcy. The combination of weak social support, idleness, and post-migratory stressors such as

poverty, sometimes led to feelings of identity loss and hopelessness. In many cases, a history of persecution in the country of origin also contributed to such feelings.

Qualitative data analysis using the ADAPT model revealed several pathways through which the PRAIDA-YMCA Day Center responded to these threats to promote self-perceived wellbeing and foster agency. Perhaps most importantly, the Center contributed to the establishment of safety, both by assisting asylum seekers in navigating post-arrival pressures and by supporting them throughout the asylum process. The Day Center also created a secure venue for building new social networks and maintaining ties with the country of origin. Significantly, all services at the Center were distributed according to social justice principles and activities employed a rights-based approach to the dissemination of information. The presence of volunteer translators and navigators further worked to ensure the application of justice throughout services the Center facilitated and the health and social services system generally.

With respect to broader trends in the field of refugee mental health care, our exploration of user experience at the Day Center suggests that the intervention embodies a growing consensus around the importance of integrated service provision. This stance is clearly articulated in Watter's summary of emerging paradigms in refugee mental health care as "an approach that recognises a hierarchy of need in response to the immediate physiological and safety needs of refugees as a pre-requisite for delivering more specialized mental health care" (Watters, 2001, p. 1715). Watters' call resonates with the work of a number of other researchers and clinicians working with forced migrants (Miller, 1999; Summerfield, 1999) and has recently been reformulated in the language of "ecological" interventions in refugee mental health (Miller & Rasco, 2004a).

In accordance with these principles, the Day Center foregrounded the distribution of information, resources, and services geared towards meeting the basic needs of new arrivals. Information sessions and access to paperwork and technical equipment empowered asylum seekers to make effective asylum claims and respond to new ecological pressures independently. Volunteer staff reinforced learning and acted as additional repositories of information, while providing more targeted support (such as translation) as needed. Once basic needs were accounted for, higher order needs for social support and the development of roles and meaning could be satisfied through engagement in other

events and activities at the Center, such as the Women's and Discussion Groups and cultural celebrations. In cases of severe mental disorder and crisis, a client could access the specialized services of the staff social worker and the social worker assigned to their case at PRAIDA headquarters. In this way, the Day Center represents a complementary therapeutic intervention to individual-oriented services, minimizing reliance on strained government resources while offering supplementary services and opportunities in the pursuit of wellbeing and agency.

The intervention model of the Day Center also appears to reflect recent shifts in the scholarly conceptualization of the refugee in mental health and social care services. Specifically, it responds to calls for a strengths-based approach to refugee care. Recent years have seen a wave of scholarly interest in the resilience of forced migrant communities (Chase & Bhattarai, 2013; Lewis, 2013; Rousseau, Said, Gagné, & Bibeau, 1998; Schweitzer, Greenslade, & Kagee, 2007) and an accompanying demand for services that emphasize empowerment and engage refugees as active participants in the design and implementation of interventions (Miller & Rasco, 2004a; Murray, Davidson, & Schweitzer, 2010). These scholars urge the adoption of models that recognize the challenges forced migrants face without reducing these individuals to a "single pathologised identity" (Watters, 2001, p. 1710).

In this vein, the Day Center represents an intervention wherein asylum seekers are treated as the primary agents in the pursuit of their own wellbeing and services are oriented towards empowerment in a context of extreme migratory flux and limited resources; individuals were granted access to the panorama of activities and services that comprised the Center without being required to follow a particular pathway or pattern of engagement with these resources or with other actors in the intervention.

Moreover, beyond merely receiving Center services as subjects of intervention, many asylum seekers benefitted from the opportunity to engage in service provision as volunteers. Volunteering helped asylum seekers remain busy and socially engaged during the tedious wait for a work permit and, later, an immigration outcome. It created a "role" for those whose other identities (within the family or society more broadly) had been compromised. And finally, the ability to use one's own experience to help others navigate the hurdles of seeking asylum lent meaning to a potentially demoralizing situation,

restoring in some individuals a sense of “purpose.” Thus, by capitalizing on the strengths and capacities of asylum seekers, the Day Center helped to foster alternative identities to victimhood: the asylum seeker as expert and as care provider.

At the methodological level, Silove’s ADAPT framework appeared well suited to studying an intervention of this nature. All of the sources of distress mentioned by informants in this study could easily be grouped under “threats” to the adaptive systems Silove describes. Likewise, perceived benefits of engagement with the Center could readily be conceptualized as forms of assistance operating upon these systems. In general, we felt that the adoption of this framework for analysis enabled us to conduct a more broad and comprehensive interpretation of ethnographic material, drawing our attention to themes that were present in the data, but whose connection to other data, previous research, and potential psychiatric sequelae were initially less apparent.

In our experience, the strength of the ADAPT model lies in its ability to organize and interpret complex human experiences of suffering without reducing them to generalized individual or social pathologies. While the advancement of any framework for human adaptation necessarily makes some assumptions of universality, we found that Silove’s categories of analysis were broad enough to accommodate a diversity of voices as well as a diversity of implicit ethnopsychological beliefs. Moreover, by avoiding a hierarchical organization of adaptive systems, it allowed for the differential attribution of value to stressors and supports among stakeholders, and for fluidity in these value systems over the migration trajectory.

Limitations

Our study has several important limitations. First, we relied exclusively on the testimony of regular participants to generate understanding of therapeutic processes at the Day Center. Our analysis, therefore, excluded subgroups of asylum seekers who were less likely to be referred to the Center (typically, those of greater financial means or with existing support networks in Canada) as well as those who visited the Center infrequently, reflecting, either that the services it provided did not correspond ideally to their needs or that they experienced barriers to accessing the Center. For this reason, our findings cannot be generalized to the broader asylum seeker population, but rather must be interpreted as

a reflection of the perspectives of the community that has grown up at and around the Center. Second, our sample was further biased due to the language restrictions of the principle investigator. Our study excluded a considerable minority of utilizers who did not speak English or French. Future research may aim to improve representation of particular ethnic and linguistic subpopulations.

Third, coding and analysis was carried out exclusively by the principle investigator, and therefore interpretation of data may have been more subjectively biased than in studies that incorporate multiple coders. However, given the framing of the study within an interpretive research paradigm, we did not aspire at the outset to produce an “objective” account of reality.

Finally, we did not attempt to quantify the psychosocial impact of the Day Center on the mental health of utilizers. As a result, despite significant evidence that our informants greatly benefitted from engagement with the Center, we cannot comment on the net therapeutic value of the Center compared with other interventions that target asylum seekers or with the “natural” trajectory of asylum seekers after arrival in cases where no intervention is offered. Future studies may consider measuring the Center’s impact on a variety of mental health indices over time and in comparison with a control group, although this design poses important ethical and methodological challenges. For example, it is likely that the widespread administration of psychometric surveys would significantly alter the social climate of the Center. The findings of our study may help guide future investigations in selecting designs that interfere minimally with therapeutic processes.

Conclusion

This study sheds light on the subjective experience of users of an intervention designed to complement individual-focused services in order to better promote positive mental health in a highly marginalized population. An analysis of ethnographic data revealed salient threats in the lives of participants as well as processes supporting wellbeing and agency of users at the Day Center. Our findings suggest that the implementation of the intervention is consistent with recent calls for strengths-based services focused on empowering forced migrant populations as well as intervention models that emphasize integrated pragmatic and psychosocial support. Silove’s ADAPT framework

was found to be a useful in organizing and interpreting qualitative data pertaining to this type of intervention.

The implications of this study include an improved understanding of the psychosocial impact of the Day Center at the local level. Although this study did not attempt to quantify the impact of the Day Center on indices of mental health, the ADAPT framework allowed us to infer certain reductions in eventual psychiatric morbidity associated with the forms of assistance provided. Future studies may test the hypotheses generated by this study and the relative value of the model compared with other services available to asylum seekers through application of a longitudinal, controlled quantitative or mixed-methods study design.

