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An Exploration of the Lived Experiences and Psychological States of Migrants and Refugees

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Abstract

UNHCR reports that about 82.4 million individuals were forcibly displaced as they attempted to avoid persecution, conflict, or human rights violations in their home countries. In addition to traumatic experiences, refugees encounter stressors such as low income, reduced social support, and language barriers. This qualitative study aimed to explore the impact of pre-migration trauma and political detainment on mental health outcomes and living conditions. A total of eight interviewees participated in video conferencing interviews. A non-probability convenience sampling using the snowballing technique was utilized to identify participants. Data were analyzed using an inductive approach for thematic analysis. The software Dedoose was used to come up with codes and the research team refined the codes into distinct themes. Four themes emerged from data analysis: extrinsic barriers, symptoms of psychological distress, coping and help-seeking behaviors, and interpersonal relationships. Results of the study show the intensity and difficulty of experiences faced by participants and the toll it takes on their mental state and family life. The results highlight a lack of resources available to refugees in the United States and a suggestion to further the research efforts for this understudied population.

Keywords

refugees, trauma, mental health, qualitative research

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UNHCR reports that about 82.4 million individuals were forcibly displaced as they attempted to avoid persecution, conflict, or human rights violations in their home countries. In addition to traumatic experiences, refugees encounter stressors such as low income, reduced social support, and language barriers. This qualitative study aimed to explore the impact of pre-migration trauma and political detainment on mental health outcomes and living conditions. A total of eight interviewees participated in video conferencing interviews. A non-probability convenience sampling using the snowballing technique was utilized to identify participants. Data were analyzed using an inductive approach for thematic analysis. The software Dedoose was used to come up with codes and the research team refined the codes into distinct themes. Four themes emerged from data analysis: extrinsic barriers, symptoms of psychological distress, coping and help-seeking behaviors, and interpersonal relationships. Results of the study show the intensity and difficulty of experiences faced by participants and the toll it takes on their mental state and family life. The results highlight a lack of resources available to refugees in the United States and a suggestion to further the research efforts for this understudied population.

Keywords: refugees, trauma, mental health, qualitative research

With the current rise in migration and immigrant populations, a vast array of research has been conducted on trauma, refugees, and mental health (Tandon, 2021). The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) is the most widely used reference for diagnosing psychological disorders. According to the DSM-V, trauma is defined as "the exposure to actual or threatened death, serious violence/injury, disaster, or actual threatened sexual violence via direct experience, witnessing, or learning about the event" (American Psychiatric Association, 2013, p. 271). Among traumatic experiences reported are detention in concentration camps, rape or witnessing rape, separation from family, displacement, witnessing violence, and physical torture. Moreover, a refugee could be loosely defined as someone who has been forced to flee his or her country because of persecution, war, or violence (Dahl et al., 1998; Steel et al., 2009).

According to UNHCR (UN Refugee Agency), about 82.4 million individuals were forcibly displaced as they attempted to avoid persecution, conflict, violence, or human rights violations in their home countries. This results in a record high population of 26.4 million refugees, 48.0 million internally displaced individuals, and 4.1 million asylum-seekers. The recent increase in refugee populations is mainly driven by the Syrian conflict, but conflicts in other areas have also contributed to this rise, namely, Iraq, Yemen, parts of sub-Saharan Africa, and Rohingya (United Nations, 2020). Since obtaining a formal refugee status takes an ample amount of time and several procedures, individuals might be forced to live in precarious conditions and refugee camps until such a status is maintained (Giacco et al., 2018). Moreover, reports indicate that 35% of refugees report being survivors of torture (Campbell, 2007). While

participants in this study shared their own individual experiences, the study has global importance as political refugees can be found all over the world with their numbers increasing daily.

Symptoms of Anxiety and Depression

Literature presents evidence that there is a high prevalence of symptoms of anxiety and depression among different refugee communities (Ao et al., 2015). For example. Bhutanese refugees had a high prevalence of mental health conditions, including a 21% prevalence of depression, 19% prevalence of symptoms of anxiety, and 4.5% prevalence of post-traumatic stress disorders (Ao et al., 2015). A study exploring a wide range of refugee populations from continents of origin including Asia, Europe, and Africa found that one in three refugees can currently be diagnosed with either depression and/or PTSD. Anxiety disorders were found to be present in one or two out of ten refugees, suggesting that refugees hold a higher prevalence rate of mental health disorders (Henkelmann et al., 2020). According to the DSM-V, depressive disorders are characterized by the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function (American Psychiatric Association, 2013). For the purposes of this study, symptoms commonly present in a depressive episode will be accounted for during data collection. These symptoms include depressed mood, diminished interest or pleasure in activities, significant weight changes, insomnia or hypersomnia, psychomotor agitation, feelings of worthlessness, and suicidal ideation. Moreover, anxiety is characterized by persistent and excessive worry that is accompanied by physical symptoms (American Psychiatric Association, 2013). The different symptoms characterizing anxiety will also be accounted for during data collection. These symptoms include restlessness, being easily fatigued, difficulties in concentration, irritability, and sleep disturbance (American Psychiatric Association, 2013). Thus, based on the review of the literature, it is important to explore the symptoms of anxiety and depression among participants as defined above.

