

Understanding the Impact of the  
Refugee Process Among Kurdish  
Refugees in Finland  
Based on the Life Story Approach

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Understanding the Impact of the  
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## ABSTRACT

Kurdish refugees who have fled to European countries have often experienced violence and persecution and have had their human rights ignored in their home countries, thereby increasing their vulnerability to mental health challenges. This study examines the experiences of Kurdish refugees who have migrated to Finland and explores the impact on them of the refugee process. Qualitative life story interviews with fifteen Kurdish refugee men and women who live in Finland were used to investigate issues related to the refugee process placing the life story of Kurdish refugees at the heart of the study. Interviews were analysed using the Listening Guide (LG) including an analytical step called 'Letting Stories Speak' which was used to listen to the challenges and experiences of the participants. From this process two narratives related to these challenges and experiences were identified and discussed: 1) acculturation and 2) mental health during the refugee process. The findings are linked particularly to the participants' successful future lives in Finland.

## GLOSSARY

Asylum seeker	Someone who has left their country and is seeking protection from persecution and serious human rights violations in another country. They are still waiting to receive a decision on the outcome of their application.
CAGE	Coming of Age in Exile
DPK	Democrat Party of Kurdistan
Erbil or Hawler	The capital and most populated city in Kurdistan and a region of Iraq
EFA	Education Funding Agency
Lawj	A popular oral tradition epic poem which often tells of adventure in love or battle.
Kurdistan	A region named after the Kurdish people in the Middle East, divided between Turkey, Syria, Iraq and Iran
Mesopotamia	A historical region of Western Asia situated within the Tigris–Euphrates River system in the northern part of the Fertile Crescent.
Migration	The movement of a person or people from one country, locality, place of residence, etc who settle in another.
Newroz Festival	An ancient, national, ethnic festival among Kurds in Kurdistan
OECD	The Organisation for Economic Co-operation and Development
Peshmerga	The Peshmerga have been historically Kurdish guerrilla forces combating the ruling power in the region.
Refugee	Refugee is a person who has fled their country to escape conflict, violence, or persecution and has sought safety in another country.
THL	Finnish Institute for Health and Welfare, Finland
Tandoor	An oven that is usually made of clay and used to bake naan.
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

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## CONTENTS

ABSTRACT.....	2
GLOSSARY .....	3
ACKNOWLEDGEMENTS .....	4
OVERVIEW OF THESIS.....	10
CHAPTER ONE: BEGINNINGS	
1.1 INTRODUCTION .....	12
1.2 RESEARCH AIM.....	12
1.3 BACKGROUND ON KURDISH PEOPLE.....	12
1.4 PERSONAL INTRODUCTION AND REFLEXIVE POSITIONING .....	16
1.5 CONDUCTING THE RESEARCH.....	22
CHAPTER TWO: LITERATURE REVIEW	
2.1 INTRODUCTION .....	25
2.2 MIGRATION AND REFUGEES .....	27
2.3 DEFINITIONS OF MIGRATION AND REFUGEE .....	27
2.4 TYPES AND REASONS FOR MIGRATION AND REFUGEE.....	28
2.5 KURDISH REFUGEES AND MIGRATION .....	29
2.6 KURDISH REFUGEES AND MIGRATION TO FINLAND .....	30
2.7 ACCULTURATION .....	38
2.8 DEFINITIONS OF ACCULTURATION .....	38
2.9 SOCIAL CAPITAL AND ACCULTURATION .....	39
2.10 MENTAL HEALTH .....	40
2.11 MODELS OF MENTAL HEALTH .....	42
2.12 MENTAL HEALTH AND MIGRATION AND REFUGEE.....	43
2.13 WELLBEING .....	44

2.14 CULTURAL DIFFERENCES IN MENTAL HEALTH UNDERSTANDINGS AND APPROACHES .....	45
2.15 TRAUMA AND THE REFUGEE CHALLENGES.....	47
2.16 GRIEF AND LOSS AND REFUGEE CHALLENGES .....	48
2.17 LONELINESS AND THE REFUGEE CHALLENGES .....	48
2.18 SUMMARY.....	49
CHAPTER THREE: METHODOLOGY	
3.1 INTRODUCTION .....	50
3.2 PHILOSOPHICAL PARADIGM .....	50
3.3 LIFE STORY INTERVIEW METHOD.....	52
3.4 VISUAL METHODS .....	54
3.5 PARTICIPANTS.....	56
3.6 RECRUITMENT OF PARTICIPANTS.....	57
3.7 THE INTERVIEW PROCEDURE.....	57
3.7.1. PILOT INTERVIEW .....	57
3.7.2. MAIN STUDY .....	58
3.8 LANGUAGE, TRANSCRIBING AND INTERPRETING.....	60
3.9 RESEARCH POSITIONALITY .....	60
3.10 ETHICAL CONSIDERATIONS.....	63
3.11 RESEARCH LIMITATIONS.....	64
3.12 SUMMARY.....	65
CHAPTER FOUR: INTRODUCTION OF PARTICIPANTS	
4.1 INTRODUCTION .....	66
4.2 THE PARTICIPANTS.....	66
CHAPTER FIVE: THE LISTENING GUIDE	
5.1 INTRODUCTION .....	75
5.2 BACKGROUND TO THE LISTENING GUIDE .....	75



5.3 STEPS OF THE LISTENING GUIDE .....	78
5.4 THE FIRST AND SECOND STEPS OF THE LISTENING GUIDE.....	79
5.5 THE THIRD AND FOURTH STEPS OF THE LISTENING GUIDE .....	81
5.6 APPLICATION OF THE LISTENING GUIDE .....	83
5.7 THE VISUAL MAP.....	86
CHAPTER SIX: ACCULTURATION	
6.1 INTRODUCTION .....	88
6.2 ACCULTURATION FOR KURDISH REFUGEES IN FINLAND .....	89
6.2.1 THE ROLE OF LANGUAGE IN SUPPORTING ACCULTURATION .....	96
6.2.2 THE ROLE OF EDUCATION IN PROMOTING ACCULTURATION .....	104
6.2.3 THE ROLE OF SOCIAL CAPITAL IN ACCULTURATION.....	111
6.3 SUMMARY.....	114
CHAPTER SEVEN: MENTAL HEALTH	
7.1 INTRODUCTION .....	116
7.2 KURDISH REFUGEES AND MENTAL HEALTH IN FINLAND .....	117
7.2.1 CHALLENGE AND EXPERIENCE OF TRAUMA.....	119
7.2.2 CHALLENGE AND EXPERIENCE OF GRIEF AND LOSS .....	122
7.2.3 CHALLENGE AND EXPERIENCE OF LONELINESS.....	124
7.3 CULTURAL PERSPECTIVE ON MENTAL HEALTH .....	128
7.4 THE STIGMA OF DIFFICULTIES OF MENTAL HEALTH.....	130
7.5 WELLBEING AND RESILIENCE .....	132
7.6 SUMMARY.....	134
CHAPTER EIGHT: CONCLUSION	
8.1 INTRODUCTION .....	136
8.2 OVERVIEW OF FINDINGS.....	136
8.3 REVIEWING AIMS AND OBJECTIVES .....	138
8.4 IMPLICATIONS.....	140

REFERENCES .....	141
APPENDICES.....	175

## OVERVIEW OF THESIS

This thesis has eight chapters. Chapter One presents the context for the research study where I outline the research aims and objectives, as well as provide an overview of the thesis. I go on to outline some of the concepts in understanding the background of the Kurdish people. I explore my reflexive positioning in regard to the study and conclude with a description of how the research was conducted.

Chapter Two is a literature review that discusses the current state of knowledge about the research topic. It explains the approach taken in completing the literature review and covers Kurdish experiences in European countries, with particular reference to Finland. The literature around refugees, migration and mental health is examined and the chapter also discusses research in the area of migration and acculturation and social capital.

Chapter Three considers the research methodology and the use of a qualitative approach, namely life story interviews. Qualitative research was chosen as it helped to better understand the motivations and feelings of participants in the project. The following issues are covered: the philosophical paradigms; methods; the use of life story interviews; the participants and their recruitment; the interview procedure; language; the process of transcription and interpretation; research positionality, the analysis of data; and ethical considerations. Furthermore, this chapter highlights the challenges and methodological limitations of the study.

Chapter Four introduces the fifteen Kurdish refugee women and men who participated in this study. It focuses on the participants with the overall aim of discovering knowledge about and raising the visibility of these Kurdish refugees who took part in this study.

Chapter Five describes why I was attracted to a narrative approach to data analysis called the Listening Guide (Brown and Gilligan, 1992; Doucet and Mauthner, 2008; Mauthner and Doucet, 1998, 2003). This chapter presents

the background to the Listening Guide, the steps in using the Listening Guide to analyse data and a presentation of how this applied to my research.

In Chapters Six and Seven I present the central narratives that were identified through the Listening Guide analysis of life stories, namely narratives of acculturation and mental health. It presents findings around the role of language, education and social capital in acculturation.

Chapter Seven presents findings around Kurdish refugees and mental health in Finland: the narratives of trauma, grief and loss, and loneliness, as well as the cultural perspective on mental health.

Finally, in Chapter Eight I provide a conclusion and overview of the findings, review the study's goals and objectives and discuss the key contributions of my thesis.

## CHAPTER ONE: BEGINNINGS

### 1.1 INTRODUCTION

This chapter presents the context for the research study. It starts by providing an overview of the study, highlighting the research aims and objectives and then goes on to give some background to the Kurdish people and why they seek asylum in other countries and become refugees. This is followed by a personal introduction in which I explore my reflexive positioning concerning the research study. Finally, the chapter ends with a description of how the research was conducted.

### 1.2 RESEARCH AIM

This research explores how Kurdish refugees experience challenges during the refugee process and uses life story interviews to explore the narratives of Kurdish people who have experienced the refugee process in Finland. Given my own personal experiences regarding the movement of Kurdish people, the research underpins my impressions gained from self-experience which has been advantageous for my study.

### 1.3 BACKGROUND ON KURDISH PEOPLE

The Kurds are people of Indo-European descent who mainly live in the mountains and uplands aligned with Iran, Iraq, Turkey and Syria – an area known as ‘Kurdistan’ since about the eleventh century although Kurdish history is documented as early as the seventh century. It extends from the Taurus Mountains in the northwest down to the Zagros Mountains in the southeast. The Kurdish people are one of the indigenous peoples of the Mesopotamian plains and the highlands in what is now south-eastern Turkey, north-eastern Syria, northern Iraq, north-western Iran and south-western Armenia. Today, the Kurdish people are commonly considered to be the world’s largest population without their own country. In 2016, there were approximately 36 to 45 million Kurdish people in the world (Fondation-Institut kurde de Paris 2017). The population has generally been divided between four nation-states: Turkey, Syria, Iraq, and Iran. Kurds make up about 12.5% of the

population in Syria, 19% of the population of Turkey, 25% of the population of Iraq and nearly 13% of Iran (Fondation-Institut kurde de Paris 2017). The Kurdish language contains three main dialects: Kurmanji, Sorani and Xwarin. While the population generally speaks one of the three major dialects of the Kurdish language, Kurdistan is home to numerous other languages as well as religions and political factions. Most Kurdish people are bilingual and speak the language of their respective nation of origin (such as Arabic, Persian or Turkish) as a second language along with their native tongue of Kurdish while some are even multilingual, speaking three or more languages (MacKenzie, 1994). Kurdish is the official language of the area of Kurdistan in Iraq and a regional language as well.

The history of the Kurdish people is wrapped up in the history of the Persian and Ottoman Empires with an independent Kurdistan only existing from 1920 to 1923, after which Kurdistan was divided between the two countries that are currently Iraq and Turkey. Since then there has been a further division where the Kurdish people have been divided between Iran, Iraq, Syria, and Turkey ' (O'Leary 2002). Due to the influence of the dominant group in the countries where Kurds are to be found, Kurdish people are often separated in terms of the language and culture of the region – Arabic, Persian and Turkish – while in terms of religion, Kurds are mostly Sunni Muslims, although there are a significant number of Alevi Kurds in Turkey. In the context of Kurdish people living outside of Kurdistan, Baser et al. (2015) explain that they typically hold citizenship of their country of birth and not a Kurdish nationality. Although according to Izady (2015), a Kurdish identity is important for many Kurds, thousands of Kurdish migrants in Europe are not registered as such. Many of the estimates of the number of Kurds have been made not from official statistical data but from online sources of Kurdish information as official statistics ignore or do not recognise Kurdish nationality. As Izady (2015 p.xiii) notes in reference to official state statistics 'in the same stroke, these very same nation-states have attempted to stop the growth of the Kurdish people as a distinct and separate national entity. Often, they have tried to do away with them altogether '. However, Sweden's and Finland's statistical data on

the native language of refugees and migrants may provide an accurate identification of numbers (Eccarius-Kelly 2011; Wahlbeck, 2013).

In 2017 the Kurdish Institute of Paris estimated that in 2017 the Kurdish population amounted to 36.4 to 45.6 million, spread across four states in the Middle East and also worldwide. (Yavuz 1998). Updated sources and Kurdish organizations estimate that around two million Kurds live in Europe, one million of whom are in Germany alone (The Time of the Kurds, 2015). Berruti et al. (2002) and Fondation-Institut kurde de Paris (2017), writing on the Kurdish diaspora, estimate that around 1.2 to 1.5 million Kurdish refugees are in Germany with military activity, political unrest, economic crises and cultural/religious intolerance being the primary reasons for the spread of the constantly growing Kurdish diaspora in the world. Kurds are now becoming a substantial global community where the diasporic Kurdish people can use the relative freedoms of Europe, North America and Australia to express their own Kurdo-centric perspectives in the political organization of Kurdish people (Hassanpour 1998). The Kurdish people, which were divided into four countries almost a century ago, have faced persecution, the denial of their identity and the loss of thousands of their lives. Presently, they are actively seeking recognition, political rights, autonomy or independence across various domains. Most Kurdish movements and political activities are focused on achieving autonomy or independence for Kurds in their countries of origin (Eliassi 2021).

Outside of Kurdistan, several research studies indicate that large numbers of Kurds currently live in what used to be the Soviet Union, in countries such as Georgia, Armenia, Azerbaijan and Kazakhstan. They are also to be found in the Middle East in Lebanon, Israel and Jordan. (Kreyenbroek and Sperl 2005) as well as in Europe and other parts of the world. Kurdish culture has a rich oral tradition, with one of its most popular cultural products being narrative poems called *lawj* that typically narrate stories of love, adventure and war. Kurdish folklore, including ancient history, places significant emphasis on symbolic events such as the *Newroz* Festival. Scholars have recognized folklore as a valuable repository of information from the past, representing the

emotions and popular wisdom of the people (Celil, 1985). The oral traditions hold important records of Kurdish cultural and historical resources, and oral literature remains an essential component of Kurdish life (Bois, 1946, 1986; Nikitine, 1956).

The asylum-seeking experiences of the Kurdish people must be set against the severe trauma and dangers from the risk of persecution and political conflict that Kurds endure in their home countries. It is a challenge to understand the situation of Kurdish refugees due to the psychological and physical health problems that have occurred as a result of imprisonment, torture, loss of property, malnutrition, physical assault, extreme fear, rape and loss of livelihood. Some studies show that post-migration stress also contributes to poor mental health among Kurdish refugees (Beiser, 1999, Schouler-Ocak and Kastrup 2021). Research studies by Bonanno et al. (2006) explain how there is a prolonged association between Kurdish people's identities and their traumatic experiences and, therefore, it is important to understand and address the mental health problems of Kurdish people after severe stressful experience. In this regard, the idea of resilience is important. Basim and Cetin (2011) explain that resilience is an individual adaptation capacity to deal with stressful factors such as health problems. Using resilience, Kurdish migrants and refugees may be able to maintain and improve their mental health, resorting to healthy levels of psychological support to face threatening events. As Windle et al. (2011 p.2) write:

Resilience is the process of negotiating, managing, and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life, and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity. Across the life course, the experience of resilience will vary.

The refugee process is a very challenging one for Kurdish refugees, as from their perspective they come from a country that is divided into four different parts and occupied by four outside states. Most Kurds suffer politically and from a lack of freedom and equality and must struggle for identity. These are the critical reasons for seeking a life outside of Kurdistan (Eliassi, 2021). The



Kurdish refugee process then in itself creates further crisis experiences that impact on the refugee's psychological and physical health in the host country. The unexpected situations that arise are major factors contributing to increased mental health issues among Kurdish refugees. Most of the participants in my project had a history of political activity since being a people who had few basic human rights remained in itself an unsolved political issue. It is fighting for this issue that continues to be the cause of the displacement, execution, imprisonment and martyrdom of many Kurdish people. As a consequence of several wars, human rights struggles and trauma, many Kurds have been forced to flee their home country. Some of the participants I interviewed had faced imprisonment, torture, malnutrition, physical assault, extreme fear and rape before fleeing their home country, experiences that are sadly all too common among Kurdish people.

#### 1.4 PERSONAL INTRODUCTION AND REFLEXIVE POSITIONING

I conducted this research as an insider – a Kurdish refugee myself. The intersection of my roles as a nurse and as a Kurd with refugee experience offered the birthing point of this study. The study aims to understand and provide research data from the refugees' perspectives on their experiences of being refugees in Finland. The research emphasises the importance of listening to refugee life stories. Considering the relevance of my biography to the research process, reflexivity has been implemented in the development of this thesis (Mauthner and Doucet, 1998, 2003; Letherby, 2000, 2002; Doucet and Mauthner, 2008). I am highly conscious of the difficulties experienced by the Kurdish community in the past and I am acutely aware of Kurdish history. I clearly understand the feeling of living far from my own home country and empathise with it. I am aware that my role as both a Kurdish person and a researcher poses various challenges to the integrity of this study (which are addressed in the methodology chapter). My reason for undertaking such a study can be attributed to my interest in improving the understanding of Kurdish people's mental health and well-being. As biography and reflection are interwoven in the research process, I believe it is paramount to say something further about myself.

Born the only girl in my family, I had three brothers, one of whom passed away last year while I was working on my MPhil degree. I grew up in a family that cared about education. While my father was not educated himself, he encouraged us all to pursue an education and attain qualifications. He wished for his children to study to be moral individuals who would do something meaningful with their lives. From a very young age, I have been familiar with the experience of migration. Having faced a critical situation, my family had to flee our home village and move to another part of Kurdistan in Iran. It was difficult for me, a child aged seven, to leave all my childhood friends so soon but somehow I understood the gravity of the situation. Twenty years after we left, I visited the old village. I remembered all the playgrounds, places where I used to spend time with my friends and other places I used to visit as a child.

I started studying in Mahabad in Iran where I greatly valued education and learning new things. I continued to further my academic ambitions until I graduated from high school. However, while I was considering my university options, the Iranian revolution took place thereby severely impacting on the education system. Initially, the frequency of lectures dropped and then the number of books distributed reduced significantly. Finally, it became too unsafe for schools to function, resulting in complete closure.

The Islamic Republic of Iran looked down on the Kurdish people as the Iranian government did not value them or their rights and they were quick to claim that the Kurds were against the revolution. As a result, Kurds were often imprisoned and tortured. Many young people were held hostage and eventually killed. The cities were ablaze, full of miserable cries and permeated with the morbid scent of death, desperation and futility. People were too afraid to be on the streets. All schools, shops and offices were shut for fear of the disruption that was bound to take place. People struggled to do their everyday shopping and meet their basic needs. This happened everywhere in Iranian cities populated by Kurdish people. In fear of planes and bombs, people covered their windows with thick black duvets to block out the light, many spending most of their time in dark basements, struck with paranoia and anxiety.

Despite all this, I managed to graduate and was constantly motivated to apply to different universities. I did not want to let go of my affinity for learning. My father continued to encourage me, hoping that I would someday become an academic. Such dreams, however, were unfulfilled as the universities in Iran were shut for five years due to the war and uncertainties of the times in the 1980s. Eventually, I managed to find a job as a librarian at a small children's library. I worked for about two years, after which I met my husband and we got married. I worked at the library for thirteen years and learned to love my job and working with children. Thankfully, my husband's family was very encouraging about studying further and having an education. My mother-in-law, who became a dear friend to my two children and me, was an emotionally intelligent woman though she never had the chance to receive a higher education. Due to the increasing uncertainties, my family and I had to flee the country as life in Iran got worse by the day. The government would spy on citizens and everything around us was being monitored and controlled. Before we left Iran, my husband and I made various plans in deciding upon an ideal strategy. We even went to Turkey for three weeks, only to discover how bad life in that country was. A year after returning to Iran, my husband received an invitation to a conference in Finland and we managed to get a family visa to attend the conference in the summer of 1996. I was thirty-eight years old my son twelve years old and my daughter eight years old.

The conference was themed around the intersections between technology and disability. As my husband was a scientist, he specialised in the development of new tools to improve accessibility for disabled people. After receiving the invitation, we were soon planning our trip with great fear and anxiety, finally deciding to fly to Finland as a family. One week later in Finland, we introduced ourselves to the UN and stayed in the country for an extended time. Life in the north of Finland was not easy to get used to: the climate and the amount of light received during the day were very different from what we were familiar with in Iran. During the summer, we had sunlight for two months without it ever getting dark but during winter, we did not see the sun for two months and it was always dark. We arrived in Finland during the summer when it was sunny

twenty-four hours a day for several months. This made it difficult for us to maintain a normal routine or sleep schedule. During this one year, we experienced both phenomena: two months of cold and darkness and two months of unending sunlight.

After speaking to close family friends, we decided to move to the south of Finland as the living conditions in the south seemed less extreme although we had made some wonderful Finnish-Kurdish friends in the north of the country which made life and integration much easier for us as a family. Our Finnish friends helped our children learn Finnish and to study. The presence of these friends made us feel at home in this new country. Eventually, I decided to study and become a nurse. Engaging with learning allowed me to assimilate into the culture much more easily than before as I learned a lot more about the people in the country. In doing so, I also made new friends. Following my graduation, I found a job as a nurse. By studying and maintaining a steady income, I was able to support my family. My husband encouraged me to apply and do my master's degree. By the time I started to study for this in 2012 my children, now adults, both had jobs themselves and were no longer financially dependent on me. After I received my degree, I was keen on studying further to receive an MPhil degree. I applied to various Finnish universities but failed to enroll in any. Thus, I decided to apply for universities abroad. Finally, my proposal at Manchester Metropolitan University was accepted and I enrolled as an excited student.

I have always wanted to become an academic who could return to my country to help my people. Through personal experience and studies, I understood that asylum seekers' mental health, especially that of Kurdish people, was an unexplored topic. I chose this topic so I could help them and come up with solutions to change the current state of affairs concerning them. I intended to explore the issue of mental welfare in order to identify the underlying causes of mental health problems so that I might help my people overcome them. This project has meant a lot to me and my purpose has been to give the Kurdish people some valuable insights in this area. I have also connected with various researchers who have specialised in the context of asylum seekers to gain

further insight into my own research and to gain knowledge to inform others. It has been my experience that Finnish people lack a comprehensive understanding of asylum seekers and the challenges they face. For many Finns, the community of asylum seekers is simply reduced to people who have left their home and just moved to another country. They do not recognise the underlying factors that have caused them to flee their country, why it was not safe for them to stay behind or how they may be supported. In addition to being asylum seekers, refugees struggle with the need to justify their existence to the Finnish people.

When I was young, I never thought in my wildest dreams that I would live in another country. Living abroad was something I read about in books and I never thought that one day I would leave my country with my family and move away from our home. Everyone loves to live in a safe and pleasant country and hopes that they can live in peace with their family. Sadly, not everyone experiences such an enticing fate. Based on my personal experiences with European countries, but especially in Finland, I can say that Finnish people are quite honest and open about the way they feel. The mental health of employees is taken seriously in the country, often backed up by legal protections. However, this is not reflected when it comes to asylum seekers. Kurdish refugees are often afraid, do not have many friends, feel alienated, and have learnt to keep their emotions to themselves, something of which they are aware. They operate in this manner so as to avoid conflict as much as possible. Kurds have suffered much in the past and this has affected them and their emotional wellbeing adversely. All Kurdish refugees tend to be individuals who have suffered from several issues from their early childhood to the day they set foot in a different country as asylum seekers.

I spent twenty-six years living in Finland and the UK, living in the latter since 2018. My migration to Finland was very challenging as I was required to shift into a new culture, interact with a completely different language and come to terms with a distinct cultural and social structure. While I met and became friends with several Kurdish families in Finland, I recognised that many of them seemed to suffer from mental health issues. Mental health and wellbeing play

a crucial role in people's lives and, most commonly, it is the environment that is crucial to the context of refugees and migration. Unfortunately, most Kurds have had to flee their home country and have ended up migrating to new host countries while carrying much pain and unpleasant memories. They require guidance and support from their new host country to adopt and take care of their mental health problems. At present, most Kurdish people lack the appropriate knowledge and support to take care of their own mental health and wellbeing.

I learned to integrate into Finnish society by acquiring the language and engaging in the educational and employment domains. Several years after studying to become a nurse, I decided to pursue my master's degree. Due to my background and work experience, I obtained a master's degree in studying the experiences and challenges of Kurdish refugee women in accessing healthcare services, completing my thesis entitled 'Cultural Competence in Health Promotion and Experience by Kurdish Women in Finland' in 2013. Building upon this research, I became interested in investigating the mental health impact of the refugee process on Kurdish refugees in Finland. For this current research, I chose to interview Kurdish asylum seekers to explore their journey from their early childhood to the present moment, from their home country to the move to Finland. As a Kurdish migrant, I have been aware of Kurdish refugees' mental health and well-being for a very long time. I am also aware of the painful past that most Kurdish people have endured. I am also one of those who knows what it feels like to live far away from one's home country.

Being very close to my own heart, this research project has posed several challenges. I wish to raise awareness and create meaningful knowledge through this study, providing a detailed pool of information for the world to acknowledge and understand what Kurdish refugees have gone through in addition to aiding strategies for attending to their mental health issues. This project is deeply connected with my previous experiences. I migrated to Finland for a better life and future. My husband, my children and I moved to this new country and worked hard to build a new life for ourselves. My heart

was always with my parents, brothers and friends and I missed my hometown each day as I faced all the challenges life as an asylum seeker flung at me. Becoming a refugee and experiencing migration are major decisions that impact on every aspect of the decision maker's life. It often involves carrying one's cultural norms and social tenets into a new country with a completely different set of values. It is a very painful and transformational experience. For me this research offered an opportunity to study and identify concepts such as memory, meaning and language among Kurdish refugees like myself who live in Finland. The life story approach adopted in this research has allowed participants to acknowledge their self-identity and attribute personal meanings to their life experiences. My nursing practice has been very useful to this study as well. As a reflexive social researcher, I believe that my experiences play a key role in my reflections.

My experiences as a migrant have helped me gain a renewed appreciation for the gift of life as my migration life story has allowed me to recognise the process of transformation common to those whose lives are changed by migration. Being an experienced storyteller and story-reader from working at a children's library, I never knew that my skills in such an area would one day be foundational to this research study.

### 1.5 CONDUCTING THE RESEARCH

Using life story interviews with fifteen participants, ten male and five female, this qualitative research study explores the experiences of Kurdish women and men who have asylum settlements in Finland. The life story interview is a vibrant method of research that prioritises the participant's human life experiences. Atkinson (1998 p.1) explains the contexts of life story interviews and argues that 'storytelling is a fundamental of human communication'. In addition, Atkinson suggests that a life story is an important way to better understand and recognise a life event (a detailed description of the life story method can be found in Chapter 3). For many decades researchers have used life stories to develop knowledge about refugees and other contexts so that their experiences can be better understood (Cosslett et al., 2000). This thesis focuses on the Kurdish refugee process for Kurdish people settling in Finland

and explores the many ways it impacts on their well-being. I have chosen to undertake a study on Kurdish refugees because I am Kurdish and belong to this community which has enabled me to have access to a wide range of useful resources through my inside knowledge and access to this population, allowing me to improve and complete my research project.