More broadly, these findings raise questions pertaining to the framing of interventions in refugee mental health care. The Day Center departs from traditional intervention models in several ways. First, it relies primarily on users to orchestrate service provision, resulting in a sense of ownership over the Center by the target population within which care providers appear to benefit along with care recipients. Second, the Day Center is entirely non-specific. Although a core of activities and resources at the Center remains relatively consistent over time, the degree to which asylum seekers engaged with these activities and other resources at the Center, including one another, was highly variable and independently determined. In these ways, the Day Center evades packaging as a standardized approach to refugee care, representing rather a wide and continuously evolving array of resources that individual asylum seekers are invited to navigate to their optimal adaptation and development.

In light of this analysis, the Day Center might be more appropriately construed as an instrument, a tool made available to Montréal's asylum seeking community, than an intervention, or the attempt by one party to guide the lives and minds of another towards a predetermined set of objectives. As refugee mental health care increasingly moves beyond clinic-based, professionalized service-provision, it will be important to consider how the language of intervention, too, must evolve to accommodate shifting conceptualizations of its stakeholders.

Connecting Text

In the previous chapter, I presented the findings of a deductive analysis of ethnographic material gathered at the Day Center. Writing for an audience of practitioners, I attended closely to the specific threats asylum seekers face as they seek and await their immigration outcome in Montréal as well as the ways in which the Day Center supports individuals in responding to those threats. I then situated these findings with respect to an ongoing scholarly dialogue around community-based, integrated interventions and resource-based models of refugee mental health care. I concluded by questioning the extent to which the Day Center represents an “intervention” in the traditional sense, suggesting that new ways of thinking and speaking about refugee mental health care may be in order.

In Chapter 2, I offer one such alternative framing: the Day Center as therapeutic landscape. In this article, my theoretical interest is in considering the roles places might play in processes of healing and rebuilding in the lives of asylum seekers. I focus on two key themes that emerged from an inductive analysis of qualitative data: ecosocial safety and the reconstruction of the social link. Accordingly, my analysis will address the material and relational qualities of the Day Center that were conducive to the establishment of safety and social connectedness among asylum seekers.

Chapter 2

Reimagining Therapeutic Place: Safety, the Social Link, and *Communitas* at a Day Center for Asylum Seekers in Montréal

Liana E. Chase, Cécile Rousseau, MD

Abstract

The question of what constitutes a “therapeutic” place has driven complex and generative debates across health and social science disciplines. This paper brings three currents of this broader discourse into conversation: medical anthropological writing on place, psychiatric notions of therapeutic space, and health geography literature on the therapeutic landscape. It then details findings of an ethnographic study on therapeutic aspects of a Day Center for asylum seekers in Montréal. In particular, ecosocial safety and the reestablishment of social ties were associated with improved wellbeing by asylum seekers utilizing the Center. Our analysis further suggests that the material and relational landscape of the Day Center encouraged the formation of therapeutic community around common liminality (*communitas*). These findings are used to reflect upon existing constructs of therapeutic place and to consider the ways in which these might be expanded or modified to account for the unique vulnerabilities and opportunities afforded by the immediate post-flight context of asylum seekers.

Introduction

“When I come here, I feel good. It is like home, like family, it is like safety. You have the feeling that someone knows you. It is like mother. When I am here I feel like: [sighs in relief]. It is our first home in Canada.” – Male asylum seeker, Middle East, age 43

In this excerpt, an interviewee describes his perceptions of a Day Center for asylum seekers in downtown Montréal. His account draws attention to qualities of the place through analogy, engaging poignant metaphors like “mother,” “family,” and “home.” He

gestures to ways in which the Center might enable or foster “feeling good,” indicating the importance of sensing that one is *known*, that one is *safe*. This account, and those of other users of the Day Center, raise questions about the potential for places to alleviate suffering and eventual psychiatric morbidity in highly marginalized populations that face barriers to accessing or benefitting from conventional mental health services.

Over the past two decades, health and social science disciplines have seen an increasing recognition of the role of place in healing. Unsurprisingly, disciplinary boundaries often frame the trajectories of this research, leading scholars to emphasize particular aspects of context ranging from the concrete/material to the cognitive/social/structural to the esoteric/spiritual. Yet in spite of epistemological divides, the theme of migration (forced or voluntary) is salient across this collective body of work (Gastaldo, Andrews, & Khanlou, 2004; Weiner, 2002). This paper begins with a brief overview of the evolving study of place, healing, and migration in the disciplines of anthropology, psychology/psychiatry, and health geography. It then presents findings of a thematic content analysis of ethnographic material gathered during an investigation of therapeutic aspects of a Day Center for asylum seekers in Montréal, with attention to implications for how we conceive of what is “therapeutic” and its relationship with place.

Therapeutic Space, Place, and Landscape

The proposition that environment directly impacts wellbeing and other indices of “mental health” is far from novel. As early as the 1930s, the rise of industrialized cities ushered in a wave of scholarly concern for the “pathogenic” effects of place on the human mind and body. One classic study showed higher incidences of schizophrenia in inner cities (Faris & Dunham, 1939). Another study published in the *Lancet* around the same time reported high rates of “neurosis” in the suburbs (Taylor, 1938). In this vein, research linking “environmental stress” with specific mental health correlates continues today (e.g. Dalgard & Tambs, 1997), albeit with increased recognition of the mediating role of poverty (e.g. Evans, 2004).

Research on healing environments, on the other hand, began relatively later in the twentieth century. The first effort to conceptually map the “therapeutic landscape” is accredited to Wil Gesler in the field of health geography (1992). Writing against a dominant

“positivist hegemony” in his own discipline and in medicine more broadly, Gesler identified humanist, environmental, and structural factors that influence processes of healing in place. While acknowledging “traditional” healthcare landscapes in which local *materia medica* or aspects of the physical environment were central to healing practices, Gesler’s vision transcends the material to include individual and social layers of experience, as well as the ways in which landscapes are continuously evolving through time. The notion of the therapeutic landscape has since continued to gain popularity, spurred on, in part, by a broadening definition of health that today encompasses “a complex interaction of physical, mental, emotional, spiritual, environmental and societal factors,” and “a focus on wellbeing in a holistic sense... far beyond biomedical health and inclusive of psychosocial dimensions....” (Wendt & Gane, 2012, p. 1026).

Yet while Gesler’s initial definition of the therapeutic landscape is complex and multifaceted, intended to function more as a “geographic metaphor for aiding in the understanding of how the healing process works itself out in places” (Gesler, 1992, p. 743), the majority of health geography research on the subject has treated the notion of the landscape quite literally, focusing on healing within and as a function of geographically mappable places (Gastaldo et al., 2004). More recently, researchers have critiqued this attachment, postulating “therapeutic landscapes of the mind” (Gastaldo et al., 2004) and examining healing processes in everyday geographies as well as in the imagination (Williams, 2004). The field has also seen a growing recognition of the fluidity and context-dependency of the notion of the “therapeutic” (Gesler, 2005) and of the social/relational and cultural levels of place (Conradson, 2005; Macintyre, Ellaway, & Cummins, 2002; Wilson, 2003).

This shift runs counter to trends in the anthropology of healing. Early medical anthropological work on context was guided by a dominant theoretical concern with culture (e.g. Kleinman, 1981), wherein considerations of space were largely limited to “spatial dimensions of cultural beliefs and practices” (Low & Lawrence-Zuniga, 2003, p. 1). Gradually, considerations of place and landscape grew more pronounced in anthropological scholarship, although their influence on the healing process continued to be interpreted through the prism of culture. For example, in his study of Nepali shamans,

Desjarlais explored the ways in which “geographical images serve as a symbolic matrix representing certain personal experiences of the patient” (Desjarlais, 1989, p. 290).