Effects of Trauma Pre- & Post-Migration

Traumatic events have been identified as risk factors for different mental health conditions such as post-traumatic stress disorder, depression, substance use, and an increased risk of suicide (Breslau, 2002; Kessler et al., 1995; Suhaiban et al., 2019). Higher rates of psychoses were found in male Somali refugees in Minnesota, as well as predominantly depressive and post-traumatic stress disorder (PTSD) symptomatology (Kroll et al., 2011). More specifically, pre-migration trauma has been identified as a risk factor for depressive states among a population of Somali refugees (Bhui et al., 2003). It was found to be highly comorbid with other mental health disorders, as well as contributing to a more chronic course of illness (Beiser, 2009; Kirmayer et al., 2010). Exposure to a higher number of traumatic events was found to pose a higher risk for poor mental health outcomes among Karenni refugees living in Thai-Burmese border camps (Cardozo et al., 2004). Females are more likely than males to report psychological distress and were found to pose a higher risk for developing anxiety and depression (Cardozo et al., 2004; Shannon et al., 2015). A systematic review found that those who lived in refugee camps in low-income countries showed the highest prevalence of anxiety and depression, which reflects the extremely stressful conditions present in the camps (Fazel et al., 2005). Worries associated with the procedure of seeking asylum and lack of work were strongly associated with psychiatric disorders in Iraqi asylum seekers in the Netherlands (Laban et al., 2005). In addition to refugee camps, some refugees may experience detainment in immigration removal centers. Studies have suggested that conditions in immigration centers

yield long-term negative effects on the mental health of refugees and were linked to higher rates of PTSD and depression (Steel et al., 2006).

In addition to pre-migration difficulties, several post-migration factors play important roles in the mental health state of refugees. In the United States, an increase in anti-immigration actions and policies was found to place a large number of unauthorized immigrants and asylum seekers at greater risk (Garcini et al., 2020). Post-migration stress was found to be the most common factor consistently associated with higher rates of mental disorders. Another systematic review found that socio-economic difficulties such as low income, lack of social support, unemployment, and poor host language proficiency were found to be associated with higher rates of depression (Bogic et al., 2015). Concerns about obtaining food, lack of freedom of movement, and concerns about safety or protection were among the most reported daily stressors by refugees. A larger number of reported daily environmental stressors was associated with an increase in depression symptoms in Rohingynan populations (Riley et al., 2017).

Refugees might also encounter difficulties in accessing healthcare due to unfamiliarity with the systems in place, a lack of communication because of language differences, or a lack of trust in public organizations out of a fear of being reported to authorities in the host country. Such difficulties affect mental healthcare in that they delay diagnostic assessments and treatments of mental disorders. This delay leads to the deterioration or increase in chronicity of any present mental health conditions (Giacco et al., 2018). In addition, mental health screenings or trauma-informed care are not routinely provided to immigrants and refugees during immigration processing in the United States (Mercado et al., 2021).

The current body of research on trauma and mental health is mainly focused on the development of PTSD. Traumatic exposure was found to be linearly correlated with PTSD among a population in the West Nile (Neuner et al., 2004). However, placing a sole focus on PTSD symptoms may be problematic since the diagnostic category of PTSD is "developed from a Euro-American perspective and therefore may not hold cultural relevance for people from other communities" (Chantler, 2011, p. 326). Symptoms of anxiety and depression might not always be explained on the basis of post-traumatic stress states, and thus it is suggested that an exploration of cumulative trauma needs more clinical attention (Bhui et al., 2003).

An elevated level of emotional distress with higher levels of anxiety and depression was reported among refugees (Silove, 1999; Steel, 2001), and specific types of emotional regulation were found to mediate the association between exposure to trauma and depression (Nickerson et al., 2015). An exposure to traumatic experiences was found to increase vulnerability of individuals to future stressors (Steel et al., 1999). Moreover, trauma is argued to rupture five broad systems: personal safety, interpersonal attachments, sense of justice, identity or role, and existential meaning (Silove, 1999), as well as have a differential impact on different areas of functioning. The combination of increased vulnerability as a result of traumatic experiences and psychological stress is hypothesized to result in poor adjustment among Sudanese populations (Schweitzer et al., 2006). It is important to note that human rights violations to which refugees are exposed before migration tend to be interrelated and cumulative, rather than single-event traumas (Silove, 1999).

While there has been a relatively large body of research on post-migration adjustment, such as the suggestion that psychosocial adaptation in host countries is impeded by depression (Silove et al., 2005), and that conditions in which refugees live post-migration significantly influence mental health (Li et al., 2016), this has not been the case for pre-migration factors, which provides a deeper insight into the need for the current study. Both pre- and post-migration trauma were associated with a greater likelihood of depressive disorders among refugees in the United States (Sangalang et al., 2018) which suggests that both living experiences hold significant psychological distress on refugees, and thus psychologists need to account for both.

Political Detainment

Political detainment in this study is defined as the type of detainment by government forces based on a person's:

> political, religious or other beliefs, as well as non-violent exercise of freedom of thought, conscience and religion, freedom of expression and information, freedom of peaceful assembly and association, and other rights and freedoms guaranteed by the International Covenant on Civil and Political Rights (ICCPR) or the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR). (Human Rights Centre Memorial, 2021, p. 3)

The political detainment experience could lead to negative psychological symptoms. For example, one study identified that the experiences of political persecution and torture were statistically significant to different symptoms of psychological distress among refugees (Lien et al., 2010). Another study with Palestinian refugees has identified that when compared to non-prisoners, ex-political prisoners showed "higher levels of paranoid ideation, hostility, PTSD and depression symptoms" (Punamäki et al., 2008, p. 348). Additional evidence in the literature also shows that refugees with a previous political detainee experience and a great amount of trauma, such as the Vietnamese refugees in the United States, are reported to have higher rates of mental disorders (Birman & Tran, 2008; Fawzi et al., 1997).