The life story interviews took place in several places: thirteen in the homes of the participants, one in the public library in Helsinki, and one that was also outside the participant's homes in an open space that she had chosen herself. The average length of the interviews was two hours. The interviews took place over a four month period in 2018. This study involved Kurdish men and women who had provided evidence regarding their status as refugees which allowed the participants to reflect upon the issues experienced during the refugee process. Participants were recruited via a face-to-face conversation at Kurdish events followed by phone access to the fifteen participants. The participants were aged between thirty and sixty. Eight of the fifteen Kurdish participants came from Iran, two from Syria, three from Iraq and two from both Iran and Iraq. I was not able to reach any Kurdish people from Turkey for this study. There was a mixture of undergraduates, postgraduates, employed, self-employed and unemployed participants. Ethical approval was obtained from the Manchester Metropolitan University Ethics Committee, Faculty Academic Ethics Committee, in 2017 (Reference Number: 1430). All participants have been given pseudonyms to protect their anonymity.

Having extensive experience with multifocal contacts such as with my previous research for a master's thesis and my work experience, I was able to outline the purpose of my research to my audience. I focused this outline on my research on Kurdish refugees and created individual, private spaces to discuss it with potential participants. As a result, some were very interested in participating in the research project and fifteen individuals came forward as volunteers for my research study. I arranged a time for a personal interview and called them up for such a meeting. It was made clear that participation was purely voluntary which meant that no one was coerced into participating. I also ensured that potential participants were fully informed regarding all the



procedures and any potential risks involved in the research. I explained my proposed recruitment to the participants, assuring them that all possible risks had been identified. As an experienced nurse, I believe that I was sufficiently equipped to deal with any issues that have might have arisen from the life story interviews and, in case further help was required, I directed the participants to a Kurdish language helpline available in Finland for Kurdish refugees. The Crisis Helpline of the Finnish Association offers free counselling to discuss crises and helps individuals in the community.

The Listening Guide, which is discussed in detail in Chapter Three (Brown and Gilligan, 1992, Mauthner and Doucet, 1998, 2003; Doucet and Mauthner, 2008), was used to analyse the data. When applied, this method of data analysis generated two central narratives, namely: 1) acculturation; and 2) the impact on mental health during the refugee process. The narrative of acculturation was reflected in the life story experiences and the challenges shared, while the narrative of impact on mental health during the refugee process was reflected in the life stories of difficult circumstances that represented the disintegration of positive outcomes and feelings.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 INTRODUCTION

The purpose of this literature review is to examine research concerning Kurdish migration and refugees in the context of Finland. I start by outlining my approach to reviewing the relevant literature and then proceed to identify important research studies about Kurds in Finland, giving a summary overview of the studies. This review provides information and knowledge about Kurdish refugees to provide a wider context for my research. It also identifies a gap in research about Kurdish refugees' acculturation and the impact that the refugee process has on mental health. In compiling this review, aimed at providing a critical context for my own research, I adopted an exploratory approach rather than a tightly focused systematic review. Various databases were employed to find reports and articles using relevant keywords related to different aspects of refugees, mental health and acculturation. These included research reports and articles from organizations such as WHO, IOM and UN Migration. In addition, I also participated in online conferences and seminars.

My literature review was a deliberate effort to explore the breadth and depth of existing knowledge on migration and refugees, specifically focusing on Kurdish refugees and their experiences in Finland, as well as related mental health and acculturation challenges. The process of finding, reviewing, and analysing the literature ensured a thorough understanding and a solid foundation for my research.

The literature reviewed in this chapter explores a broad range of relevant topics such as migration and experiences of acculturation for Kurdish refugees as well as wider issues around the impact of migration on mental health. As such, a systematic review was not an appropriate approach, but a wider scoping review was carried out. The literature has been meticulously selected and analysed based on its relevance to my research topic, focusing on understanding the themes pertinent to my study. The literature was searched extensively on various academic databases, including Google Scholar, Scopus, PsycINFO, PubMed, and JSTOR. Keywords such as Integration,

Kurdish Refugees, Refugee Experiences, Finland, Social Capital, Mental Health, Acculturation and Trauma... and phrases related to these topics were used to identify relevant articles, books, and reports. I also examined references from key articles to discover pertinent additional sources.

Each item of literature was reviewed for its relevance, credibility, and contribution to the topic. I assessed the methodologies, findings, and discussions presented in each source to ensure they were robust and pertinent to my research questions. Key themes and concepts were identified and noted.

The analysis involved categorising the literature into thematic sections aligned with my research focus. I critically evaluated the strengths and limitations of each study, noting any gaps in the existing research. Comparative analysis was conducted to identify consistent findings and divergent viewpoints across different sources.

Additionally, I participated in online conferences and seminars related to migration, mental health, and refugee studies. These engagements provided further insights and helped identify emerging trends and key discussions in the field, which were incorporated into the analysis. Etherington (2004) concluded that reflexivity in research refers to the researcher's awareness of their position, biases, and influence on the research process. Etherington delves into the importance of reflexivity, particularly in qualitative research where the researcher is often intimately involved in the data collection process. Participating in these events allowed me to understand the current landscape of research and practice. The knowledge gained from these interactions was used to refine my research questions and ensure that my literature review was comprehensive and up to date.

The review gathers together a volume of literature relevant to my study relating to the following: refugees, migration, and definitions of migration; types of and reasons for migration; Kurdish migration; acculturation and definitions of acculturation; social capital and acculturation; mental health and migration; definitions of mental health; models of mental health; wellbeing; cultural

differences in mental health understandings and approaches; trauma and the refugee experience; grief and loss and the refugee experience; loneliness and the refugee experience; and Kurdish migration to Finland.

## 2.2 MIGRATION AND REFUGEES

In recent years, the issue of refugees and migration has become a high-profile political issue and, therefore, it is important to understand why people are forced to flee their home countries. According to a September 2017 United Nations report, 68.5 million people were displaced worldwide, including 25.4 million refugees (DoEaSA, 2017). Eurostat statistics for 2022 indicate that there is refugee and migrant population of 23.7 million non-EU citizens living in the EU (Eurostat, 2022).

When looking at the topic of refugees and migration one must consider the context of international conflicts, human rights violations, civil wars and political and economic issues that directly affect people who are forced to flee their home countries (Eliassi, 2021). The root causes of migration and the creation of refugees are related to experiences of conflict, injury, violence and human rights abuses which often create psychological trauma as invisible wounds. There are also wide inequities in economic opportunities and social freedoms which require long-term efforts to address. In addition, the refugee status and process of migration in themselves are also risk factors adversely influencing the migrant's health (Gavlak, 2016) where vulnerabilities relating to physical and mental health as well as social problems may result from the specific process of migration and the process of refugees applying for asylum. Mental health is an important issue for migrants and refugees, especially as a result of traumatic experiences during the migration and refugee process and, therefore, concerns for the mental health and well-being of refugees and migrants arise at every stage of their journey (Brandenberger et al., 2019).

## 2.3 DEFINITIONS OF MIGRATION AND REFUGEE

According to the Oxford Dictionary migration is the movement of people to a new country or region to find work or better living conditions (Oxford University Press, 2021). However, research studies may use a variety of definitions of

migration for, as Hjalm (2014, p 578–79) points out, migration is a complex and dynamic phenomenon, one that is a ‘diverse and ongoing a phenomenon as moving’ while Schewel (2019, p 331) argues that ‘definitions of migration, consider the opportunities and challenges associated with various quantitative and qualitative designs, and pose questions for further research’. A refugee, according to the Oxford Dictionary, is a person who is outside their country of origin due to fear of persecution, conflict, generalised violence, or other circumstances (Oxford University Press. 2021).

## 2.4 TYPES AND REASONS FOR MIGRATION AND REFUGEE

People migrate for many reasons that are dependent upon many factors including economic, political and environmental ones or to join a family member. These have been identified throughout research studies on the real life of migrants and refugees. Kaitmazova and Caberti (2016) also describe how refugees and migrants can be classified in terms of gender, age, ethnic relations, family status, genesis, educational level and qualifications and outline the factors behind migration which are the reasons why people migrate from one region to another or from one country to another. They list the following factors:

- economic
- political
- ecological
- regional
- ethnical

Luthra et al.’s (2018 p.1) study on migration explains that ‘European Union expansion has given rise to new migrant types who are driven by experiential concerns, resulting in a more complex relationship between their economic and social integration in destination countries’. The movement of people allows for more diverse motivations and intentions that drive the migrant’s settlement decisions and migration can open up opportunities for a broader range of individuals (Cook et., al 2011; Krings et., al 2013).

## 2.5 KURDISH REFUGEES AND MIGRATION

International refugees and the refugee and migration process entailing different types of international mobility have become a major global political issue. Around thirty million migrants were displaced in 1990 according to the UNHCR (2021) refugee data finder, increasing to more than eighty million by 2020. Refugee and migrant populations have rapidly grown in European countries as well, leading to further interest in studies conducted in this area. Refugees and migration have irreversibly altered the state of European countries over the past generation. Vulnerable groups have chosen to arrive in new host countries for a variety of reasons, the primary one being the desire to live in freedom. These groups have often migrated from countries with limited access to healthcare and suffer from serious health issues. Throughout history, migrants and refugees have moved to different locations in response to changing pressures, opportunities and demands as they simply wish for a better life and future. Migration has become associated with a key policy of European countries due to the rise in the number of refugees and immigrants in Europe from different parts of Africa, Asia and Latin America, resulting in an increase in unemployment and xenophobia among the public (Bloch et al., 1999).

The experiences of refugees regarding migration to many European countries date back to the 1970s. Immigrants that carry a refugee status recognised by the host country call on different rights based on their status. Collinson (1993) categorizes refugee and migration status as either firstly political and secondly economic, and voluntary versus involuntary. Within the field of global migration and refugee studies, it is crucial to differentiate between voluntary and involuntary migration as well as between migrants who claim refugee status and those who do not. In this context, Kurdish migrants and refugees must be seen as largely involuntary migrants, as they migrate due to issues of war and politics (Said, 2000). As refugees and migrants they arrive in the host country having been forced to abandon many of their friends and family members and as Kunz (1973) points out they can never emotionally leave their own country behind or forget their experiences of war, civil unrest, political disturbance,

economic problems and torture. These groups experience life in exile, often resulting in a host of traumatic experiences. Thus, it is crucial to understand the feelings, hopes and meanings that Kurdistan migrants and refugees attribute to the home they have left behind (Said, 2000).

## 2.6 KURDISH REFUGEES AND MIGRATION TO FINLAND

This section reviews the literature on the Finnish context regarding the experiences of Kurdish migration and refugees. Finland is a republic in northern Europe with over five and half million inhabitants, about 8.5 per cent of whom are foreigners. This also includes several international students and foreigners who have arrived in the country for educational and employment opportunities as Finnish universities and general academia have a high reputation across the globe.

Kurdish people started arriving in Finland in the 1990s (Wahlbeck, 1999), and the country has succeeded in the integration of this migrant population much more effectively when compared to other countries. although, the 'humanitarian migration' concept remains a relatively new phenomenon. Finland's response to increasing immigration has been one of raising hands in frustration and 'hoping for the best', and the country's refugee and migrant population has rapidly expanded with 7.3% of the total population belonging to this community in 2019 and 8.5% in 2021. Refugees and migrants from Syria, Iraq and Afghanistan arrived in Finland in 2015 and are estimated to be between 30,000 and 50,000 in population. The Ministry of the Interior website boasts Finland as an 'open and safe country' in explaining its policy regarding migration. Finland is committed to providing international protection to those who need it, adding that 'everyone can find a role to play' and that 'diversity is a part of everyday life' (Bunikowski, 2016). There has recently been a backlash against this policy with the electoral success of the right-wing nationalist Finns Party in the 2023 election where they came second with regard to the number of seats in Parliament.

With regard to the well-being of migrants, according to THL (2012) research in Finland, there remains very little information regarding the health, well-being,

and need for healthcare services among immigrants and refugees. In addition, there are vast gaps in access to treatment due to issues of health literacy, language barriers, communication and cultural impediments. Thus Kurds, like other migrants, continue to suffer from many mental health problems such as depression and loneliness. Mental health literacy is a core component of meaningful consumer involvement and is typically defined as the knowledge and beliefs about mental disorders along with the ability to access, understand and use the information to recognise and manage disorders (Lauber et al., 2003). However many refugees of middle and older ages cannot read or understand the medical information and, unfortunately, many Kurdish refugees lack mental health literacy skills and knowledge. Lack of higher education and being born into complex political scenarios are associated with an increased risk of inadequate functional mental health literacy (Rask et al., 2015).

According to THL (2012) studies, mental health literacy and mental health information are two of the most important needs of the Kurdish refugees in Finland who often simply do not understand medical instructions. The Kurdish community lacks the resources to understand the Finnish mental health care system in their own language. The need to speak and understand has been cited as a barrier to Kurdish refugees gaining sufficient healthcare knowledge particularly as some Kurdish refugees learn simply by listening. Further, in Finland, much of the Kurdish community is composed of middle or older-aged Kurds who cannot read or write in their own mother tongue due to a lack of education while illiteracy rates among women are much higher than among men. In general, the mental health status of migrants and refugees, especially Kurds, goes unrecognized in Finnish society. Counteracting this low mental health literacy would require further developed mental health care services and high expenditure on health care in general.

Concerning the mental challenges facing migrants and refugees, Halcon et al. (2007) argue that '[p]eople, regardless of their life experiences or psychological diagnosis, innately have internal coping resources to help them live a happier life' while Snyder (1999) describes coping in this context as a



response known for decreasing the physical, emotional, and psychological stress linked to major traumatic life events or even daily hassles. In this context, Kuitunen (2013) in her study of Iraqi Kurdish women in Finland looks at their coping methods, emphasising the women's strengths rather than the usual emphasis on migrant's weaknesses. However, whilst there are some research studies in Finland that focus on the mental health of Kurdish migrants and refugees, there is a knowledge gap that fails to look at the difference in mental health among migrants and refugees before and after the migration and refugee process. There is a need for a deeper understanding of such mental health issues which would bridge the gap in our understanding of pre-migration refugees and post-migration refugees.

Saukkonen and Pyykkönen (2006) write about the concerns in relation to multiculturalism and interculturalism within Finnish society, for example in facilitating policies. They report the emergence of novel challenges that multiculturalism brings in society, requiring many policies to ensure the safe resolution of such challenges. Although scholars have explored the association between cultural policy and ethnic diversity in Finland, most Kurdish individuals are composed of middle/older aged Kurds who are unable to read or write their mother tongue due to a lack of education. The relationship between the two ideas is that the effectiveness of cultural policies in supporting ethnic diversity, including preserving languages such as Kurdish, can have a direct impact on the level of literacy in the language community. Policies that support language and cultural preservation can reduce the issue of illiteracy in the mother tongue (Saukkonen and Pyykkönen 2008). According to Chen et al. (2023), even though illiteracy does not directly cause mental disorders it can contribute to various challenges and stressors that may increase the risk of mental health issues.

Wahlbeck (1996) was one of the first researchers to investigate the Kurdish diaspora in Finland. He argues that Kurdish refugees suffer from major issues concerning their general social integration into Finnish society. Koivukangas (2002), another researcher on Kurds living in Finland, found that the most common reasons that brought Kurdish migrants to the mental health centres

in Finland during the last fifteen years were anxiety, depression and marital and family-related problems. Tampere University during 2004 and 2005 conducted research into Kurdish children suffering from psychological and mental health issues due to their traumatic background while Punamäki et al. (2004 p.67) attempted to identify the 'impact of traumatic events on coping strategies and their effectiveness among Kurdish children' in Finland. In another study, Punamäki (2005) reports that Kurdish children are exposed to high levels of trauma. Coping has been described as cognitive and behavioural efforts to address external and internal demands which seem to challenge a person's resources and as a consequence, coping is important in managing the overwhelming emotions which arise from exposure to unpleasant and traumatic experiences, these can include positive refocusing, refocusing on planning and putting into perspective the relationship between past traumatic experiences (Acar et al., 2021). They show that active and socially affiliative coping can prove to be effective methods in buffering the effect of negative trauma on mental health.

Valli et al. (2005) tested the threat simulation theory (TST) among traumatised Kurdish children and non-traumatised Finnish children. The recently proposed threat simulation theory states that dreaming about threatening events has a biological function (Katja Valli and Antti Revonsuo 2005 p 188). The study found that their 'results have given support for most of the predictions drawn from TST' and their findings indicate that children are often exposed to highly challenging real-life situations. Traumatized children, in particular, tend to have dreams that more often involve life-threatening or other severe circumstances. In the same period, Punamäki et al. (2005) examined the negative impact of traumatic events among Kurdish children in Finland, showing that pleasant dreams were characterised by a non-traumatic atmosphere. However, the Kurdish experience of distress is not limited to children alone.

Kuusisto et al. (2012 p.8) evaluated the sensitivity (including ethical sensitivity) of Finnish teachers and found that 'Finnish schools are still facing challenges regarding pupils' wellbeing' while Laatikainen (2012 p.1) on the National

Institute for Health and Welfare raised the question: 'What do we know about the health and well-being of migrant youth in Finland?'. Säävälä (2012) examined the relationships among school welfare personnel, native language teachers and migrant parents in Finland. The study shows the effect of cultural diversity on health promotion activities and conceptualisations of well-being and how the education sector can significantly improve the well-being and equality between the ethnic majority and ethnic minorities. Janhonen-Abruquah and Palojoki (2005) compared the associations between varied cultural backgrounds of refugees in Finland with a focus on multicultural collaborative interactions. They illustrated that daily life conditions, poor participation and unequal cultural positioning and interaction may be problematic in Finnish society.

Janhonen-Abruquah and Palojoki (2005) compared the associations between the varied cultural backgrounds of refugees in Finland with a focus on multicultural collaborative interactions. They illustrated that daily life conditions, poor participation and unequal cultural positioning and interaction may be problematic into Finnish society. Koehn (2006 p.21) compared 'asylum seekers and foreign-born residents' in terms of healthcare treatment and outcomes. According to the findings, 'context makes a difference in post-migration medical encounters'. Janhonen-Abruquah (2010 p.5) looked at refugee and migrant women who were currently living in Finland to examine how 'transnational everyday life is constructed'. This research study explored the kinds of challenges faced by Kurdish women in the new society and explained the reasons why they arose and suggested that the research had the potential to be used to suggest professional interventions to improve the everyday lives of immigrants. She suggested solutions to the issues by first understanding the differences in experiences of refugees and migrant women in Finland.

Aarnitaival (2012) at Tampere University in Finland conducted a study on integration information practices. The study was intended to gather data on the work-life context of migrant/refugee women in Finland, with a particular focus on Kurdish and Russian women integrating into their work lives. The

goal of this research was to understand and generate meaningful information associated with the everyday lives of refugees and migrants in their integration into different communities in Finnish society. Conducted between 2007 and 2008, the study interviewed fourteen Kurdish and fourteen Russian females who immigrated to Finland. The study used a narrative approach to suggest that the presence of social networks and friends plays a significant role in accessing useful information. The study also notes that human sources prove to be important to refugees and migrants during their initial years in rebuilding their lives in a new country.

The National Institute of Health and Welfare (2013) carried out a study about barriers to treatment and language ability that impact on access to healthcare in Finland. Immigrants are associated with lower socioeconomic conditions, low education levels and communication skill problems. In specific relation to Kurds, the National Institute of Health and Welfare (2013) published an article about the self-assessment of health among Kurdish women living in Finland. The article reported overweight, obesity, and diabetes as common occurrences among Kurdish women. Weiste-Paakkanen (2013) explains that to assess accurate information regarding Kurdish immigrants, a researcher would necessarily require resources that gauge the quality of life, language ability and treatment barriers for migrants, as well as self-reported accounts. Several challenges are required to be overcome to receive adequate health and healthcare information and services. The National Institute of Health and Welfare (2013) research study places great emphasis on risk factors among Kurds. According to the study, immigrant women experience greater health problem issues in the broader context of women's health in Finland as they have poorer access to health and social support networks and personal health control. From the self-reports of immigrant women, health issues are significantly different due to a lack of communication and healthcare information skills which are essential in accessing healthcare information and knowledge.

Diaconia University of Applied Sciences in Finland (Kuitunen, 2013) carried out research to investigate the context of Iraqi Kurdish women and how they

coped with life in Finland. They attempted to address the following questions: 'What is a source of strength of the Iraqi Kurdish woman, and what are the supportive matters in coping?'. Language and communication among Kurdish refugees and migrants were another focus of interest in this study. The study found that language is an important aspect of health, in addition to the ability to access health information and resources. Adult Kurdish refugees and migrants have difficulties in reading and writing as many of them cannot read or write even in their mother language. Given such a context, the Finnish language learning process became the most difficult stage for Kurdish refugees and migrants. In the same context, Toivanen (2013) explored the role of language in communication among young Kurds who reached adulthood in Finland. Amongst Kurdish refugees and migrants who represent one of the largest groups that live in Finland, young Kurds in Finland are typically multilingual and language is very important to the cultural identity of young Kurdish refugees in Finland.

Koponen et al. (2014) discovered several significantly wide inequality gaps in access to health care and care experiences between Finnish and Kurdish people living in Finland. The study associated these inequalities with high costs, cultural issues and limited language skills. Skogberg et al. (2014) investigated Metabolic Syndrome (MetS) which is commonly associated with high risks for heart attack, stroke and type 2 diabetes. The study aimed to estimate the prevalence of Mets among migrants in Finland, including the Kurdish population. They noted that there were significant gender and ethnic variations in Mets, with the highest prevalence among Kurdish men (29%) and Kurdish women (26%) in Finland.

Toivonen (2014 p.35) surveyed the negotiation of belonging and understanding of home among young Kurdish individuals who had grown up in Finland. The study suggested that researchers in this area must pay additional attention to health promotion activities to ensure that 'information and questionnaires can be provided in the languages of minorities and migrants as well as in the country's official languages of Finnish and Swedish'. According to the National Institute of Health and Welfare report (2014), it is

implied that refugees may be in greater need of support measures from Finnish society. The study focused on information associated with mental health, mental health disorders and experiences of mental health. The research study focused on children and young people with refugee/migrant backgrounds in the context of school health promotion activities. The research aimed to recognise mental health problems and how promotion, prevention, and treatment support the mitigation of such problems. This study collected information and carried out research over the years 2005, 2008 and 2011. The published results recognised mental health as an important subject in Finland (Matikka et al.,2015).

According to Rask et al. (2015), '[m]ental health symptoms are highly prevalent, particularly in Kurdish migrants in Finland'. The study reported that 'the prevalence of depressive and anxiety symptoms was higher in Kurdish men (23%) and women (49%) than in the Finnish population (9-10%)'. In another study, Rask et al. (2011) made use of data from the Finnish Migrant Health and Wellbeing Study and Health Survey and in a later study (Rask et al., 2015 p. 9) they examined the 'association between mental health symptoms and mobility limitation among Russian, Somali and Kurdish migrants' in Finland. The investigation found that anxiety and depressive symptoms are positively correlated with mobility limitations for women. With regard to physical health, in 2015 the Finnish Migrant Health and Wellbeing Study (2015) examined the testing of the human immunodeficiency virus (HIV) among migrants in Finland. The participation groups were Kurdish, Russian and Somali refugees, and migrants, with a total population of 386. They reported that 'no participants tested positive for HIV'. (Tiittala et al.,2015)

Yijiälä and Nyman (2017) published a case study titled 'Living in Limbo. Qualitative case study of skilled Iraqi asylum seekers in Finland' which observed a particular group of twenty-two Iraqi asylum seekers who were awaiting their asylum decision. Such decisions regarding migration to a new country have a significant impact on a person's mental health and it was found that communication difficulties, language barriers, cultural differences, variations in family structure and intergenerational conflicts all affected the

psychological well-being of asylum seekers and their integration into Finnish society. The study made use of qualitative interviews, identifying that learning the Finnish language was a real challenge that was understood as a process of psychological and cultural change leading to various adaptation problems among refugees and migrants.

## 2.7 ACCULTURATION

In the early 1970s, Berry (1977) proposed that the process of acculturation establishes a connection between refugees and migrants, their cultures of origin and the new society in which they make their home. Berry's conceptual model suggests that the acculturation process necessitates the integration of sociocultural factors to comprehend psychological stress in cross-cultural settings. In this context, psychological well-being is most effectively understood and interpreted as a fundamental coping mechanism in the acculturative process (Berry, 1977, 1980). According to Bhattacharya (2008), there is no single universal model for the pathways or specific factors that facilitate acculturation during the refugee process. Acculturation covers the cultural and psychological changes when individuals from one culture come into contact with another and concerns such things as cultural identity, integration challenges and culture maintenance. Bhattacharya suggests that factors influencing acculturative stress in post-migration contexts include migration, sociocultural norms and beliefs, historical factors, kinship structure, gender and socio-political status. Meanwhile, Castro et al. (2010) propose that adaptive acculturation involves efforts toward socio-economic adaptation which could improve health outcomes and facilitate higher levels of integration into the new society.

## 2.8 DEFINITIONS OF ACCULTURATION

Acculturation is the process of psychological and cultural change that involves intercultural contact (Berry, 2003). The cultural changes include changes in a group's practices in areas such as economic and political life. Psychological changes in connection with the acculturation process refer to attitudes, cultural identities and changes in social behaviours that people undergo (Phinney, 2003). Lakey (2003), explains that the definition of acculturation depends on

the point of view of the defining discipline and it is necessary to develop a common understanding and a shared language for acculturation research across different fields. The acculturation process concerns an understanding of the rules and main communication patterns of the host country and so refugees and migrants who possess a strong communication competence are better equipped to adapt to their host environment, including understanding cultural differences and adjusting their communication styles to fit various contexts.

## 2.9 SOCIAL CAPITAL AND ACCULTURATION

Social capital refers to the intangible resources in a community available through membership in social networks or other social structures (Putnam 2000). The idea of social capital was introduced as a framework for understanding the importance of social relationships, network and resources in relation to the experiences, challenges and consequences for refugees. Social capital refers to the value of social communication, trust and cooperation in society and affects the process of acculturation and the mental health and well-being of refugees. According to Putman (2000), strong social capital has a positive impact on health but equally, although 'many studies have examined the direct relationship between acculturation and mental health as well as the relationship between social capital and mental health' (Valencia-Garcia and Simoni, 2012, p.178), acculturation can itself increase social capital which suggests a potential target for interventions to improve mental health issues. Refugees and migrants face multiple social and economic risks that impact their mental health and access to care (Kline, 2005).

Research to date on social capital and health has been concerned with the 'horizontal' connections that occur within a community and their impact on acculturation and opportunities within society; for example, people being brought together to provide opportunities for building relationships, sharing resources, and promoting trust among individuals or groups of people who share similar social interests. According to Putnam (2000), communities with high levels of social capital have higher educational achievement, better-



performing public institutions, faster economic growth and less crime and violence. He also suggests that social capital may indeed improve health. He refers to social capital as the 'social glue' that holds communities together and argues that countries, regions, or communities with greater social capital are in a better position to take advantage of economic and social opportunities. Social capital results in improved mental well-being in both individuals and communities and enhancing the social resources of groups may allow for improvements in the overall population's mental health. However, Dohrenwend et al. (1992) caution that the effects of social capital on mental health problems are complex. Finally, it should be noted that research on the impact of COVID-19 on migration and refugees shows how the pandemic has affected their broader social integration and social capital along with their health, education, jobs and their level of vulnerability and that of their children (OECD, 2020).

