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**Title: Erosion of Meaning in Life: African Asylum Seekers' Experiences of Seeking Asylum in Ireland.**

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## **Abstract**

The narratives of 16 African asylum seekers indicated that the asylum system in Ireland eroded the various sources from which they could derive meaning in life (MIL). The endurance of a protracted asylum process, prohibition from entering the labour force, and residence in institutionalised accommodation appeared to erode asylum seekers' sense of self-efficacy, purpose, worth, value and belonging. Experiencing a cumulative erosion of all derivations of MIL appeared to inform asylum seekers' appraisals that they were living a post-migratory life devoid of meaning and consequently reduced psychological wellbeing. Study findings warrant further investigation into the mediating role MIL may play in asylum seekers' post-migratory mental health while also indicating that current and future responses to asylum seekers' mental distress must be adequately cognisant of and actively address the socio-cultural and socio-political context that asylum seekers' inhabit.

## **Introduction**

The nature and importance of meaning in human beings' lives is a subject with a long history of inquiry (Linley and Joseph, 2004) and one which in recent years has attracted a prolific revival of theoretical and empirical interest (Baumeister and Vohs 2002; King *et al.* 2006; Steger *et al.* 2006; Wong 2012). Consequently, a range of theoretical perspectives have emerged to explain what constitutes meaning in life (MIL), and how and through which contributing factors we as human beings successfully derive or construct a perception of meaning in our lives (Hicks *et al.* 2010; King *et al.* 2006; Leontiev 2013; Schlegel *et al.* 2009; Waterman 2013; Wong 2012). Despite a divergence of theoretical perspectives, there is broad consensus that people perceive their lives as meaningful when they can explain and understand their experiences (Proulx *et al.* 2013), whilst also developing a sense of who they are and what their role in the world is (Steger 2009). The mechanisms we use to reach and

develop such understanding are thought to be socially derived. Frankl (1963), for example, stressed that true MIL is to be discovered through interaction with the world, rather than within man or his own psyche. Baumeister (1991) too believed that MIL is socially acquired. According to Baumeister (1991), successful appraisals of life as meaningful depend on four needs of meaning being fulfilled. These four needs of meaning, also understood as ingredients or criteria of a meaningful life, are purpose, efficacy, value, and worth (Baumeister 1991). The experiencing of events which suffocate or impinge on the fulfilment of any of these inter-related needs is said to reduce perceived MIL (Stillman *et al.* 2009).

To perceive MIL, a sense of purpose is deemed essential. Perceiving a sense of purpose in life is understood to be derived from the pursuit of objective goals and/or subjective fulfillment (Klinger 2009; Sommers *et al.* 1998; Steger 2009). It is important for humans to feel that they are performing activities or behavior which will ultimately lead to positive future outcomes. For example, engaging in educational studies with the objective of obtaining a desired occupation in the future may fulfil one's sense of purpose. Alternatively, subjective fulfillment of purpose may include living a life guided by religious doctrine in a quest for spiritual salvation (Sommers *et al.* 1998). Whether objective and/or subjective in orientation, Baumeister (1991) argues that it is in the process of working towards one's goals that a sense of purpose is fostered rather than the eventual achievement of that goal. Research suggests that the importance of possessing an overarching goal or mission to which one's life can be dedicated cannot be under-estimated (Steger 2012) as it can have profound impact on an individual's psychological well-being (Ryff 1989; Ryff 1995).

Closely related to the need for a sense of purpose is the need to yield self-efficacy. While fulfilling a sense of purpose is derived from performing actions which may induce desirable

outcomes in the future, the fulfillment of self-efficacy involves feeling that the achievement of such future outcomes is within the person's control (Baumeister 1991; Sommers *et al.* 1998). People want to feel that they have the ability and capacity to meet challenges, achieve goals, and make a difference. A sense of efficacy is thought to be particularly important in facilitating one's adaptive coping responses to difficult or negative life circumstances or events (Park and Baumeister 2017). Feeling that one can do something which may counteract or improve upon the difficult circumstances being experienced appears to assist in mediating the negative impact such circumstances may induce on psychological wellbeing (Janoff-Bulman and Frantz 1997; Park and Baumeister 2017; Updegraff *et al.* 2008). Fulfillment of value and self-worth, the third and fourth needs for MIL, are also understood to be essential ingredients to fostering positive psychological well-being (Taylor 1983). Accomplishment of value for example involves viewing one's actions and behaviors as having positive value, as being morally justified and in alignment with societal standards of right or wrong. Similarly, deriving a sense of positive self-worth also involves appraising one's traits and abilities as admirable and worthy of positive recognition from oneself and from others. Essentially, a sense of self-value and self-worth fulfills people's desire to feel good about their behavior, actions, and personal qualities and feel that the attention and affection they may receive from others as a result is justified. Failure to perceive or to counteract threats to one's self-value or self-worth has been related to negative affect, perceptions of inferiority, and unhappiness (Sommers *et al.* 1998).