Political prisoners could be subjected to both physical and psychological torture. Punamäki (1988) identified different types of physical and psychological torture in their research study where participants reported examples of physical torture that included beating with gun butts, cold water torture, hanging by the hands, and application of boiling water or chemicals. In addition, the same study identified different forms of sexual abuse which were common and included hitting sexual organs, sexual molestation, rape, or threatening to rape a detainee's wife or sister. Detainees in this study reported experiencing symptoms of psychological distress such as paralyzing and strong fear, increased nervousness and restlessness, depressive and sad feelings, and difficulties sleeping.

Experiences of post-migration detainment might also occur. Many developed regions including Australia, the European Union, and the United States have policies that detain refugee claimants (Kalhan, 2010). Robjant et al. (2009) suggested that detention in host countries exacerbated the mental health of individuals who are already vulnerable and traumatized, and detention time was positively associated with the severity of distress. In addition, Wales and Rashid (2013) found that in comparison to their peers who were not detained, refugees detained in their host countries showed increased rates of depression, PTSD, and suicidal thoughts. Conditions of detainment were characterized by deprivation, isolation, injustice, lack of agency, and hopelessness (Wales & Rashid, 2013).

Purpose of Study

This research study aimed to explore how pre-migration trauma and political detainment may have an impact on an individual's mental health, specifically the development of depression and anxiety. Pre-migration factors, current mental health experiences, and difficulties post-migration were accounted for, based on the findings in the literature review, to provide a holistic understanding of the adverse conditions and experiences refugees are subject to face. The lived experiences of refugees were explored to deliver a deeper understanding of such experiences and their vast ramifications.

This above literature review showed that both living experiences (pre- and post-migration) hold significant psychological distress on refugees, and thus psychologists need to account for both. Based on this understanding, the current study will attempt to fill the gap present in the literature on pre-migration factors, as well as account for other important post-migration factors. The subjective portrayal of individual experiences adds to the understanding of social scientists and informs them about different experiences refugees go through. This might lead to the development of more effective measures and interventions employed to help refugees before and after their migration.

Method

Participants and Sampling

Upon receiving permission from the institution's research ethics board, potential participants were recruited via organizations that could identify and access the population. The names of said organizations are kept private to ensure the privacy of the participants. Non-probability convenience sampling was used and a snowball sampling technique was utilized in order to identify participants. In order to be eligible, participants had to be over the age of 18, able to communicate in English, and self-identify as refugees. While not all participants in the sample applied for refugee status, the researcher considered any individual who is legally residing in the country at which they are currently present to be eligible. Thus, the researcher loosely defined the term "refugee" as anyone who immigrated to a new country and considered returning to their home countries unsafe. Online in-depth interviews via Zoom video conferencing were conducted as described below. A total of eight participants completed the study (six men and two women), and they came from different Middle Eastern countries. The names of the countries were redacted for security purposes. One country had the highest number of participants (N=6). This was expected because of using the snowballing method whereby participants recommended other individuals from their own circles who have lived through similar circumstances. Of the eight participants, six reported that they were politically imprisoned prior to immigrating.

Even though the purpose of this study was to recruit individuals solely in the U.S., one participant who resides in Canada expressed interest through the snowballing sampling method. The interviewer decided to include him with the purpose of contrasting his experience to that of individuals in the U.S. All identifying data such as names were changed for the purposes of reporting the study results. Each participant was asked to choose a name they consider culturally relevant that can be used as a substitute to their real name.

Research Instrument and Data Collection

Questions for the semi-structured interview were set beforehand. A study that reviewed different instruments used to measure refugee trauma and health was examined in order to come up with the different interview questions. An example of the instruments reviewed in the study includes the Harvard Trauma Questionnaire, which focuses on trauma and health status (Hollifield et al., 2002). The DSM-V criteria were also used to develop questions related to symptomatology of depression and anxiety. Interview questions asked participants about their traumatic experiences, psychological states, and general difficulties they might be encountering. The questions were designed in order to allow participants a safe space to talk about their experiences. Overall, the aim of the questions guiding the interviews included a focus on the participants' lived experiences, an exploration of mental health symptoms they might be experiencing, and an inquiry into coping methods used. The interviewer allowed the

participants' answers to lead the conversation. For example, when participants identified that they did not receive sufficient help when they first arrived in the U.S. they were asked, "If there was one thing that could have helped you with your experience, what would it have been?" This method allowed for the data to be participant-driven, as well as eliminating potential bias from the interviewer by guiding the conversation toward what they are looking for.

Due to COVID-19 mitigation efforts, all interviews were conducted via Zoom video conferencing. Interviews were conducted during the early stages of the pandemic, whereby most participants had to stay home, and universities were all online. A separate audio recorder not connected to an online cloud was used to record the interviews for transcription. Due to the requirements of the ethics review board, a second researcher who has experience working with trauma and refugee populations was present during all interviews, as there was a possibility of vulnerable participants becoming triggered by recalling their previous experiences. Moreover, all interviews were conducted in English. The interviewer reviewed the informed consent form with the participants and answered any questions they had. Interviews lasted from around one to four hours. The interviewer did not limit the time so long as the participant was willing to share more information. The interviewer introduced the research study and informed the participants that they can choose to end the interview at any time, as well as skip any questions which they were not comfortable answering. After the interviews, participants were debriefed and directed to any resources they might need, such as available mental health resources they can access as partial compensation for being part of the study.