## 2.10 MENTAL HEALTH

Mental health is a very important issue to consider in the life of refugees due to the various challenges and traumas which they face before, during and after the refugee process. Here, the living conditions in the host country play a vital role in shaping health and mental health consequences (Walther et al., 2020). Porter and Haslam (2005) indicate that the problems associated with refugees' mental health have roots beyond discrete traumatic challenges and experiences of war and violence or the experience of displacement. However, mental health has been under investigated in relation to refugees. Recent research based on a literature review by Lebano et al. (2020) highlights that the refugees' and migrants' health circumstances and the possibility of health inequality are influenced by multiple factors that affect the refugees' and migrants' ability to access healthcare.

Health is a multidimensional concept which is not just about the absence of disease and disability but also about feelings of happiness and welfare (Robbins 2008). Banaian and Parvin (2006 p. 58) define 'mental health as the ability to carry out everyday activities, establish proper relationships, and exhibit proper social and cultural behaviour'. Writing in the WHO's (2001)

report 'Mental Health: New Understanding, New Hope', the General Director, Dr Brundtland, believes 'that talking about health without mental health is a little like tuning an instrument and leaving a few discordant notes' (p.IX). Mental and physical health are two essential aspects of life since they influence each other and, as a result, mental health is fundamentally related to physical health. Individual psychological factors are related to the development of mental health issues that are shaped by the social environment or the inability to adopt adaptive life skills.

Gathering comprehensive data on the health of migrants and refugees across EU countries is challenging due to the differences in healthcare systems among the member states. Considering the health needs of refugees and migrants is still a complex issue, even when high-quality data is available (Rechel, 2011), as research has identified the knowledge gaps in an overview of the health of migration and refugees in European countries (Matlin et al., 2018). There is a global call to pay attention to health rights and equitable healthcare for refugees and migrants and several studies on the health of migrants and refugees have shown that factors such as limited access to care and language barriers are significantly involved in their health vulnerability (Kouta et al., 2013; Pithara et al., 2012). Fazel et al. (2005) in reviewing the literature argue that while estimates of mental illness in refugees vary greatly nevertheless it could be concluded that refugees in western countries are about ten times more likely to suffer from post-traumatic stress disorder than the age-matched general population.

The Global Burden of Disease Study by Silove et al. (2017), shows how large the gap is between the existing number of mental health professionals and the service needs of refugees who, therefore, seek their own protective resources, be they personal, familial or social. The authors suggest that with the recognition of the need for intervention, the emphasis should be on creating supportive social environments that reduce daily stressors and provide psychological services focusing on past traumatic experiences and challenges. Such interventions should be conceptualized and focus on

building effective resources to achieve better mental health and identify consequences for the refugees.

## 2.11 MODELS OF MENTAL HEALTH

Davidson et al. (2016) identify three conventional models of mental health. The first uses the bio-medical perspective which takes a largely medical approach concentrating on physical treatments and drug therapies. The second model is the psychological which includes psychoanalytical approaches and various psychological therapies such as cognitive-behavioural therapies which consider how thought and beliefs play a significant roles in developing mental health problems. Negative thoughts, in particular, play a crucial role in developing mental health disorders (Kellest and Bolton 2009). The third is the social model which focuses on how mental health is influenced by multiple social and environmental factors, including individual, community, interpersonal and societal factors. It highlights the importance of considering broader contexts in understanding mental health issues (Tyrer and Steinberg 2006). Rogers and Pilgrim (2014) argue that there is a relationship between social problems and mental health distress. Davidson et al., however, suggest a more integrated model, the biopsychosocial, which adopts a more comprehensive view taking into consideration the interactions among biological, psychological and social factors. The biopsychosocial model offers an alternative perspective to the medical model and attends to various psychological theories while integrating with the biological and social perspectives.

Each of these models offer a distinct perspective on mental health and each help to increase our knowledge and understanding of it. Of particular importance in the Western world has been the psychological framework which has influenced the provision of mental health services although the medical model has also been very influential and much mental ill health is treated by medication (Bentall 2003, 2009). However, understanding refugee and migration mental health calls for an interdisciplinary approach as each discipline brings something to the table, theoretically and empirically (Brettell and Hollifield 2023)

## 2.12 MENTAL HEALTH AND MIGRATION AND REFUGEES

Mental health issues are disorders of the brain that impair the optimal level of thinking, feeling and relating to others. Mental health disorders consist of several different conditions that are recognised as mental illnesses. According to several research studies, the process of migration for a refugee is a stressful one as they are vulnerable to issues that arise from culture shock and mental health problems (Kirmayer et al., 2011). Madelaine (2009 p. XII) explains that 'most of us understand that in the lives of refugees and immigrants, [people] experience difficulties when arriving in a new country – difficulties like [getting] used to another climate, a new environment, and different social or cultural customs'. However, according to a survey carried out by THL (2012), many mental and physical problems, as well as physical disabilities, remain untreated among immigrants and refugees.

Research studies (for example, THL, 2014) indicate that mental health issues are associated with factors such as: knowledge about mental disorders; beliefs and attitudes about mental disorders that promote appropriate help-seeking behaviours; the ability to recognise specific disorders; knowledge of how to obtain mental health information and treatment; and knowledge of risk factors and causes as well as the treatment of mental disorders (Reini et al., 2014). Generally speaking, common mental disorders among the Kurdish refugee population include post-traumatic stress disorder (PTSD), pain disorder, depression and anxiety, anger and aggression, alcohol dependence, obsessive-compulsive disorder, and others ((Reini et al., 2014).

In relation to Finland, according to the National Institute of Health and Welfare report (2014), refugees may be in greater need of support measures from Finnish society than the general population. The study focuses on information associated with mental health, mental health disorders and experiences of mental health. Compared to the general population, many migrant groups with refugee backgrounds suffer more from psychiatric disorders, mental health problems and lowered well-being due to a lack of knowledge about treatment (Maki 2013). According to research studies on migrant groups and refugees in Finland, Kurdish migrants and refugees are the sixth largest migrant group

(Mäki and Koskinen 2013) and in this context, the communication of health information has become more necessary than ever as with increasing Kurdish immigration it is crucial to take into account the limited literacy or language skills of this community. Also, need to be taken into account are the cultural differences, age-related physical and cognitive changes, disabilities and emotions that affect the effectiveness in receiving and understanding information about mental health. In this regard the majority of refugees and migrants have inadequate or limited health and mental health literacy and research recommends taking into consideration activities addressing migrants' and refugees' levels of health literacy (Wangdahl et al., 2014). More generally, Peters et al. (2015) stress the importance of mapping the existing research in this area as well as identifying the gaps in that research.

As already noted, there is a lack of research focusing on the psychological aspects of the challenges faced by Kurdish refugees in Finland, particularly in terms of bridging the gap between their pre-refugee lives and the post-refugee process. More generally, according to Kiesepä et al. (2019) the structures that act as barriers to mental health care for migrants must be identified, such as their cultural and structural competence in order to address the specific needs of refugees. In many ways, the mental health of migrants and refugees remains an enigma even though both biological and psychological factors and social and cultural changes appear to increase their vulnerability to developing mental health problems (Bhugra and Jones 2018).

### 2.13 WELLBEING

The complexities of human health can be seen as containing physical, psychological and social elements and we can conceptualise an understanding of the term well-being in terms of human health. Well-being is a multidimensional construct which encompasses numerous aspects of an individual's life and experience. It is a complex and interdisciplinary topic central to many educational policies and practices, but research has produced insights from various disciplines to aid a more comprehensive understanding (Carter and Cecily 2023). For example, Watson et al. (2012) worked on approaches to the conceptualization of well-being in research and discussed

a well-being theory which attempts to define well-being in terms of objective, external and universal notions about quality of life such as social attributes (health, social networks, education and connections) and material resources (food, housing and income). Bourke and Geldens (2007) look at well-being in terms of the central human capabilities that are needed for quality of life such as body health and integrity, the ability to think, express emotions, work and social participation.

In the context of refugees and migration, Reed et al., (2012) argue that an exploration of well-being must consider such factors as the successful integration of refugees and a subjective understanding of the migrant's health status (Reed et al., 2012). According to Correa-Velez et al. (2010 p.1406), well-being in the context of refugees and migrants refers to those factors 'that can be understood to promote a sense of belonging, becoming at home, being able to flourish and become part of the new host society' while RCOA (2010), and Smyth et al. (2010) predict that well-being will be important in understanding the refugee and migrant longer-term settlement experiences. Research shows that the refugee process and migration are associated with lower levels of well-being (Chen et al., 2017) but it is necessary to look beyond traumatic experiences and displacement and consider also the reception and placement in the host society.

#### 2.14 CULTURAL DIFFERENCES IN MENTAL HEALTH UNDERSTANDINGS AND APPROACHES

Cultural meanings of well-being, mental health and illness have

real consequences in terms of whether people are motivated to seek treatment, how they cope with their symptoms, how supportive their families and communities are, where they seek help, the pathways they take to get services, and how well they fare in treatment' (USDHHS 2001 p. 26).

Diverse multicultural understandings of how mental health is defined provide powerful tools and conceptual frameworks for dealing with mental health in many settings. Western cultural approaches to mental health focus on individual intrapsychic experiences based on social or familial processes but

how it is viewed in non-Western cultures brings attention to the complexity of working between cultures. Cultural differences significantly affect the approach taken to mental health, health and illness, health-seeking behaviour, and attitudes of practitioners and the operation of mental health systems (Gopalkrishnan 2018).

Kurdish refugees living in Finland suffer from a variety of mental health disorders which according to researchers from the National Institute of Health and Welfare (Reini et al., 2014) range across psychological and physical health issues such as emotional (sadness, grief, fear), cognitive (loss of control, helplessness, worry, ruminations, boredom and hopelessness), physical (fatigue, sleeping problems, and loss of appetite) and social and behavioural problems (withdrawal, aggression and interpersonal difficulties) (Momartin et al., 2004). Kurdish refugees may experience feelings of grief for a number of reasons: separation from their culture, family, friends and social connections; the lack of employment, possessions and wealth; the loss of the ability to communicate due to language barriers; and a failure to integrate and form a sense of identity (Murray et al., 2007). Kurdish refugees are particularly vulnerable to health disorders both physical and mental. They also have considerable challenges in dealing with their mental health issues, a concern attributed to their inability or lack of willingness to access mental health care. A lack of understanding regarding what constitutes mental illness may present a barrier to access care. Common mental disorders among the Kurdish refugee population include post-traumatic stress disorder (PTSD) amongst many others.

According to Weiste-Paakkanen et al. (2013), there remains a dearth of information concerning the health, well-being and need for healthcare services among migrants and refugees. There are considerable gaps in accessing services and proper treatment due to the lack of health literacy, compounded by language barriers and communication problems (THL, 2012). Mental health literacy refers to having a meaningful core of mental health knowledge. It is defined as the knowledge of mental health and beliefs about mental disorders combined with the ability to access, understand and use the information to

recognise and manage health disorders (Lauber et al., 2003). The process of refugeeism and migration is inherently stressful as individuals are required to deal with unemployment, language barriers and mental health problems resulting from their living conditions (Levitt et al., 2005). The Canadian Mental Health Association, Ontario (2010) relates mental health issues to a variety of integration consequences concerning educational attainment, social networks, relationships and economic and physical well-being. Newbold (2009) explains that new arrivals experience a rapid decline in health care issues such as those measured by self-assessed health, mental health care, and physical health care problems. According to the WHO (2010), gender is a critical determinant of mental health where depression, psychological distress, anxiety, domestic violence, sexual violence and increased rates of substance use affect women to a greater extent than men across different countries and settings. The issue of mental health among refugees and migrants may be categorised into two broad groups: emotional problems like depression, feelings of sadness and loneliness; and stress which acts as a major risk factor for depression (Zhao et al., 2010). Therefore, refugees and migrants have an intense set of mental health needs. Beiser and Hyman (1997) and Khanlou (2009) have suggested that refugees and migrants are possibly at a greater risk of suffering from the consequences of different traumatic events in their lives.

## 2.15 TRAUMA AND THE REFUGEE CHALLENGES

Trauma experience is a key aspect in understanding the psychological well-being of refugees and migrants. Trauma focuses on events and experiences that occur in the pre-migration environment. Trauma impacts on the refugee and migration adaptation process and the migrants' psychological well-being in the host social environment. Physical injuries and traumatic experiences such as torture, witnessing the death of family members and sexual violence can lead to the loss of personal mental and physical health resources (Ryan et al., 2008). Refugee trauma is a consequence of multiple social and political events that are concealed in the personal experiences of refugees. George (2009 p.382) suggests that 'the realization that telling their story will broaden



the knowledge base on the most effective interventions to deal with refugee loss and tragedy also contributes to healing’.

## 2.16 GRIEF AND LOSS AND REFUGEE CHALLENGES

Grief and feelings of loss are expected reactions after the loss of a loved one. Research shows that grief responses persist a long time after the loss, indicating chronic grief disorder (Nickerson et al., 2014). Rosenblatt (200) reviewed grief across cultures and explained that culture and context play an important role in shaping grief reactions. In relation to loss, the situation of refugees is a complicated one and the consequence of their traumatic experience in leaving their homeland impacts on the loss of their interpersonal relationships and previous identity. The status of being a refugee often means that there has been a sudden and widespread feeling of grief as well as a loss of resources and this feeling of deprivation is potentially intensified over time. The symptoms of grief and loss are complex and can cause many mental health problems, particularly as many refugees will have experienced multiple feeling of grief and loss in the context of gross human rights violations (Silove et al., 2017). They feel a constant sense of loss and must struggle with the experience of concealing their feelings and as a result go through complicated psychological and physical journeys (Taylor et al., 2020).

## 2.17 LONELINESS AND THE REFUGEE CHALLENGES

Feelings of social isolation and loneliness are a global phenomenon experienced by many older adults, especially refugees and migrants (WHO 2015). Compared to the general population, older refugees and migrant adults experience unique challenges related to language differences, separation from friends and family, cultural barriers, racism and discrimination and limited social networks which increase the risk of loneliness and isolation. Gierveld et al. (2015) define loneliness as a mental feeling that involves social isolation and feeling separate from others. Newall and Menac (2017) state that the study of social isolation and loneliness is important in better understanding the social contexts of refugees and migrations. Loneliness plays a key role in the emergence of many mental health problems that affect the quality of life and loneliness is associated with poorer physical and mental health.

## 2.18 SUMMARY

This exploratory literature review has focused on refugees and migrants particularly those in Finland and specifically Kurdish men and women who migrated to the country. The literature review serves as a foundation for my own research study as it has helped to identify and highlight various issues related to this specific group. The review encompasses multiple academic disciplines and draws upon information and knowledge provided by large international and national organizations that focus on refugees, particularly those migrating to Finland. By incorporating key researcher insights and drawing upon a meaningful body of relevant literature, I have ensured that my research study is based on up-to-date information in the field.

The literature review has provided an overview of the current knowledge, theories, concepts, key findings and important points related to my research topic. It has also helped to identify gaps in the existing literature, thus justifying the need for further research in this area. Notably, several researchers have recognised the significant gap in the literature and have made efforts to address it through their research. Their work has influenced my study in various ways, particularly by identifying the need to place Kurdish refugees' life stories at the centre of the research and emphasising their importance. I have taken a specific approach to the research process, allowing me to pay close attention to the challenges and experiences faced by Kurdish refugees during the migration process. Of particular relevance is the focus on the experiences of acculturation, mental health and well-being as conveyed in the life stories of the Kurdish refugees interviewed in this research.

## CHAPTER THREE: METHODOLOGY

### 3.1 INTRODUCTION

This study uses a qualitative approach based on life story interviews that were designed to explore the subjective experiences and challenges of Kurdish refugees during the refugee process. The methodological approach uses the narratives created and constructed by the participants exploring the concept of 'narrative knowing' (Turner and Bruner 1986 p. 106).

Lincoln and Guba (2005, p.8) describe the methodology as the process of gathering knowledge, answering the question 'How can the knower go about obtaining the desired knowledge and understanding?'. In this chapter, an introduction to philosophical paradigms and the subsequent research design are addressed. This is followed by a focus on life story interviews, including the use of visual maps and the procedures followed in conducting the interviews. Finally, the chapter details the recruitment of participants and the ethical implications of the research are discussed.

### 3.2 PHILOSOPHICAL PARADIGM

This section focuses on the philosophical assumptions that underpin the study and then proceeds to detail the research design based upon those philosophical underpinnings. Ontology concerns the true nature of the world (what it is), while epistemology concerns our knowledge about it (how do we find out about what it is). Ontological and epistemological issues when conducting research require the researcher to understand the philosophical grounding for the research in terms of a consideration of the nature of what is being researched and deciding how knowledge about it is obtained, ensuring that it is both adequate and legitimate (Maynard, 1994). The philosophical assumptions a researcher brings to a study require due regard to all stages of the research process from collecting the data to the interpretation of findings.

Crotty (1998, p.10) argues that what is being researched 'becomes a world of meaning only when meaning-making beings make sense of it' and provides a

suggested overview in understanding the research process. I have adopted this (Figure 1) to provide an overview of my research process.

Figure 1: An overview of the approach this study adopts, adapted from Crotty (1998).

Ontological approach	Epistemological approach	Theoretical approach	Methodology	Methods
Relativism	Constructionism	Feminism	Qualitative approaches Reflexivity Narrative approach	Life Story interviews Visual Methods Listening Guide

My ontological approach is aligned with ‘relativism’, an ontological standpoint that accepts that there may be multiple views of what is reality. This research in taking a relativistic position gives value to the meanings attributed by participants to their experiences and accepts that reality fails to exist without context (Baily, 1997). Epistemology (rules of truth) is concerned with how I access information and so, according to Moon and Blackman (2014), influences the frame of research and its attempts to discover new knowledge. In the case of my research this is through the life story experiences of refugees. Such an epistemological approach takes into account the construction and interpretation of meaning as individuals construct and understand meanings differently across cultures and societies (Bryman, 2012; Crotty, 1998, 2014; Ormston et al., 2014). Goodson and Phillimore (2004, p.59) claim that understanding the relationship between the knower and the known allows the researcher to explore and ‘create knowledge through a multidisciplinary, interdisciplinary, and extra-disciplinary approach’. The epistemological approach I have adopted engages with the idea of ‘constructionism’, a concept that aligns well with the qualitative method of life

story interviews that sees that knowledge exists within a social context and that people's experiences are bound by social, economic, political, cultural, ethnic and gender values.

To determine what participants think and why they think in such a manner and to understand their motivations and feelings (Bricki, 2007), an interpretive qualitative design was chosen (Denzin and Lincoln, 2005). Qualitative research methodologies allow a researcher to explore issues that produce greater insight into people's attitudes and behaviours (Ritchie and Lewis, 2003) in addition to their feelings and experiences (Bricki, 2007). Finally, I found that the feminist methodology brought unique perspectives and shaped new endeavours in the research process. As the research progressed, I became more interested in the feminist methodology during the research study as a useful way to analyse my research data. Narratives have been drawn from feminist perspectives to explore the experiences and challenges within the life stories told by the Kurdish refugees.

### 3.3 LIFE STORY INTERVIEW METHOD

'Storytelling is a fundamental of human communication' (Atkinson, 1998 p.1) and this section introduces the life story interview as a method, detailing the interview procedures that were conducted as part of this research. The life story interview is a qualitative research method used in social sciences to record information regarding life and life experiences (Atkinson, 1998). Life story interviews have a verbal (narrative) structure of human life experiences (Muylaert, 2014) and can be an effective method to understand an individual's account of their life through their narratives (Goodson and Sikes, 2001). Being an expression of everyday life events, this method is considered an important method in better understanding and recognising life events. Sharing our life stories is a principle of human communication. When our stories are told, we naturally attribute meaning to our present life events and experiences. Sharing life stories can validate and support our experiences, including memories of the past, present events and relationships that constitute a person's life (Clandinin, 2007). Thus, a basic understanding of events and experiences is

elicited through descriptions of life stories, allowing the narrator to provide understandable messages and attribute meanings to their experience of life.

The life story research method is a narrative research method (Belongie, 2017) used to explore people's experiences and lifestyles to better understand how they affect their process of decision-making. A narrative research study, Gudmundsdottir (200, p.56) explains, is the 'study of how human beings experience the world, and narrative researchers collect these stories and write narratives of experience'. According to Goodson and Sikes (2001), a life story is concerned with understanding a person's views and accounts of their life through the stories they tell about their own life. Life story researchers seek to understand how the variety of life stories can relate to people's social, environmental and political contexts. The narration of, and listening to, life stories tend to be a collectively intense experience as it is a very personal experience that is conveyed through the story (Douglas and Carless, 2015). Listening to other people's life stories is very interesting and challenging and has been described as a form of 'research that turns back upon and takes account of itself' (Alvesson et al., 2008, p. 480).

For many decades, researchers have used life stories as a way to develop knowledge about the experiences of refugees so that their experiences can be better understood (Muylaert, 2014). According to Thomas and Znaniecki (1958), the life story can be useful in methodological terms as well as for understanding migration, the refugee movement and other facets of social and cultural change. Some issues in conducting and analysing life stories need to be addressed, however. Given the amount of information conveyed by a life story and its relatively unstructured nature, research studies indicate that the successful use of life stories is enhanced when a researcher can exert control over the interpretation of those stories by fully keeping in mind the research aims, objectives and procedures, while also understanding the respondent's perspective (Tagg, 1985). If there is the lack of a clear interpretive approach then, according to Agar (1980, pp. 223-224), the interpretative life story can result in 'the worst sort of quagmire'. To overcome this Bertaux (1981) suggests that interpreting life stories requires clarity, accuracy and a

systematic method for analysing narratives while addressing potential challenges in the interpretation process but at the same time the researcher should be aware of the influence of their own perspectives and should allow the opportunity for alternative interpretations of life story interviews to emerge. The method used to analyse the life stories is discussed in Chapter 5.

### 3.4 VISUAL METHODS

According to Barbour (2014), visual methods have been used for inspiration in qualitative research and, according to Pain (2012), visual methods can enhance the richness of data to create knowledge. Delgado (2015) considers visual methods as effective tools to demonstrate social issues. Rose (2015) highlights that visual research methods can be used as both a data collection and data generating process. Examples of visual methods include maps, drawings, graphic novels, photos, film, video, selfies and diagrams, to name a few. Visual methods can be implemented into mental health research as a new, unique and innovative methodology (Noland 2006, and Thomas 2009). They can facilitate creativity and descriptions of life events to draw out deeper meanings.

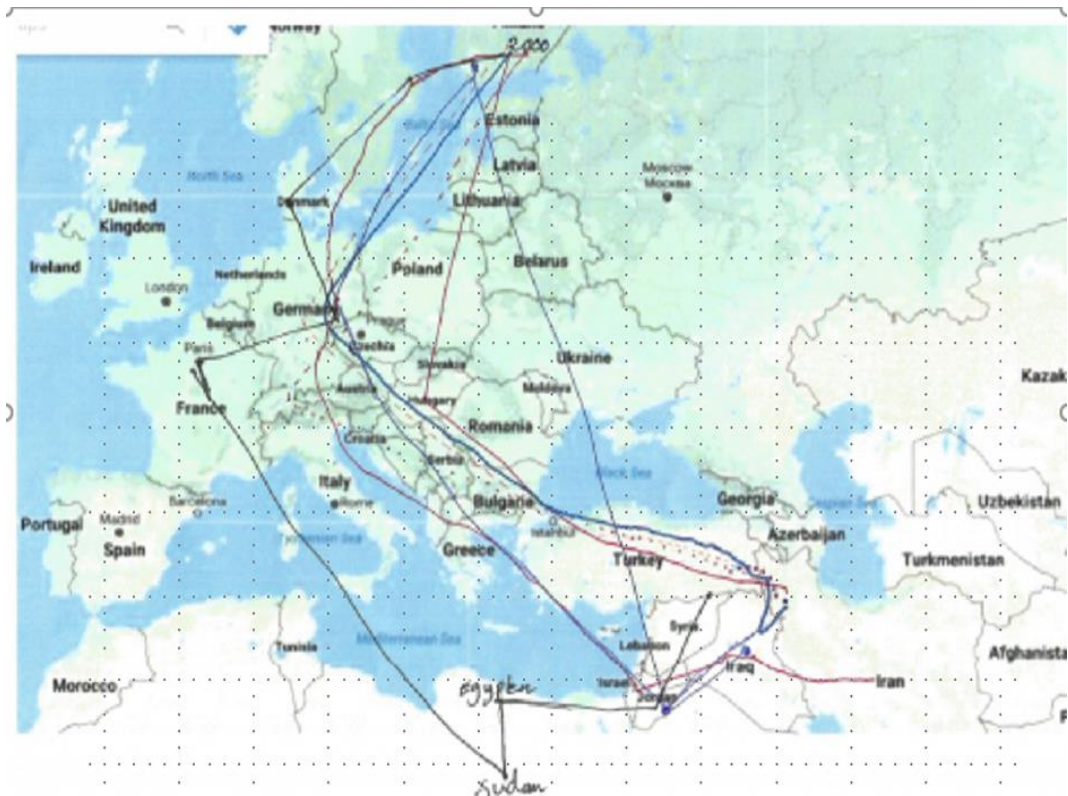


Figure 2: The illustration of the Kurdish refugee journeys in a map, as drawn by the interviewees

I chose to include maps in the life story interviews as drawing may help participants explore in more detail particular and exceptional events in the past. Based on the life story interview method of Atkinson (1998), the process of mapping the visual form of a life story (Chase et al., 2012; Harrison, 2008), I created a Kurdish refugee process map using all these aspects. This was followed by mapping a life story interview as a visual form to further understand the complexity of feelings experienced by the interviewees. As suggested by Harrison, (2008), I used the visual form of a life story as I wished to employ the life story interview in its full descriptive capacity. I used a map to mark the interviewee's movement with manual colouring and marking (different coloured pens) to create a visual life story interview. The mapping of the Kurdish refugees' movement was utilised to better understand their migration as well as their experiences relevant to the refugee process. Even though the migration route was unexpected and uncomfortable, the participants took comfort in drawing the refugee route as it allowed them to reflect on their past and the unforgettable problems and sorrows endured in a visual manner.



The interviewees were allowed to create the maps for themselves and it allowed them to create a custom visual life story. The interviewees were given the map and asked to draw their refugee journey from their region up until their arrival in Finland using different coloured markers. By marking their movements it also allowed me to identify the new directions of Kurdish refugees on their way to Finland. It proved to be a challenging moment for them. As noted by Hutchinson et al. (1994 p.161) with regard to the life story interviews (but equally applicable to the map drawing), the participants recognised 'the benefits of qualitative interviews as catharsis, self-acknowledgement, a sense of purpose, self-awareness, empowerment, healing, and providing a voice for the disenfranchised'. Used in conjunction with the life story interview, I realised that an idea to creatively capture the journeys of the interviewees would help reveal the 'operation of underlying cognitive structures and processes through which aspects of the world are interpreted and given meaning' (Burlinson, 1986, p. 63). When I asked the first interviewee to draw on the map, I was convinced that it was a good idea and even the interviewee was pleased to be able to participate in the process. I believed that such a movement map would visually support the life story interview. An example of the map can be seen in the appendix.