Given the importance that all four ingredients of MIL have in fostering psychological well-being, it is perhaps not surprising that perceiving MIL is also an important component of optimal psychological functioning (Baumeister 1991; Frankl 1963; King *et al.* 2006; Mascaro and Rosen 2005; Steger and Frazier 2005; Steger *et al.* 2006; Urry *et al.* 2004), including

satisfaction with life (Chamberlain and Zika 1988), enjoyment of work (Bonebright *et al.* 2000), happiness (Debats *et al.* 1993), positive affect (Hicks and King 2007; King *et al.* 2006), and hope (Mascaro and Rosen 2005). Research also indicates that perceiving life as meaningful and having the capacity to make meaningful interpretations of specific life events may act as effective coping strategies when confronted with traumatic or other stressful life events (Park and Baumeister 2017). Whereas, encountering experiences which persistently erode one's capacity to perceive MIL can consequently have a deleterious impact on psychological wellbeing (Galek *et al.* 2014; King *et al.* 2006; Mascaro and Rosen 2005; Steger and Frazier 2005; Steger *et al.* 2006; Steger 2012; Urry *et al.* 2004). For forcibly displaced populations, such as asylum seekers, perceiving MIL can be very challenging as exposure to human rights violations, torture, and systematic violence can sever a person's previously held ideals and beliefs about the world and the people in it (Barudy 1989; Mollica *et al.* 2001; Silove 1999). Research indicates that their sense of empowerment, identity and perceived MIL can be severely impeded because of such experiences, leading to feelings of aimlessness, helplessness, powerlessness and psychological difficulties (Schweitzer *et al.* 2006).

To date, research that has examined forcibly displaced populations' perceptions of MIL have predominantly focused on their capacity to make meaning of their pre-migratory experiences. Explorations of asylum seekers' perception of MIL in relation to their post-migratory life-events have attracted less consideration. Further, while many previous studies examining asylum seekers' post-migratory lives have highlighted their experiencing a limited sense of purpose, efficacy, and belonging in their new host countries (Barnes 2003; Brekke 2004; Burchett and Matheson 2010; Coffey *et al.* 2010; Fleay *et al.* 2013; Li *et al.* 2016), identification of these needs as ingredients to MIL has been overlooked. There has

consequently been limited consideration of these components as ‘ingredients’ which contribute to asylum seeker’s capacity to perceive and construct meaning from and in their post-migratory lives.

### **Irish Context**

At the end of 2017, there were 5,096 asylum seekers in Ireland. Of this number, 51.6% originate from African countries (Reception and Integration Agency (RIA) 2017). The mean average length of asylum application is 26 months before receiving a final decision (RIA 2017). However, 1145 are waiting between 24 and 36 months and many (n333) are waiting over 84 months (RIA 2017). During this time, ‘Direct Provision’ (DP) reception conditions are provided to asylum seekers. They are accommodated in one of 34 geographically dispersed accommodation centres. Three of the 34 accommodation centres were expressly built for accommodating asylum seekers. The remaining 31 buildings were previously run as private hotels, hostels, guesthouses, nursing homes, religious convents, a holiday camp and a mobile home site. Under the remit of the DP system, asylum seekers receive daily meals and free access to healthcare. Considered ineligible to receive welfare provision, they are instead afforded a weekly allowance of €21.60 per adult and €15.60 per child. Prior to 2017/2018, asylum seekers were also prohibited from entering the labour force and their access to university education was financially prohibitive. A number of Irish universities (n=4) have since been granted the status of ‘University of Sanctuary’, enabling them to waive fees and/or provide scholarships to a small number of asylum seekers each year and facilitate asylum seekers’ increased access to third level education. Further, a recent Supreme Court ruling declared the absolute ban on asylum seekers working in Ireland to be unconstitutional and consequently asylum seekers were permitted access to the labour market. However, commentators argue that the conditions of employment for asylum seekers are too restrictive

as they are prohibited from looking for work in over 60 sectors (including retail and hospitality) and are required to secure an employment permit at a cost of €1000 and a minimum salary of €30,000 (Murray 2018; Pollak 2018).

Both nationally and internationally, Ireland's asylum procedures and DP reception conditions have attracted increasingly intense scrutiny. The UN Human Rights Council, the European Commission on Racism and Intolerance, and the Committee on the Elimination of Racial Discrimination have all expressed significant concern for the physical and psychological health and welfare of adult and child asylum seekers in Ireland (Irish Refugee Council, 2013). Over the last two decades, reports of inefficient and opaque legal procedures, inordinate delays in processing asylum applications, and protracted length of stays in DP have predominated the discourse surrounding Ireland's treatment of asylum seekers (Arnold 2012; CERD, 2011; Irish Refugee Council 2013; Shannon 2012; Thornton 2007). Further, the absence of independent oversight of the system, and up until recently (April 2017) the lack of an external independent complaints procedure, induced some commentators to conclude that Ireland's treatment of asylum seekers may be in breach of international human rights conventions (Thornton 2007; O'Reilly 2013). The particularly vulnerable position of children living in DP with their parents has also come to the fore in recent years with reports of unsuitable living conditions, malnourishment, poverty, social-exclusion, lack of play space, and heightened risk of child abuse occurring (Arnold 2012; Shannon 2012). A recent report by Ireland's child and family services revealed that 14% of children in direct provision were referred to them compared to 1.6% for the general child population. The described criticisms have all coincided with revelations that in the last seven years €400 million has been paid to private companies in exchange for the use of their accommodation to house asylum seekers (Deegan 2017). Improvements in the asylum application process, the

living conditions in DP accommodation centres, and the availability of supports for those in the system (e.g. financial, educational, health) have slowly been introduced in the last 2 years with the publication of the *Report to Government Working Group on the Protection Process on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers 2015*. However, protracted asylum application times and limits on autonomy remain with reports continuing to indicate that the average waiting time to be interviewed after arrival in Ireland is 19 months and the restrictions imposed to asylum seekers access to the labour market have resulted in no asylum seekers being able to secure employment (Murray 2018; Pollack 2018).