Data Analysis

Interviews were analyzed using thematic analysis. The use of thematic analysis allows for "identifying, analyzing, and reporting patterns (themes) within data" (Braun & Clark, 2006, p. 79). Themes within the data were identified using an inductive approach, where the themes are linked to the data without trying to fit them into preexisting data codes (Braun & Clark, 2006). There are six phases in thematic analysis: (1) familiarizing of the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report (Braun & Clark, 2006). The research team consisted of the principal investigator, as well as a second team member who helped analyze the data to confirm its validity. First, the principal investigator began by transcribing all the interviews. Second, the research team members familiarized themselves with the data. Using the qualitative coding software Dedoose, the team members separately analyzed and coded the data word-by-word (e.g., participants reporting specific psychological symptoms such as depression or anxiety) and by paragraph (e.g., participants providing a description of what depression looks like to them). Next, the research team met via Zoom to compare their codes and started identifying themes within the data. This stage of data analysis consisted of a back-and-forth process of defining and naming the themes to make sure the data are accurately represented. In case of a disagreement, the researchers went over the excerpts of each code in order to prompt further discussion about the codes until an agreement was reached. After all themes were consolidated, a report of the results was written.

Subjectivities Statement

As qualitative researchers, it is important to identify and address potential biases when analyzing qualitative data. The first author, who conducted the interviews and coded the data, is an Arab cis-woman from a middle-class socioeconomic background, and is not a citizen of the United States. She was aware of possible biases based on her experiences as an international student. The third author, who participated in coding the data, is a Latinx cis-woman from a

middle-class socioeconomic background. As a United States citizen, she was aware that she does not have prior knowledge of the experiences of the population, and that her background might make her closer to, and thus more susceptible to identify, themes of psychological symptoms, help-seeking, and coping.

Results

Following the analysis of the data, four main themes emerged: (1) extrinsic barriers, (2) symptoms of psychological distress, (3) coping and help-seeking behaviors, and (4) interpersonal relationships. Within the *extrinsic barriers* theme, three sub-themes were identified: *COVID-19 impact, systemic barriers,* and *assimilation and acculturation*. The main theme of symptoms of psychological distress included four sub-themes: *post-traumatic stress, depression, anxiety,* and *sleep and weight changes*. Moreover, the coping and help-seeking behaviors theme contained three sub-themes: *professional mental health help, substance use,* and *seeking interpersonal connection*. Finally, the interpersonal relationships theme was divided into two sub-themes: *interpersonal relationships as support*, and *impact on romantic relationships*. Figure 1 depicts the themes and sub-themes generated from the data and Table 1 shows participants' contributions by theme.

Figure 1
Themes & Sub-Themes

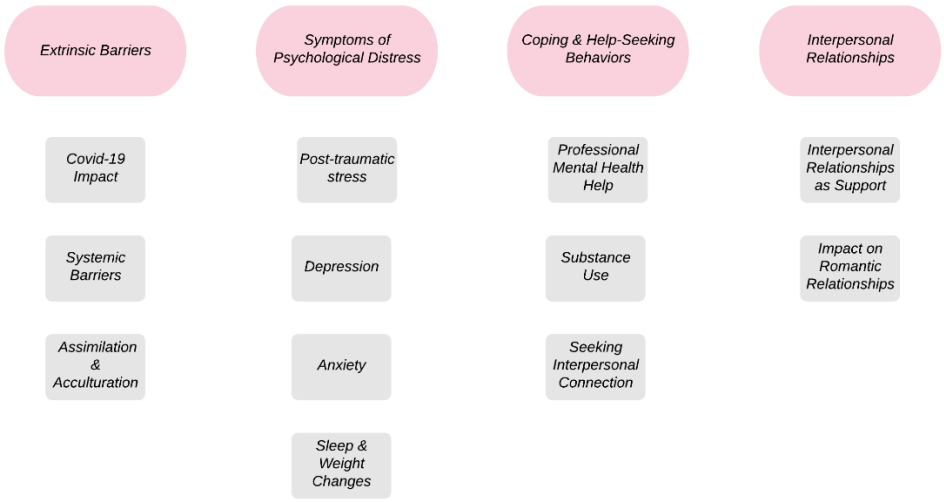

Table 1
Participants' Theme Contributions

Themes	*n* of participants contributing (*N*=8)
Extrinsic Barriers	7
Symptoms of Psychological Distress	8
Coping & Help-Seeking Behaviors	6
Interpersonal Relationships	8

Extrinsic Barriers

The theme *extrinsic barriers* refers to factors beyond the participants' control that significantly impacted and caused difficulty with their immigration experience and daily life.

The sub-theme *COVID-19 impact* highlights the participants' experiences with the COVID-19 pandemic. For example, Hamdy recounts:

> One of the things that made me anxious this year because of Covid is that I do not have an exit strategy. Because of Covid there are a lot of things I cannot do or perform that I would normally be able to before so I am very anxious. It is like I am trapped.

Challenges participants recounted included losing their jobs, testing positive for COVID-19 themselves, an increase in stressful situations at home with their families, fear over the health of loved ones, as well as losing loved ones due to contracting COVID-19. Several participants reported that being quarantined exacerbated some of their psychological symptoms such as symptoms of depression and anxiety. For example, Hamdy recounted the effect of the pandemic on his experience of stress, depression, and survivor guilt:

> I feel depressed because of the pandemic and I am staying at home because of the pandemic for a year. Then I am stressed at work, so I feel the stress and the depression, but then I blame myself for feeling as such, because I mean look at your friends back in (home country) and how they are being treated?