### 3.5 PARTICIPANTS

The study involved fifteen participants who were all living in Finland but were originally from different Kurdistan regions in Iran, Iraq, Syria and Turkey. The ages of the participants were between thirty and sixty years and each of them had lived in Finland for at least one year. For this research study, I chose a purposive sampling approach which was useful to investigate the Kurdish refugee process as I was able to explore a range of experiences of Kurdish refugees in Finland. Purposeful sampling is used in qualitative research to better understand research participants in relation to the specific area of interest (Palinkas et al., 2012) and the sample was chosen to provide purposefully 'information-rich' cases (Patton, 2002, p. 264). Based on the population structure of Finland in 2015, the total Kurdish population living in Finland was 11,271, including 6,965 (61.8%) males and 4,306 (38.2%)

females (Statistics Centre, 2015). As the male population exceeds the female population, I decided to choose ten males and five females based on this ratio.

The inclusion criteria were:

- a) Kurdish: birthplaces are Iraq, Iran, Syria, and Turkey
- b) living in Finland for at least one year
- c) aged between 30 to 60 years old
- d) have refugee process experience

### 3.6 RECRUITMENT OF PARTICIPANTS

To recruit participants for the research I attended various Kurdish meetings and events in Finland, such as religious, cultural, historical and political events, family parties and a meeting of the Kurdistan Women's Union in Finland. The participants in these events were Kurds from different regions of Kurdistan. As the Kurdish events hosted certain key individuals that were well-known in this community, it allowed me to find participants willing to volunteer for the life story interview. I used a short information flyer to help 'contextualise' (Toivanen 2014) the background to this study for the potential participants of the study. I repeated the process of talking to informal groups of Kurdish refugees and migrants who meet regularly in Finland on several occasions at Kurdish events and other locations such as parties and events hosted by friends and family. I informed people of my postgraduate research study at Manchester Metropolitan University in the UK. In this way fifteen participants were chosen and agreed to take part in the research.

### 3.7 THE INTERVIEW PROCEDURE

#### 3.7.1. PILOT INTERVIEW

To hone my interview skills, I engaged in pre-interview preparation, while a pilot interview helped me as a researcher learn more about the skills required for interviewing in a conversational manner as I had not used the life story interview technique before. I divided the interview into two stages: the first stage involved the pre-interview preparation, and the second stage focused on the interview itself.

### 3.7.2. MAIN STUDY

Warren and Karner (2005) write that interviews commonly require trust and respect for the interviewee and the information they share. Before participating, the participants were provided with a Participant Information Sheet and Consent Form (see section 3.10 on ethical consideration and Appendix). As providing flexibility for the participants in terms of time, location and voluntary participation helps the participants to feel more comfortable, I allowed the participants to decide the location and time of the interviews. I also believed that cordial relationships would add value to the design and conduct of a qualitative study such as this. Oakley (1981) explains that encounters may provide an encouraging space for participants to discuss feelings and opinions and that such an encouraging space may result in the divulgence of more information than initially expected. The participants were allowed to choose their own location in which to be interviewed and to share their life story experiences in order to ensure that they were as comfortable as possible (Hesse-Biber and Leavy, 2006). All interviews were face-to-face and only the interviewee and I were present during these sessions. Interviews took place in the homes of the participants, community centres or libraries. Before the interview, I explained that a life story interview was an important source of information regarding their own life stories and how the role of the storyteller was to narrate their life events and explain their experiences in the past, present and future contexts. Having explained the aim of the interview, I requested the participants to narrate their life experiences to me.

Alvesson, (2003 p.13) describes qualitative interviews as 'relatively loosely structured and open to what the interviewee feels is relevant and important to talk about, given the interest of the research project'. Atkinson (1998) recommends three stages in the interview process. During the first stage, it is generally very difficult for people to express their feelings for, as Andrews (2014) argues, it is commonly very emotionally demanding. Knowing this, I made a conscious effort to ensure that the environment was comfortable and friendly. Before starting a life story interview, I provided participants with the necessary information and the consent form and discussed the aims of my

research study. I emphasised the confidential nature of the interviews and assured them of their anonymity. During the second stage, I ask participants to tell their life stories in their own words and their mother tongue. I encouraged them to elaborate on specific experiences that were significant to them. The aim of this stage was to capture the participants' unique perspectives and gain insight into their values, beliefs and attitudes. In stage three, I reflected on the interviews and explored the meaning of the life stories provided in relation to my research topic. I analysed their experiences and identified patterns or narrative frameworks that emerged from their stories. The goal of this stage was to gain a deeper understanding of the participants' lives. Interviews were audio recorded (Rita and Rohman, 2013) as it allowed me to concentrate on listening to the participants' talk during the session rather than focus on writing notes. Furthermore, according to Mary (2008), research studies that use audio recorded data allow the development of a better rapport between the researcher and the interviewee leading to the disclosure of more helpful and detailed information.

In the life story interview, I started by asking the participants to discuss their experiences freely without any interruptions or guiding questions although I prompted them to divulge the three periods of their refugee life: in their own country (for example, childhood, education and social life); when and why they left the country; and finally, their life in the host country which marked the end of their refugee journey. I let the interviewees speak about their experiences as Kurdish refugees moving from their own country and the impact of the refugee process on their mental health and well-being (they implicitly referred to mental health and wellbeing problems when telling their life stories). I also allowed them to speak regarding the acculturation process they experienced in Finland. I gave them free time to speak and present information about themselves. As I realised that participants were happy and interested to talk, I did not set a time limit on the discussion and told the participants that they could stop talking when they felt they had said enough. All life story interviews in this research ran over the originally estimated time and ranged between 60

and 140 minutes in length. The interviews were transcribed verbatim in the language spoken by the interviewee before translation into English.

### 3.8 LANGUAGE, TRANSCRIBING AND INTERPRETING

My research involves three languages (Kurdish, Finnish and English) and two countries (Finland and UK). I provided the participants with research information and knowledge in their respective languages. The Kurdish population in Finland do not speak English well or at all and usually speak neither English nor Finnish at home. As the participants had differing levels of language and literacy skills I decided to interview them in Kurdish. I am a native Kurdish speaker so there was no need for an interpreter.

Interviews were transcribed as soon as possible after the interview. When all interviews were completed, I read each of the transcribed interviews several times (Fisher and Goodley, 2007) before translating them into English. As English is not my first or even second language, I was aware that I needed to take extra care during translation to ensure that the meanings were not changed. According to Wang et al. (2006), it is important to maintain the appropriate linguistic nuances when dealing with translating from one language to another. When an issue arises with the vocabulary it can indicate a difference between the original and the translated English text. It is also possible that in some instances there is no equivalent English word for certain ideas.

### 3.9 RESEARCH POSITIONALITY

The methodology outlined above was employed to delve into and comprehend the significance of the experiences faced by Kurdish refugees throughout their journey as refugees, particularly focusing on their transition to living in Finland. Here some of my life story is relevant. As a refugee newly arrived in Finland, I made a concerted effort to learn the language right from the beginning and successfully acquired both spoken and written proficiency in Finnish. In 2003, I achieved a significant milestone by becoming the first adult refugee to graduate as a nurse in English from Turku University of Applied Sciences in Finland. This qualification enabled me to work alongside Finnish individuals

and continue to study at a higher level. I have always aspired to be a well-educated person who eagerly embraces new experiences and challenges, even if some seem insurmountable. I find that seeking knowledge keeps the mind fresh which is particularly important as a refugee. In my experience, books and libraries have been invaluable sources of learning for me. I remain committed to reading and staying informed through various media channels, actively participating in networking and continuously investing time and effort in building my career. My love for humanity is a driving force behind my aspirations.

Studying in a different language has been challenging but it opened up opportunities for me to acquire new skills and education. I am grateful that my children had the opportunity to grow up in Finland. Although I feel reasonably integrated, I am aware that I am still perceived as a foreigner. I have seen other refugees and migrants struggle with the frustration of studying and working there while also recognizing the many positive aspects of the country. Learning Finnish has proven to be a significant challenge for refugees like myself. I do not consider myself particularly gifted in languages but I have devoted countless hours to language study because I understand that language and education are pathways to future opportunities. The Finland I encountered twenty-five years ago was very different from the one I find myself in today. My unique history has given me a distinctly different perspective on Finland, a country I have been living in for many years and where I received my postgraduate degree in nursing. I am a foreigner, I did not grow up in Finland, but I decided to give it a try.

According to Holmes (2020), positionality is crucial as it shapes the research questions posed, the interaction with participants, and the interpretation of data. Positionality raises the stance or positioning of the researcher concerning the social and political context of the study. The researcher's background, experiences, and identity (such as race, gender, socioeconomic status, and personal history) can influence the research process and outcomes.

Finlay (2002) suggests that reflexivity enhances the credibility of qualitative research by making the research process more transparent and acknowledging the researcher's role in co-constructing knowledge. Reflexivity involves the process of self-reflection by the researcher on their potential biases, assumptions, and influence on the research. Reflexivity requires the researcher to critically examine how their positionality affects the research process and to be transparent about these influences. Etherington (2004) emphasises that researchers must be aware of their own beliefs, values, experiences, and biases, and how these can influence their research.

In my research on Kurdish refugees, my positionality as Kurdish significantly shapes my engagement with the participants and interpretation of their narratives. I am aware that my experiences and perspectives might influence how I understand and present the stories of Kurdish refugees. By reflecting on my positionality, I approached the research with an awareness of these influences and strove to present the findings in a balanced and respectful manner.

Given my own background, I am aware that my role as both a Kurdish refugee and a researcher might pose various challenges to the integrity of this study, particularly concerning my position as both an insider and the danger of losing objectivity. During this research, I conscientiously considered my own experiences and perspectives and their impact on my research as it was imperative to ensure that my personal viewpoints and experience did not unfairly impinge upon the validity and reliability of my research. This research project has been very personal, meaningful and challenging for me. My purpose, about which I am passionate, is to improve the understanding of the impact of the refugee process on Kurdish refugees' mental health. My personal experience as a refugee and also living as a migrant in Finland has given me a deep insight into the refugee experience which has allowed me to tap into and discover more about the experience of other refugees. But this insider position and passion has been balanced by my outsider position as an academic who has a degree and has engaged in previous research. My research has adopted a clear methodology which provides a framework for

interpreting the data allowing me to assess the data in a way which is not purely personal. Meetings with my supervisors, attending meetings and conferences, as well as keeping abreast of research in my area has also allowed me to maintain an appropriate level of objectivity in conducting this research. I believe that the research has been strengthened by my insider position but not to the extent that it has negated my outsider position as an academic researcher.

### 3.10 ETHICAL CONSIDERATIONS

It is essential that when conducting research due regard is given to ethical consideration and I ensured that no ethical breaches occurred when conducting this research. My research study was approved by the Manchester Metropolitan University Ethical Committee (Reference Number: 1430), written consent was obtained from each participant and the ethical review aimed to protect the participants and the researcher. Before the participants agreed to take part in the research, I supplied each participant with an information sheet explaining the research in simple, non-technical terms. I also provided them with an informed consent form in the Kurdish language. The participants were assured that their privacy would be protected and information would be kept confidential. Each participant was given an oral explanation of the study and then space to ask questions about it, such as 'how can we hear about the result of this research?' and 'who is going to listen to our refugee stories?'. In answer to these, I intend to inform the participants of the outcome of the research and hope to present my findings at Kurdish refugee events in Finland soon.

Having professional and personal experience as a nurse, I paid great attention to ensuring the safety of the participants during the design of the research study. The objective of maintaining such a design was to safeguard vulnerable adults as the need for coping skills for emotionally distressing experiences were expected to arise during the life story interviews. I explained my proposed procedure to the participants to ensure that all possible risks were identified initially and they were reassured of the confidentiality of the study (Nishimoto, 1998). As an experienced nurse, I am equipped with the strategies required to



deal with health-related concerns that may arise during life story interviews. In case further help was required, I could direct the participants to a Kurdish language helpline available in Finland for Kurdish refugees and migrants. The Crisis Helpline of the Finnish Association offers free counselling to help with crises by discussing them with the client.

As a lone researcher carrying out research by initially attending community events, my own safety was an additional ethical consideration. As a Kurdish refugee myself who is very familiar with the community, I did not expect any risks during my research. However, I recognised that I needed to take appropriate precautions to protect myself. Pope and Mays (2009) are vocal about the emphasis placed on the need to ensure the essential safety of the researcher and participant in the health care sector. My interview schedule was shared in advance with my supervisors in the UK. They were aware of my whereabouts during the data collection.

Ethical considerations were particularly important in conducting life story interviews. The interviews tended to become very personal and emotional as the interviewees shared their deep feelings about their experiences. Hence, it became my responsibility as the researcher to create an atmosphere of trust and confidence with the participants (Gilbert, 2000). I made every effort to respect the privacy and confidentiality of the participants (Ryen, 2004) and anonymised data in reporting the results and in publication as there is a solid requirement to protect the interviewees' privacy and keep their information confidential (BPS, 2005). With this in mind, no detail regarding their personal information has been released outside the study without the participants' written permission. Finally, in terms of data protection, I used an audio recorder to document the interviews after which they were uploaded to the university's secure server and then deleted from the recorder after transcription had taken place.

### 3.11 RESEARCH LIMITATIONS

Certain research limitations were imposed on the research given the challenges associated with conducting life story interviews and the amount of

information collected. Participants were not always willing to openly address their mental health concerns and the impact on their refugee journey voluntarily and this required spending extended periods in conversation with them to try to gain this information. This produced significant time management issues that increased the challenge for the research study. The role of translation skills in this research context might also have given rise to research limitations since the accuracy of translation is important. I took efforts to increase my skill in this area. While translating life stories is a challenging experience it can be a valuable for as Vygotsky (1987, p. 236) says: 'Every word that people use in telling their stories is a microcosm of their consciousness'.

### 3.12 SUMMARY

A purposive sampling method was used to provide 'information-rich' cases and used a qualitative research method in the form of life story interviews in this research study. I found out that qualitative research helped me to understand the motivations and feelings of the participants. Qualitative research is a proven method to access people's feelings and views on topics and to increase understanding of their motivations and feelings (Logie-Maclver et al., 2012). It has the potential to provide rich, in-depth information about the Kurdish asylum seekers' experiences in Finland. In addition, visual forms of life stories were used to further explore the participants' experience and challenges. I used a map of interviewee movements with hand colouring to create a custom visual story. They illustrate the move from hometown to host country which the participants were happy to share and were a reminder their refugee journeys.

## CHAPTER FOUR: INTRODUCTION OF PARTICIPANTS

### 4.1 INTRODUCTION

Qualitative research findings are derived from interpersonal contact with participants (Dennis, 2014) and this chapter provides readers with information about the study participants themselves. Understanding who the participants are gives the reader some sense of the generalizability of results by seeing how the participants contributed to the research study base from which they were drawn (Yeung and Breheny, 2016). The information on the participants pays attention to key aspects of their lives drawn from their interviews and the information they provided via the visual map referred to in the previous chapter. In line with ethical guidelines in research, the participants are identified by the use of pseudonyms which support the participants' confidentiality (Lather, 2007; Lather and Smithies, 1997) by masking their identities. In research practice, the terms 'anonymous' and 'confidential' are related (Grever, 2013). Given the potential vulnerability of the participants, the use of pseudonyms is a vital part in ensuring confidentiality (Lahman et al., 2011). The participants were informed that pseudonyms were to be used in the reporting of the research and that they could choose their own (Mosselson, 2010; Lockwood, 2013) which they did.

### 4.2 THE PARTICIPANTS

Narenj, a 60-year-old woman, is a participant living in Finland for the past twenty-four years. She was born into a large family of ten children in the Kurdish region of Iran. She was not able to go to school and instead stayed at home with her mother, helping her with the housework. At a young age, she was forced to marry someone the family had chosen for her. After a few years of living in Iranian Kurdistan, they were forced to leave the country for their safety as her husband was involved in the political unrest in the country. Thus, they moved to Iraq. After living there for fifteen years, they moved Iran to Iraq where they lived in different locations. She took care of her children while her husband served as a peshmerga. She could not read or write and life was complicated for her. Unfortunately, her husband sustained serious injuries and

the doctors said that he would not be able to drive a car anymore. Shortly after, they migrated to Finland as refugees.

Since the family was large, her husband had bought a car for convenience but after a few years, he met with an accident and died from his injuries. She was a single mother of eight children which posed several traumatic challenges for her and her children. She was unable to avail herself of the opportunity to educate herself in Finland. Despite this, she raised her children and helped them learn and settle down with good jobs. She has a garden of her own where she grows vegetables and sells them to the Kurdish community. She now lives happily in Finland and spends her time with her grandchildren. She can also drive a car.

Shno, a 37-year-old woman, had been living in Finland for fourteen years at the time of her participation in the study. She was born into a politically active family. She completed her education in her hometown and married someone from a similar political background. She continued to be politically active by participating in various social activities following her marriage. She travelled to meet the Kurdish partisan movement and then decided to join them. The period of refugeeism in Turkey was a very difficult experience for her as she was very young and had no experience of living in a different country without her family or her closest friends. After waiting for a very long time as an asylum seeker, she moved to Finland with her husband. In Finland, she worked hard to pursue her dreams and desires of helping Kurdish women and giving back to her community.

Peshawa, a 40-year-old man, had been living in Finland for twelve years at the time of his participation in the study. Peshawa's childhood was spent during the military conflicts in the Kurdistan region of Iran. He fell into a hot tandoor oven at the age of two which caused deep burns to his face and hands. His fingers still cling to each other due to the lack of proper treatment. Throughout his childhood, he was bullied by people because of his burns. He spent a lot of time in solitude, learning to adapt to his situation. Eventually, he studied calligraphy and was very successful at school. He deeply sympathises with those who have a disability. Peshawa fled to Turkey due to political unrest and

the fear that the government would torture him and his family. However, their asylum-seeking journey was very arduous which has had a very long-lasting impact on him. While he tried to adapt to the new culture and society, he could not forget his past. Eventually, he learned the language and involved himself in a political community to give the Kurdish nation a voice.

Mahabad, a 40-year-old woman, has been living in Finland for twenty-two years. Mahabad was born into a large family. From early on in her childhood, she had a challenging experience at school as a result of which she was unable to complete her education. She stated that she had never planned on leaving her home country. However, after her marriage, she left her hometown with her husband in search of a better life by paying smugglers to transport them to another country. While they managed to leave Iran, they had several bad experiences in Russia, Turkey and Iraq, including deportation. She and her husband were finally accepted as asylum seekers in Finland. However, since she was accepted first, she had to come to the country alone and her husband joined her a few months later. She also experienced abuse in her marriage and was very broken and hurt. She eventually got a divorce and remarried sometime later. Her new husband has helped her heal and forget her past. She felt empowered and decided to learn Finnish and to study, learn a profession and get a job. Today she has her own business, raises two children and lives a quiet and ordinary life in Finland.

Kamran, a 56-year-old age man, had been living in Finland for twenty-two years when he took part in the research. Kamran was born and raised in a small village. He was only able to study until the end of elementary school due to the military conflicts in the Kurdistan region which resulted in the long-term closure of schools. At the age of fifteen, he joined the DPK (Democrat Party of Kurdistan). After several years of activity, he moved to the Iraqi Kurdistan region and got married at the age of twenty. Because of the harsh conditions in the region, he decided to move to Turkey as an asylum seeker. He says that his experience in Turkey was challenging and stressful and he often prayed that he could soon move to a new country. Finally, the United Nations permitted him to move to Finland. In Kamran's experience, Finland was the

opposite of Iran in every way – from the climate to the people's culture. He tried hard to integrate into the new culture by learning the language. He also worked hard to earn money and sent most of it back to his family in Iran. Today, he has his own business and his time is divided between his priorities for both work responsibilities and his family. He has more time and freedom to spend with his family and friends now.

Kaveh, a 49-year-old man, is a participant who has lived in Finland for nineteen years. Kaveh was born into a prominent family in a village in Iran. His schooling coincided with the Islamic Revolution. As the Kurdistan region was unsafe, schools were typically closed for a long time and, due to the irregularity in the school schedules, Kaveh dropped out of school. At a very young age, Kaveh joined the Peshmerga group and sustained injuries several times in the fighting. However, he said that these wounds healed very quickly. Soon after getting married in 1993, his wife delivered a baby girl. In 1995, he was seriously injured and lost one of his legs, causing him much mental anguish and limiting his physical activity. The lack of doctors and medication, the insecurity in Kurdistan and the loss of many of his friends forced him to seek a better life. He introduced himself to the UN in Iraqi Kurdistan. The UN sent him and his family as asylum seekers to Finland. In Finland, he suffered from severe depression and required treatment for a very long time. Seeing his old photo albums and reminiscing about the past often saddened him greatly. Although he tried very hard to move ahead in life by learning Finnish and getting a job, his efforts were in vain. Due to the severe pain and prolonged sick leave, he retired at an early age. The doctors in Finland then constructed an artificial leg that he could use. Having lived in Finland for two decades now, he has learnt the language and has many friends. Despite the severe physical pain, his deepest wish is to return to Kurdistan one day.

Mustafa, a 47-years-old man, had been living in Finland for fourteen years. Mustafa was born into a family with a notable political background. His childhood life also coincided with the Islamic Revolution in Iran, as a result of which he experienced military conflict at a very young age. He said that the conditions at that time introduced him to the concept of the Peshmerga and

the gun. He was witness to several other bitter experiences in his life, such as the killing of innocent people and children not allowed to study in the Kurdistan region for various reasons. At that time, he vowed to himself that as an adult he would certainly help people reclaim their rights. For security reasons he was unable to finish his graduate studies and was imprisoned for seven years after which life and political activity became complicated for him. Thus, he and his wife decided to leave their country and place of residence and escape to Turkey by paying a lot of money to the smuggler who helped them. Living in Turkey was very difficult due to unemployment, financial issues, uncertain conditions and the constant fear of being deported. He shared with the interviewer that he had lost all of his 'human abilities' in that country. After coming to Finland, he promised himself that he would study in the future and explore his interests in sociology. However, he had to pay the debt incurred in Turkey and so he thrust himself into work in Finland instead of studying. He started a new life, began to work and eventually integrated into the new country. With the help of social networking and his friends, he tries to face up to the consequences of his traumatic background.

Gulzar, a 38-year-old woman, had spent around eighteen years in Finland at the time of this study. At the age of thirteen, Gulzar became a refugee when her brother requested that she come to Sweden where he lived. As life in Syria was no longer safe from danger, she decided to move to Sweden for a better life and future. This was by no means a pleasant experience. She was faced with a host of terrifying experiences, including imprisonment during travel, having to walk long distances, sleeping in unfamiliar places, getting acquainted with human smugglers, feeling lonely, missing her mother and crossing different countries. Two of her siblings, who were several years older than her, accompanied her. As they were underage and had no previous experience, they were settled in a children's home as soon as they arrived in Sweden. She lived in Sweden for 7 years and moved to Finland. She learned Finnish and started to study, deciding to learn sociology. After marrying, she gave birth to a boy and a girl. Eight years later, the couple separated and her children now live with their father. She remains in Finland to be near her

children. To relieve herself of loneliness, she tries to write poems, reads books and listens to music. Gulzar can speak several languages and is working as a translator in Finland. She wishes one day to belong to her own country – a free Kurdistan.

Kamal, a 51-year-old man, is a participant who has lived in Finland for nineteen years. He was born in a village and stayed there until his youth. Due to the military conflicts in the Kurdistan area, he was unable to finish his studies. Since his early childhood, he was familiar with the political currents of the region. At a young age, he became a political activist and joined major political groups. Then, the question of his nationality became very important. He was forced to leave Iran because of the unsafe conditions and moved to Iraqi Kurdistan. The environment was not conducive to his political activities and he introduced himself to the UN as an asylum seeker. After two years, Finland accepted him as a refugee. He says that he has lived in the country for nineteen years and his interest is primarily concerned with political activity. He wants to help the Kurdish people achieve their human rights. He continues to work as a political activist and struggles for the human rights and freedom of his country of origin. He says that to adapt and integrate into a new culture and society where the background is vastly different from the one in which a person was raised, it is important that his people learn and understand several things about the country, an important part of which is language.

Farshad, a 46-year-old man, is a participant who has been living in Finland for twenty-four years. Farshad says that he is a refugee child as he left his native place in Kurdistan in Iran at the age of five and does not have any memory of it. His family is unable to contact his relatives who live in the Kurdistan part of Iran. A political activist, his father took them to Iraqi Kurdistan as Iran was unsafe for them. He experienced several difficulties while constantly moving from place to place in Iraq as his father did not feel safe. This is possibly why Farshad does not remember having any close friends. He studied at different schools in Iraq and, later, he and his family fled to Turkey. However, he got separated from his two brothers and father during the move to Turkey. Two years later, the remainder of his family moved to Finland as asylum seekers



and he shouldered the responsibility of caring for his mother and two other brothers. They have been living in Finland for twenty-five years and his mother continues to wait for his father and two lost brothers. He tried very hard to adapt to the new culture and society but his family find it much more difficult to do so. He learned Finnish and studied very hard to achieve his dreams of becoming a journalist but his efforts were in vain. Shortly after, he turned into a political activist with the aim of helping Kurdish refugees where he would gather them together so they would not suffer from loneliness. He also went to schools to talk about refugees. Now, he works in a factory and dabbles in translation work during his free time.

Zakaria, a 50-year-old man, had been living in Finland for twenty years when he took part in the research. He was born in a village near the Iran-Iraq border. The start of his school life coincided with the military conflict in Kurdistan. He learned about discrimination in school where his non-Kurdish teacher would largely ignore the Kurdish students and only teach them what the government wanted to be taught. He was a rebellious child and was beaten by his teacher and by his father and brothers several times. In protest, he tried to join political groups as a teenager but was promptly rejected because of his age. He was imprisoned as a teenager where he was physically tortured. After escaping from prison, he never returned to his family and village. He became a political activist and then a peshmerga. The Iranian government tried very hard to assassinate him but, luckily, they failed. He was seriously injured and sent to France for treatment. Afterwards, he went back to Kurdistan because he missed his home and friends. However, due to the insecure and dangerous living conditions in Iraqi Kurdistan, he introduced himself to the UN in Erbil. Finally, Finland accepted him as a refugee. He has been living in Finland for a long time and has even learned the language and worked there. He suffers from pain in the leg which, despite several surgeries, has not yet healed. He tries his best to adapt himself to Finnish society and culture because he has learned many good things in the country. He was very young when he left his own country.

Mansour, a 47-year-old age man, has lived in Finland for twenty-four years. Mansour's childhood was witness to the Iranian Islamic Revolution. He was able to study only until the fifth grade as his school life was adversely affected by conflict. By the time of the revolution, everyone was joyful, assuming that the tide would shift in their favour and human rights would be respected. At a very young age, he became acquainted with political activities and joined various political groups. After becoming a peshmerga, he started being involved with various cultural activities. He endured many difficulties during the Peshmerga period and was wounded in the military conflict. Since then, he has had to walk with a cane. As a result of insufficient medical treatment, he decided to go to Turkey and introduced himself to the UN as an asylum seeker. Finally, Finland accepted him as a refugee. He has been through surgery several times in Finland to help recover the use of his leg. In Finland, he was diagnosed with colitis and had to use a high dosage of medicine for pain relief which resulted in side effects such as diabetes, high cholesterol, high blood pressure and hair loss. However, after an operation he got better. Today, he has his own business and helps other Kurdish refugees to learn from his experiences.