Yet the early 1990s ushered in a new wave of interest in the role of place and space in healing as well as transformations in the way in which these concepts were construed (Low & Lawrence-Zuniga, 2003). Contemporary anthropologists have urged the foregrounding of the materiality of place and its decoupling from “culture,” an increasingly controversial analytical category (Abu-Lughod, 1993). This shift is reflected in an increased attention to the senses in anthropology, including the sensory experience of “subjects” of health, illness, and healing (e.g. Desjarlais, 1992; Desjarlais, 2003) as well as the methodological utility of the anthropologist’s own sensory body (Stoller, 1997).

In the mental health disciplines including psychiatry, psychology and psychotherapy, the concept of therapeutic space appears to be more narrowly conceived, often presuming a relationship of equivalence between “the space within which therapeutic processes manifest” and the “space between the therapist and the patient” (Freshwater, 2005, p. 179). In psychotherapy, the therapeutic space is primarily a relational one, more specifically, one that is relational along a dyadic axis between healer and patient. Given the structure of the therapeutic relationship in formal mental health services, this space is necessarily imbued with qualities of intentionality and reflectiveness (Freshwater, 2005; Stickley & Freshwater, 2009). In recent years, some literature has drawn attention to the changing nature of therapeutic space in mental health practice, arguing that what were once “sanctuaries” of therapeutic activity have been transformed by the growing “importance of structured assessments and care plan reviews” to resemble more technical, goal-driven spaces with “an air of surveillance about them” (Stickley & Freshwater, 2009, p. 28).

A more revolutionary critique of the dyadic model of “therapeutic space” can be seen in the emergence of community psychology itself, with its emphasis on the social and ecological foundations of mental health (Miller & Rasco, 2004a). According to this model, communities can and do function as therapeutic spaces wherein healing is directed by interactions with other individuals as well as with cultural and material environments. The notion of a therapeutic community, not dissimilar from Gesler’s “networks of interpersonal concern” (1992, p. 738), also ascribes a certain agency to the suffering; for this reason,

some have argued, the model of the therapeutic community is incommensurable with biomedical or psychiatric models of care, wherein patients must yield to the authority of expert professionals (Hoffman & Singer, 1977).

Therapeutic Place, Migration, and Forced Migration

In a context of rapid globalization and mass transnational movement, the notion of the therapeutic landscape has gradually stretched to account for migrant trajectories. For example, in Gastaldo et al.'s recounting of their own immigration experiences coming to Canada, the authors urge a consideration of imagined and remembered places in addition to those which are physical and contemporary (2004). In their study of refugee youth in Melbourne, Sampson and Gifford examine the active creation of therapeutic landscapes and the relationship between "place-making" and wellbeing (2010). These and other studies have broadened horizons for the exploration of therapeutic landscapes in the post-migratory context.

According to Weiner, questions of migration also bring to light tensions in the anthropological treatment of place (2002). Whereas one thread of discourse concerns itself with issues of embeddedness, the ways in which landscapes shape and are shaped by the collective imagination of cultures, another considers the case of migration, in which attachments to place are severed, fluid, and/or multiple. A growing emphasis on transnational (Low & Lawrence-Zuniga, 2003) and even virtual spaces (e.g. Boellstorff, 2009) as well as borderlands (e.g. Evans, 2010) disrupts traditional conceptions of place and culture as static, geographically bound entities. Increasingly, ethnographers consider the impact of not only place, but movement, on the wellbeing of individuals (e.g. Craig, 2011; Craig, 2002).

Finally, the influx of migrants of non-Western origin into the mental health systems of Western countries has also contributed to shifts within the fields of psychology and psychiatry. A now substantial body of research questions the ability of the traditional dyadic therapeutic space to respond to the needs of migrants and particularly refugees, who experience a unique set of stressors and vulnerabilities. Summerfield, for example, suggests that conventional models of care fail to account for the salience of ecological needs in cases of extreme migratory flux (Summerfield, 1999). Miller points to the failures of

psychotherapy to both reach refugee populations and alleviate “exile-related stressors” (Miller, 1999, p. 283), whose importance is increasingly substantiated by epidemiological research (e.g. Davidson, Murray, & Schweitzer, 2008; Porter & Haslam, 2005). Kirmayer explores the inability of practitioners to grasp the plight of refugees, or the limits of the “clinical imagination,” which he attributes to a lack of appropriate “mental furniture” and/or “willingness to enter into (imaginative) spaces of terror” (Kirmayer, 2003, p. 170).

Another thread of critique from within the mental health fields relates to the limited ability of clinical care to repair ruptures in what has been called the “social link” or the “social fabric” of forced migrants. According to research on the psychological aftermath of torture and organized violence, persecution may, and indeed is often designed to, effect a “tearing apart of bonds between individuals and the institutions that organize their world and give it meaning,” leading, at the subjective level, to an “extreme distrust of everyone and everything” (Abdelwahed Mekki-Berrada, Rousseau, & Bertot, 2001, p. 42). Writing from exile, Uruguayan psychoanalysts Viñar and Viñar reflect on the possibilities and limits of psychotherapy in addressing the degeneration of the social link using the following illustrative example: “If there is racism, it is not the neurosis of the Jew or the foreigner that must be treated before all; the social link is sick before the subject,” (1989, p. 118).⁴ In other words, the mistrust and alienation bred of persecution may call for remedies in the social sphere, rather than the clinical one.

Liminal Space: Seeking Refuge

Among those covered under the United Nations Convention and Protocol Related to the Status of Refugees, asylum seekers (i.e. refugee claimants) may represent a particularly vulnerable population (Ryan et al., 2009). By definition, asylum seekers claim to have experienced persecution on the basis of race, political opinion, religion, or membership in a social group, from which their government was unwilling or unable to protect them (United Nations, 1951). Moreover, asylum seekers have not yet been accepted as “refugees” by the host country in which they reside; their acceptance (a pathway to eventual

⁴ Translated by Chase from original French: “S’il y a du racisme, ce n’est pas la nervosa du juif ou de l’étranger qu’il faut traiter avant tout; le lien social est malade avant le sujet....”

citizenship) hinges on the outcome of an immigration hearing that may be delivered months to years after arrival and may depend, in part, on affidavits provided by mental health clinicians.

During the time between arrival in Canada and acceptance or deportation, the asylum seeker's relationship with place is disrupted at multiple levels. First, the relationship with past space has been severed by persecution; the society of origin has either directly endangered or failed to protect an individual to such an extent that he/she resorted to flight. Second, asylum seekers suffer from exile itself, including both the threat of forced repatriation and the pains of separation from "home" and the loved ones that still reside there, in other words, from material and social referents of the familiar. Third, the relationship between asylum seekers and the host country is tenuous, at best. In the wait for an immigration outcome, safety is not ensured, rights are restricted, and distrust is the rule. In these ways, and others, the asylum seeker occupies what might be called a "liminal" state (Gennep, 1960; Turner, 1969), that is, a time "betwixt and between" defined social roles (Turner, 1987, p. 3). Extending this concept beyond its original connotations of temporality, one might also say that the space an asylum seeker occupies is a liminal one, suspended between poles of persecution and refuge, threat and safety, inclusion and exclusion.

It is precisely in this context of acute liminality that the PRAIDA-YMCA Day Center seeks to intervene. The overarching goal of the Day Center is to promote wellbeing among asylum seekers in Montréal, a population with demonstrated psychiatric vulnerability (Ouimet et al., 2008) and poor access to conventional mental health services (Rousseau et al., 2008). The Center was conceived as a complement to the one-on-one services (such as case management and counseling) offered by the regional governmental organization serving asylum seekers (PRAIDA). The social worker based at the Day Center is supported by her counterparts at PRAIDA and may refer cases for specialized services, just as PRAIDA staff may refer individuals to the Day Center.

Concretely, the Center offers a range of resources and activities geared towards meeting the basic and relational needs of clients, with particular emphasis on providing support during the first few weeks in Canada. Notably, the majority of the Center's services are facilitated by volunteer asylum seekers and former asylum seekers (accepted refugees).