Furthermore, the sub-theme *systemic barriers* includes problems related to immigration processes and impactful changes in political administration, prejudice and racism, language, and job and economic insecurity. For example, Amir exclaims:

> A lot of people actually had their visas and came in and when he signed (referring to Trump) his executive order they were sent back. Like if I were one of them I would go crazy in the airport and start running like crazy like don't send me back.

Almost all of the participants stressed the difficulty of the process of immigration. For example, several participants reported problems with the "incompetence" of the case workers, the "terrible conditions" they had to endure when they arrived, as well as the little to no help provided by the government. Moreover, participants reported that they have faced several instances of prejudice and racism. This included discrimination based on their appearance, perceived religion, or status as a refugee. For example, one participant explained that the reason why he did not want to file for refugee status is that he is afraid his son would be affected by that label:

> I wanted him to have his chance without being judged just because his father came as a refugee. I mean it is enough that his father came in as an immigrant that in itself is stigmatized, but I want to make sure that his future is not going to be affected by my decisions.

Another example of difficulties faced by the system set in place was recounted by Mohammad:

> I have achieved everything despite all the impediments that this system has put in front of me. The system made it harder and it did not help me, so you (referring immigration authorities) are not allowed to take any credit for your system, because it is not a system that helps people.

Language barriers reported by participants were not only limited to the inability to speak English, but also the lack of resources available to learn and practice the language on a daily basis. Finally, job and economic security mainly focused on an inability to find stable employment. Several participants recounted that despite having legal status and work authorizations, several companies were not willing to hire them due to their status as refugees. For example, Salma, who obtained legal status as an asylum seeker, recounts her experiences in finding a job:

> They did not want to make any sponsorships, and even when you try to explain that you are not that person (meaning that you already have work authorization) they are not going to listen to you...They would say we are diverse, but then ask about paperwork that is permanent and when you say no, they are like no sorry. I ended up bursting into tears one time and it was so humiliating to me.

The last sub-theme, *assimilation and acculturation*, discusses the degree to which participants were willing to assimilate into the new culture. While some participants reported an ability to balance both cultures and adapt to the new society, others reported that they completely assimilated into the new culture. Moreover, some participants reported a difference in their willingness to assimilate between themselves and their significant others, which caused a strain on their relationships. For example, one of the participants, Taha, reported that he was able to acculturate and hold onto his values, while his ex-wife wanted to completely assimilate into the new culture. This caused a strain on their relationship because of perceived differences in how they should raise their child. Taha reported that this was one of the main reasons that led to their divorce.

> We had a problem with the language because my ex-wife did not want to speak Arabic with my daughter at all...it makes me furious when I see first and second-generation Arab kids are barely able to pronounce their name, and this could have been my daughter...my ex-wife had a problem with me not changing. But I was adapting in a way that will reserve my identity and not make me get lost in the community, there is a big difference between melting in the community and integrating.

This theme also referred to participants who are raising first generation children and the different challenges they faced. For example, Hamdy reported that he started to journal when he learned he was going to be a father that he could later give to his son:

> I believe that to build a strong character, you need to be rooted, which means knowing who you are and where you come from. It was important for me to make sure that he has some sort of record of who I am.

Symptoms of Psychological Distress

The theme *symptoms of psychological distress* presented as very rich and complex and was common among all interviewees. This theme encompasses negative psychological symptoms that resulted from pre-migration experiences, the difficulties caused by the aforementioned extrinsic barriers, and difficulties during the overall immigration process. The participants' recounting of their psychological symptoms presents a complex yet rich presentation of how both pre- and post-migration experiences feed into each other, resulting in a weakened psychological state. While the sub-themes are not mutually exclusive (for example,

inability to fall asleep was recounted by participants when discussing post-traumatic stress symptoms), the four sub-themes were created in order to provide an overall description of the symptoms experienced. The four sub-themes are: (a) post-traumatic stress, (b) depression, (c) anxiety, (d) and sleep & weight changes.

Post-Traumatic Stress

The theme *post-traumatic stress* included symptoms such as fear, paranoia, recounting distressing memories of the traumatic events, hypervigilance, problems with concentration, anger outbursts, and survivors' guilt. For example, Hamdy recounts:

> I am always constantly thinking about a constant threat that I am not safe… I was always thinking about the next problem that will happen. Maybe they will kick me out of the country so what am I going to do? So running is part of my life right now.

Moreover, participants also recounted having a fear of the authorities and the police due to their previous experiences. Several participants reported that they were officially diagnosed with PTSD by a mental health professional. For example, when asked about his experiences of being kidnapped in his home country, Amir recounts:

> I am trying to forget...sometimes you watch a movie and something bad happens and you feel like oh my God. So imagine that it is something in your life and you feel really tough or hard to explain, I cannot explain my feeling to be honest with you. But it is really something super hard for me...so I do not need to remember to be honest with you.