Karim, a 46-year-old man, had been living in Finland for eighteen years when he took part in the research. Karim was born in a very snowy region of Kurdistan, a town near the Iraq border. Karim grew up in this city and went to school, enjoying a pleasant childhood with his friends until the region was involved in military conflict. Subsequently, the Iran-Iraq war took place and the children in this region witnessed several unpleasant events. He went to Iraqi Kurdistan after receiving his diploma to escape from the unsafe conditions and political instability. After living there for a while, he decided to move to Europe for a better future. He introduced himself as an asylum seeker to the UN in the Kurdistan part of Iraq and was accepted by Finland where he learned the language, attended higher education and attempted to familiarise the Finnish people with the struggles of asylum seekers. He has published several articles on various issues in Finnish newspapers and has written several books in both Kurdish and Finnish.

Hemin, a 46-year-old man, had been living in Finland for twenty-six years at the time of the study. Hemin was born in a village in the north-western region of Kurdistan in Iran. He was four years old when his mother died, a scene he said he would never forget. He has experienced several problems and has suffered physical abuse at the hands of his family. He has witnessed gruesome crimes such as killings and rape with his own eyes. He joined political groups and was forced to flee his home country. He was harassed by others for not having any military experience. He has contemplated suicide several times in his life but he gave up for different reasons. He was very keen on books and education. He went to Turkey and introduced himself as an asylum seeker to the UN. Later, he moved to Finland as a refugee. He experienced many problems in Finland and became severely depressed but was treated with the support of a psychologist. Today, with higher education qualifications and knowledge of the Finnish language, he is a political activist currently pursuing his post-graduate degree.

Saablagh, a 56-year-old woman, has lived in Finland for seventeen years. Saablagh was born in one of the great cities of Kurdistan in Iran. Until the revolution in Iran, she led a peaceful everyday life. Later, she became engaged in political activities and moved to Tehran, the capital city of Iran. She was imprisoned there and endured many unpleasant experiences. She was forced to get married, following which she fled to Turkey with her husband and two children where they introduced themselves to the UN as asylum seekers. Finally, they moved to Finland and tried their best to adapt and integrate into the new culture and society by learning the language and working there.

## CHAPTER FIVE: THE LISTENING GUIDE

### 5.1 INTRODUCTION

In this chapter I explore my data analysis method, the Listening Guide (LG) (Brown and Gilligan 1992, 2006, Mauthner and Doucet, 1998, 2003). I employed the Listening Guide to place participants at the heart of the research study, treating them as active participants (Smith, 2014). In addition, according to Frank (2010, p.2), an analysis procedure called 'letting stories breathe' was a useful addition to the use of the LG. The LG provided four central readings for each transcript, each known as a listening, which helped to keep the study focused on the uniqueness of each participant's life story. In this way, the Kurdish refugees' life story interviews were kept at the heart of the study which was to tell and analyse their life story experiences and challenges. In this chapter, I broadly discuss the use of the LG method, followed by an explanation of how it has been applied to the data, highlighting the significant challenges presented in using the LG at the various stages of the data analysis. I finish this chapter by delving into how these life stories were framed by narratives of acculturation and mental health during the refugee process (Abdul-Haq and Nasir, 2008; Klein et al., 2020).

### 5.2 BACKGROUND TO THE LISTENING GUIDE

The LG method of analysis is an effective method to analyse research data associated with the experiences and voices of participants. According to Woodcock (2016), this method is a multidisciplinary investigative technique grounded in psychology and human development, sociocultural historical studies and literacy education. Notably, this method provides important pieces of information about the stories and experiences of participants (Brown and Gilligan, 1992; Taylor et al., 1995; Raider-Roth, 2000, 2014). The LG was chosen as an appropriate method for data analysis in this study due to its focus on narratives and the emphasis on fully listening to the experiences of the participants (Brown and Gilligan, 1991). More specifically, LG is a method that calls upon 'voice, resonance, and relationships as ports of entry into the human psyche' (Gilligan et al., 2006, p. 253). According to Gilligan (2008), the LG is capable of drawing attention to the multitude of voices among the

participants to further understand their story and recognise their feelings. It facilitates the exploration of the relationship between past, present and future identities expressed within the participants' narratives. According to Brown and Gilligan, (1992, p. 22) the LG method allows the researcher to interpret information from the interviews based on the research topic's 'pathway' into relationships rather than a fixed framework of interpretation. They also mention that the way 'into [a] relationship with another is through the avenue of voice, and we have built into our method the space for a woman or girl to speak in her own voice'. The LG is a method that can be used as a creative and interdisciplinary tool in a research study (Woodcock, 2016).

A key element of this method involves reading each transcript with a special emphasis on 'listening' in order to discern the divergent voices within each interview. Each form of listening intends to make the researcher aware of an alternate perspective on the participant's life story experience, replete with complexities and variations that often remain encrypted (Gilligan et al., 2003). For this reason, I used the LG method to analyse life story interviews, as it proved to be the most efficient method to listen to aspects of the experiences narrated by the participants, their multi-layered experiences and the relational, cultural and social nuances that their words carry. I employed the LG to place participants at the heart of the research study, approaching them as active participants (Smith, 2014).

It is necessary to outline a distinct position for listening to the participants' life stories about their refugee process as a framing narrative to recognize and understand their voices (Gilligan, 1982; Gilligan et al., 2003). Brown and Gilligan (1992) describe how a researcher may apply the LG method to listen to voices of populations that have traditionally been silenced or have been considered taboo or socially inappropriate to share. Listening provides researchers with an opportunity to design and deliver reports on their projects (Keaton and Bodie, 2013). Keaton and Bodie suggest that the concept of listening is adaptable in that it is associated with specific concepts within the talking flow and also that while listening to others talk it is important to understand the feelings of the speaker (Keaton et al., 2015). The LG method

enables the researcher to attend to many dimensions and complex relationships, such as discovering a sense of how the voices intertwine with the research study (Woodcock, 2016) and the LG can be employed to identify gaps in research projects and provide a fuller account of associated data (Lindlof and Taylor, 2011).

The LG method finds its origin in the work of feminists Gilligan and Brown (1992) who explored the voices of girls and women. According to Lewis (2019, p. 1):

Feminism is a complex set of ideologies and theories that, at its core, seeks to achieve equal social, political, and economic rights for women and men. Feminism refers to a diverse variety of beliefs, ideas, movements, and agendas for action.

Brown and Gilligan put forth the idea that women possess 'a voice worth listening to' (1992, p. 21). Over the decades, feminists have offered a critical perspective, addressing a range of inequalities in the real world. These feminist methods motivated and developed my ideas of feminism as well and I realised that feminist methods give rise to unique perspectives and shape new endeavours within the research process. As I became more acquainted with the feminist method during the research, becoming a feminist researcher I became invested in employing a feminist method for the analysis of the research data. In using the LG method, I understood its effectiveness and usefulness as an appropriate tool. However, feminism is a view that encompasses more than just women and is a movement that can be inclusive of everyone and, being a flexible method, the LG can be used for studies that are not explicitly feminist in nature. It also supports the expression of many different voices.

The LG method was developed by psychologists Carol Gilligan and Lynn Brown as a 'relational, qualitative, voice-centred feminist methodology' (Woodcock, 2016, p. 1). The work of Brown and Gilligan (1992) enabled the women they worked with to benefit from relationships with their own 'lost voices' and 'lost strength' (Brown and Gilligan, 1992, p. 6). They conducted an Understanding Adolescence Study using the LG method 'to listen to and

understand voices', (Taylor et al., 1995, p. 17) thereby providing valuable information associated with their research study. These two researchers prepared the Voice Centred Relational Method (VCRM) which was later developed into the LG method by several other researchers (Brown et al., 1989; Brown and Gilligan, 1992; Taylor et al., 1995; Brown, 1994, 1998). The LG method was identified as an appropriate method for the analysis due to its focus on narratives (storytelling) and giving voice to the stories of participants (Brown and Gilligan, 1991).

Gilligan took several years to develop her project during which she formulated an expository, subjective, emotional and relational approach to her research (Gilligan 1982, 1993; Gilligan et al., 2003). The efforts of Gilligan (1982) subsequently manifested itself as a source of encouragement for researchers to use the storytelling method (Taylor et al., 1995; Stone-Mediatore, 2003; Presser, 2005). Brown and Gilligan (1992) suggested that one of the most efficient methods by which one could get people to listen was through stories. Meanwhile, Mauthner and Doucet, (2003, p. 423) posited that storytelling constructs a gateway to 'lived experiences'. As the LG method can be employed across multiple disciplines, many researchers see it as an appropriate method for the analysis of their data. Examples of the application of LG include Jack's (1991) study investigating female depression, a study by Taylor et al. (1995) that listened to the voices and silences among a multicultural group of twenty-six adolescent girls who were at risk of teenage pregnancy or school dropout and Tolman's (2001) study around sexuality.

### 5.3 STEPS OF THE LISTENING GUIDE

According to Gilligan, 'data alone does not tell us anything; they do not speak but are interpreted by people' (Gilligan, 1986, p. 328). Life story research enables access to the thoughts and feelings of participants, leading to an understanding of the meanings people ascribe to their experiences which the LG helps to analyse through a series of steps. Researchers have used the LG method to apply these steps differently and even name them differently due to the flexibility in the use of the method. However, a broader approach for the method uses four steps that are collectively referred to as 'listening' where

'[t]he need for a series of listenings arises from the assumption that the psyche, like the voice, is contrapuntal (not monotone) so that simultaneous voices are co-occurring' (Gilligan et al., 2006, p. 159).

#### 5.4 THE FIRST AND SECOND STEPS OF THE LISTENING GUIDE

The first step of the LG method requires listening to a plot. Here, the researcher attempts to create the life stories as told by the informants. According to Woodcock (2010b), the first listening is a rich summary of the narrative, associated with a common field of information of the life story interviews. The aim is to attend to the life stories and establish an overview of the informant's experiences. The first step of the LG is to generate a primary understanding of the life story, a process termed as 'listening for plot' (Brown and Gilligan, 1992). The first listening for plot is essential as the main target to be achieved in this step is attending to the stories of the informants. According to Woodcock (2010b), the first listening for plot is a rich synopsis of emerging themes, providing an overview of the participant's experiences for the researcher. Brown and Gilligan (1992) suggest that during the first listening, the researcher must be careful to avoid telling their own stories. This requires the researcher to pay attention to their own perspectives through a technique called 'reader response'. In this process, they attend to their own thoughts, feelings, and ideas and Brown and Gilligan (1992) stress the importance of paying careful attention to one's own 'reader response' as a researcher. Anderson and Jack (1991) are of the view that the personal daily events of the researcher may have a strong impact on the listening process, making the responses and reflections of a researcher more difficult to decipher during the research process. Brown and Gilligan (1991) suggest that it is necessary to avoid using the voices of the participants to narrate personal stories (such as those of the researcher). The reader-response method helps explore how personal values and social structure have important roles to play in explanation and practice (Woodcock, 2010b). The first listening takes note of personal questions, responses and confusions to make well-informed choices relating to the research (Woodcock, 2010b).



As the first step of the listening guide is to listen for plot, the researcher is expected to become well-acquainted with the plot details to understand the informants' experiences. According to several research studies, the 'plot' has essential elements such as emotional resonances, phrases, repeated words and images, and information and comments that catch the attention of the researcher. Also evident are omissions, contradictions and revisions (Brown and Gilligan, 1992; Raider-Roth, 2000, 2014; Taylor et al., 1995; Way, 1998).

Woodcock (2010b) suggests that prior to initiating the second listening, the researcher must revisit the research question to accentuate and explore the aim of the study. The second listening focuses on the voice of self and how the participants speak regarding themselves (Brown and Gilligan, 1992). It involves the building of I-poems which help draw out significant information within the conversations (Raider-Roth, 2000). The construction of I-poems is a distinguishing trait of the LG method (Gilligan et al., 2003). Gilligan et al. (2006) explain the two rules for building an I-poem: first 'I' refers to an excerpt of important accompanying information; second, the precise phrases that originally occurred in the person's story must be maintained as they are. According to Way (1998), the informants speak in their own terms. During this step, I reviewed and underlined each first person's 'I' pronoun as used by the participants. According to Gilligan et al. (2003) this is done so that the researcher may become better acquainted with the participants and the ways in which they speak about and describe themselves.

Gilligan et al. (1990) state that the self-voice is commonly presented using words such as 'I', 'me' and 'you'. According to Gilligan et al. (2006), constructing an I-poem entails two regulations. The first one is concerned with the first person device by which the respondent provides important pieces of information, while the second one focuses on the trail that can be identified in the first story. This leads to a better exploration of the participants' alternating perceptions of the self, eliciting the discovery of their own understandings of self, other identities and self-referential perspectives (Doucet and Mauthner, 2008; Paliadelis and Cruickshank, 2008). Gilligan explains that the I-poem is a way to draw out the internal conversation (Raider-Roth 2000) as it is a means

to transmit and explore the feelings, needs, desires, conflicts and silences of the participants (Brown and Gilligan, 1992; Raider-Roth, 2000). Thus, it allows the process of analysis to attend to both the emotional and intellectual facets of the participants as it provides an empathetic reaction to their speech and thought processes (Woodcock, 2010b). According to several research studies, using I-poems allows the researcher to understand the voices of the participants and it has also been suggested that the I-poem achieves validity as a precise, actual and rich qualitative research strategy because it permits the researcher to document lived experiences in an interesting and artful way (Barone and Eisner, 1997; Brearley, 2002; Hass 1999; Eisner, 1997).

An I-poem is constructed through the process of listening and rereading many interview transcripts. It also facilitates the understanding of qualities of self as well as those related to interactions with others (Woodcock, 2003). I-poems are a method by which changes can be explored while conflicts shared by the informant can be made sense of. In other words, I-poems are a specific technique in the LG method for analysing interview transcripts associated with the voices of participants. I share some of these I-poems in subsequent sections.

#### 5.5 THE THIRD AND FOURTH STEPS OF THE LISTENING GUIDE

According to Gilligan et al. (2006), the third step of the LG method is called the contrapuntal voice – this entails listening to contrapuntal voices to investigate the different voices of the participants and their interplay. In this context, listening explores the possibility of conflicts between multiple voices (Brown and Gilligan, 1992; Raider-Roth 2000, 2014). I did not adhere to this step as I found that Mauthner and Doucet's (2008) variant of steps three and four were more suited for my data collection and analysis of participants' words. They propose that the third step be concerned with surveying the participants' personal relationships and how they present themselves to others. In the interviews, the participants explained their personal life in terms of the relationships within their life and their environment such as family, friends and social networks (Brown and Gilligan, 1992). By gaining insights into an informant's voice, it becomes easier to ascertain how they speak of

themselves and manage to devise a relationship with both themselves and others (Woodcock, 2010b). According to research undertaken, the third step of the LG leads to an understanding of how participants attend to their lives, close relations and social networks as forms of awareness and finding channels of expression (Raider-Roth, 2000; Mauthner and Doucet, 1998).

According to Mauthner and Doucet (2008), understanding the participant's story is both a process of constructing and interpreting identity. It is an effective way for the researcher to review their research questions by thoroughly investigating their transcripts. The researcher seeks to understand the participant's opinions of themselves in relation to society and culture (Gilligan et al., 2003; Taylor et al., 1995; Woodcock, 2010). As my research intended to provide novel insights into the Kurdish refugee life story experiences, listening to their stories is an important resource in understanding their issues particularly as many Kurdish refugees have extremely adverse experiences as they are forced to escape their homes. The fourth step of the LG focuses on the socio-cultural background and considers interactions and experiences between individuals and their respective societal contexts (Blumer, 1969).

The LG method provides a way of attending to the many voices embedded in the expressed experiences of the participants and the multiple 'listenings' allow the researcher to hear and make sense of the varying stories and experiences concerning the subject of study (Gilligan et al., 2003). When the four steps have been completed, composing an analysis can then begin. This requires integrating the data captured in each step: for instance, combining, arranging and considering all explanations and reflexive records (Gilligan et al., 2003; Sorsoli and Tolman, 2008). The analysis also allows the identification of any overarching narratives and I identified two key framework narratives in the life stories approach of the participants: 1) acculturation and 2) the impact of mental health during the refugee process.

## 5.6 APPLICATION OF THE LISTENING GUIDE

The LG method enabled me to obtain essential data about the topics and ideas discussed with participants focusing on different parts of their life stories by engaging in close listening (Cruz, 2003; Gilligan et al., 2003). By employing the LG I built plots, and I-poems and gained an understanding of the participants through their conversations regarding their personal relationship and their relationship with their own culture, society and host country. This allowed me to draw closer to the words of each interviewee and discover the complications, voices and conflicts in their situations in relation to the research topic. I must add that listening to the life story interviews led to several instances of my emotional resonance with the experiences of the participants. To give an example of the process of analysis, the following represents the plot developed from Peshava's account which I arrived at after applying step 1 of the LG to his transcript:

*His childhood took place during the military conflicts in the Kurdistan region of Iran. At the age of two, he fell into a hot tandoor oven. His face and hands sustained deep burns. His fingers cling to each other due to the lack of proper treatment facilities. Throughout his childhood, he was bullied. He spent a lot of time alone trying to adapt to his situation. He studied calligraphy and was very successful at school. He deeply sympathies with those who have a disability.*

*Peshava fled to Turkey due to the nature of his political activity and the fear that the government would torture him and his family. However, their asylum-seeking journey was very hard, with a very long-lasting impact on him. While he tried to adapt to the new Finnish culture and society, he could not forget his past. Eventually, he learned the language and got into a political community to give the Kurdish nation a voice.*

From this, I could sense that he was a very strong-willed person because although he suffers from post-stress trauma and severe physical disability, he describes his painful past as a bright light. After all, it taught him to believe in

his own capabilities. I empathized with his feeling of sadness as he did not receive adequate medical treatment due to the military conflicts. He suffered and even lost his fingers. If the situation had been different and his hand had not been burned, his life would certainly have been quite different. I understand his situation as he tried too hard to improve his ability and he gives voice to the victims of war. He believes in himself and is facing many different issues in his social life and individual environment.

Applying step 2 of the LG, I had to create I-poems. I-poems are crafted by attentively considering the participants' responses, their inquiries, reflections and moments in their life stories. They correspond to instances where participants refer to themselves and the focus is on identifying the 'I' and giving prominence to the first-person narrative in the life story interviews. The creation of 'I-poems' uses two procedures: highlighting the 'I' phrase and representing the terms used while emphasizing the 'I' phrase. Their creation requires reading the interview transcript and highlighting each use of the first person 'I' connected to an understanding of the interviewee's sense of self (Brown, 2001). This second step entails cutting, pasting and lifting the highlighted areas of the transcript in the correct order and developing the direction of the I-poem. The I-poem is formed into paragraphs based on the 'voices' of the first person, whether they be conflicting or complementary or distressed or calm. These voices were illustrated by highlighting them in various colours. The following represents Mustafa's I-poem, created by lifting the uses of 'I' and 'my' from his transcript. The full transcript is also provided below:

*I graduated*

*I fought*

*I continued*

*My life in Iran became harder*

*I had to leave*

*I decided it was best for me to move to Turkey*

*In 1991, I graduated and for the next nine years I fought with Kurdish people, and I continued being politically active. My life in Iran became*

*harder and harder and I had to leave Kurdistan. After negotiating with my friends and family, I decided that it was best for me to move to Turkey.*

In steps 1 and 2, the investigator listens to the interview with the intention of developing the 'listening' as part of the process of research analysis. The plot and the I-poem, the latter being the most distinctive part of the LA process (Gilligan et al., 2003; Brown and Gilligan, 1992), give due regard to the voices of the interviewees and allow the researcher to experience a transition from being a listener to an interpreter. These steps provided me with a better understanding of the participants' lives by paying close attention to their voices and perspectives.

The following I-poem is from Narenj, who shared her life story and experiences:

*I was forced to marry  
I had never met  
I was forced to leave  
I was a stay at home*

The application of steps 3 and 4 of the LG are used to explore the participants' personal relationships and broader associations with the cultures and societies they have been part of. This detailed narrative analysis is related to the notion of drawing closer and is generally termed 'letting stories breathe' (Frank, 2010). Since the life stories of Kurdish refugees are at the heart of the research study, the technique was developed to attend to the very same. I recognised how the Kurdish refugees spoke about themselves and their lives reflected significant narratives about the refugee process in Finland, thereby further contributing to contemporary understandings of the refugee process. Steps 3 and 4 of the LG allowed the production of the following representations of Mustafa's and Kamal's experiences regarding their personal and cultural relationships:

*Life in Turkey was difficult financially but emotionally we were always surrounded by people and were never alone. This was very different in*

*Finland. We share similar cultures with Turkish people but life in Finland was very different. The people were culturally very different, and we experienced one of the biggest cultural shocks as a result. We had no familiarity with the Finnish culture, customs, or the language. It was all new to us. (Mustafa)*

*The environment I lived in, in Kurdistan, is completely different to the environment I live in now. Finland is culturally and socially very different to where I come from. When asylum seekers come to Europe, they are very different people with heavy and deep struggles. Finland is a democratic country where humanity exists, people have human rights, and everyone can have a say. We grew up in a country where none of these mattered. Therefore, the culture shock is major. (Kamal)*

## 5.7 THE VISUAL MAP

The Listening Guide, advanced by psychologist Carol Gilligan (1982), organises a relational, voice-centred method to analyse qualitative research data collection. In his chapter, I have explored its use (Brown and Gilligan, 1992, 2003; Mauthner and Doucet, 1998, 2003) and shown how it has provided the central method of data analysis for the study. However, in addition to the LG analysis, a visual mapping method was also used to further understand and describe the experiences and challenges of the participants. Visual mapping is used to understand and interpret the interviews that have covered the challenges that the participants as refugees have faced and has captured their experiences and motivations as seen through the own eyes (Barbour, 2014). According to Barbour, visual methods have been used recently for inspiration in qualitative research and since their use stimulates representation and evokes deep emotion, ideas and memories, I decided to use map-driven description in interviews as it was a way of adding to the validity of the findings. A literature review by Pain (2012) found that visual methods enhance the richness and validity of data as they can allow participants to express their ideas in a non-verbal way. Rose, (2015) also advocates the visual research methods in the collection and generation of data. Examples of visual methods include maps, drawings, graphic novels,

photos, film, video, selfies and diagrams, to name a few. Delgado (2015) considers visual methods effective tools to demonstrate social issues.

I used visual maps as a tool to aid the life story interviews helping to understand and communicate the data through visual maps (Myatt and Johnson, 2009). Bansal and Corley (2012) suggest the use of a map due to the fact that in qualitative research the data must be shown and not just described. According to Bansal and Corley (2012, p. 511), the researcher is allowed to see a clear linkage between the data and the visual maps which 'transport the reader into the context to provide a personal experience of the focal phenomenon and support for the emergent theory'. For this reason, the visual map has an important role in the data analysis process. The creation of the map involved the participants thinking about the refugee migration journey and the map with detailed descriptions allowed me to better see and understand the participants' experiences and challenges.

Visual methodologies have also been used in mental health research as a new, unique and innovative qualitative research methodology (Noland, 2006; Thomas, 2009). Here participants' creativity and descriptions of their lives can be drawn out, enhancing the data and drawing out deeper meanings. This visual method of reliving the events experienced by the Kurdish participants is recalled in a way that makes sense for the person recalling them, as he or she reconstructs a life story and experiences the challenges of past events. The participants' movement map can help explore more details about particular exceptional events in the past such as the fear of drowning. This can be important for, as Breaux (1977) points out, capturing the smallest detail of what has happened can lead to fuller descriptions of the overall process. The themes generated by the life story interviews and enhanced by the visual map are analysed in the following chapters.



## CHAPTER SIX: ACCULTURATION

### 6.1 INTRODUCTION

Using the Listening Guide to analyse the interview transcripts, I identified two core narratives. This chapter presents the first of these narratives: acculturation. Acculturation has been defined by Berry et al. (2002, p. 349) as the 'process that individuals go through in response to a changing cultural context', in this case the process of refugees settling into Finnish society. Research studies show that integration is the most effective type of acculturation in terms of personal health and well-being (Kitchen et al., 2012) and for this reason is regarded as the most positive acculturative experience (Berry, 2006) as was confirmed by the participants in my research.

Acculturation is the process of adapting to a new culture while balancing one's relationships with the original culture, a prime concern for refugees and migrants in the host country (Berry, 1980). Kim (1987) explains acculturation as a process of individual transformation intended to increase the level of social integration in the host society and according to Boski (2019), acculturation is a complex process in time, a multi-layered phenomenon in the refugee context. Young (2008) views integration into a new culture as one of the most important challenges today and defines acculturation as the ability to utilise a comprehensive and contemporary concept of the new culture and the way of life within the new society. However, for the participants in my research, it was important that in the process of acculturation the need to maintain their Kurdish culture while integrating into Finnish culture remained. Indeed, part of the refugee process is cultivating a positive attitude towards the newly encountered community. The acculturation process is challenging in Finland as the level of cultural diversity is currently very low and there is a large gap between Finnish culture and that of the refugee (Agbor Tabi, 2009). Immigration is a relatively recent phenomenon in Finland and as such there has been very little research regarding acculturation.

## 6.2 ACCULTURATION FOR KURDISH REFUGEES IN FINLAND

In this section, I present findings that illustrate the impact that the process of acculturation has had on the lives of participants followed by a more detailed reflection on the role that language, education and social capital respectively have on acculturation.

The process of acculturation often involves problems and issues of integration which may lead to cognitive and behavioural changes. The idea of Kurdish culture is crucial for Kurdish people who have been fighting to keep it alive and valued in their home countries for years. Indeed, fighting to keep Kurdish culture celebrated has often been the primary reason for a participant's displacement. Mustafa, aged 47, talks about how he tried to balance understanding of the new culture of his new home whilst maintaining his Kurdish identity. The following I-poem presents extracts from his life story interview.

*I tried to understand  
I tried to know the country  
I can say with confidence  
I have tried to keep my cultural beliefs  
I want my children to have a normal life*

According to Anthias, identity 'involves an important affective dimension relating to social bonds and ties' (Anthias, 2006, p. 21) while Marsh suggests that networking in the host community helps shape the individual's 'social identity' (Marsh et al., 2007, p. 4). Acculturation is a complex part of the integration process and for some refugees, this process can be especially difficult since they do not know how to adapt to a new complex environment. According to Gomez and Vannini (2017, pp. 1-7), answers to questions such as 'What is home?' or 'Where do I have a place?' affect the establishment of a migrant's identity in a new community, thereby creating a sense of 'here' and 'there' and thus influencing their assimilation into the new culture and society. It also depends upon the attitude of the people of the host nation. In this respect, according to the UNHCR (2002):

Integration is, in this sense, an interactive process involving both refugees and nationals of the receiving state and its institutions. The result is ideally a society that is both diverse and open, where people can form a community, regardless of differences.

Further, it must be added that successful refugee integration holds benefits for the development of economic, social, educational, health and cultural freedom of the host country (De Haas, 2005).