As such, the Center constitutes a dynamic and co-constructed environment that evolves on a daily basis in response to salient needs and available resources.

Drawing exclusively on ethnographic methods, this study aimed to illuminate therapeutic processes (defined as those processes which were perceived as contributing to the wellbeing of asylum seekers) operating at or through the Day Center. This paper summarizes the results of a thematic content analysis of ethnographic material focused on the ways in which asylum seekers themselves attributed therapeutic value to the Center. To this end, we present two key themes that emerged during interviews and participant observation: ecosocial safety and the reconstruction of the social link. The interplay of these two themes, we argue, sheds light on how the Day Center might encourage the emergence of a particular type of therapeutic community. We then discuss the implications of these findings for how therapeutic spaces might be imagined, both in caring for asylum seekers and in theorizing the ways in which human suffering and healing are em-placed.

Description of the Fieldwork

This paper reflects on the findings of a six-month period of ethnographic fieldwork at a Day Center for asylum seekers in Montréal. At the most concrete level, the Center consists of a set of brightly painted rooms on the ground floor of a YMCA in Montréal's *centreville* (downtown). While the large squat brick building serves several other marginalized populations, asylum seekers are a strong presence, with one of the upper floors operating as a shelter for claimants during the three to four weeks it takes to process an application for welfare (*Aide Sociale*).

The Day Center functions as a “welcome center” for recent arrivals, including but not limited to those staying at the shelter. Social workers within the government's asylum processing system regularly refer their clients to the Center to participate in one of the many weekly activities or even to volunteer. Notably, the majority of services at the Center are overseen by volunteers who are themselves asylum seekers or accepted refugees (former asylum seekers). Two paid staff members, including one social worker and one *intervenant* (community intervention worker), oversee the up to forty volunteers per week.

Much of the physical space of the Center is devoted to recreation, with the Center's main room, the “Salon,” housing a seating area and coffee machines, a TV and couches, a

small library, and an array of games for children. At the back of the Salon and just outside, a few small rooms offer access to phones with long-distance calling capacity, a handful of computers connected to the internet, and a fax machine and printer/scanner/copier. Other spaces in the Center are dedicated to more structured activities. One corner of the Salon features a whiteboard and chairs for regular information sessions on life in Canada and the asylum process (covering topics such as healthcare, welfare, the immigration hearing, police and the law, and housing). Rooms on the ground floor and upper floors host a twice-weekly women's group, where women gather to work on handicrafts, a monthly discussion group (*Groupe de Parole*), and French and English language classes. The volunteer room at the heart of the Center contains a filing cabinet with English and French versions every form an asylum seeker might need and volunteers are always on hand during the workday to assist with the completion of these forms. Volunteers also occasionally accompany clients to meetings outside the Center, when it is felt that such support is needed.

Over the course of the study, Chase visited the Center on nearly fifty occasions to engage in participant observation. During these visits, she immersed herself in the daily life of the Center, including formal activities and informal discussions. She also conducted fifteen, semi-structured interviews with individuals who regularly participated in the Day Center, including two staff members and five volunteers. Fourteen of these interviewees were current (9) or former (5) asylum seekers. Participants ranged in education level from illiterate to Master's degree and came mostly from Africa (representing Central, North, East, West, and Sub-Saharan Africa) with some representation of other regions including the Middle East (2), Eastern Europe (1), Latin America (2), and Canada (1). Interview topics covered challenges faced since coming to Canada, particular sources of difficulty as well as of happiness, individual coping strategies, social support, manner and extent of engagement in the Day Center, and opinions on the value of the Day Center; critiques and recommendations for improvement of the Center were also solicited.

Ethical approval for work with human subjects was granted through the Centre de Santé et Services Sociaux de la Montagne, the institutional home of the researchers' team. Interviewees provided signed informed consent. In most cases, interviews were recorded with the permission of subjects and all interviews were transcribed. Observations were written up in a field journal at the end of each day. All data were entered into a qualitative

data management software (TAMS Analyzer) and coded inductively for key themes related to the pursuit of wellbeing.

Findings

A thematic content analysis of the data illuminated two central themes related to the therapeutic mechanisms of the Day Center: ecosocial safety and the reconstruction of the social link. In the sections that follow, these themes are elaborated using ethnographic data, with attention to the ways in which they are interpenetrating and mutually reinforcing.

Ecosocial Safety

Issues of safety and threat, security and insecurity, trust and mistrust, were paramount in the discourse of asylum seekers gathered in in this study. Counter to the prevailing image of Canada as a country of refuge, many informants experienced ongoing fears for safety in the post-flight context. Hypervigilance and feelings of general insecurity seemed to permeate the life and speech of some asylum seekers, shaping the ways in which they engaged with (or didn't) their immediate environment and the other human beings occupying it.

In some cases, this sense of insecurity could be traced to experiences of danger in the country of origin. Significant research suggests that victims of organized violence or targeted persecution may develop a hyper-alertness and distrust that are adaptive in the immediate context of crisis, but may become dysregulated, spilling over into contexts where such behaviors are unnecessary or maladaptive (Silove, 2007). For example, during a discussion on leisure activities in Canada in one of the Center's English classes, a male asylum seeker from West Africa shared that every time he entered a building, including recreational spaces in Montréal such as shopping malls, he automatically began planning his escape in the event that there was a "killer" on the premises. This statement was immediately seconded by another asylum seeker in the class.

In addition to the non-specific mistrust and fear this example depicts, some informants described targeted ongoing threats from the country of origin. In two cases, female asylum seekers recounted that perpetrators they had fled in their countries of origin had threatened to come to Canada to kill them; in one case, a severely abusive father

did indeed fly to Montréal and his daughter was forced to go into hiding in another province. In two other incidences, asylum seekers received threats from those who had loaned money or arranged false papers to help them escape. Accounts like these complicate assumptions of universal safety in developed and politically stable “host” countries.

Data analysis suggested that many asylum seekers experienced a sense of safety during their time within the physical space of the Center that counteracted, alleviated, or offered some relief from paranoia and fears of this nature. This was evidenced by testimony such as the opening quote of this article as well as by observations of interactions among clients and between clients and the built environment of the Center. For example, one staff person noted, “Sometimes people sleep on the sofas here in the library because they feel safe, because they cannot sleep in their own homes.”ⁱ This observation was confirmed during fieldwork and is particularly significant given that many informants reported struggling with insomnia and nightmares. The frequent use of the metaphor of “home” to refer to the Day Center is another testament to the sense of security clients experienced in the space. In these ways, the Day Center appeared to act as an island of safety in an overwhelmingly threatening situation, allowing, if only temporarily, the relief and relaxation associated with feeling secure.

Another set of threats related to safety was introduced by exile itself, and more specifically by the fragile and contingent exile asylum seekers inhabit. Many informants experienced the looming possibility of forced repatriation as a direct threat to safety that impeded attachment, integration, and general wellbeing within the host country. For example, Ali, a middle-aged man from the Middle East, shared, “I’m scared [they will] debark me again to my country, scared they don’t accept to bring my family. It’s like somebody put a gun to your head and you are waiting for them to shoot you, I feel like this.”

The Day Center actively worked against this threat by empowering clients to make more effective asylum claims. A variety of activities and resources at the Day Center functioned to increase the likelihood that an asylum seeker had access to competent legal representation and a fair trial, including information sessions on the hearing, access to asylum claim forms, and the technical equipment needed to gather “proof” documents from the country of origin to build a stronger case (e.g. computers with internet, fax machine, and telephones with long-distance capacity).

This type of support was associated with a sense of agency as asylum seekers learned what to expect in their immigration hearing and how to prepare. One informant from Sub-Saharan Africa stated, “I knew that if I failed my hearing I would have to return, and all that, that makes one anxious. When I came here I learned there was a process, that one had to pass through this and that. That’s what gave me strength.”ⁱ In this example, improved awareness of the asylum process, as facilitated by Day Center activities, helped to alleviate anxiety and fostered a sense of strength. The speaker later attributed the success of his immigration hearing to this strength, which enabled him to calmly and confidently narrate his story before the judge.