Depression

The overarching theme of depression was present among almost all of the participants. Different symptoms of depression included disconnect, anhedonia, losing interest in things they used to enjoy, helplessness, hopelessness, and self-blame. In recalling their experiences, participants mostly reported that their symptoms of depression started appearing post-migration. Moreover, their symptoms were exacerbated by the COVID-19 pandemic. Each participant experienced symptoms of depression differently; for example, EL described it as a "strong storm,*"* Mohammad as "some kind of melancholia," and Joud as "not being able to get out of bed." What was most common among all participants, however, was the debilitating nature of depression. For example, Joud describes her depression as, "I wake up and I do not want to do anything. I just want to disappear. I want this bed to swallow me. That happened a lot." Hamdy also recounts:

> I once wrote about how it feels like when your own mind or your own self is deceiving you. It is like your mind is joining forces with this evil power and fighting against you. For me, depression is more paralyzing.

Anxiety

Another sub-theme that was extremely common was anxiety. This includes restlessness, stress, and panic attacks. Several participants reported that they started experiencing panic attacks post-migration due to the stressors they are experiencing. For

example, following his friend's death, Mohammad recounts: "I saw that they are literally putting my friend in the ground and put soil on it, that is the moment where I had the worst panic attack."

While the sub-theme of anxiety related to a variety of different circumstances, several participants reported that their feelings of anxiety stemmed from a fear of the unknown. This was directly related to job and housing insecurity due to their status. Moreover, several participants related their feelings of anxiety to feelings of helplessness over their family and friends in their home countries. For example, Hamdy reported his feelings of anxiety when he learned that his father was arrested thousands of miles away:

> I couldn't hold myself, I found myself on the ground crying out loud. I received this call and I couldn't do anything. I tried to hold myself up so that I can think about what I can do about it, and I couldn't. I went downstairs and I was on the couch and I couldn't hold myself. The only thing I kept thinking about was that my father is very delicate.

Sleep and Weight Changes

The final sub-theme covers changes in sleep and weight. This theme is coded separately because symptoms of sleep and weight changes transcend different disorders. Moreover, such symptoms might be present due to other reasons, such as stress caused by the COVID-19 pandemic. Sleep and weight were grouped together since they both present physiological symptomatology. Most of the participants reported troubles with either falling asleep or staying asleep. However, participants linked their sleep disturbances to different reasons, from their pre-migration traumatic experiences to COVID-19 circumstances or general life stressors. Several participants also reported weight changes, especially during the COVID-19 pandemic. For example, Mohammad recounts his experience with weight changes during the summer of 2020 in quarantine:

> When I am not in a good mood I lose weight and this is how my family and my sisters tell something is wrong. They look at me and say oh you've lost weight there is something wrong going on… There was a very ironic thing I remember when I was detained that day because they weighed you on that day I was 57 kg (equal to 125 pounds) too. So this number 57 is a bad sign for me.

Coping & Help-Seeking Behaviors

The theme *coping and help-seeking behaviors* introduces behaviors that participants used in order to mitigate the difficulties they are experiencing, especially psychological symptoms such as stress. This theme encompasses both adaptive and maladaptive coping mechanisms. There are three sub-themes: professional mental health help, substance use, and seeking interpersonal connection. The sub-theme *professional mental health help* covers the participants' experiences in seeking professional mental health care. Several participants reported difficulty with finding therapists who are accessible, affordable, and culturally competent. Joud recounts:

> Given that I do not have health insurance I was not looking for something expensive, but it was really expensive. It started from like 200 to 300 dollars per session which is impossible for me, because I barely make 1200 a month from the restaurant so it was just unreasonable.

Moreover, two participants shared negative experiences with therapists who did not understand their experiences or their culture. Participants reported that such experiences made them less likely to seek professional mental health help and worsened their psychological symptoms. For example, Ahmed recounts his experience on talking to a therapist:

> I talked to this person here, and he wasn't as culturally sensitive as he should be. We talked for about three to four times and I did not feel any good about myself or about my wife and our relationship, I was feeling bad after that.

The second sub-theme is *substance use*, which encompasses the use of tobacco, marijuana, drugs, and alcohol. Almost all of the participants reported trying different substances in order to help them cope. They also reported that they were disappointed when that did not work for them. For example, Mohammad recounts: "Marijuana relieves the stress. But it is a cycle. I smoke for a while it feels very good but then if I smoke every night for months I feel much more anxious."

The third sub-theme is *seeking interpersonal connection*. Several participants reported experiencing feelings of disconnect and isolation after their migration. This led to a need for personal connection with someone who underwent similar experiences. Participants reported that they could not find that connection in their spouses, community, or therapists. They reported that this placed extra strain on their romantic relationships. For example, Ahmed recounts one of the factors that caused a strain on his relationship with his significant other:

> The thing about my wife was that she does not understand what I have been through... I needed someone to talk to, so I became closer to some people. I do not think that any of my conversations were inappropriate, but they were very deep. Especially when it comes to our shared experiences. So my wife was trapped in this situation.

Interpersonal Relationships

The last theme that captured participants' experiences is *interpersonal relationships*. This includes relationships central to the participants' experiences that served as support or motivation throughout their experiences, or that suffered as a result of their experiences. There are two sub-themes under interpersonal relationships: interpersonal relationships as support, and impact on romantic relationships. The sub-theme *interpersonal relationships as support* includes support from family, friends, and the larger community, as well as responsibility towards children. Among the most helpful resources participants reported was community support. At times when there is limited governmental support, participants reported that their personal connections and community is what helped them survive their struggles. For example, Hamdy recounts:

> I am very grateful to those people and the support I got from my friends here even though it was very limited because they had limited power, they did the best they can to help me... if those people weren't there I have no chance, my chances literally go down to zero chances.