Peshava (male, age 40) had been living in Finland for twelve years at the time of this study. His asylum-seeking journey was very hard and had a long-lasting impact on him. While he tried to adapt to the new culture and society, he was unable to forget his past. The following highlights his experiences:

*When we arrived in Finland. I felt good about our move, and I had hope that everything was going to be okay after all. However, ghosts from the past started appearing as memories of Turkey and would not leave us behind. I was often tired, and although I really wanted to study again, I just did not have the energy. I started attending a language school to learn the Finnish language as soon as possible. I did not want to live as cluelessly as I did in Turkey. I worked as hard as I could and managed to learn to speak Finnish almost fluently after only four months. I also managed to find a Finnish-speaking job within two years. (Peshava).*

The opportunities for an acculturation that facilitates integration in Finland and other host countries pose several challenges for the migrant. These can include acquiring language skills, gaining educational and professional qualifications, networking, making friendships and integration procedures. In this context, the participants' life story interviews revealed the importance of learning a new language and having a level of education in the host county in addition to possessing appropriate social capital (see later). According to Riessman (1993) and Gergen (2001), language reflects how the human agent creates and maintains the social world while Wachterhauser (1986, p. 31) explains that language is the 'medium within which we move and understand ourselves and the world from various perspectives' (the relevance of learning the host language is discussed later). Several research studies found that

acculturation is a challenging situation that impacts on refugee conditions differently in the host country (Lakey, 2003). However, studies on acculturation in diverse cultural contexts show its positive effects on the integration of refugees (Lincoln et al., 2017).

The experiences of refugees in their journey to integrate are multifaceted (Oduntan and Ruthven 2021). Shno (female, age 37) has been living in Finland for fourteen years. She presents the challenges and unique experiences created through intercultural exchanges and initiatives that increase her understanding of, and acceptance among, diverse groups and her positive interactions with them. She explained that to survive and adapt to the host country, she decided to learn a new culture and a new language. The following plot and I-poem highlight her experiences.

*I felt that my young age and light skin colour would make it easier for me to integrate and live amongst Finnish people. It is so much easier to adapt to a new culture when you are young.*

*I am grateful for Finland  
I have a roof over my head  
I have managed to truly integrate  
I started working  
I feel  
I became politically active  
I help Kurdish women to integrate*  
(Shno)

An individual's appreciation of the host society is an important factor in the process of acculturation. Narenj (female, age 60) is a participant who has been living in Finland for twenty-four years. She has experienced hardships in her refugee journey and is constantly reminded of her pain and sorrow. She does not wish to return to the past as she feels very happy in this new culture. She has better opportunities in Finland than in her own country. She accepts her life in this new society through acculturation as a single mother trying to raise

her children in Finnish society. The following passage highlights Naranj's description of experiences:

*I made sure that my children didn't go through the same upbringing as I did. They all went to school and studied multiple professions. Almost all my children are now married. They have started their own families and live normal and balanced life. One of my sons really got into sports and is now a very well-known public figure around the world. He has made me and my family very proud. (Naranj)*

Mahabad is another participant (female, age 40) who has been living in Finland for twenty-two years. She shared a life story experience that divulges several points of view from a multicultural perspective in the context of human rights and her knowledge of dealing with those issues. Acculturation allowing integration is a powerful strategy that reflects the need for precise knowledge of one's own culture (Berry 2006). The proof depends on the binding of new cultural interpretations. The following highlights her experiences:

*I moved to the north of Finland. I felt stable and had hoped to have a new start. I felt free and reborn. I was calm and felt a freedom that I had never felt before. The world I had entered felt very different from the world I came from. I felt very happy and content because Finnish people were very kind to me. They always tried to help me and encourage me to do better. I would have endless conversations with my neighbours and felt like I was part of a community. They helped me to understand and really integrate into the Finnish culture. (Mahabad)*

Kamran (male, age 56) is another participant who has been living in Finland for twenty-two years. He was displaced from his home and separated from familiar environments which could have had an impact on his emotional well-being. By acknowledging his unique challenges and experience, he tries to rebuild his family's lives, realize their dreams and contribute positively to a new society. The following represents his life story experience:

*We faced our first problems with adapting to a new country. Finland is a country of development and opportunities, but it's always hard when*

*you move to a new country where you cannot speak the language. Problems appear like a vast sea to cross. In order to solve all these issues, you need to know how to swim. If you become a good swimmer you can swim across easily and succeed. One of the first problems we had in Finland was not knowing the language, and not knowing how to integrate into a new country. (Kamran)*

Kamal (male, age 51) is another participant who has been living in Finland for nineteen years. He explained that he moved to Finland because he did not have any opportunities in his home country. The refugee experience in his interview focuses on vulnerabilities, the need for voices to be heard and the demand for creating a common understanding.

*The environment I lived in in Kurdistan is completely different from my present situation. Finland is culturally and socially very different from where I come from. When asylum seekers come to Europe, they are very different people with heavy and deep struggles. Finland is a democratic country where humanity exists, people have human rights, and everyone can have a say. We grew up in a country where none of these mattered. Therefore, this is a big culture shock for us. The freedom people have in Finland is something we have never seen in our own country... In my opinion, the first generation of immigrants will have a lot of problems when settling into a new culture. The migrants' past and the issues they have dealt with will have a direct impact on their new life.... But we all need to work harder to integrate and change our old thought patterns.... Finland is a very closed country. They do not allow other cultures and customs to enter their country and integrate with their own cultures. (Kamal).*

Based on the participants' life stories and research, literacy is associated with successful acculturation. The research participants understand that life in a new culture and society requires several principal changes. Acculturation is a challenging process within a new society as it involves refugees facing particular challenges in adapting to the host country (Berry, 1980). These generate new priorities and in Kamal's case the need for help in order to

assimilate into the new culture. According to Kim (1977), acculturation is a multiplex issue which requires professional work, learning a language, education and mental health knowledge. Therefore, when refugees migrate to a new host country, it is important that they receive all the support and help required to help them in the process of acculturation.

The idea of culture as a 'way of life' was first suggested in the 1950s by Williams (1950), who was well-known for exploring the meaning and application of this term. Understanding the process of acculturation as part of the process of integration requires an understanding of the diverse cultures and identities of refugees as this can impact and support the transition from one culture to another. In turn, the refugee in settling into a new culture means accommodating to the culture of the new host society by understanding the way of life of that society. The refugee must also understand that the presence of people from diverse backgrounds can raise many challenges such as those posed by discrimination and racism. Acculturation is a challenging process and is related to a migrant's ability to integrate into the society and culture of the host country. The integration process is one of the most complex issues and deeply tied to issues of social identity (Coley et al., 2019). Schwartz et al., (2010, p. 237) regard acculturation 'as a multidimensional process consisting of the confluence among heritage-cultural and receiving-cultural practices, values, and identifications.' Being prepared to accept and understand the host culture can improve the chances of acculturation leading to integration into the new environment. Therefore, the integration of a refugee's own culture into a new culture is important for establishing the new position of an individual in the host society. Berry et al. (1977) explain that acculturation can facilitate the refugee's integration into society, improve their well-being and ensure that they can lead a dignified life while upholding their rights as refugees.

According to Berry (1997, 2006b), it is necessary to understand the psychological pressures that occur in the cross-cultural context of acculturation and that psychological well-being depends on coping within the acculturative process. However, Bhattacharya (2008), points out that there is no universal model for successful acculturation and that migration-related

sociocultural norms and beliefs, history, kinship structure, gender and the socio-political situation are factors that influence acculturation in the post-migration context. The process of acculturation is a common challenge encountered by immigrants within a new culture and society due to its multifaceted nature. Acculturation and integration are processes experienced by diverse groups of refugees and migrants in a new country (Yakushko et al., 2008) who require experience about how to conduct themselves in a multicultural environment, particularly where many societies are culturally diverse and the newcomer must comprehend the nuances of cultural differences. The process of acculturation requires an 'understanding of how people give meaning to their lives' (Marsh et al., 2007, p. 7) as well as being about the acceptance of diverse cultures.

Participants described their acculturation into Finnish society as part of their life story experiences. At the forefront of some of the Kurdish refugees' life stories was the concern about 'acculturation'. Drawing on the narrative of acculturation through the I-poems, further aspects of their acculturation experiences were revealed, such as Kamran's below. Three participants' I-poems put forward a similar accounts and are presented following Kamran's.

*I try to integrate into the Finnish culture*

*I always watch the news*

*I was meant to be in*

*I am now more eager*

*I tried to make new friends*

*I now try to work*

(Kamran, male, age 56)

*I think I managed to integrate*

*I was committed to building a new life*

*I did not want us to go over*

*I noticed a big difference*

*I made the decision*

(Peshava, male, age 40)



*I moved to the north of Finland*

*I felt stable and had hope*

*I started learning*

*I felt free and reborn*

(Mahabad, female, age 40)

*I continued arranging the events*

*I passed on my responsibilities to*

*I was very proud of*

*I managed to create a change*

(Farshad, male, age 46)

Kurds first began arriving in Finland during the 1970s. (Wahlbeck 2005). However, there is a lack of information regarding the process of acculturation and integration among Kurdish refugees and migrants in Finland even though the acculturation experience has had an impact on the ability of these refugees to integrate into their new society. Knowledge about the acculturation behaviour of these Kurdish refugee participants will help to understand the gap between their culture and Finnish culture. According to the participants' life story interviews, living in a new environment and culture has been difficult to manage. Following the Listening Guide analysis, I have identified three key areas of the acculturation narrative in the context outlined by this study. Each of these is considered in turn. They are:

- the role of language in supporting acculturation
- the role of education in promoting acculturation
- the role of social capital in acculturation

#### 6.2.1 THE ROLE OF LANGUAGE IN SUPPORTING ACCULTURATION

The process of acculturation may require individuals to learn a new language which supports them in assimilating into a new culture. Most participants agreed that language learning is a positive activity to engage with in a new country as the ability to communicate encourages people to discover other

cultures and societies (Abou-Khalil et al., 2019). Discovering about new cultures allows Kurdish refugees to change their attitude towards their new society and also further their integration into other cultures. As such, a refugee must learn a new language to reinforce integration (Muliro, 2019). However, the process of learning a language can be challenging for refugees given its importance to the process of acculturation in a new country (Keyes and Kane, 2004). According to Kerka (2002), trauma and adult learning are associated with each other as individuals who have suffered past trauma may find the task of learning a new language challenging. According to research studies, trauma can have a negative effect on the process of learning a new language although the impact of trauma on language learning varies from person to person (Sondergard and Theorell, 2004; Pipher, 2002; Medley, 2012). However, the Kurds speak various native dialects and the majority are bilingual or multilingual and are integrated into the countries where they reside (Toivanen, 2013). Additionally, due to the historical background of the Kurds, multilingualism can be considered as 'part of who I am' and therefore learning a new language was considered important for the refugees in Finland.

Shno's experience was presented to illustrate the role of language in supporting acculturation and was used as an example to illustrate the first listening in the LG method of analysis (see Chapter 5). Shno (female, age 37) had been living in Finland for fourteen years at the time of the study. She explains that learning Finnish allowed her to understand the new community and culture. She uses learning a new language as a way for her to feel a sense of acculturation into Finnish society even though she found it challenging:

*I began attending Finnish language classes to learn the language. I also met other asylum seekers and got to learn and understand their cultural backgrounds. Whenever I met Kurdish families in Finland, I felt happy and alive again. But I never gave up and decided to study the language harder to integrate and familiarise myself with the culture. (Shno)*

Peshava (male, age 40) is another participant who has been living in Finland for twelve years. He experienced a difficult time during the refugee process. Eventually he learned the language to aid his integration into Finnish society

but also participated in the political community to give the Kurdish nation a voice.

*I started attending a language school to learn the Finnish language as soon as possible. I think I managed to integrate into the Finnish culture very early on because I was committed to building a new life for myself and my family. Being a refugee is not easy. They need to understand where we come from as each country has its own issues, and each person has their own problems. I want to get more politically involved and help Kurdish people to better integrate into the Finnish culture.*  
(Peshava)

Mustafa (male, age 47) is another participant who has been living in Finland for fourteen years. It is important to approach the refugee integration process with empathy, understanding and a recognition of the unique challenges faced by refugees such as cultural and language barriers (Gurer 2019). In talking about the adaptation process, he mentions learning new skills and contributing positively to the host country.

*Understanding the process of refugee integration is one of the most common challenges faced within a new culture and society. After learning the language, I started my own business. I opened a restaurant and started making a good income. The experience of a hard life in Turkey and difficulties in Finland is what led to this.* (Mustafa)

Kurdish participant Gulzar (female, age 38) has been living in Finland for eighteen years. She learned a new language to lead a better life in the new society. Her challenges and opportunities are illustrated here:

*I managed to learn to speak the Finnish language almost fluently, although I think learning a new language is not easy for someone who has not lived in the country most of their life. Learning a new language requires a lot of time... I feel proud that I am Kurdish. I can speak five languages fluently and I am also politically active for my country... Only with love can human beings grow and build a beautiful life. I fell in love*

*and getting married felt like the right thing to do. I moved to Finland.*  
(Gulzar)

Karim (male, age 46) discussed how learning the language gave him the chance to manage and build a new life:

*I tried to learn the language so that I could start a new life and find my place in this new society. I wanted to make a difference in my own life. Learning a new language helps an individual to find a job.... I helped with translations and guided refugees to settle into Finland... I participated in events and speaking opportunities to discuss multiple cultures so that I could help Finnish people to get to know us, migrants, better.* (Karim)

Mansour (male, age 47) is another participant who has been living in Finland for twenty years. He explained that it is difficult to understand medical terms in Finnish, thereby limiting healthcare access. He mentioned that he knows more about medical terms and treatments in his own language.

*I began studying the language.... I was fluent enough to take care of my own business and did not require a translator to help me... Unfortunately, I did not understand all the terms in Finnish. Understanding my illness in the Kurdish language helped me to take care of myself better.* (Mansour)

Hemin (male, age 46) has been living in Finland for twenty-six years. He experienced a great deal of suffering in his home country. During the refugee process, he kept all the pain and suffering as a secret in his heart and never spoke to anyone in his family or his best friend until he arrived in Finland as a refugee. He had to learn to heal. Once he learned Finnish properly, he managed to talk to a therapist, slowly managing to recover.

*After six months of living in Finland, I learned to speak the language fluently...I asked to see a therapist again. I discussed everything from my childhood all the way to the present day. This time seeing a therapist had two benefits. The first one was that since my language was much*

*better, I did not need a translator, therefore I was confident enough to discuss my problems with my language without any help. The second was that I learned to speak calmly. (Hemin)*

Savbolāgh (female, age 56) had been living in Finland for seventeen years. She explained that she tried to learn the language to gain a better understanding of the host country's cultural values and support her children with their integration into the new culture and environment.

*We had language difficulties.... My husband and I were sent to language school to learn the Finnish language. Life often forces us to adapt to the events that occur. (Savbolāgh)*

The role of language is crucial to integration into a new society and culture, being an important part of the acculturation process in the refugee process. This process remains extremely challenging for refugees as they have to deal with the anxieties of the past, present and future and the vulnerabilities that accompany them. Thus, language learning is a determinative aspect of the acculturation process for refugees. Based on the participants' experiences, one can claim that language plays an important role in the context of social empowerment for refugees. Language skills represent a self-empowering tool that can influence acculturation into a new society, particularly as living in a society with diverse cultural backgrounds is very challenging (Hodgins, 2018) at a time when European societies are being increasingly characterised by cultural diversity. Correspondingly, language becomes an essential tool for communication and dialogue, offering an opportunity to assist with integration (Paola and Brunello, 2016). According to a research study about language learning in the context of refugees, three important factors influence access to information and quality of care: the language barrier; awareness of other people's culture through communication; and the level of health literacy required to comprehend health information (Schyve, 2007).

According to Warriner (2015), language learning is an opportunity for migrants and refugees to integrate into the culture and society of the host country. Language learning demonstrates ongoing challenges for the refugee

population due to varied educational backgrounds and traumatised pasts. According to Little (2019), multilingual people have explicit powerful emotional priorities in one language over another. Correspondingly, there is a need to understand acculturation as part of the process of integration as a multi-step process that demands much more than mere language skills and a job. According to research, Finland has relatively little experience when it comes to the integration of migrants (OECD, 2017). This warrants detailed consideration during the drafting of integration policies as integration in Finland is challenging for refugees and migrants who are forced to deal with a multi-faceted society. All major institutes have recognized inefficiencies in the integration system in Finland (OECD, 2017).

The refugee experience of integrating into Finnish society is riddled with difficulties. The conflict between people of different ethnic groups results in isolation from Finnish society. Thus, it is important to generate spaces for diversity in terms of thoughts, feelings and prospects regarding other groups, as an all-inclusive approach. Parekh (2000, p. 112) developed the theory of multiculturalism as a 'perspective on human life' which considers multicultural societies in terms of their constitution, group delegation, justice and rights based on national and cultural identity, education, intercultural interaction and gender relations. According to Norredam (2011), refugees encounter challenges in accessing the right healthcare information and face barriers to care delivery due to the lack of cultural competence among health providers. As part of this study, the participants also discussed their experiences concerning the primary health care system of Finland.

Awareness of the country's language has a significant role in helping refugees and migrants integrate into the new society (Amit and Bar-Lev, 2015).

Participants give similar accounts when talking about the unique challenges and experiences in learning languages and express how meaningful these experiences are to them. The following I-poems come from the life story interviews of Kamal, Gulzar, Farshad and Karim (one each) and Hemin (two).

*I have learned language*

*I have learned many beautiful values*

*I never knew in Iran*

*I have learned to respect*

*(Kamal, male, age 51)*

*I learned the language*

*I hope to see a change*

*I hope that one day Finland can achieve*

*I think Finnish people see us immigrants as a concern*

*I can guarantee that most migrants*

*I do not think they are earning enough*

*I hope that one day*

*(Gulzar, female, age 38)*

*I managed to learn to speak Finnish*

*I think learning a new language*

*I signed up*

*I decided to take part in*

*I was very keen to do*

*(Farshad, male, age 46)*

*I began a new journey in Finland*

*I began learning the Finnish language*

*I moved to the country*

*I then joined a college*

*(Karim, male, age 46)*

*I have the ability to change*

*I wanted to build a new future*

*I moved to Finland*

*I noticed a significant change*

*I made was to learn the language*

*I could start a new life*

*I wanted to make a difference*

(Hemin, male, age 46)

*I moved to Finland*

*I tried to learn the language*

*I developed a very good social network*

*I learned to speak the language*

*I also developed a good network*

*I request to see a therapist*

(Hemin, male, age 46)

According to Seppelin (2010, pp. 1-2), promoting and supporting the integration of refugees and migrants in Finland includes:

1) providing guidance for the use of services; 2) providing information about Finnish society; 3) providing Finnish or Swedish language teaching; 4) providing adult skills training; 5) providing basic education; 6) providing interpretation services; 7) providing services to promote equality; 8) providing services to meet the special needs of migrants; 9) providing services for special needs groups; and 10) providing services that encourage migrants to acquire the skills and knowledge needed in the society.

Singleton and Krause (2009) claim that lower levels of literacy influence health status. Individuals with lower levels of literacy demonstrate a limited understanding of medical information that is presented in the language of the host country. More specifically, those who are health literate in their own language may be less health literate in the language of the host country. This is explored in more detail in the next chapter.

Acculturation is a process related to building relationships with new roles in the new society. The process of refugee acculturation involves engaging in mainstream social activities within the context of cultural diversity in the new society. Refugees, as such, essentially need to learn the language of the host country as it facilitates communication with other people and helps them gain awareness of the new environment. Language learning also helps establish a social identity which, in turn, enables the refugees to successfully integrate



into the new community (Thomas et al., 2016). But this does not mean losing the identity and language of the home country. The importance of learning one's mother tongue (first language) is paramount for identification. According to Maalouf, 'language is the axis of cultural identity whereas pluralism of language is the axis of all pluralities' (2016, p. 19). Research in Australia and Austria showed acculturative stress to be a determining factor in the migration process. Therefore, the process of integrating into a new culture requires the maintenance of a balance between the indigenous culture and identity of both the refugee and the host country (Kartal and Kiropoulos, 2016). Finnish, Swedish and Sami are the national languages in Finland. All ethnic groups living in this country have the right to maintain and develop their language and refugees and migrants have the right to choose which language to learn. Most asylum seekers can speak Finnish.

#### 6.2.2 THE ROLE OF EDUCATION IN PROMOTING ACCULTURATION

There are multiple advantages provided by education in the acculturation process of refugees and migrants as enhanced knowledge and improved ability to interpret information equips them with a better understanding of an unfamiliar environment. According to Bodwig (2015), education is an important channel for communication and successful integration into a host country. According to a UNHCR global review, a report on access to education for refugees explains that education can establish important facilities for the refugees in terms of social integration into host countries as '[e]ducation satisfies basic learning needs and enriches the lives of learners and their overall experience of living' (UNHCR, 2009, p. 22). Refugees and migrants face new challenges when trying to successfully navigate the route of transferring values and learning social roles in adapting to a new society (Binder and Toši, 2005). According to the OECD (2019), the successful acculturation of refugees can help create social capacity, reduce conflicts within the new society and bring about equality. Furthermore, understanding the refugee process reflects on the refugees' ability to cultivate living in a new culture and society.

Kurds come from a background in which education in their home countries has been problematic as the anti-democratic regimes that the Kurds have been living under in Kurdistan have impacted student learning and educational conditions. According to the World Bank's statements (2005, p. 1) regarding education and the importance of a mother tongue:

fifty per cent of the world's out-of-school children live in communities where the language of the schooling is rarely if ever, used at home. This underscores the biggest challenge to achieving Education for All (EFA): a legacy of non-productive practices that lead to low levels of learning and high levels of dropout and repetition.

This is true for many Kurds. The use of the Kurdish language in education is typically dismissed and rights to education are very weak. For Kurds, their mother tongue has virtually no role to play in the education system and Kurdish students often stop studying after primary level. Beltekin, (2016, p. 31) suggests that the Kurds should be educated in their own tongue as it could help build a new identity and lead to 'the rebuilding of Kurdishness' in the contemporary world. It is not surprising, therefore, that the research participants placed a high value on education in the host country.

Access to education is a principal human right that denotes a significant value in highlighting the cultural and social identity of refugees in the host country. According to Nicolai and Triplehorn (2003), education can provide several forms of protection in terms of psychological and emotional well-being, referred to as 'psychosocial protection'. Education can also protect in terms of learning, which is commonly termed 'cognitive protection'. Refugee families have encountered several challenging experiences, making access to education important so that they may be better equipped to deal with difficulties in their day-to-day life. According to Handlin (1951), refugees suffer many losses such as social identity, livelihood, place, family, friends and support systems. Kabeer (1999, p. 436) describes education as having the potential idea to encourage and support one's 'ability to make choices' so for many refugees access to (given their age) higher education allows them to make choices that can improve their personal lives (Dryden-Peterson and

Giles, 2010). It is important to understand that education and literacy influence the refugees' successful experiences in the host countries (Lee and Kang, 2018). Many refugees need access to education in the new country as many of them arrive with little previous education or education that has been interrupted (Bosswick and Heckmann, 2006) as is the case with the Kurdish participants in this research. Furthermore, even if they have higher qualifications obtained in their native country these are often not recognised in the host country.

Shno (female, age 37) explains the role of education in her refugee experience and speaks about her access to further education to facilitate her acculturation in Finland. The following plot and I-poem come from her life story interview.

*I would use my time beneficially to study and read books. I learned to speak Finnish fluently within three years and started to work as a translator. I worked with Kurdish students and helped them to learn and understand the Finnish language.*

*I was able to attend school  
I could have encouraged  
I never gave up on studying  
I wanted to do something  
I decided to study further  
I became politically active again  
I help Kurdish women*

(Shno)

Mahabad (female, age 40) explained how education and learning a new language helped her understand and recognise herself as a person who could deal with the problems she faced in the new society. Her challenges in taking up opportunities as well as her interest in education in order to fit into Finnish society are summed up below. This is what Mahabad had to say about education as an origin point for acculturation in the new country.

*A while ago, I attended a course that introduced me to new sectors and job roles. Soon after, I was expected to start an internship as a practical*

*nurse for a course targeted at foreigners. I studied for three years and became an official practical nurse. After a few years of work, I focused on interpreting and translation education. I am now working as a translator.*

*I moved to Finland  
I started learning  
I was glad to have  
I attended a course  
I was expected to start  
(Mahabad)*

Mansour (male, age 47) explains his experience of the education process, describing why he was unable to continue studying in the host country.

*I was able to find work and I also did some studying. I studied to become an electrician. I enjoyed it and could have continued to study for another four years to become an engineer. However, I had a lot of problems in my personal life. Therefore, I stopped studying. (Mansour)*

Mansour explains how influential education was in improving his quality of life in the host country. The refugees' educational backgrounds are very varied because Kurdistan's political situation has affected many aspects of Kurdish people's lives and their educational levels. He describes why he was forced to drop out of school in his home country. The following I-poem comes from his life story interview:

*I studied until fifth grade  
I had a normal life  
I was a Kurd  
I had a responsibility  
I become a Peshmerga  
I stopped studying*

Gulzar (female, age 38) has had a difficult life, comprising several different situations that she believes she is unable to forget. She struggled to choose a subject for her education in the host country.

*I loved studying and continued to study hard. At college, I chose sociology as my main subject. I fell in love and moved to Finland. I had to leave Sweden and drop out of school... The process of learning the Finnish language was very slow and difficult for me. I learned to speak Finnish fluently after five years. I had several educational experiences. I can speak five languages fluently. I am now a translator. (Gulzar)*

This is what Gulzar wishes to explain regarding her education in the host country as expressed in her I- poem.

*I loved studying  
I chose sociology  
I fell in love and moved to Finland.  
I had to leave Sweden and drop out of school  
I learned to speak Finnish  
I had several educational experiences.*

Kamal (male, age 51) was unable to continue his studies due to military conflicts. He explains his culture and social reality in his home country.

*I have only studied until mid-primary school. As I got older, our village became unsafe, and I had to stop going to school. I moved to Finland because I did not have any opportunities in my home country. I live in Finland, I am still politically active, and I try to help my people. I want to tell everyone about my personal experience as a refugee. I want to participate in acculturation with my own culture. I chose to work in the host country for a reason. (Kamal)*

Kamal speaks about his education and acculturation process in the following I-poem:

*I moved to Finland  
I got involved*

*I am politically active*

*I chose work*

*I try to help my people*

Peshava (male, age 40) discusses in his life story interview how he had a challenging experience with the education process in the host country, affecting his life and acculturation process. In his life story interview, he speaks about himself, his cultural reality and the challenges in taking up opportunities.

*The Finnish government helped me to find another route. I was recommended to become a translator. I had to complete a short course, which I did, and I now work as a full-time translator. I keep an active life and I work hard. I also wanted to become a politician and was eventually nominated to become one in the parliament. I wasn't elected but I was proud of myself that I was confident enough to set myself up for it to help other Kurdish immigrants. I am still active and help Kurdish people whenever I can. In the future, I want to get more politically involved and help Kurdish people to better integrate with the Finnish culture. (Peshava)*

Peshava speaks in this I-poem about his experiences with acculturation and regards his past as a beacon shining towards the future.

*I ran in the dark*

*I fell into the [tandor] oven.*

*My face, chest and hands were all burned*

*I would never forget*

*I learnt to adapt*

*I was good at school*

*I kept studying*

*I was one of the best students*

Farshad (male, age 46) describes his own experience with opportunities for education and acculturation in Finland and the challenge involved.

*I moved to Finland for about six months. Then, I joined a college named Christian College where I began studying again. I studied hard and wanted to continue studying in higher education, but I was not successful. I think one of the reasons for this was that my teachers did not have much experience with foreigners and that I was not guided throughout my studies. I was treated similarly to Finnish people, and this may seem like it was the right solution to make us feel equal.*  
(Farshad)

In this I-poem Farshad speaks about his education before and after moving to Finland.

*I completed high school in Baghdad  
I wasn't able to graduate  
I can speak multiple languages  
I decided to go back to school  
I graduated  
I once again tried to find a job*

Karim (male, age 46) describes his experience with new education as a refugee, explaining the opportunity he had in the host country.