By providing support in the asylum process, the Day Center also adopted a position of trust and acceptance towards clients that differed substantially from the stance of society at large. The Day Center welcomed all asylum seekers as appropriate subjects of care and recipients of resources by virtue of their *claim* to have experienced persecution. This approach affirms the authenticity of the asylum seeker’s experience and likely contributed to feelings of safety and belonging at the Center. By contrast, the proceedings surrounding an asylum claim in the Canadian legal system cast this claim into doubt; acceptance into Canada as a refugee is contingent upon the presentation of proof that an asylum seeker has experienced specific forms of persecution compatible with the United Nations definition of a refugee (United Nations, 1951). Often in this process, forms of proof inscribed in the body (such as scars) and the affidavits of “expert” witnesses such as doctors and psychologists are accorded more weight than the testimony of the asylum seeker his or herself (Bracken et al., 1997; Fassin & D’Halluin, 2007; Ticktin, 2011).

Finally, asylum seekers face threats to safety in navigating the ecological pressures of an unfamiliar host country. Many of those interviewed were living on the brink of poverty and dependent on welfare and charitable organizations to make ends meet. Moreover, many struggled with a lack of language proficiency and knowledge of the system needed to find sustainable employment. The relationship between these stressors and global stress/mental health has been well documented in the psychiatric literature (Kissoon, 2010; Piwowarczyk et al., 2008; Silove, 2007; Summerfield, 1999) and was also observed in the present study.

The Day Center responded to these pressures by assisting asylum seekers in securing what was necessary to meet their basic needs. Activities and services that appeared to be most helpful to this end were weekly information sessions on aspects of Canadian life (ranging from housing to welfare to the health care system) and access to necessary forms/paperwork. The staff social worker and volunteer team provided additional reinforcement of information presented at the sessions and assisted clients with the completion of paperwork, which was frequently extensive and convoluted. Volunteers functioned dually as translators for those who did not speak English or French during information sessions, the completion of forms, and phone calls to implicated agencies. In addition, the Center's *vestiare* collected and distributed used clothing, most essentially winter coats, to new arrivals and a variety of paper resources (including lists of food banks, emergency phone numbers, etc.) were provided in "welcome packets" to all new clients. Finally, training on employment, language courses, and the opportunity to volunteer at the Center all contributed to clients' employability.

Notably, the ecological support provided by the Center appeared to cater to a diversity of socioeconomic backgrounds. While those arriving from situations of economic depravity benefitted more from forms for accessing welfare or lists of food banks, others valued language courses or employment coaching that allowed them to seek work in their field of interest or expertise. Many also volunteered at the center to gain work experience in Canada. For example, one key informant was a wealthy woman of thirty fleeing gender-based violence in her country of origin. Although highly trained in international business, Doha lacked experience in Canada and struggled to find a job with her foreign diplomas. For Doha, volunteer experience at the Center functioned as a crucial résumé builder, one that might open doors to a career in Canada.

The connection between these forms of assistance and general wellbeing was clearly articulated during interviews. One man from Sub-Saharan Africa shared, "There are trainings that take place [here] that allow an asylum seeker to be truly active, to understand. The problem is really comprehension of the Canadian system...when you understand the system, it enables you to do something, to open yourself up, and to flourish." In this excerpt, information provided by the Center was linked explicitly with a sense of agency and the ability to open oneself to and flourish within a new environment. In

other words, Day Center activities supported the forging of a new relationship with place in the host country, which in turn enabled individual asylum seekers to thrive.

Thus, qualitative data revealed a close link between safety and wellbeing in the lives of informants as well as some ways in which the Day Center under study contributed to actual and perceived safety among the utilizing population. The ethnographic examples presented also attest to the ability of the Center to respond to disruptions of the asylum seeker's relationship with space outlined previously. First, the Center alleviates suffering associated with a history of persecution in the country of origin by acting as an island of safety with some of the qualities of "home" in an otherwise overwhelming situation, thereby assisting individuals in overcoming hypervigilance and general insecurity/distrust. Second, it assuages fears related to displacement by educating and empowering asylum seekers around the refugee claim process. Third, it addresses the ecological challenges of life in a new and foreign environment by connecting asylum seekers with information and resources. Each of these processes encourages the rebuilding of a healthy relationship with place.

However, as the term "ecosocial" suggests, notions of "safety" cannot be conceptually divorced from the social/relational layers of place. In many of the spaces asylum seekers occupy, other human beings pose the most salient threat, just as they may also represent the surest pathway to protection. In the next section, we turn to the ways in which the Day Center enabled individuals to surmount mistrust and alienation, resulting in a sense of connectedness that both contributed to and was made possible by perceptions of safety.

Reconstructing the Social Link

Given the context of mistrust and insecurity described in the previous section, along with findings that roughly 80% of asylum seekers in Quebec have left spouses and/or children behind in the country of origin (Moreau et al., 1999), it is perhaps unsurprising that isolation figured prominently in the discourse of participants in this study. Almost all informants expressed a lack of social support in Montréal (e.g. "I don't know anyone, I don't have any friends or contacts outside [the Day Center]"). Some attributed their solitude to cultural factors, painting Canada as relatively difficult social terrain for making new

friends: “In my country people ask about each other. Here everyone is concentrated on his own life. People are lonely here. Actually, I feel very alone.” In other cases, general mistrust or more acute forms of paranoia prevented individuals from seeking relationships. Still others described deliberate efforts to avoid certain demographics of Canadian society, most often compatriots, because they were perceived as posing a direct threat to safety. This often resulted in alienation from ethnic and linguistic communities to which asylum seekers belonged as well as, for those who did not speak French, from mainstream Quebecois society. Lack of money for transportation and outings also precluded many forms of socializing.

The absence of social networks was usually articulated as a source of vulnerability. For example, one woman from West Africa described her arrival in Canada as follows: “I didn’t know anybody. I was afraid. To be alone in a big city like Montréal- it’s complicated.”ⁱ Another woman from the same region stated, “I am here alone, and that is my problem-- the solitude, the isolation.”ⁱ Thus, not only were many asylum seekers relatively social isolated, but they also clearly identified this isolation as impeding their wellbeing.

Data revealed several pathways through which the Day Center fostered a sense of connectedness with others despite a reigning mistrust and the structural, linguistic, and cultural barriers enumerated above. These data comprise a second recurrent theme in discourse on therapeutic processes at the Day Center, which we here call the “reconstruction of the social link.” While this terminology emerged from a distinctly psychoanalytic paradigm (Viñar & Viñar, 1989), this paper employs the concept more broadly to accommodate the diversity of ways in which participants experienced a sense of connectedness to their immediate social world. Of relevance to this analysis, the term aptly recognizes the value attributed to non-verbal and non-dyadic forms of sociality as well as more obvious manifestations of connectedness such as friendship.

First, for many using the Day Center on a regular basis, the simple fact of being surrounded by others, or the Center’s capacity to “break isolation” (*briser l’isolement*), was attributed great therapeutic value, regardless of the depth of engagement such social encounters entailed. For example, when asked to describe the Day Center to newcomers, one West African asylum seeker and volunteer summarized,

“It’s all about breaking solitude. I have two children here but they go to school [during the day]. The Day Center is my second home. It allows me to relax. It does me good. When I came to Canada I didn’t have this smile. Those who know me remember.”ⁱ

In this quote, the speaker gestures to the threat that being left at home alone represents for her. Conversely, she associates wellbeing, to the extent that it is symbolically indexed by her “smile,” with the disruption of solitude and associated possibility for “relaxation” afforded by the Center. As in other excerpts presented above, a parallel is made between the Center and “home,” herein connected with qualities of comfort, relaxation, and social engagement. Notably, both staff members interviewed cited the breaking of isolation as the most important function of the Center overall.