Furthermore, participants reported that having a responsibility toward their children acted as a motivator to persevere and work on dealing with their psychological difficulties. Hamdy recalls:

> Actually one of the things that encouraged me to continue doing therapy and starting my journey was that I am going to be a father…. So one of my biggest motivations was being a good father to my son.

The second sub-theme under interpersonal relationships is impact on romantic relationships. This theme introduces impacts on romantic relationships that participants have experienced due to psychological distress and differences in the degree of cultural assimilation. For example, Hamdy recounts how his psychological and financial troubles impacted his relationship:

> You know being in a relationship when your significant other is depressed all the time, they are not happy, and they are passing through a financial crisis like every five minutes ...this is just messed up. And it has its own toll.

Discussion

The present study attempted to explore the experiences of individuals who had to leave their home countries due to security or political reasons and seek a new country for resettlement. Below, we will discuss each result and state implications. In doing so, we will also present short quotations to provide context and examples of the points discussed. While we presented several quotes from the participants in the results section, we believe that utilizing a few short quotes in this section will further help the reader understand the points we are discussing in this section.

The results of the study highlight the extreme difficulties faced by individuals who immigrate to the United States. There were several barriers out of one's control recounted by participants that hindered their experiences and caused an added amount of stress. Combined with the traumatic experiences they have experienced pre-migration, these barriers exacerbated symptoms of psychological distress among the participants. While it was the hope of the researchers to further explore pre-migration experiences, it seemed that participants were more preoccupied with what was currently happening in their lives and as a result, the data revealed more about participants' post-migration experiences. As a result of such barriers and a worsened psychological state, participants sought different ways of coping and help-seeking. While some had positive experiences with professional mental health help (i.e., competent therapists), others reported that going to therapy did not help them at all. Another coping mechanism adopted by participants was looking for people who have similar shared experiences they could connect with. This provided participants with the community they need, as well as that personal connection they had been missing. While some participants found interpersonal relationships as a source of support, others reported that their close relationships with their significant others, who have been present since before immigrating, were negatively impacted. Finally, at times when adaptive coping mechanisms did not work, participants reported seeking maladaptive coping mechanisms such as substance use.

The original study was designed to explore the experiences of refugees specifically, meaning that the person would have lived in a refugee camp and would have been brought to their new country by the relevant government. However, participants displayed the different ways in which they have tried to obtain legal status in the United States. Some participants did go through a refugee camp, while others entered their new country on their own and sought refugee status through political asylum. All of the participants highlighted the difficulted they have faced in being able to obtain legal status in the U.S. For example, one of the participants, EL, reported that he filed for asylum status over five years ago and is still waiting to get an

initial interview. While he was able to obtain a work permit, his status is still on hold, and he reported feeling stranded: "This is the biggest jail for me, that I cannot cross the border."

The participants that arrived directly as refugees had case workers assigned to them. Other participants, who sought refuge in the U.S through political asylum, not only did not have a case worker, but they were also prohibited from working for the first six months after their arrival. These barriers made it difficult to find resources that would allow them any financial stability. As a result, the difficulties they were already experiencing were exacerbated. Canada's immigration process was reported to be less complicated, much faster, and provided more adequate resources for resettlement. This matches the differences in the rhetoric regarding immigration between the U.S. and the Canadian governments, whereby the former provided an ethos of law enforcement while the latter promoted citizenship and integration (Bloemraad, 2006).

Taha, the participant who resides in Canada, recounted that the process of immigration he went through was very straightforward. Moreover, he reported different governmental resources, such as easier loans to open businesses and official state sponsored ESL courses, that were available for him when he arrived.

A change in how immigration is handled in the U.S. was highlighted by all of the participants. Some participants who immigrated to the U.S. before the Trump era reported that their experiences were markedly better than those of their peers who arrived during the Trump administration. This result is in line with the literature that shows that it was clear that the Trump administration has reduced refugee admissions, slowed visa processing times, and intensified the implementation of already existing laws on detention and deportation (Pierce et al., 2018).

In addition to immigrations laws, differences in willingness to assimilate were considered a barrier among several participants. While some participants reported that they were able to acculturate (balance their culture with that of the dominant culture), others reported that they faced some difficulties. Moreover, several participants reported concerns over their children who were born and raised in the U.S. There is a growing body of research on the challenges faced by parents of first-generation children. Trying to balance traditional cultural values with the dominant cultural expectations was an overarching theme that emerged in a study on experiences of immigrants parenting in the U.S. Parents reported that they were fearful of losing their children to "American lifestyle choices" (Bowie et al., 2017, p. 273). Thus, this draws attention to the wide influence of acculturation and assimilation on the participants' experiences.

As expected, based on the literature review, all participants reported a worsened psychological state and exacerbated symptoms. The traumas that participants have experienced played a big role in their current experiences. Out of the eight participants, seven reported experiencing symptoms of post-traumatic stress.

Anger outbursts also presented as one of the most common symptoms participants experienced. Mohammad recounts: "After getting out of prison for a few years I had very dramatic changes of mood. I would get angry easily and this is something that actually affected my relationship." This draws attention to the impact of post-traumatic stress symptoms on the family unit. Research presents two different facets of post-traumatic stress symptomatology that support this statement. At times, individuals might present with an increasingly agitated and anxious symptomatology, while at others, they might present with a state of detachment and affectlessness. Thus, the combination of conflicts that arise as reactions to such symptoms further compound the disruption of the stability among the family unit (McFarlane & Bookless, 2001).