*In 2001, I had an entrance exam to study for at Lapland university, where I was admitted. In 2004, I graduated with a master's degree. In 2005, I applied for a course to become a translator at the University of Tampere, and I was admitted. Soon after, I became a translator for Kurdish and Farsi.* (Karim)

In this extract, Karim speaks about the educational background he had in his home country and described the opportunities that aided his acculturation in Finland. This is described in the following I-poem.

*I went to school at the age of six.  
I studied in my hometown  
I remind myself to think  
I can change*

*I wanted to build a new future*

*I moved to Finland*

*I wanted to make a difference*

Hemin (male age 46) who had experienced unpleasant situations in his home country explains his experience of education and the acculturation process in Finland.

*After nine months of learning the Finnish language almost fluently, I applied to study at a university. I applied to study politics at the University of Turku. Since I never finished high school, I did not have the qualification to study at the university. Furthermore, my language was not fluent enough. I was however admitted to study for a publishing degree as I was good at maths, chemistry, and physics. After graduation, I published a Kurdish newspaper in Finland. I also published another newspaper called 'Migration' which discussed immigration and matters related to the Kurdish people. (Hemin)*

Many of the participants in this study describe how they had no choice but to drop out of school due to military conflicts in the Kurdistan areas. The participants' interpretations highlight education as a tool to help with the acculturation process. The refugees wanted to create a future for themselves based on their education which further motivates them during the refugee journey. Many Kurdish refugees were deprived of the basic right to education and, therefore, sought a new way of life in an unfamiliar culture and society facilitated by language learning and education.

### 6.2.3 THE ROLE OF SOCIAL CAPITAL IN ACCULTURATION

In this section, I explain the role of social capital in the acculturation experience of Kurdish refugees. According to Hanifan (1916), social capital relates to the common activities of daily life, such as friendship, empathy, sense of purpose and communication between neighbours. Social capital plays a positive role in the context of refugees, comprising language ability, educational skills, acculturation variables, social connections and varying types of social networks (Cheung and Phillimore, 2013). It is concerned with interpersonal



relationships, identity, understanding, norms, values, trust, cooperation and reciprocity. Social capital carries different meanings and values in different societies and pertains to the functioning through social groups of the understanding of norms and values and for the building of trust, cooperation, and reciprocity in relationships between diverse groups in the community. Social capital also refers to the network of social connections that provide a channel for performing good deeds associated with health and welfare.

Bourdieu (1986), who outlines several forms of social capital, such as physical capital, political capital, and symbolic capital, expands upon the idea of social networks as elements that connect the refugee population to the new society and provide access to social capital, thereby allowing them to employ such resources in the context of those networks. Refugees have different kinds of social networks from the host population and have access to different types of social capital but these can positively impact on integration and acculturation into the host country (Cheung and Phillimore, 2013). The concept of social capital in the refugee context is intimately correlated with the process of acculturation into the new society as refugees and migrants require information and knowledge to create social trust in the new society. This can be done by refugees increasing their social capital and creating relationships to build networks of trust and reciprocity between groups and society (Griffiths et al., 2005).

For a refugee, social capital may have to be built almost from scratch as Narenj (female, age 60) explains how she had to leave all she knew.

*We left everything behind. Everything we had built together as a family and all the memories we had in our home were left behind just like that. It was very difficult and heartbreaking.* (Narenj)

Shno (female, age 37) explains the difference between the social connections in her native country and her social connections in Finland.

*In our culture in Iran, neighbours take care of each other when needed. I learned that Finnish culture was the complete opposite of ours. I felt very lonely and isolated.* (Shno)

Similarly, Kamal (male, age 51) explains the changes he experienced in his surrounding environment as follows:

*The environment I lived in Kurdistan was completely different from the environment I live in now. Finland is culturally and socially very different from where I come from. When asylum seekers come to Europe, they are very different people - with heavy and deep struggles. (Kamal)*

Farshad (male, age 46) has had a very difficult life. He tries to help the Kurds and Finns to get to know each other by helping refugees better adapt to the new culture and providing accurate information regarding Kurdish culture to the Finnish people. He encourages Kurds and Finns to come together to develop good social networks and relationships.

*I started to get more involved with the community around me. I started a Kurdish association to help Kurdish and Finnish people to get to know and understand each other better. I would go around Finnish schools to introduce and educate Finnish students about Kurdish culture and customs. I would also arrange Kurdish evening events and parties where people could talk to each other and have a good time together.... I managed to create a change. I introduced Kurdish people to so many Finnish people and changed so many other areas, such that we were finally considered important by other Finnish societies... I think it's important for all of us to build a community together. I have personally helped Kurdish people to integrate and adapt to the culture better. .... In my opinion, integrating into society is different for different people.... Understanding a language as well as a culture can help anyone to understand and integrate into a new culture much faster. (Farshad)*

In the same vein, Hemin (male, age 46) explained how his social connections in Finland allowed him to learn the Finnish language and culture.

*I tried to learn the language to be as fluent as possible. I developed a very good social network. I also developed a good network with various Finnish people. We hosted regular meetups and would make food and talk about current issues. (Hemin)*

Kamal (male, age 51) explains the evolving experience of political events and related regulations in the context of the available resources for building social capital in a new community. He is happy and hopeful that the second generation will not face so many problems.

*The first generation of immigrants faces several problems while settling into a new culture. Their past and the issues they have dealt with have a direct impact on their new life. It is much easier for the second generation to cope and settle down. Growing up in a country where they can learn the language early on will have a majorly positive impact on their life. They are not a victim of their memories or past lives. (Kamal)*

Zakaria (male, age 50) told the researcher that he was very young when he left his country and family. His time has been challenging as a refugee in Finland. The following represents his contribution from his life story experience.

*The government in Finland has built a good foundation for immigrants to build a better life for themselves. However, the only thing lacking is kindness, although I do see Finland as my own country now. There are several good things about living in Finland. The possibilities for a good life here are endless but like I said the country and its culture lack in kindness. In my home country, there are no possibilities, and it will take a very long time before any of that is possible in my country. Often, I think that society is well ahead of its time with the way it takes care of its people. (Zakaria).*

### 6.3 SUMMARY

This chapter has explored the experiences of Kurdish refugees concerning the broader narrative of acculturation. The Kurds in Finland constantly work towards improving the living conditions for themselves and others by engaging in effective acculturation to integrate. There is a lack of knowledge about the process of acculturation and integration procedures among Kurdish refugees and migrants in Finland. This study shows that Kurdish refugees understood that the acculturation process requires support to live in Finland. Due to the

political and social conflict in the areas of Kurdistan, refugees were unable to access more than a basic level of education in their country of origin and thus, require support and protection in the host country. Based on the participants' life story experiences, several different ways may be employed to engage with acculturation in Finnish society, such as learning the language, pursuing education, and acquiring social capital, the latter referring to the ability, knowledge and awareness to create a good network of relationships. The following acculturation strategies were identified: learning the language; getting an education; maintaining one's own culture; contributing to Kurdish culture; attaining a life balance; and being active and occupied in the host country.

From the evidence presented here, refugees seek to understand and adopt the ways of the new culture whilst not losing their original cultural identity. Undertaking education, learning a new language and engaging in social networks, and thus developing social capital, are all part of 'seeking' and 'accepting' to establish a new life through positive interrelationships. Enabling the process of acculturation by learning a language, undertaking education and acquiring social capital have been found to remain an essential strategy in the refugee context for migrants to feel positive about living in a different country.

## CHAPTER SEVEN: MENTAL HEALTH

### 7.1 INTRODUCTION

This chapter is the second of two chapters which present the study's findings in the form of extracts from life story interviews and I-poems. This chapter focuses on those interviews in relation to mental health interwoven with a discussion of how these findings relate and contribute to existing research in this area.

Life in exile presents significant challenges for Kurdish refugees and migrants, profoundly impacting their psychological well-being. These individuals often experience the enduring effects of trauma which manifest in both physical and mental symptoms. According to the World Health Organization (WHO 2004 p. 10), mental health is defined as 'a state of well-being in which the individual realizes their abilities, can cope with the normal stresses of life, work productively and fruitfully, and can contribute to their community'. As this chapter will demonstrate, the difficult circumstances faced by Kurdish refugees and migrants in exile can profoundly impact on their mental health and overall sense of well-being.

This chapter aims to delve into the participants' reflections on their evolving comprehension of mental health and how they perceive the impact of the refugee process on their ability to cope with mental health problems in Finland. Through an in-depth exploration of the participants' life stories, I establish connections with the existing literature on mental health issues among refugees and migrants as discussed in earlier chapters. It is crucial to emphasise in this chapter, as well as in other chapters, that the participants' life stories are being co-constructed through my investigation of the data, with me as the researcher aiming to represent their voices effectively. Throughout the analysis, I have taken into account the perspectives presented by Gilligan and Brown (1992, 2003) and Mauthner and Doucet (1998) to guide my approach. The participants' experiences and the challenges they have faced as presented in this chapter contribute to a deeper understanding of how the refugee process can influence people's mental health.

Participants shared their experiences that impacted on their mental health in terms of:

- challenges and experiences of trauma
- challenges and experiences of grief and loss
- challenges and experiences of loneliness
- cultural perspectives on mental health
- the stigma of difficulties with mental health
- wellbeing and resilience

## 7.2 KURDISH REFUGEES AND MENTAL HEALTH IN FINLAND

The phenomenon of refugeeism goes a long way back in human history. The Kurd's unresolved political and social problems have led to many young people leaving their homeland each year. The history and culture of the Kurdish people are embodied in many painful experiences involving repression and violence. Traumatic experiences among refugees are widespread with the majority of the Kurdish refugee population having encountered serious traumatic life events and health problems (Lehti et al., 2016). The Kurdish refugees come from different countries and have experienced a variety of gruesome experiences that have led to grief, loss, loneliness, trauma and struggles to find hope, all of which may have adversely affected their mental health and the opportunities and quality of life in the host country (Wahlbeck, 1997). As the participants discussed their experiences and reflected on their refugee journeys in their life story interviews, they revealed a narrative of experiences of mental health difficulties. The traumatic experiences that participants had been through were often unavoidable as in this example from the life story of Zakaria (male, age 50).

*In 1988, over 5000 people died in the chemical rain, and I also got wounded. However, doctors could not find medicine for me, so I was sent to France. I stayed in France for three months. I had surgery, but it was unsuccessful, and after a while, I was sent back home. (Zakaria)*

Participants discussed many different mental health problems which had impacted on their mental health and well-being in Finland: such as the challenges of depression, insomnia, nightmares, feeling hopeless and scared, and sadness. The symptoms experienced by participants are commonly related to mental health challenges experienced in the refugee process as have been identified in previous research (WHO 2019). Kurdish refugees also often face numerous challenges in their new environment and uncertainty about their future. Farshad (male, age 46) explains:

*They don't know what we have been going through. Life in Finland feels like another planet to us. It is so different to what we are used to. For example, being a teenager in Finland has a completely different meaning than being a teenager in our culture... (Farshad)*

The Kurdish refugees' experience of mental health is important as they have to navigate various mental health issues dependent on their unique life stories. It is crucial to acknowledge that each refugee and migrant has different experiences and faces different challenges during their refugee journey which can impact on their mental health in different ways. Research has shown that untreated mental health problems experienced by refugees and migrants result in great suffering and have a negative effect on education, employment and the family situation (Ngui et al., 2010). Therefore, identifying and addressing these complex mental health dynamics is important in providing appropriate support and intervention for refugees and migrants.

Mansour (male, age 47) shares and discusses his traumatic and post-traumatic experiences in his home country and on his journey to seek asylum. These challenges and experiences have affected his physical health and mental health in the host country.

*I have experienced several sad life events ...I suffered from a bad colon infection, which luckily was treated in Finland. I don't know why it happened to me, ... Once, for a very long time in the mountains of Kurdistan, my friends and I were thirsty. .... When we returned from the mountains at the bottom, we found an old dirty pond. It was filled with*

*insects, but I was so thirsty that I just jumped into it and drank as much as I could. .... This tummy ache stayed with me for years and I often felt the pain until the age of 40 - when it turned into colon polyps. I was fortunate enough to have surgery in Finland... Although the strength of the medicine helped me heal, it also led to diabetes and increased my blood pressure and Cholesterol. ...I still suffer from diabetes – and to this day, inject myself each day with insulin. I must be very careful about what I consume to keep my blood sugar low. (Mansour).*

The following sections discuss more specific mental health needs associated with the Kurdish refugees in Finland.

### 7.2.1 CHALLENGE AND EXPERIENCE OF TRAUMA

The Finnish Migrant Health and Wellbeing Study (Maamu) found that Kurdish refugees and migrants suffer from significant mental health conditions such as anxiety and symptoms of depression (Rask et al., 2015) and according to Salama et al., (2019), Kurdish migrants have experienced a large number of traumatic events. As a result, they are more likely to suffer from depression, anxiety and somatic symptoms when they meet discrimination and other stressors in their new host countries. Refugees can also suffer from PTSD and when there is a new significant life event there can be an increase in avoidance behaviour (Schock et al., 2016). Indeed, trauma was identified as part of the experiences and challenges of the Kurdish refugees who participated in this study. Many participants including Peshava, Hemin, Kaveh and Zakaria fled from their home countries due to traumatic events. Each person shares their unique experiences and the profound pain of their prolonged suffering becomes apparent in their interviews. The anguished scars of their past have deeply affected their mental health. Peshava (male, age 40) shares his account of his traumatic experiences.

*At the age of two, I fell into a tandoor oven. During the night, we heard a bomb exploding in our back garden and ... My face, chest and hands were all burned. Because of the military conflict between the Islamic Republic of Iran and the Kurdish people opposing the regime,*



*we were not able to rush to a hospital.....This experience completely changed my life..... but I wasn't able to join because of my hands. It broke my heart. Feeling scared and embarrassed became a big part of my life and .... I was never able to function like a normal person - and that would always be part of my life. The Iranian government asked me to go in for an interrogation. I knew I could not handle any pain or stress because of the burns on my body, so I escaped from my hometown to Turkey. .... I first moved to Finland, and I could not understand myself for a very long time. .... I had to become what I am to survive. Being a refugee is not easy. (Peshava).*

Hemin (male, age 46) talked about the impact of loneliness and trauma in his childhood. He opened up about his traumatic experiences, including the deep impact of losing his mother at a very young age and the feelings of loneliness it engendered. He reflected on his struggles with mental health issues and the traumas he has endured throughout childhood, adolescence and early adulthood. He explained that he did not find anyone to help relieve and understand his pain meaning that these traumas remained constant companions that caused him ongoing suffering.

*After the death of my mother, I grew up with a lot of sadness. My older brothers had wives and children, and no one seemed to care about me. I experienced loneliness from a very young age. ... I went with a friend to a local garden. Once we arrived, we noticed that there were several of the Revolutionary Guards, who regulated people's actions and forbid those who drank alcohol. As soon as we saw them, we ran away, but they saw us and ran after us. I was the only one they caught. They beat me up and he raped me. .... I was too scared to tell this to anyone because I knew that if my family would find this out, they would kill me. There was no one who would understand me and if someone found out they would make fun of me....I decided to keep this to myself and never tell anyone. All these problems and events caused me to get into politics. (Hemin)*

According to Hassan et al. (2015), post-traumatic stress disorder (PTSD) and depression are some of the most significant mental health problems among refugees across the globe. Participants in the current study have illustrated how this can develop. Kaveh (male, age 51) candidly shares the deep impact of his traumatic experiences, highlighting the experience of being injured during his time fighting as a partisan. This important event not only left a lasting mark on his physical well-being but also had a deep effect on his mental health. The consequences of this injury have constantly affected his life physically and emotionally.

*One day, A friend of mine and I stepped on a mine, and I lost a leg. I had to step out of the war and deal with the easier tasks such as making food for the peshmergas and cleaning. ...I lived in a time that was very unsafe, and I did not have access to the hospital, medicines, or doctors, which is why it took my leg a really long time to heal. People would often be killed...*

*My past has shaped me so much that I wasn't able to study a new profession, ... I started multiple career paths but wasn't able to go forward with them because of my mental health problems... I was always on sick leave because of my physical and mental pain. Due to the continuous pain, the medicines I consumed, and my previous medical history, I had to retire in 2008. (Kaveh)*

According to Steel et al. (2006), the effects of trauma on refugees are non-measurable, long-range and damage both their inner and outer selves. Bemak and Chi-Ying (2017 p.305) suggest that 'refugee trauma is complex and requires understanding the psychological, cultural, sociopolitical, historical, ecological, and economic dynamics that contribute to the refugee experience'.

## 7.2.2 CHALLENGE AND EXPERIENCE OF GRIEF AND LOSS

Four of the participants in the study talked about their experiences of grief and loss and these are explored in this section. All Kurdish refugees may experience grief due to separation from their culture, society, family, friends and social connections, possessions and wealth. They may also feel frustration due to the lack of employment, and ability to communicate, integrate or form a sense of identity in trying to overcome language barriers (Murray et al., 2007). One of the most salient and highlighted themes for the life story interviewees was the experience of grief and loss. According to Steel et al. (2006), studies show that many refugees who come to another country have experienced multiple complex losses and suffering.

Farshad's (male, age 46) journey is marked by significant grief and the loss of loved ones, including his father and brothers, and by profound disruptions in his refugee journey. He has faced many challenges in finding safety and building a new life.

*I think being stranded and not having a place to call home can have a major impact on everyone's mental health. I often feel lonely and homeless somehow everywhere I go, because I had to leave my home so early on. I never found out what happened to my father and two brothers. This made me very sad and depressed, and it will always stay in my heart. My mother was always very sad, and I felt that I had more responsibility to take care of my other brothers. This, in a way, made me very sad and lonely too. (Farshad)*

Narenj (female, 60) has faced grief and loss, creating unique challenges that must be understood and need to be considered. Her experiences of grief and loss are overwhelming and have been long-lasting in her life and, consequently, have psychological and emotional consequences (Taylor et al., 2020).

*My husband: he got into an accident and passed away. It was a major tragedy for our family. It was something I thought we could never cope with. My body got into a neurotic shock and parts of my body was*

*permanently paralysed. My children and I suffered from severe depression. The doctors asked us to see a mental health specialist. The situation got so bad that we had a home nurse at our house 24 hours a day for several months. One of my daughters suffered from severe mental illness, requiring hospitalisation for a prolonged duration. Upon being released from the hospital, she was prescribed antidepressants.*  
(Narenj)

Zakaria (male, age 50), who has experienced violence and persecution, also talks of his grief and loss and how he has tried hard to endure and come to terms with it.

*Many times, I would go back to Iran and visit my childhood areas. I remembered times from my childhood, and it would bring tears to my eyes. I was forced to leave my home and be displaced. I had no place to call home. I have always felt sad about being lonely. When I was in a hospital in France, I always dreamt about seeing my friends and being happy again. I tried to put on a happy face so that people wouldn't see how much I hurt deep inside.* (Zakaria)

Hemin (male, age 46) describes the grief suffered because of the loss of his close friends which has strongly affected him emotionally.

*I cried for a very long time. My tears were for my friends who were now either in prison or killed. Many of my best friends were in prison under the Islamic Republic and one of them was later killed... This horrible situation, all of it made me feel pain and suffering. All the difficulties I witnessed and dealt with – I knew that I could not become a Peshmerga but unfortunately, I was not able to return, and I did not know anyone who could help me.* (Hemin)

This account fits well with the words of Doka and Martin (2010, p. 25) who write that:

The energy of grief, generated by the tension between wishes to retain the past and the reality of the present, is felt at many levels – physical,

emotional, cognitive and spiritual – and expressed in a wide range of observable behaviours.

Kurdish refugees are particularly vulnerable to disorders of both physical and mental health and are hampered by their lack of knowledge about how to access mental health care and mental health information. The lack of awareness regarding what constitutes mental health issues also presents several barriers to accessing health care.

### 7.2.3 CHALLENGE AND EXPERIENCE OF LONELINESS

One of the difficulties identified in investigating the stories of Kurdish asylum seekers was the experience of loneliness. According to several research studies, loneliness is a social challenge that significantly affects a refugee's life during the refugee process in the host countries (Alrawadieh et al., 2019, Schick et al., 2018). Hajek and König (2021) explain that loneliness is different from social isolation because it shows a mental feeling that it is due to inadequate social communication and a sense of separation from others. Therefore loneliness is reflective of mental health challenges.

Kaveh (male, age 51) is one of the participants who shared his experiences of loneliness and the challenges it creates. He talks about his feelings of loneliness in the new host country and identifies cultural and social gaps in the refugee's life (Patil et al., 2011). The following is an extract and I- poem from the life story interview and is followed by those of four other participants who discussed and shared with me their own engagement with loneliness in a similar way to Kaveh.

*In Finland, we lived in a remote area and did not know anyone. In Iraq, we were always surrounded by friendly people. Finland was cold, and it was snowing. Iraq was warm and green, and the weather never seemed to be a problem. In Finland, the snow, cold weather and loneliness were very difficult to cope with. This had a mental health effect on me, and I suffered from serious mental health issues.*

(Kaveh)

*I would often look through old album photos whenever  
I felt sad and lonely  
I had only read about Finland  
I tried to make our lives  
I became active in order  
I remember my first years in Finland in pain  
(Kaveh)*

For Hemin (male, age 46), different life events and contextual factors have influenced his experience of loneliness. Research studies highlight the increasing awareness of the social consequences and harmful physical and mental health effects of loneliness (Courtin and Knapp 2017; Williams and Braun 2019). According to Wu et al. (2021), loneliness is one of the most significant predictors of mental health problems a few years after resettlement and adjustment to refugee life in the host country. This is illustrated as Hemin talks about the significant challenge that loneliness created during his refugee journey and the profound impact it had on his well-being and decision-making. Challenging loneliness is a complex process (Dagan and Yeger 2019). How Hemin deals with his feelings of loneliness during the refugee process encompass a complex mix of different factors that arise from his adaptation to his new environment and condition. He creates opportunities to reduce loneliness and takes significant steps towards giving meaning to his life and for his well-being.

*... loneliness and my difficult surrounding had a really bad impact on me, so I was forced to make a final decision and that was to return to Iran... I wanted to go home with the help of smugglers... I can no longer stay here. Once I return to Iran... I might get caught and get killed by the Iranian government... I decided to commit suicide, but I changed my mind last minute... I saw my past running through my eyes. I thought, what would people think about me, what would my father say, what would my friends say?, ... I wanted to kill myself multiple times, but I was not able to do it. The last time, to avoid regret and commit it, I collected all my belongings, wrote a letter to my family, and even wrote*

*my testament. I prayed and talked with God about what I was going to do. I was about to do it again, but I had a lot of questions in my mind. .... I had to find a reason for why I existed. I decided to find out a solution to my loneliness... I translated the book '40 years khabat (battle)' from Kurdish to Farsi. I also translated the Doyle book Tolstoy into Kurdish. I also wrote several short stories, which helped me change my mindset significantly. (Hemin)*

Mahabad (female, age 38) also spoke about her loneliness and how she suffered from many different psychological problems. She did not have anyone to help advise her on how to face her problems. This is represented in her I-poem.

*I was loneliness  
I was always alone  
I tried to learn about loneliness  
I could see a psychologist  
I suffered from nightmares  
I would wake up during the night  
I told my issues to my psychology teacher  
I felt better  
I had to accept  
I had to stand with  
(Mahabad)*

Farshad (male, age 40) discusses the difference between living in Turkey and Finland in terms of the differences and similarities in culture. He described his loneliness when he was young.

*I grew up in the Kurdish part of Iraq. .. I was always surrounded by people who were in a similar culture and mindset as myself. Although in Turkey, for example, we were not able to understand or speak any of the languages; however, what connected us was the culture and customs that were so similar to ours. ..Finland on the other hand made*

*me feel lonely from the start. .... However, these are difficult for young refugees and migrants to understand. (Farshad)*

Peshava (male, age 40) describes his loneliness. He explains how he started talking to himself and writing messages on pieces of wood and in the sand by the river. The following is an I-poem from his life story interview expressing his experience of loneliness.

*I wasn't able to work  
I isolated myself for a very long time  
I loved social sciences  
I didn't have that many friends  
I learned to talk to myself  
I would often read homework to myself  
I would also often go for walks by the beach  
I would find a stick and write messages on the sand  
I love writing my thoughts on paper  
(Peshava)*

Gulzar (female, age 38) talks about her loneliness at different stages in her life as expressed in the following extract and I-poem.

*At the time, I was only a 13-year-old child and I felt very lonely without the support of my mother. It was one of the most difficult experiences of my life... We were all scared most of the time and always stuck together. Life in refugee camps can be very difficult, especially for girls. The saying 'you cannot judge a book by its cover', really has a meaning. You really cannot tell what is happening inside someone's head.*

*I've experienced deep loneliness  
I'm not happy in Finland  
I had several issues  
I'm happy with life  
I know that nothing is guaranteed  
I try to live well and have a good life  
(Gulzar).*



Narchal (2012) confirms that migrants and refugees often face loneliness in their host country and several research studies show that the nature of the challenge posed by loneliness, particularly among refugees, is interwoven with language and cultural issues (Wright-St Clair et al., 2017). Refugees face several barriers in settling into the host country that have a negative impact on their mental health and accessing knowledge and information about it (Porter and Haslam 2005; Giacco et al., 2014).

### 7.3 CULTURAL PERSPECTIVE ON MENTAL HEALTH

Culture can be described as behavioural norms, values meanings or reference points used by a society to build a unique view and identity in the world in terms of language, traditions, values, religious beliefs, moral thoughts and practices, gender and sexual orientation, and socio-economic status. Consequently, an understanding of cultural beliefs in the context of mental health issues is important in understanding what is meant by mental illness and how to recognise it and in the accomplishment of effective approaches to mental health treatment. A review of ethnocultural beliefs and mental health stigma by Abdullah et al. (2011) shows the extent to which cultural beliefs are intertwined with mental health issues. Cultural and religious beliefs influence attitudes towards mental health issues (Nieuwsma et al., (2011) and, therefore, the understanding of cultural beliefs in the context of mental health issues is important for the comprehension of approaches to mental health. According to Kleinman (1977), a global understanding of mental health issues across cultures is very important while Bhugra (1989) notes that mental health disorders are associated with emotional issues and have elicited negative responses from various cultures and societies.

Cultural and religious perspectives play an important role in understanding how the psychological and social problems among Kurdish refugees are experienced and how the methods of treatment may differ in the countries in which they live. Kurdish refugee adults have to find adaptive strategies to cope with their situations in the host country (Hassan et al., 2015) and cultural attitudes to mental illness amongst Kurds may have a significant influence on how a person views mental illness in terms of how to express experiences of

suffering, mental health concerns and how to seek help. For many Kurds, the teachings of Islam about suffering and distress establish the conceptual foundation for understanding mental health. Suffering and pain are a result of the striving for spiritual intelligence and balance in the human character in a physical body that requires the fulfilment of needs and pleasures (Georgios et al., 2017).

In addition, according to Amer and Hovey (2007), the cultural variances between ethnic groups may be a significant indicator of the source of stress as refugees are expected to learn a new language and new laws, adopt new customs and understand the implications of discriminatory behaviour towards them. Aroche and Coello (2004) suggest that a multicultural understanding of mental health can present powerful conceptual tools and frameworks for the relief of mental health issues in many contexts. According to Haque's (2010) study on the mental health concepts of Asian people, shame and family play a key part as contextual factors that significantly shape the perception of mental health issues in Asian cultures. Feldmann et al. (2007) suggest the importance of noting that people across varying cultural contexts do not identify the same distinction between the body and mind as held primarily in Western therapeutic methods. According to Von Peter (2008) and Herbert and Forman (2010), who carried out studies focused on trauma and cultural experiences across various fields, to characterise a traumatic occurrence requires an awareness of the cultural context in which it took place. The understanding of cultural values is important in the context of the mental health of Kurdish refugees, as according to a study in Finland (Thl, 2012), the population of refugees does not know how to present their mental health needs. The participants in my research did not know how to share their mental health concerns in their new country and how to seek help. Burnett and Peel (2001), who investigated the mental health needs of refugees, explained how refugees possess their own frameworks for understanding mental health and for seeking help.