In addition to making possible these more immersive forms of sociality, the Day Center was repeatedly portrayed as fertile ground for the growth of new friendships. Many interviewees recalled meeting all or the great majority of their friends in Canada at the Center and referred collectively to Center staff and clientele as a “family.” Although it is difficult to pinpoint features of the Center that contributed to this culture of social generativity, participant observation revealed the richness of “down time,” interludes around and between organized activities. For example, after information sessions, many asylum seekers stayed to discuss new information and clarify specific points with one another. Asylum seekers often came early to English or French class to study together and remained late to chat afterwards. Ample undesignated space (including couches, tables, and chairs) and the availability of snacks and coffee seemed to encourage this type of socializing, which often evolved into more personal conversations. The Center’s Women’s Group (*Groupe de Femmes*), similarly, created a venue for relaxed conversation as women worked together on handicrafts.

The growth of new social networks at the Center contributed to wellbeing in several ways. First, for many, friendship conferred the ability to both offer and receive emotional support. As Ali, introduced above, explained, “...when I came here to YMCA I know so many friends, we make a relationship. If you talk to asylum seekers, it helps. They just tell you it is OK, it is in God's hands, this kind of thing.” For Ali, friendships were a site of mutual reassurance, strengthened by the common experience of seeking asylum.

Social networks formed at the Center also created channels for the exchange of *entraide*, or mutual aid, in overcoming ecological challenges. On many occasions, friends who met at the Center went on to become roommates, thereby reducing their cost of living. Clients also shared a variety of other resources, including money, goods, contacts, and advice. For example, one female asylum seeker from West Africa described *entraide* among the Center's clientele in the following way: "It is mutual. We support each other mutually because we are in the same situation. For me, I don't have friends outside this circle for the moment."ⁱ Interestingly, the speaker uses a spatial metaphor, the "circle," to refer to the asylum seekers she has come to know through the Center. She went on to provide concrete examples of *entraide* within this circle, including picking up food from the food bank for a friend and taking turns paying for meals. Our observations around the prevalence and significance of *entraide* are consistent with research showing that even "weak" social ties can dramatically increase access to resources among refugees and asylum seekers (Wells, 2011).

In contrast with the direct connections drawn between emotional support, *entraide*, and wellbeing, the place of narrative in the reconstruction of the social link among asylum seekers appeared more complex. Within the Day Center and the relationships it generated, a wide range of forms of expression, or lack thereof, appeared to be tolerated.

For some, the reconstruction of the social link was intimately intertwined with spoken communication and exchange, or "sharing." This was perhaps most attested by those who frequented the Center's discussion group (*groupe de parole*), a monthly gathering during which participants discussed a topic of their choosing. Although topics were rarely emotionally charged, the group created a forum for sharing personal experiences and seeking emotional support and advice. For example, one interviewee, a woman asylum seeker from West Africa recounted:

"Sometimes one has problems. You don't know who is who. You think that your problem doesn't have a solution. The discussion group brought me a lot. I remember one time in the discussion group where I spoke and then I started to cry and cry. Everyone encouraged me a lot there. They were

saying, 'Don't say that it's over for you, there are always solutions,' and that really brought me back up (*ça m'a remonté*)."ⁱ

In this account, the speaker connects a sense of encouragement with the emotional support garnered through sharing in one of the Day Center activities. The *groupe de parole*, she suggests, allowed her to articulate feelings of hopelessness and mistrust associated with the difficulties she faces as an asylum seeker. The voicing of these feelings, and the supportive response they met with, helped her to come "back up," to recover some sense of wellbeing.

However, data revealed that valued interactions among clients most often did not involve disclosure of sensitive information or awareness of one another's pre-flight circumstances. A number of informants reported that they had not shared their *vécu*, what they had lived through in their country of origin, with even their closest friends at the Center. The logic underlying this trend was articulated by Youssef, a middle-aged asylum seeker from the Middle East, in the following way:

"Because here, everyone-- they have same my problem. I cannot talk with [my friends] about my case because also they have the same my problem. Also me when I sit now [if] someone came to me to talk about his problem, I have no power, I will explode..."

Youssef and other informants seemed to suggest that during the tense wait for the outcome of one's asylum claim, narrativizing trauma and persecution in the social sphere was not inherently therapeutic; on the contrary, it could produce reverberations of suffering between individuals powerless to address its origins, rendering the telling futile or even damaging.

Certain forms of intimacy, then, were avoided or approached with caution by staff, volunteers, and clients at the Center. Strong friendships were associated with heavy responsibilities and the potential for loss or betrayal. This was affirmed in Chase's experience conducting the ethnography. Over the six months of regular fieldwork, her makeshift office, a miniature desk and two chairs crammed into a storage closet, became a new social frontier within the Center. Unlike the other spaces at the Center, it was an environment that invited private, one-on-one conversations. Although interview questions did not address traumatic history, a number of interviewees spontaneously divulged

secrets, memories, and various feelings of dis-ease to Chase, often returning for weeks or months after to offer updates and to vent. Without any intention on Chase's part, she became the sole confidante of several clients.

From this vantage, both the potential and limits of narrative disclosure were brought into relief. On one hand, many asylum seekers did express feelings of catharsis and gratitude after interviews and other charged one-on-one conversations. On the other hand, this outlet was a temporary and perhaps misleading one, as the end of fieldwork signaled the abrupt loss of contact with most of the individuals with whom Chase had connected. Moreover, being depended upon in this way was a great emotional burden for Chase. In addition to raising ethical and methodological issues around the role of the ethnographer in fieldwork in such populations, this experience highlights some of the risks of opening a narrative and "trauma-focused" dyadic space within interventions with recently arrived asylum seekers.

This sentiment was reproduced by the staff social worker, who said of the Day Center, "We do not function at the level of depression and trauma." Although she frequently met with clients individually to discuss their cases and served as a "first line" responder to suicide threats and other expressions of acute distress among users of the Day Center and shelter, she discouraged clients from sharing their "story" publicly outside her office. During one interview, an asylum seeker confirmed, "There are people who don't keep secrets...everywhere. So to avoid that they tell us, 'Your story is your story.' Even [the staff social worker] repeats this to us all the time.... Not everybody should have access to your individuality."ⁱ These statements indicate that not only was disclosure considered potentially overwhelming, it was also seen as a potential threat to safety.

As gestured to in the previous section, this lack of emphasis on the "story" of persecution at the Day Center contrasted sharply with its significance in other areas of the asylum seeker's life. The narrative testimony filed in the initial asylum claim becomes the foundation for the case asylum seekers must build in the months preceding their hearing. A successful claim and the consequent granting of "refugee" status are contingent upon proving that an individual's story is truthful and corresponds with a set of internationally determined, locally interpreted criteria. At the Center, however, an asylum seeker's legitimacy was never at stake; staff and volunteers explicitly backgrounded the story in

day-to-day interactions, demonstrating a confidence in the authenticity of clients' need for support and belonging that was markedly absent in interactions with other institutions in Canada. In this way, the Center staff seemed to establish a relationship of *mutual* trust with clients that contributed to the reconstruction of the social link.

Thus, the Day Center offered a space in which acceptance was neither contingent upon, nor exclusive of, the sharing of one's story. The constant presence of a group, and the associated possibility of passive participation, as well as the orientation of staff allowed individuals to modulate the extent to which their past and present suffering filtered into the social sphere. Indeed, the Center's therapeutic value appeared to reside in this very flexibility, allowing for the supportive reception of memories from those who might benefit from sharing and welcoming the silence of those for whom privacy was a preferable or necessary condition of engagement.