In addition to post-traumatic stress, symptoms of anxiety and stress were common among all of the participants. The conditions with which participants were faced after their

arrival, as well as economic and housing instability, significantly contributed to those symptoms. This confirms previous research which found a high prevalence of symptoms of anxiety and depression among refugee communities (Ao et al., 2015). Notably, several participants reported that they started experiencing panic attacks after their migration. Referring to a situation where she could not afford to pay for her medical bill in the U.S., Joud recounts: "I got a panic attack when I got the mail that I owe them that money...that's the first time I got a panic attack. Everything before was just anxiety but this was intense."

The vast array of symptoms experienced by the participants emphasizes the importance of access to competent mental healthcare. Of the six participants who sought professional mental health help, two reported that they were happy with their experiences, while four reported they were not. One of the participants who had a positive experience reported that they were not comfortable with counselors they found in the U.S. and were seeing a therapist who lives abroad and shares a similar background. Moreover, the four participants who had negative experiences reported that mental healthcare was inaccessible and expensive. Even when they found affordable resources, they found the therapists to be culturally incompetent and unable to understand their positions as refugees. Studies found a relatively high rate of racial-ethnic microaggressions in therapy (Owen et al., 2018). This might explain some of the participants' recounted negative experiences in therapy. Thus, one of the major findings of this study is the dire need for providing affordable mental healthcare, as well as training mental health practitioners using a multicultural framework.

At times when professional mental health help was a harmful rather than helpful experience, participants resorted to other methods that could help them cope with their pain. For example, substance use was common among several participants. Substance use was found to be an emerging concern among populations displaced by conflict, with high rates of alcohol and drug consumption being documented in refugee camps. The elevated risk of problematic alcohol and drug use can be contributed to a number of factors, including an attempt to mitigate trauma symptoms, stressors with finding employment or adjusting to a new culture, and separation from family (McCleary et al., 2016).

In addition, several participants reported that using substances as a means of coping brought up feelings of guilt for going against their religious beliefs and put further strain on their relationships. This suggests an almost cyclical interaction, where the inability to deal with psychological symptoms leads to maladaptive coping mechanisms which may result in guilt as well as relationship strain, leading to the worsening of psychological symptoms. It is thus recommended that a study be conducted to explore the relation between coping, guilt, and religiosity, as well as marital stress among communities of forcibly displaced individuals.

Another way in which there was a negative impact on romantic relationships was an inability to connect on shared experiences. Two participants reported that their partners came from different backgrounds and did not understand the traumatizing experiences that might have contributed to their current state. These participants reported that when they were not able to express themselves to their spouses, they resorted to talking to other people who shared those traumatic experiences. This led to a feeling of distance between the couple, since the participants were emotionally unavailable, or as one participant phrased it, "getting into shady relationships." Thus, it is suggested that support groups for people of similar backgrounds and experiences might be a helpful resource that participants can utilize. Peer support groups were found to be successful in helping refugees make friends, become independent, as well as trustfully connect to individuals within their ethnic communities and talk about their problems (Block et al., 2018). The availability of support groups might prove helpful in not only helping refugees share their experiences with people of similar backgrounds, but also form a sense of community that provides them with the companionship and resources that they need.

Conclusion

All in all, this study attempted to explore the relation between pre-migration trauma and political detainment on an individual's mental health state. The eight interviews offered deeply personal accounts of participants' experiences and highlighted the complexity of the different factors at play. Four major themes were covered: extrinsic barriers, symptoms of psychological distress, coping and help-seeking behaviors, and interpersonal relationships. Each theme captures a significant domain of the participants' experiences that affects their everyday life. The lived experiences presented in this study convey the major lack of resources available to refugees and immigrants in the U.S., as well as the need for further research that aims to develop programs and interventions that can help alleviate the stressors and barriers immigrants and refugees face on a daily basis.

Limitations and Recommendations for Research

There are several limitations to this study. Due to the research ethics board requiring that a professional who is specialized in trauma sit in on all interviews, all interviews had to be conducted in English. This resulted into limiting the eligibility criteria to individuals who are able to speak English, reinforcing the language barriers previously discussed into the study itself. Some participants also wondered why the interview was not being held in Arabic, knowing that the researcher is fluent in Arabic. The limiting of the language also made it difficult for some participants to express themselves, since English is not their native language.

One possible participant decided not to participate in the study after expressing their interest because they were not comfortable with a third person who has experience with trauma sitting in on the interview. This concern for privacy limited the scope and depth of the interviews, and it is possible that participants may have delved deeper and shared more personal experiences had they been able to develop the comfort level they needed.

The results of this study also bring attention to the complexity of the experiences and mental health states of the participants. While distinct themes that highlight the different aspects of the participants' experiences were developed, the interplay between different themes and categories show the need for further research that specifically explores the interplay between different categories in the experiences of immigrants. For example, it would be fruitful to explore the impact of post-traumatic stress and possible depression on family life. While there was plenty of evidence from the interviews that suggests a negative impact on family life due to psychological distress, the interview time was limited, and the researcher was not able to go further into details. Thus, it is proposed to conduct a study on traumatic experiences, post-traumatic stress symptoms, and the possible negative effect they could place on familial and romantic relationships. Furthermore, acculturation was not a focus of this study. Future studies could try to determine acculturation levels and experiences of a similar sample in order to examine how acculturation might be related to the mental health experiences of these individuals.

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