## **Methods**

This paper presents a sub-section of findings from a study designed to explore the mental health and mental health care experiences of African asylum seekers in Ireland. One aspect of participants' mental health experiences is focused upon in this paper, namely the erosion of their perceived MIL whilst seeking asylum in Ireland.

### *Study Design*

A qualitative narrative study design was deemed the most appropriate. The unstructured, exploratory nature of narrative research provides people with autonomous license to tell their story with the temporal order, content, and evaluative meaning of their choosing (Holloway and Freshwater 2007). It is recommended for use with displaced populations (De Haene *et al.* 2010; Eastmond 2007; Hopkins 2009) as the freedom it affords them to organise and connect separate parts of their story into an integrated whole can facilitate their understanding and rationalisation of the discontinuities and disruption present in their forced migratory life.

### *Data Collection*

Data were collected via face to face unstructured narrative interviews between October 2013 and August 2014. An unstructured interview schedule comprising of three open ended questions related to seeking asylum in Ireland, experiences of mental health difficulties, and interactions with mental health services guided the interviews. Additional clarifying questions were introduced when needed to encourage comprehensive description of the events described or appraisals proffered. Interviews were audio-recorded with permission and were, on average, 90 minutes in duration.

### *Inclusion Criteria and Recruitment*

Eligible participants were required to originate from an African country, seeking asylum at the time of data collection, have experience of attending a mental health service, feel well enough to partake and have capacity to consent in the interview. Prospective participants were recruited via gatekeepers at two mental health support services. The gatekeepers identified individuals who fulfilled the study eligibility criteria and informed them about the research and provided them with the study information sheet. With their permission, prospective participants were then facilitated to meet the researcher who provided a verbal explanation and answered any questions. Prospective participants were then asked to consider the information discussed and to contact the researcher should they wish to confirm their participation. Once participants contacted the researcher a time and location for the interview was organised.

### *Consent and Ethics*

Ethical approval for this study was granted by the Faculty of Health Sciences' Research Ethics Committee in Trinity College Dublin and by the Health Service Executive's

Healthcare Research Advisory Committee. Ethical implementation of this research study was guided by recommendations outlined in numerous studies (Birman 2006; Ellis *et al.* 2007; Hugman *et al.* 2011; Hynes 2003; Leaning 2001; MacKenzie *et al.* 2007; Palmer 2008; Tapp 1974; Williams 2005; Zwi *et al.* 2006) which argue for standard ‘western’ ethical processes to be adapted in order to respond to the unique position and experience of refugee, asylum seeking, and non-western populations. Consequently, an iterative model of verbal informed consent was implemented which assisted participants to feel in control and decide what they would agree to, what they discussed, and what was audio-recorded. Further, for participants who could not speak English, an interpreter was provided and written information was translated into their language of choice and back translated to ensure accuracy. Participants were assigned pseudonyms and all data were anonymised at source and stored in accordance to data protection legislation. Should participants have become distressed over the duration of the research process, participants were given the option of conducting the interview in the same location as their named mental health provider (for ease of access) and/or for an appointment with their named mental health provider to be arranged by the researcher as soon as possible.

### *Study Sample*

In total, 16 African asylum seekers who were currently or had in the past attended mental health support services were interviewed. Nine of the participants were female and 7 were male. The African asylum seeker population was chosen in light of the large representation of African nationalities amongst asylum seekers’ in Ireland (RIA 2017). Of the 16 participants, their countries of origin included Nigeria, Zimbabwe (n=2), Somalia, Ethiopia, Togo, South Africa, Democratic Republic of Congo (n=6), Sudan (n=2), and Cameroon. The duration of their time awaiting a decision on their asylum application ranged from 15 months to 9 years.

Participants were unrelated. All participants subjectively identified and were objectively identified by the mental health service gatekeepers as having experience of mental health difficulties. Specificities regarding their ascribed diagnosis were not collated as participants either did not know the diagnosis ascribed to them or it conflicted with their explanatory models of distress. A triangulation of their subjective understandings of their distress with clinical notes was not conducted.