Discussion: Therapeutic *Communitas*

This paper has introduced two key themes linking place with improved wellbeing in the discourse of asylum seekers frequenting a Day Center in Montréal. These themes both resonate with and press up against the margins of existing literatures on healing in place. First, informants in this study strongly emphasized the connection between ecosocial safety and wellbeing. Center services we have grouped under the heading of safety (i.e. access to information and resources) were the primary factor drawing clients to the Center. Second, asylum seekers valued the sense of social connectedness they obtained at or through engagement with the Center. Staff and clients alike recognized the value of "breaking isolation," building relationships, and the exchange of emotional and pragmatic support this entailed.

In literature on the therapeutic landscape, safety has been recognized as one of the "socio-cultural" features of place (Macintyre et al., 2002) and has been described as a necessary condition for the development of relationships in some therapeutic contexts (Conradson, 2005). One study on the therapeutic landscapes of refugees emphasized the importance of safe spaces and establishing security as part of a broader process of "place-making" (Sampson & Gifford, 2010). Likewise, in the mental health disciplines, the centrality of basic needs for survival and safety to notions of wellbeing has been long

established, originating, perhaps, with Maslow's renowned theory of human motivation (Maslow, 1943). An appreciation for the primacy of these needs has resurfaced in recent years among clinicians and researchers working with refugees (Miller, 1999; Silove, 2007, 2013). It is now well documented that feelings of ongoing insecurity in the post-migratory context contribute to psychiatric morbidity (Lavik, Hauff, Skrondal, & Solberg, 1996).

With respect to the social link, mental health clinicians, and in particular psychoanalysts, have long acknowledged the need to address social alienation in the wake of persecution (Viñar & Viñar, 1989). Moreover, recent research has suggested a connection between assisting refugees in overcoming pragmatic challenges and cultivating trust in service providers, a "prerequisite" to therapeutic work (Watters, 2001, p. 1715). The therapeutic landscape literature, too, increasingly recognizes the importance of relational aspects of places of healing (Gesler, 2005). Health geography research has identified "restoring relationships" as a priority for refugees (Sampson & Gifford, 2010) and has even noted the therapeutic value of institutional cultures that allow individuals to modulate the extent of their engagement with others (Conradson, 2005). However, in both bodies of literature, there has been limited consideration of non-clinical and non-professionalized healing environments.

In the medical anthropology literature, on the other hand, considerable attention has been devoted to processes of healing and recovery in "everyday life" (Das, Kleinman, Lock, Ramphela, & Reynolds, 2001). Most notably, the work of Veena Das on Indian women returning to their families after war atrocities (Das et al., 2001; Das, 2006) highlights the protective value of silence and of the possibility of "descent" into the ordinary. Yet despite the richness of this literature, relatively little anthropological research has considered situations in which individuals are removed from their social and geographic "ordinary" lives and in which ongoing threats to safety are salient, such as the immediate post-flight context of forced migrants. This may in part be related to the ethical and methodological difficulties of identifying and engaging individuals at this moment in their immigration trajectory in in-depth qualitative investigations (Ogilvie, Burgess-Pinto, & Caufield, 2008).

Thus, the spatio-temporal frame in which the Day Center works renders it unique among therapeutic landscapes. The Center aims to intervene in the period immediately after asylum seekers' arrival in a host country and before new routines and social networks

have crystallized. During this time, asylum seekers, by virtue of their status as newcomers, cannot take refuge in the ordinary or resume preexisting social roles and relations. Rather, they must generate new and often transient relationships, across vast chasms of cultural and linguistic difference, and in spite of ongoing insecurity. Our findings suggest that in such contexts of care, services geared towards ensuring ecosocial safety are crucial to the promotion of wellbeing. Opportunities for building social networks are also valuable, and these networks may in turn reinforce safety by enabling the exchange of resources and information among marginalized individuals.

Data further reflected the sensitivity of issues of sharing and narrative during this period. Our findings seemed to suggest that social spaces were never neutral spaces, and clients (as well as researchers) walked a fine line between the risks and rewards of intimacy with others. The organization of space at the Center and an explicit institutional culture of tolerating without encouraging disclosure seemed to counter these risks, offering the constant and shameless option of retreat into the anonymity of the group.

In addition to needs and vulnerabilities, the window of precarity in which the Day Center operated appeared to afford opportunities for a particular type of community formation. The ethnographic material presented above paints a clear picture of caring in community, wherein the vast majority of services were provided by members of the utilizing population on a voluntary basis. Yet while the role of community has been highlighted in other investigations of therapeutic place in psychiatry, health geography, and medical anthropology, the context of a multi-ethnic Day Center for asylum seekers precludes any obvious lines along which “community” might form, such as culture, nationality, language, or shared values. Moreover, while relationships built at the Center were cited as a vital source of wellbeing among informants, responses to the inquiry, “What brought you here today?” pointed to the primacy of pragmatic support provided by the Center in drawing clients.

In these ways, community formation at the Center appeared to be driven less by the conscious pursuit of shared therapeutic goals than by the pursuit of safety in a context of shared liminality. The majority of social support described by informants was garnered not through intentional, structured bonds (such as that between therapist and client), but rather spontaneously and incidentally in the undesignated physical and temporal spaces

surrounding ecological support provision. The seeds of friendship were planted while waiting in line outside the social worker's office, filling out forms on the couches of the Salon, mulling over the contents of an information session around the coffee machine, or surfing the net side by side in the computer room. Connections were nourished through the exchange of resources (e.g. apartments, lists of food banks, advice on the immigration hearing, contacts of potential employers) and ongoing interdependence.

In these ways, the social dynamics at the Center were less akin to those of a "therapeutic community," wherein relationships are intentionally structured around a shared set of therapeutic objectives, than to those of Victor Turner's *communitas* (1969). According to Turner, individuals occupying a common moment of liminality may spontaneously experience "intense comradeship and egalitarianism" wherein "social distinctions of rank and status disappear or are homogenized" (1969, pp. 359–360). This type of community, or *communitas*, was reflected in the data set by the frequent reference to a metaphoric "family" of the Day Center, which included asylum seekers from diverse socioeconomic, educational, and ethnic backgrounds, and by the constant development of friendships that transcended racial, cultural, and even linguistic barriers.

The therapeutic value of *communitas* is illustrated by quotes such as the following, drawn from a letter written by a West African woman asylum seeker to the Day Center director: "Here at the YMCA, we have found a new family we can count on here in Canada."ⁱ This simple statement captures both a sense of social connectedness and the security it confers ("we can count on...") fostered by the Day Center. These findings suggest the potential for space to serve as a platform for the formation of therapeutic *communitas* in marginalized populations, even in contexts of extreme sociocultural diversity.

Conclusion

This study sought to identify processes contributing to the wellbeing of users of a Day Center for asylum seekers in Montréal. It was found that clients valued the sense of security they experienced at the Center as well as the ways in which the Center contributed to their general safety by assisting them in immigration proceedings and providing information and resources needed to navigate the ecological pressures of life in a new and foreign city. Many clients also attributed therapeutic value to the development of social

connections facilitated by the Day Center, both those connections which were shallow but immersive and those stronger ties that exceeded, but traced their origins to, the physical space of the Center. This “reconstruction of the social link” was encouraged both by activities at the Center, including women’s and discussion groups, as well as by the plethora of undesignated recreational spaces made available to clients.

Moreover, notions of the social link appeared to be intimately connected with safety in the lives of asylum seekers. Feelings of safety and belonging at the Center created the platform upon which mistrust was surmounted and relationships, built; these relationships, in turn, reinforced perceived and actual safety by facilitating the exchange of emotional support, resources, and in some cases, stories.

This research has both applied and theoretical implications. First, it reaffirms recent calls for increased attention to basic needs for safety and survival in psychosocial interventions targeting forced migrants. Our data revealed several ways in which an intervention that offers a secure community space and/or otherwise contributes to safety may alleviate suffering and contribute to wellbeing in the lives of recently arrived asylum seekers. Our analyses also suggest the value of creating opportunities for social network building, particularly for those who arrive in host countries alone, and indicate that efforts at fostering such networks need not limit themselves to a particular ethnic or national group.