**Table 1. Participant Profile**

<b><u>Participants Pseudonym</u></b>	<b><u>Gender</u></b>	<b><u>Country of Origin</u></b>	<b><u>Years in Direct Provision</u></b>
Sarah	Female	Nigeria	8 years
Christian	Male	Congo	7 years
Alma	Female	Somalia	9 years
Jacolina	Female	South Africa	8 years
Noah	Male	Congo	4 years
Francois	Male	Togo	7 years
Ammanuel	Male	Ethiopia	5 years
Tahlia	Female	Sudan	5 years
Dahab	Male	Sudan	5 years
Marielle	Female	Congo	15 months
Ariko	Male	Zimbabwe	3 years
Elodie	Female	Congo	6 years
Grace	Female	Zimbabwe	3 years
Helena	Female	Congo	6 years
Makemba	Female	Congo	8 years
Fabrice	Male	Cameroon	7 years

*Data analysis*

Data were analysed using Lieblich *et al's* (1998) holistic-content approach to data analysis. Initial readings of the transcribed interviews focused on identifying participants' temporal ordering of their experiences, their articulation of the context surrounding those experiences and their evaluative appraisals of same. During these initial readings, a number of global themes were identified, specifically 'social identity', disrupted life-course', and 'agency'. Using a constant comparative process, the global themes identified were then examined for consistency across narratives with specific emphasis placed on identifying instances of similarity, contrast, exceptions, and contradictions to the selected themes. During this process, an increasing number of examples of participants experiencing a 'loss' were identified; a loss of self, a loss of social identity, a loss of agency, a loss of mental health. By continuing through the cyclical process of several readings, identifying themes, marking and reading about the themes, reading through theme lens, keeping track, questioning, and critiquing, the connections between the participants' described losses and the ingredients through which MIL is derived was identified. The analytic process advised by Lieblich *et al.* (1998) continued until consistency across themes and sub-themes was achieved. Interpretative bias was reduced via in-depth discussions with Author B and Author C through the analytical process.

## **Findings**

Data analysis revealed the erosion of asylum seekers' perceived MIL as an overarching theme. Participants described experiencing a diminishment of inter-related components required to perceive MIL while seeking asylum in Ireland; namely a sense of efficacy, purpose, worth, value, and belonging. The participants narratives with regards the erosion of these components are subsequently presented as four sub-themes; 1) diminishment of

efficacy; 2) diminishment of purpose; 3) diminishment of worth and value and; 4) diminishment of love and sense of belonging.

### *Diminishment of Efficacy*

Participants expressed their view that the rules and regulations imposed by the asylum system significantly reduced their self-efficacy. In their narratives, participants' references to freedom were frequent, and often related to their inability to 'do' anything which would meaningfully fill their time while they waited for their asylum application to be processed.

While the participants acknowledged that they are afforded the freedom to leave their DP residences at any time, they also described how the mandatory obligation to sign in and out and to return to their residence within a set timeframe resulted in their interaction with the 'outside world' being time limited and controlled. They reported that failure to comply with these rules could result in the loss of their weekly monetary allowance and their accommodation within that DP residence. For these reasons, many of the participants felt that they were merely afforded the illusion of freedom and so likened living in DP to being in a prison:

*[...] It's very boring because [...] if you live in the same room, the same bed and also you have to sign when you are going out and when you don't sign they don't pay you your weekly money, that's €19.10. So the door is open, you can go out and come back but it is still like a prison (Francois, Togo).*

Participants also reported that their behaviour inside their DP residence was similarly controlled. They described how their choices regarding their activities and who could visit them were prescribed by the management of their DP residence:

*[...] anyone can go crazy in a hostel because you are not free to do free things and you do not choose the way you want, you are here to be under someone [...]. You are not that free (Francois, Togo).*

Even simple fundamental decisions regarding what kind of food they ate and when they could eat were decided by the management of their DP residence. Participants reported that failure to eat during the scheduled mealtimes resulted in them having to wait until the next scheduled meal time, as Marielle and Francois described below:

*[...] if you don't go on time, that means its tomorrow you eat, you don't eat today, you eat tomorrow. You cannot eat whatever you want, it's what they give you, you eat (Francois, Togo).*

*In the hostel you don't have a choice, if they say today you eat rice, you eat rice. They say 'today you eat chicken', you eat chicken [...]. You're forced to eat it and you can't do anything that's why I say it is like a prison (Marielle, DRC).*

The asylum system's curtailment of asylum seekers' efficacy to make simple daily choices, like those about food, resulted in many of the participants feeling a reduced sense of independence. Instead, they likened themselves to dependent children with little to do during the day other than eat and sleep:

*[...] you would almost equate my feelings to that of being a baby. When you were a baby you rely on the mother for everything [...] but then you evolve from that. [...] I think it is the same when you initially come into the system. The first time you rely on everybody. You don't even mind food being cooked for you [...] it is such a relief to have somebody to give you a meal that you haven't had to work for [...] and then you get to a stage where you say "I don't want to have things done for me, I want to do them myself" (Grace, Zimbabwe)*

*[...] It is not easy because you are not working you are not doing anything, eating, sleeping and sometimes you have the body that you didn't have because you are just eating, sleeping, but doing nothing (Marielle, DRC).*

### *Diminishment of Purpose*

Participants' appraised that their diminished self-efficacy also impeded their capacity to fulfil a sense of purpose in their lives. The male participants associated fulfilment of purpose in their life with successful execution of a traditional male role. Their narratives indicated that they felt extremely uncomfortable being dependent on the asylum system and were desperate to work and provide for themselves and their families:

*[...] [...] I want to keep myself active, so if you give me opportunity to stay here, why I cannot feed myself, why I cannot feed my children? (Christian, DRC).*

These participants were particularly fearful that their absence from the workforce would continue into the future. As their time in the asylum system and their consequent absence

from the work force was protracted, participants predicted that they would become de-skilled and that the odds of them attaining employment in the future would be severely reduced as a result:

*I was working in engineering company. [...] When I came to Ireland, I came in 2011 [...] and since from that time I am doing nothing. Now I am worried that maybe I am not able to continue doing that job and also I don't think I will remember everything (Ariko, Zimbabwe).*

*I probably will not be able to do the same job I did effectively because I haven't used those skills in a very long time. So I think it's that, it's that trying to account for the time, what have you done for your time? It looks like nothing and you think "am I that useless?" and that is stressful (Grace, Zimbabwe).*

As Grace indicates in the preceding quote, being stripped of their capacity to work or study resulted in many of the participants feeling 'useless' and with little hope for the future:

*So many people who were in the system for years, for years, even after when they have got their [visa], they are useless. They are useless, they can't do anything. Can you imagine there is an 8 year gap in my CV. Even if I were granted residency, it would be very, very difficult to enter the job market. It would be very, very difficult to go back to college after 8 years. [...] I'm sitting there waiting, waiting, waiting, waiting, what kind of life? (Fabrice, Cameroon).*

*[...] As a man you want to achieve things, that's the only way you feel valuable in society in the first place. [...] So once you are not achieving that you have nothing to fight for life and that leads into all sorts of other things [...]* (Noah, Congo).

In contrast to the male participants, the majority of the female participants' narratives regarding a depletion of purpose in their lives focused on their perceived inability to adequately fulfil their mother role. One participant discussed her worry that she could not fulfil her motherly purpose to pass on traditional skills to her daughter, including how to cook and care for the family unit. She expressed her concern that her daughter would not develop the necessary skills, passed down from generation to generation, to be a mother and wife:

*I learned things from my mother in Zimbabwe and in Zimbabwe from as young as eight you should be able to cook for your whole family, you clean the house, you do the laundry by hand but my daughter can't do that and I'm thinking she can't cook, I can't teach her to do those things and I'm thinking when I'm gone who is going to help her? [...] I want her to be a good person, a good woman and have all the skills. She might not need to use them but it is handy to have them and I can't teach those things and that upsets me because I don't know how much longer I'm going to be alive. [...] Who is going to teach my daughter how to do all of those things? How will she survive? [...] all of those questions and I don't have answers and that is difficult, it really is difficult* (Grace, Zimbabwe).

Similarly, many of the mothers spoke of their difficulty in responding to their children's needs. They were acutely aware that their children were struggling with life as an asylum seeker and expressed their worry that their children's childhood memories would be

overwhelmingly negative. However, due to the restrictions imposed on them, the mothers felt their capacity to fulfil their motherly role and counteract the challenges their children faced and respond to their needs had been severely restricted. With limited financial resources at their disposal, many of the mothers described the guilt they felt when they could not fund their children's material and experiential desires such as alternative food choices, or the costs associated with school or extra-curricular activities:

**Helena:** *speaking in Lingala*

**Interpreter:** *[...] if you try to go outside you will see your kid, he start to run away like he is coming from the prison. Yeah those conditions [living conditions], they are painning me. You can go to take the food, you give it to your kid and he say "no I don't want to eat this one" and you don't have any other food to give him, they [living conditions] are stressful (Helena, DRC).*

**Makemba:** *speaking in French*

**Interpreter:** *it's not easy because sometimes he compares their teacher's life to the mother's life and they compare their life to their friends life but it is not the same at all because the friend has a father and a mother here and they are both working so the child and the friend has everything she wants [...] but for you [her son], you don't have a father here and you just have a mother who cannot work here because she is an asylum seeker (Makemba, DRC).*

Each time they refused one of their children's requests or could not respond to their needs the mothers felt they were failing as mothers and depriving their children of the same experiences as other children:

*[...] I asked “what happened to that dinner you were supposed to go to?” He [her son] said “it okay mummy it was too expensive you could never have afforded it so it’s alright” and he didn’t go. He missed the whole event and he didn’t tell me. He said it was pointless for me to tell you because I know you can’t afford it and that just broke my heart because he is not going to go back through that again, it happens once and it’s gone. As a mother I feel I have failed in so many ways, it is not their fault that they have ended up in the situation (Grace, Zimbabwe).*

#### *Diminishment of value and worth*

The participants’ narratives displayed evidence of diminished self-worth and self-value. Participants appeared to have internalized a negative, stigmatizing self-perception as unwanted, unworthy, and de-valued individuals, which resulted in extremely low self-esteem and devastated self-worth and self-value. Many of the participants were unreasonably angry with themselves. Their anger seemed to stem from their stagnant and despairing situation, which they felt helpless to change. They displayed signs of blaming themselves for the situation they were in and harshly critiqued themselves for it.

*[...]I just ask myself “why did people getting positive in the life and you are not getting positive in life”, “what happened to you?”, “what is going on?”, you ask yourself. So sometimes you hate yourself. I never, never tried to kill myself but it came to me, “why you survive and your children are away? you don’t have anything, you are not helping, you are still surviving, you are nothing, why don’t you go back to them?” (Alma, Somalia).*

Others, described feeling ashamed of themselves. Their heightened sense of shame and self-critique appeared to be primarily as a result of their perceived powerlessness to achieve life goals and/or ability to alter their current situation;

*My life is always stressed. [...] I am ashamed of myself, about my situation. I had a plan for my life when I was young but I try everything, I pray every morning, every day, every day and nothing (Francois, Togo).*

As a result of experiencing diminished self-worth and self-value, many of the participants reported that they now believed there was no place in society for them anymore.

*I am very different, even for me I am [a] stranger. [...] I know that my situation is not going to fit with society now [...]. I don't want the longer time to stay with someone, to chat or to talk [...]. Really, I am [a] stranger to myself (Ammanuel, Ethiopia).*

#### *Diminishment of love and belonging*

The vast majority of the participants described feeling a chasm of love and sense of belonging in their lives. Having already lost many of their family members as a result of events in their home countries, participants reported that they felt utterly alone:

*I lost many things, the great things, my husband I lost, my father and many, many relatives close to me, my brother [...] and at last I lost my children and I was feeling that time everything gone, my children were not alive, my mother is not alive, just alone [...] (Alma, Somalia).*

They recounted that their loss of loving relationships with those back home was felt all the more keenly because of the difficulties they faced in maintaining and/or fostering new relationships here in Ireland. Participants' narratives indicated that the stresses of the asylum process were progressively corroding their relationships with friends and partners in Ireland. One of the participants spoke of the difficulties he experienced in being intimate with his wife, while others recounted that they were constantly fighting with friends or that relationships with partners had ended:

*You live here 5 years, 6 years, 7 years and that is very hard to take. It's broken our dreams because myself, I'm active, I feel myself I'm a man, I can play football, I play football, I run around, I go to the team, but I cannot do better in bedroom, why? I ask myself (Christian, DRC).*

*[...] my friends you know, even now they want to depress me. They just fight with me for nothing, you know. [...] they don't want to talk to me (Jacolina, South Africa).*

*I was engaged with my girlfriend [...] and the relationship ended because of the uncertainty about my future here in Ireland. I can't travel, I can't go to school, I can't work and she is tired and she have to move on with her life. [...] when my relationship with my girlfriend ended, it's like I was going to commit suicide. Sometime when you have no one, when you have no paper [visa], and at least when you know that you have someone who care about you and loves you, you can manage. But if you lost that person, you know it become very, very difficult [...]* (Fabrice, Cameroon).

For many of the participants however it was their stigmatised ‘asylum seeker’ identity which, they felt, was hindering their ability to foster new relationships and feel part of the Irish community. Noah described how people withdrew themselves from him when they found out he was an asylum seeker:

*[...] when you go out and you speak to people, “what do you do?” “Oh I’m still in the process [asylum process]” [...]. They just withdraw themselves from you and you feel cut out. [...] It’s sort of like your walking around with a sticker on your forehead saying “I’m an asylum seeker in Ireland and you know treat me bad”(Noah, DRC).*

Social ostracism was also experienced by the some of the participants’ children. For example, Grace described how both her son and daughter revealed signs that they did not feel accepted into Irish society. Fearing rejection by their peers, Grace recounted that they implemented strategies which hid their asylum seeker identity from the wider community:

*But my daughter won’t carry lunch to school “mummy I can’t produce my small carton of juice in front of my friends they laughed at me the last time I did that” so she won’t take anything from here [DP residence], if I don’t buy juice she won’t take it (Grace, Zimbabwe).*

*He joined a [sport’s club] [...]and he said “oh mum I have to pay membership fees”. I said to him “go and explain to them that you live here, they will probably give you a reduced rate, maybe they might waiver fees because we don’t have the money to pay membership fees” [...] He said “you cannot be telling everybody because they will*

*treat you differently. It is better that they don't know where we stay. I will pay the money” (Grace, Zimbabwe).*

However, participants' experiences of rejection also stemmed from members of their own communities. Francois discussed how he often felt disrespected and unaccepted by members of his own community who he said 'look down' on him because of his asylum seeker status. He used the external signals of financial superiority and inferiority that he is familiar with, the tram and the bus, to describe his perception of his treatment from others:

*So let's say for example when you go to a dance or a party or feast and all these things, people with stature, they see people in the hostel, they see them down. [...] That will give you more stress because they don't consider you because they think we are in a tram, you are in the bus [...] (Francois, Togo).*

For others, the social rejection they experienced was as a result of their mental health difficulties. The participants were of the view that their peers in DP considered them 'mad', socially withdrew from them, and at times laughed and jeered at them:

*[...] sometime I would talk to myself and I have to go down and say “ah what am I trying to do”. Sometime I will forget myself, some people will be looking at me and talking, some will be laughing, some will be telling another one “look he is talking alone”, some will tell me that he started, he's becoming crazy, you know (Francois, Togo).*