At the theoretical level, this research can help us to reimagine therapeutic place in a context of extreme migratory flux and ongoing insecurity. It was found that the period of intervention targeted by the Day Center created both restraints and opportunities with respect to the potential for place to contribute to wellbeing. On one hand, individuals in the post-flight context suffered multiple disruptions in their relationship with place and reported struggling with feelings of material and social insecurity. This context favored certain forms of engagement while rendering others dangerous. For example, sharing too much was widely perceived to increase emotional fragility, in part by creating unrealistic expectations for continued emotional support, while also at times jeopardizing an individual’s safety. On the other hand, the unique space of liminality shared by asylum seekers created the possibility for a different kind of sociality, what we have here called the therapeutic *communitas*.

On the whole, the therapeutic landscape of the Day Center pushes us to consider interventions that move beyond promoting dyadic relationships to also foster looser, group connections with the option of passive social immersion. It challenges us to think about contexts that are not formally delineated as “healing” spaces, but which may contribute to wellbeing incidentally, indirectly, and/or through focusing on the provision of basic pragmatic support. The work reflects on the possibilities and risks of narrative in therapeutic processes in the social sphere, offering a complementary perspective to the scholarly debate around the value of narrative therapies in clinical settings. And finally, it represents an intervention that relies minimally on “professional” support, the majority of services being offered by members of the target community.

In considering these implications, it is important to note that our study had several important limitations. First, the research represented a study of process rather than impact. As such our sample included only those asylum seekers who visited the Center on a regular basis and therefore presumably attributed value to it. For this reason, we cannot generalize claims about therapeutic aspects of the Center to the broader population of asylum seekers in Montréal, as there are likely some asylum seekers who are aware of the Center but choose not to engage with it because it does not respond to their individual needs. In addition, certain subgroups (e.g. asylum seekers who arrive with greater financial means or existing support networks) are less likely to be notified by their case manager of the Center’s existence.

In addition, the study sample was limited to asylum seekers who could express themselves in English or French, and in most cases interviews were conducted in the second or third language of the interviewee. The decision not to include translators in interviews was made in light of the sensitivity of asylum cases and issues of trust and privacy that seemed prevalent among the clientele. Although the majority of Day Center utilizers expressed comfort in one of these languages, a significant minority of utilizers was excluded from the present study. Moreover, a number of asylum seekers who did speak English or French elected not to participate in the study, introducing an additional selection bias.

Conclusion

This thesis has explored the subjective experience of users of a Day Center for asylum seekers in Montréal. Data gathered over a six-month period of ethnography were analyzed both deductively, using an established framework for interpreting changes in wellbeing following trauma and persecution, and inductively according to standard anthropological practice. Each approach to analysis emphasized particular aspects of the Center with implications for the wellbeing of participants.

The first chapter, written for an audience of practitioners, devoted significant attention to salient threats in the lives of asylum seekers in Montréal. It also detailed specific services at the Center that supported participants in responding to these threats. The use of a theoretical framework (Silove, 2007) enabled a comprehensive consideration of the ways in which the Day Center might support adaptation and development in the post-flight context of asylum seekers and allowed us to speculate on potential long-term impacts on psychiatric morbidity. In addition, this analysis revealed that asylum seekers benefitted both from receiving services at the Center and from occupying positions of expertise and service provision. In this way, the intervention and the framework we used to analyze it generated complex understandings of refugees as agents in their own pursuit of wellbeing.

The second chapter introduced two key themes that emerged from an inductive analysis of data: safety and the reconstruction of the social link. While these themes are related to the adaptive systems outlined in the first chapter, the second chapter attends more closely to qualities of the Day Center as a landscape that lend these themes their centrality. It was found that the presence of many open recreational spaces and “downtime” between organized activities, coupled with an institutional culture that promoted the generation of loose social ties and group engagement, rendered a particular type of relational safety possible. The development of social networks, in turn, reinforced ecological safety by encouraging *entraide*. Drawing on Victor Turner’s theory of *communitas*, we considered the unique qualities of therapeutic communities that may spring up in contexts of shared liminality as well as the ways in which prevailing notions of

the “therapeutic landscape” might be expanded to accommodate the experience of recently arrived asylum seekers.

The limitations of this work have been enumerated throughout the body of this thesis. An additional concern relates to the notion of equipoise in scientific research. This study was conducted at the request of and in full collaboration with the direction of the Day Center. This raises questions about the extent to which the project was bound by the objectives of the Day Center to both improve services and sustain these services by providing “proof” of efficacy to funders. Although during the course of my research I often posed questions about weaknesses, failures, and conflicts at the Day Center (for example, during every interview), it is possible that the nature of my affiliation with the Day Center, and/or an overriding desire of users to see the continuation of services, discouraged some from speaking honestly or fully to these aspects of the intervention. One might argue that the selection of a sample that presumably values the Center (evidenced by their regular, voluntary participation therein) and a research question that asks what is *working* at the Center necessarily bias the study towards presenting the intervention favorably.

My response to this concern is at once ethical and methodological. This study embraced a critical interpretive paradigm of research, wherein efforts to “uncover” an objective or unbiased truth are foregone in favor of the attempt to co-construct a narrative that gives voice to the concerns and knowledge of marginalized populations (O’Byrne, 2007). Concretely, this study enlisted ethnography in order to collect, record, and broadcast the perspectives of asylum seekers on the value they attributed to the Day Center intervention. As such, this research makes no claims of “neutrality.” Indeed it posits that “neutral” research on refugees is neither methodologically feasible nor ethically tenable for several reasons.

First, in the heated sociopolitical climate surrounding immigration and asylum, research findings will necessarily be interpreted within the context of global and national debates. It has been observed that even well-controlled epidemiological studies on psychiatric morbidity among refugees, the gold standards of methodological rigor in a positivistic paradigm, work implicitly to advance particular political agendas (Breslau, 2004; Schweitzer & Steel, 2008). In these cases, researchers may more frequently pose the

question of what is *not* working in the global immigration system in the language of psychiatric vulnerability (Rousseau & Kirmayer, 2010; Schweitzer & Steel, 2008).

Second, scholars working within a critical framework argue that given the political weight of research, scientists have an ethical obligation to advocate for those who are disadvantaged within existing systems of power and privilege (Green & Thorogood, 2004). Researchers focused on forced migration have pointed to variety of factors that conspire to suppress the voice of asylum seekers: "...disenfranchised by their state of extraterritoriality, refugees have no opportunity to stand up and to demand that their individual or collective rights be respected." (Liamputtong, 2007; Rousseau & Kirmayer, 2010, p. 66). As a result, some have argued that in work with forced migrants, "research ethics goes beyond notions of the appropriate generation and open exchange of information to require a firm commitment to advocacy" (Rousseau & Kirmayer, 2010, p. 66). This study sought to respond to this imperative by foregrounding the accounts of asylum seekers themselves rather than relying on "objective" measures of their wellbeing and independence.

In this thesis, the methods and methodologies of anthropology were engaged to better understand aspects of and processes embedded within the everyday life of the Day Center to which asylum seekers attributed therapeutic value. Findings of this study have several broad implications for how we might care for asylum seekers in the immediate post-flight context. First, they suggest the importance of recognizing and responding to basic needs for safety and the reestablishment of social networks. Second, they indicate that models in which the asylum seeker is the key actor in accessing services and resources may reaffirm the agency of participants while improving the responsiveness of interventions to the needs of a socioculturally diverse utilizing population. Finally, this study raises important questions about the types of relationships that may jeopardize or contribute to wellbeing in the first phase of life in a host society.

On the whole, this thesis illustrates the potential for ethnography to yield nuanced and multifaceted accounts of the therapeutic dynamics underlying psychosocial interventions. This methodology, and the ontological and epistemological positions it is typically grounded in, may prove particularly useful in studying a new generation of intervention that privileges the priorities, knowledge, and agency of its "subjects."

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ⁱ Translated from the original French by Chase.