*[...] the whole place, start to give you names, call you by names that affects you, so much (Ariko, Zimbabwe).*

The cumulative effect of experiencing such levels of social rejection was that participants felt extremely alone and unloved:

*[...] no dreams, no nothing everything just felt shattered and taken away from me, my family was taken away from me, everything was taken away from me. I got here, through all the stresses [...] but nobody is willing to listen or nobody cares you know (Noah, DRC).*

*[...] I was feeling like nobody loved me (crying) [...] So when I asked [Nurse's name] okay, nobody loved me, anybody doesn't love me, [Nurse's name] says "okay Ireland loves you, we can love you" (Jacolina, South Africa).*

## **Discussion**

Participants' narratives suggest that while they awaited the outcome of their asylum application in Ireland, they experienced a diminishment of efficacy, purpose, value, and worth; the four essential ingredients deemed necessary to perceive MIL. The study findings reflect the findings of similar studies conducted with asylum seekers wherein the infringements that asylum regulations and reception conditions' impose on asylum seekers' sense of efficacy, purpose, and belonging are also identified (Barnes 2003; Brekke 2004; Burchett and Matheson 2010; Coffey *et al.* 2010; Fleay *et al.* 2013; Li *et al.* 2016). However, many of these previous studies focus on just one of the four ingredients for perceived MIL. This study's findings provide holistic insight into asylum seekers' deprivation of *all* the

essential ingredients deemed necessary to foster perceived MIL. Previous research indicates that the experiencing of events which suffocate or impinge on the fulfilment of efficacy, purpose, value and worth is associated to a reduction in perceived MIL which in turn can ultimately lead to experiences of psychological distress (Galek *et al.* 2014; King *et al.* 2006; Mascaro and Rosen 2005; Steger and Frazier 2005; Steger *et al.* 2006; Steger 2012; Urry *et al.* 2004). In this study, participants' narratives, often interspersed with expressions of dispirited self-value and self-worth, noting how useless they felt, that they were failures, and that no one loved them, do suggest that the diminishment of purpose, belonging and efficacy, self-value and worth in their lives in Ireland did appear to have a deleterious impact on their perceived MIL and consequently their psychological well-being.

Heightened rates of psychological distress amongst forcibly displaced populations, including asylum seekers, has been the subject of extensive examination (Fazel *et al.* 2005; Gerritsen *et al.* 2006; Lindert *et al.* 2009; Momartin *et al.* 2006; Ryan *et al.* 2009; Steel *et al.* 2009). There is now growing recognition that post-migratory conditions play a crucial part in mediating forcibly displaced populations' mental health (Laban *et al.* 2004, 2005; Lamkaddem *et al.* 2015; Mueller *et al.* 2011; Ryan *et al.* 2008, 2009; Silove *et al.* 1997, 2000, 2007). To date previous studies examining host countries' reception conditions for asylum seekers have predominately focused on determining which aspect of the asylum process and/or reception conditions most strongly impact upon asylum seekers' mental health (Li *et al.* 2016). Insight into *how exactly* these factors may affect mental health remains poorly understood. This study was not designed to identify or determine perceived MIL as the psychological mechanism informing asylum seekers psychological functioning and while experiencing a reduction in MIL has been statistically proven in other populations to induce psychological difficulties, similar studies have not been conducted with asylum seeker populations in post-migratory contexts. Nevertheless, the thematic consistency which exists between asylum

seekers' narratives in this study and other similar studies across jurisdictions (Barnes 2003; Brekke 2004; Burchett and Matheson 2010; Chase *et al.* 2017; Coffey *et al.* 2010; Fleay *et al.* 2013; Li *et al.* 2016; Proctor *et al.* 2007) provides tentative evidence to suggest that perceived MIL is a variable worthy of further statistical examination into forcibly displaced populations' post-migratory psychological well-being.

Viewed through a traditional medical lens, the reduced MIL participants in this study express may be interpreted as a symptom of their mental health condition rather than as a consequence of their post-migratory environment. From this perspective, it may be reasonable to surmise that it is participants' experiences of distress which is clouding their ability to perceive a sense of purpose, efficacy, worth, value, and belonging. In some respects however this approach renders participants' subjective experiences to relatively meaningless symptomology. Tainted by their mental health diagnosis, the validity of their perspective is questioned and minimized. Irrespective of the directionality of the relationship, research consistently identifies the presence of variables such as connectedness, hope, identity, meaning and empowerment as key to assisting prevention and recovery from mental health difficulties (Leamy *et al.* 2011). A complimentary body of research also indicates that perceiving MIL fosters adaptive responses to negative life events (Park and Baumeister, 2017). The findings of this study suggest that the post-migratory environment hindered participants' capacity to recover and/or develop appropriate coping mechanisms as the avenues through which they could derive key ingredients to MIL were restricted. Participants described how the rules and regulations of the asylum system and the institutionalised environment of DP severely reduced their capacity to wield self-efficacy and carolled them into a position of near dependency. Many of the participants also highlighted that the Irish asylum system encroached on their ability to accomplish a sense of purpose in their life. At

the time of data collection, asylum seekers were forbidden to work and were financially prohibited from attending further education. Participants consequently spoke of feeling unable to do anything which would positively impact their future. For many of the mothers, subjective fulfilment of purpose in life was also severely compromised as reception conditions in DP, alongside financial restrictions, reduced their capacity to foster functional relationships and positive memories with their children.

Viewing asylum seekers' distress and capacity to recover through the lens of MIL may be a particularly useful framework from which to inform future therapeutic interventions and approaches. The development and implementation of targeted interventions which aim to replenish each of the derivations of perceived MIL may assist to alleviate any deleterious impact post-migratory stressors may have on asylum seekers' psychological well-being and simultaneously bolster their capacity to cope and recover. Given that perceived MIL is socially acquired, therapeutic interventions which focus on lessening asylum seekers experienced deficit in belongingness and social inclusion may be particularly fruitful in replenishing some of the ingredients necessary to perceive MIL and improve well-being.

However, the sustained efficacy of any such therapeutic interventions may remain moderated by consistently deleterious post-migratory environments. In order to comprehensively and adequately respond to and support the needs of asylum seekers, broader socio-political shifts must occur in the migration and social policies of host countries. As previously identified in other similar studies, this study's findings also warrant the international community's adoption of policies designed to optimise, rather than impede, forcibly displaced populations' psychological wellbeing. In Ireland, mounting public scrutiny of the country's reception conditions for asylum seekers (Connolly 2014; O'Brien 2014; O'Shea 2014a, 2014b; O'Shea

and Raleigh 2014) recently induced the establishment of a Working Group who reviewed the existing protection process and subsequently set forth 173 recommendations (Report to Government Working Group on the Protection Process on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers 2015). Recent reviews (Department of Justice 2017) monitoring the implementation progress of the Working Group's recommendations, which outlined the improvements required in the asylum application process, the living conditions in DP accommodation centres, and the availability of supports for those in the system (e.g. financial, educational, health), indicate that 159 of the 173 recommendations have been actioned upon. While such efforts to alleviate asylum seekers exposure to significant post-migratory stressors are to be commended, asylum seekers, and organisations which represent them, contest the accuracy of reported progress and highlight that specific recommendations which were deemed vital to ensuring that asylum seekers are able to live in dignity and respect have been listed as 'Not Being Progressed' or 'Partially Implemented'. Asylum seekers' access to the labour market was one such recommendation set forth by the Working Group which had experienced decades of inertia and looked set to remain characteristically static. In 2018 however, asylum seekers were granted their long awaited access to the labour market. Such progress holds promise for increased facilitation of MIL for asylum seekers, not least because research evidence from other jurisdictions suggests it is of vital importance in assisting asylum seekers to foster self-worth and self-purpose, build social capital and connections in their new communities and mediate health symptoms and adjustment difficulties (Da Lomba 2010; Edwards 2005; Fleay *et al.* 2013). However, there remain concerns in Ireland that the restrictive conditions imposed on asylum seekers' potential employment will stymie their ability to secure employment. It is consequently surmised that any potential impact that access to the labour

market may have had on improving asylum seekers' post migratory lives in Ireland will be significantly minimized.

The study findings provide insight into how MIL may be an important psychological mechanism through which we can more comprehensively understand asylum seekers' post-migratory experiences. However, as this study was not designed to quantify the causal relationship between reception conditions and asylum seekers psychological functioning, no definitive inferences can be surmised as to the directionality of the relationship between post-migration stressors and psychological distress. It could be interpreted that participants reduced perception of MIL was as a result of their mental health condition, rather than as a result of their post-migratory environment. Further research examining the directionality of the relationship between MIL and mental distress in asylum seekers is required. Exploration of the experiences of asylum seekers who have not sought mental health supports may also provide further insight in this regards. Further examination of the interplay between pre- and post-migratory experiences in the development and/or exacerbation of mental distress is also required, as is the extent to which post-migratory conditions may be experienced as re-traumatising. While the small sample size imposes restrictions on the representativeness of the study findings, the consistency of themes identified with those reported in previously conducted studies strengthens the study findings' reliability. The mediating role which cultural determinants may play on asylum seekers appraisals' of post-migratory experiences also warrants further examination.

## **Conclusion**

The study findings suggest that post-migratory conditions in Ireland severely reduce asylum seekers' sense of purpose, efficacy, value, worth and belonging. Experiencing a cumulative

diminishment of all derivations of MIL appeared to inform participants' appraisals that they were living a life devoid of meaning and consequently reduced psychological wellbeing. Previously unacknowledged, the study findings indicate that examining asylum seekers' post migratory experiences through the theoretical lens of MIL may provide much needed insight into the psychological mechanisms underpinning forcibly displaced populations' psychological wellbeing. The study findings may also prove particularly valuable in efforts to design and implement therapeutic interventions which foster optimal post-migratory environments and therefore strengthen forcibly displaced populations capacity to recover from pre-migratory experiences. Although this study was undertaken in the Republic of Ireland, the thematic consistency which exists across asylum seekers' narratives in numerous international studies indicates that its findings are potentially informative to other jurisdictions. Further research is warranted to provide additional clarity with regards the mitigating role, if any, that MIL may play in forcibly displaced populations' post-migratory psychological well-being.

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