Farshad (male, age 46) shared his experiences in the context of his mental health issues and their impact on his future life.

*Although I was rescued when we move to Finland, life in the new country was very difficult in the beginning. My mother was mentally very ill when we arrived in Finland. The reason for this was that we lost my father and my two brothers on the border. We were never able to find out what happened to them. (Farshad)*

The following excerpt of Kamran's (male, age 56) provides a view on the difference between refugees, and before and after the refugee process.

*In my opinion, my mental health problems are very little compared to other refugees and migrants who have moved to Finland. Unemployment brings a lot of stress and depression. This is something that a lot of refugees and migrants struggle with. (Kamran)*

Kamal (male, age 51) makes a distinction between first and later generation of immigrants in terms of their reaction to a different culture and its effect on mental health.

*The second biggest issue amongst migrants is embodied by mental health issues that almost everyone struggles with. I was among the first migrants to move to Finland, and I have had a very bittersweet experience, which I will always remember. In my opinion, the first generation of immigrants will have a lot of problems when settling into a new culture. Their past and issues they've dealt with will have a direct impact on their new life. It is much easier for the second generation to cope and settle down in a new country. Growing up in a country where they can learn the language early on will have a majorly positive impact on their life. (Kamal)*

#### 7.4 THE STIGMA OF DIFFICULTIES OF MENTAL HEALTH

Kurdish refugees come from several countries and cultures and carry experiences that influence their physical and mental health, thereby affecting the quality of their daily life and the opportunities open to them. Many experience difficulties in articulating their mental health needs and accessing information on mental health because of having to overcome language barriers and understanding cultural perspectives related to mental health

issues. To this must be added that there is, as Abdullah and Brown (2011) observe, a 'devaluing, disgracing, and disfavouring by the general public of individuals with mental illnesses'. In addition, cultural differences and unfamiliarity can contribute to the further stigmatization of refugees regarding mental ill-health which can disadvantage their well-being and hamper their integration into the host country.

Hemin (male, age 46) illustrates how mental health issues affected his life. He has experienced various types of traumatic events but because of shame and fear of his family's reaction, he did not seek out help and did not get treated. He suffered and tried to face the problems alone which resulted in him suffering from PTSD, depression and also attempting suicide. The following highlights his experiences.

*After a month of moving to Finland, I requested to see a psychologist. I did not feel safe. I was always scared that someone would come to my house. With toothpicks, I had marked my house in case someone would attack it when I was not home. I have also been interviewed by various Finnish newspapers. I am always scared, and I do not feel safe. In the 26 years that I have been in Finland, I have fallen into depression several times. The reason for this is related to the country that I am in now. For the first time, I endured a divorce, which was a very difficult experience. When I was in Turkey, I helped eleven people to live, and I never had time to go out or see my friends. I decided several times that I would commit suicide. I did try to see a psychologist because I was feeling worse and worse. I wrote my friend a letter saying that by the time he would read this letter I would not be alive anymore. My friend wrote back and said he would not forgive me before I read a book called 'The 40 Rules of Love'. Reading this book changed my life and thoughts significantly. (Hemin)*

Addressing stigma and promoting a more compassionate and inclusive society is essential to ensure refugees' well-being, dignity and successful life in their new communities. Kaveh (male, age 51) is another participant who talked about his mental health problems and their impact on his life.

*I keep visiting doctors because of my mental health issues. For a very long time, I've been taking antidepressant medicines. My body is always in pain and I'm often under the influence of medication. Sometimes the pain is so severe that I stay up all night. I've taken antidepressants for six years now. They are very strong. However, I do feel much better now than ever before.*

*My first years in Finland were very difficult and I would often be at home doing nothing. I now work and try to maintain a healthy life. I take fewer antidepressants. A long time ago, I wasn't able to drink a cup of tea because my hands were shaking. I suffered from nightmares. But I feel much better now. My feet hurt less, and I feel much better. One year ago, I had a leg surgery and since then most of the ache in my body has gone. (Kaveh)*

The stigma and fear of social isolation prevent Kurdish refugees from seeking help from healthcare professionals. According to Fawzi et al. (2009), refugee groups face several barriers in obtaining essential assistance and diagnosing specific conditions, thus leading to difficult situations (Neale and Wang, 2013). According to Nieuwsma et al. (2011), the experience of social stigma and beliefs about mental health problems can have an impact on preparedness and willingness to request treatment. According to Stuart (2005, p. 2), stigma causes the inequitable treatment of individuals leading to refusing the 'rights and responsibilities that accompany full citizenship'. Stigma can challenge the treatment of mental health problems and act as an obstacle to living successfully in the community. The WHO (2001) identified stigma and discrimination concerning mental health problems as 'the single most important barrier to overcome in the community'. The stigma and shame attached to mental health issues can prevent individuals from seeking help from mental health services (Ng et al., 1997).

## 7.5 WELLBEING AND RESILIENCE

The experiences of refugees are not fixed and can change over a lifetime (Bhugra, 2004a). According to Bischoff and Wanner (2008), refugees have

varying experiences of mental health and psychological distress in the host country in relation to which coping, as a psychological phenomenon, can be described as a process of cognitive and behavioural changes, problem-solving or adopting emotionally oriented strategies (Lazarus and Folkman, 1984). Investigatory research shows that the refugee process has a different impact on people's mental health issues, as the process itself is associated with the development of mental disorders within the context of environmental factors. Indeed, the refugee process can even have a protective factor and reduce post-traumatic stress. However, many refugees have an increased vulnerability to post-traumatic stress disorder based on their traumatic experience from migration and refugeeism (Lee et.al., 2016) and in this context, personal resilience plays a crucial role. The WHO (2005) defines resilience as a conceptualization of mental health as a positive state of psychological well-being beyond the absence of disease. Resilience is a personal ability to deal with stressful conditions that can connect to pressure causing adverse effects. Resilience can protect people from mental disorders in their daily life. (Ziaian et al., 2012)

Peshava (male, age 40) discusses his personal resilience and how mental ill-health has played a significant role as a refugee.

*Throughout my life, I have always tried to find a solution to my problems on my own without bothering anyone. I used to suffer from insomnia. The doctor said I was severely depressed and that the reason for it was that I waited too long to speak out. The doctors in Finland tried to help me, but I only got worse. I noticed that being surrounded by friendly people and friends made me happier, so I started spending more time with others. I changed my life to be more social and active. (Peshava)*

Mahabad (female, age 38) explains how she solved and understood her mental health problem.

*During our studies, we had psychology lessons which made me realise that no one had told me I could see a psychologist - someone to open up to, and who could help me. I felt depressed and unwell; and for a*

*very long time, I suffered from nightmares. I would wake up during the night exhausted and had trouble falling asleep again. Most of my nightmares were about my childhood and my school.*

*When I told my issues to my psychology teacher, she just took my problems lightly and did not give me an answer. However, after marrying my new husband, these nightmares decreased and I felt better. (Mahabad)*

Many of the participants' life stories referred to their resilience and recovery from difficult experiences and challenges, adapting and rebuilding new lives. Well-being and resilience are extremely important for refugees and migrants as they have an impact on their overall well-being and ability to adapt and succeed in their new home, particularly since refugees and migrants have often had to overcome numerous challenges and vulnerabilities.

## 7.6 SUMMARY

The refugee process can be divided into three parts based on the time period: pre-migration, migration and post-migration each of which presents specific exposures and risks (Silove et al., 2000). Research indicates that post-migration factors play a significant role in the mental health problem of refugees (Chung and Bemak, 2002) for, as Bhugra and Bull (2004) explain, migrants and refugees are faced with three important directional changes after migrating: changes in personal relevance and social networks; change from one socio-economic situation to another; and cultural changes.

The social and cultural values of Kurds have an important influence on whether and how refugees seek access to mental health services and the type of treatment they receive. Mental health issues carry the threat of stigma associated with the concept of shame and taboo. These values are rooted in the social, cultural and religious background of Kurdish refugees. The painful pre- and post-migration and exile experiences of Kurdish refugees mean that their experience carries varying levels of severity concerning mental ill-health to which they are vulnerable. It is important to know how the refugee experience is related to different physical and mental problems. The Kurdish

refugees, who have lived through trauma and other difficult events before, during and after their refugee journey to the host country, suffer from conditions such as depression and post-traumatic stress disorder (PTSD). The environment of military conflict in Kurdistan has affected how Kurds view life. Running away from their own home was, for many, the only way to escape the danger in their lives, even though it was far from being the solution to all their problems. The mental and physical implications for those who have experienced trauma during the refugee process are far-reaching and it has a long-term impact on their lives. In this, they need the right support and guidance.

The lack of education as a result of the military conflict in the Kurdistan region means that Kurdish refugees have a low level of general literacy and health literacy which can act as a barrier to accessing appropriate health information. Cultural factors can also influence their attitude to mental health issues along with questions of identity as Kurds have to introduce themselves as Persian, Turk or Arab as well as effects of the ongoing conflict in Kurdistan. All of these, at times, affect the mental health and emotional well-being of Kurdish refugees.



## CHAPTER EIGHT: CONCLUSION

### 8.1 INTRODUCTION

This research study explores the experiences and challenges Kurdish refugees face during the refugee process and uses life story interviews to explore the narratives of Kurds in Finland who have experienced the refugee process. The focus of the study has significant personal interest to me due to my own status as a Kurdish refugee who sought asylum in Finland. I believe that my previous experience of storytelling at a children's library has been beneficial in conducting this research although I did not know at the time that my previous experience would be an essential part of my research study. Working in the children's library was challenging, as my responsibilities extended beyond the management of books. Developing my skills as a librarian required a variety of expertise, such as telling stories, paying attention as a listener and applying reflexivity to the stories that were told by library users. My skills as a librarian, my passion for books and my love of storytelling have influenced the methodological approach to this study. I realised that a life story interview would be an exciting and challenging method for my research as I am aware that individuals enjoy speaking about themselves.

In this final chapter of the thesis, I present an overview of the study's findings and include a discussion on the importance of the findings and how they contribute to our understanding of refugees and the refugee process. In addition, this chapter will include a review of the study's aims and objectives, discuss its limitations and examine its potential impacts.

### 8.2 OVERVIEW OF FINDINGS

Two significant narratives were evident as Kurdish refugees shared with me their stories of the refugee process in Finland. First is the acculturation into Finnish society while not losing a Kurdish identity. This suggests that Kurdish refugees and migrants can derive satisfaction from their future lives in the host country while still holding onto their heritage. They can engage with both cultures since acculturation as a process permits social and psychological

changes that allow the Kurdish refugee to balance the two cultural demands. The immigrants who pursued and were open to this process of acculturation had a much higher educational level and employee engagement. This is particularly linked to having successful future lives in Finland. The second narrative is mental health during the refugee process which has significantly impacted their lives in Finland. Their experiences and the challenges they have faced relate to discrimination, war, trauma and human rights violations that have had an effect on their mental health. These impacts are far-reaching and the traumas experienced have shaped their lives as refugees. The findings point to the necessity of promoting engagement with the new host society and building bridges by facilitating the process of acculturation and attending to the mental health issues among refugees and migrants.

These two narratives arose out of the application of the Listening Guide (LG) as the chosen method of data analysis. I recognised the LG as a powerful tool to represent the participants' voices and for its potential as an effective means of data analysis. The LG method was used to understand the participants' life stories, that is the experiences and challenges that the Kurdish refugees faced, by constructing and interpreting experiences shared about their refugee processes. It allowed me to 'stay with the data' (Doucet and Mauthner, 2008, p. 129). The investigation and analysis of the narrations were carried out to identify the context and process of acculturation and the effect of the refugee process on mental health.

Based on the life story interviews, factors such as language, education, cultural distance and identity were noted as contributing to the process of acculturation and impacting on the mental health of Kurdish refugees in Finland. Furthermore, for the refugees, knowledge of the Finnish language and education play a significant role in supporting their acculturation. It is established that individuals who are fluent in Finnish are well-accepted in Finnish society. Acculturation is a challenging psychological process where the cultural values of refugees change and lead them to identify with a new cultural group in the host country. In this study, the acculturation process was assessed in terms of language use, education, social contacts, values and

attitudes (Klein et al., 2020). The mental health of Kurdish refugees is influenced by factors that have been identified as impacting on their mental health: low education levels, language barriers, cultural barriers and a lack of adequate mental health care.

It is important to understand the impact of the refugee process on mental health for those who have had to move away from their own country and to explore the participants' representations of their life stories and experiences. There is a need to acknowledge the connection between these two related factors and highlight the critical elements that suggest further investigation. Mental health issues among Kurdish refugees occur as a result of the refugee process, thereby causing them to experience turbulent phases in their daily lives. Understanding cultural beliefs in relation to mental health issues is a necessary perspective in employing approaches to mental health (Nieuwsma et al., 2011). Kurdish cultural and social factors have an important role to play in these mental health issues and individuals barely ever came out into the open to discuss their mental health concerns (Mofidi, 2009). Mental ill-health remains stigmatized amongst Kurds and Kurdish refugees need to improve their mental health literacy and knowledge of mental health, thus providing them with useful options to seek potentially effective treatment in Finland.

### 8.3 REVIEWING AIMS AND OBJECTIVES

This research study aims to explore Kurdish people's stories about the refugee process to better understand their experiences and challenges as they settle into Finnish society. Reflexive listening was prioritised as I intended to position myself within the research data (Mauthner and Doucet (1998) for which purpose I employed the technique allowed by the LG method of 'acting reflexivity' (Doucet and Mauthner, 2008). My own biography and reflexivity as a researcher informed the development of this project (Mauthner and Doucet, 1998, 2003). As a researcher, I established rapport with the participants so that they could share their own perspectives on the research topic. I conducted fifteen interviews with five females and ten males. My interviews occurred in 2018 over four months. The interviews covered the topics of the participants'

life stories. The experience of listening with the aim of understanding was at the heart of my study to gain a better understanding of the participants' experiences and challenges. A purposive sampling method was used.

The LG method of data analysis allowed me to listen to the life histories as narrated by the participants in order to understand their experiences – learning that I hoped might be used to improve my own future professional practice as a nurse. According to the LG developers (Brown and Gilligan, 1992 and Gilligan, 2015), the method allowed me to identify and listen to 'who is speaking and to whom, telling what stories about relationships, in what societal and cultural frameworks' (Gilligan et al., 2003, p. 159). In the four steps of the LG, the participants' views about their own background culture and society and also that of Finland emerged. The method allowed the participants to provide their own narrative from their subjective viewpoint (Bloom, 1998) so that I could comprehend the participants' 'experience' or 'voice' in relation to the participants' acculturation and the mental health impact of the refugee process. The participants' interviews allowed me to develop plots and I-poems as a means of analysing the narrative (their story) (Woodcock, 2016). I used the four steps of the LG to analyse the research data which allowed me to discover 'meaning about myself' transitioning from a 'gazing at' position to 'standing alongside' the participants (Edwards and Weller, 2012) whose voices were then presented using extracts from the participants' stories and poems in conjunction with information about their culture and social background.

My academic interest in Kurdish refugees, their acculturation and issues around mental health stem from my own experience as a Kurdish refugee settling in Finland along with my professional interest as a nurse working in the country. I strongly believe that one of the most effective ways to enhance cross-cultural understanding of different ethnic groups is through direct interaction with individuals and actively listening to their life stories and experiences. In this context, it is essential to acknowledge the significance of the oral tradition in Kurdish society. To gain a comprehensive understanding of the reasons why Kurdish people seek asylum in other countries, it is crucial

to attentively listen to the life stories and experiences of Kurds from the different Kurdish inhabited regions. This can provide a solid knowledge base for further investigation. Conducting life story interviews serves as an ideal method for exploring the experiences of Kurdish individuals within different contexts. Drawing upon my personal experiences as a migrant and refugee, I bring a certain level of understanding regarding the experiences of Kurdish refugees. This thesis prioritises the experiences of Kurdish refugee life stories as an important source for understanding what it is to be a Kurdish refugee. It is my aspiration to deepen this understanding and contribute to a positive change in their lived reality through increased knowledge and awareness.

#### 8.4 IMPLICATIONS

As the thesis progressed new areas that would benefit from research in the experience of refugees emerged in terms of how pre- and post-migrants are affected by the changing contexts of acculturation and mental health in Finland. Cultural pluralism has not usually been regarded as a political issue in Finland, so multiculturalism is embedded in the official resettlement policies. However, refugees require special assistance in order to integrate into Finnish society and, in relation to acculturation, Finland has a less multicultural resettlement policy than the UK and needs to support such a policy towards refugees (Wahlbeck, 1997). However, post-immigration coping contexts cannot be fully understood without knowledge of the refugees' values, beliefs and social norms in pre-immigration contexts (Bhopal, 2014). Interdisciplinary research studies are required to look at ways of preventing inequalities within the public provision of mental health support for refugees while looking at ways to support their acculturation paying sufficient regard to the difference in Kurdish and Finnish cultures. We need to keep sight of the two key ideas that Kallio and Häkli (2019) say should be embedded in refugee studies: first, that refugees are particularly vulnerable; and second, that refugees represent a significant contribution to promoting cultural diversity.

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# APPENDICES

## Ethics approval

**Manchester Metropolitan University**

**MEMORANDUM**  
**FACULTY ACADEMIC ETHICS COMMITTEE**

**To:** Afrouz Zibaei

**From:** Prof Carol Haigh

**Date:** 27/03/2017

**Subject:** Ethics Application 1430

**Title:** Understanding mental health Issues Based on Life Story Approach among Kurdish Refugees in Finland

**Faculty of Health, Psychology & Social Care**  
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M15 6GX  
+44 (0)161 247 2569  
HPSResearchdegrees@mmu.ac.uk

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Thank you for your application for ethical approval.

The Faculty Academic Ethics Committee review process has recommended approval of your ethics application. This is on the basis that ethics will be an ongoing topic in your supervisory meetings.

This approval is granted for 42 months for full-time students or staff and 60 months for part-time students. Extensions to the approval period can be requested.

If your research changes you might need to seek ethical approval for the amendments. Please request an amendment form.

We wish you every success with your project.



Prof Carol Haigh  
Chair  
Faculty Academic Ethics Committee

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## **Participant Information Sheet**

- **Overview of the Participant Information Sheet**

The information sheet should provide brief and clear information on the essential elements of the specific study: what the research is about, the condition or treatment under study, the voluntary nature of involvement, what will happen during and after the research has taken place, what treatment (if applicable) will be withheld, the participants' responsibilities, the potential risks, inconvenience, or restrictions balanced against any possible benefits and the alternatives. It should allow the participants to decide whether the study is of interest to them and whether they wish to read and discuss it further.

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- **Study Title**

Understanding the Impact of the Refugee Process Among Kurdish Refugees in Finland Based on the Life Story Approach

- **Invitation paragraph**

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether or not to take part.

- **What is the purpose of the study?**

Kurdish refugees who are living in Finland suffer from different mental health disorders, according to the Research of the National Institute for Health and Welfare (THL) in Finland. They suffer from psychological and physical health problems, such as emotional (sadness, grief, fear) cognitive (loss of control, helplessness, worry, ruminations, boredom, and hopelessness), physical (fatigue, sleeping problems, loss of appetite) and social and behavioural problem such as withdrawal, aggression and interpersonal difficulties are also common. My research will assist in understanding how Kurdish refugees experience and cope with the refugee process and how these affect their mental health problems.

### **Why have I been invited?**

You have been invited because you are a Kurdish refugee living in Finland and you may be able to help with the research.

### **Do I have to take part?**

Participation in this study is entirely voluntary. After reading this information sheet and asking any additional questions, you do not feel comfortable taking part, you are under no obligation to do so. If you choose to participate, you are free to withdraw from the study at any time without providing a reason. Should you withdraw, you can take any personal data with you, and it will not be included in the research report.

**What will happen to me if I take part?**

If you decide to take part, then I will arrange to talk to you at a time and place convenient to you. I will ask you some questions to help you tell me about your experiences before you came to Finland, during the journey to Finland, and your life since coming to Finland. The interview will last for about one hour. After this.....

- You will be involved in the research for about hours.
- The research will last from one to two days.

**Expenses and payments?**

There are no expenses.

**What are the possible disadvantages and risks of taking part?**

I do not anticipate any disadvantages or risks from participating in this study. However, discussing your experiences may evoke upsetting memories. If this occurs, I will offer to pause the interview or avoid discussing what is troubling you. Should you need additional support, I can refer you to a Kurdish language helpline available in Finland for Kurdish refugees. The Crisis Helpline of the Finnish Association provides free counselling for individuals facing crises.

**What are the possible benefits of taking part?**

My research will assist in understanding how Kurdish refugees experience and cope with the refugee process and how these affect their mental health problems. We cannot promise the study will help you but the information we get from the study will help to increase the understanding of mental health based on Life Stories during the refugee process.

**What if there is a problem?**

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do their best to answer my research questions.

**Will my taking part in the study be kept confidential?**

All information collected during the research will be kept strictly confidential and used only for the study. Any information about you that is collected will have your name and address removed to ensure you cannot be identified. Your details will not be shared outside the hospital, surgery, or university.

The participant should be told:

- how their data will be collected?

Data collection will be conducted in Kurdish and then translated into English. The interviews will take places in various locations such as the library, at home, or in coffee shops. The results of the study may be presented at conferences or published in scientific journals in the future.

**What will happen if I don't carry on with the study?**

If you withdraw from the study all the information and data collected from you, to date, will be destroyed and your name removed from all the study files.

**What will happen to the results of the research study?**

The result of the study is likely to be presented at conferences or published in scientific journals in the future.

**Who is organising or sponsoring the research?**

The research is part of an MPhil, I am doing with Manchester Metropolitan University.

**Further information and contact details:**

If you would like any further information about the research, then please, contact me:

[afrouz.zibaei@stu.mmu.ac.uk](mailto:afrouz.zibaei@stu.mmu.ac.uk)

Phone: 358 440780071

# **Participant Information Sheet**

## **Overview of the Participant Information sheet**

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**Study Title**

**Invitation paragraph**

**What is the purpose of the study?**

**Why have I been invited?**

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**Do I have to take part?**

.

**What will happen to me if I take part?**

**Expenses and payments?**

**What are the possible disadvantages and risks of taking part?**

**What are the possible benefits of taking part?**

**What if there is a problem?**

**Will my taking part in the study be kept confidential?**

**What will happen if I don't carry on with the study?**

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**What will happen to the results of the research study?**

**Who is organising or sponsoring the research?**

**Further information and contact details:**

CONSENT FORM



**Manchester  
Metropolitan  
University**

Consent Form

**Title of Project: Understanding mental health Issues Based on Life Story Approach among Kurdish Refugees in Finland**

**Name of Researcher:** \_\_\_\_\_

**Participant Identification Code for this project:** \_\_\_\_\_

**Please**

**initial box**

- 1. I confirm that I have read and understood the information sheet dated .... for the above project and have had the opportunity to ask questions about the interview procedure.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason to the named researcher.
- 3. I understand that my responses will be sound recorded and used for analysis for this research project.
- 4. I understand that my responses will remain anonymous.
- 5. I agree to take part in the above research project.
- 6. I understand that at my request a transcript of my interview can be made available to me.

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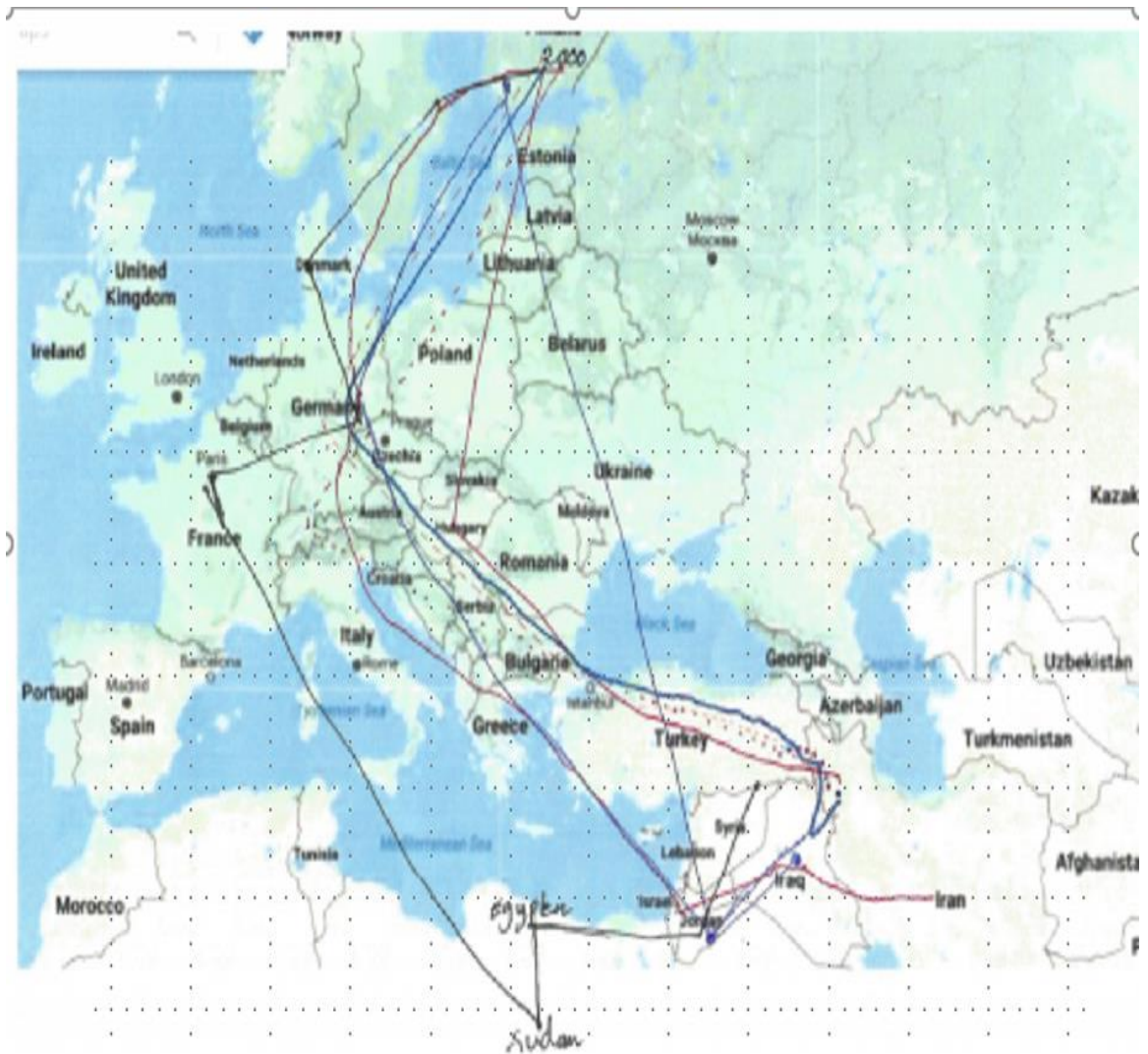
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\_\_\_\_\_

_____ Name of Participant	_____ Date	_____ Signature
_____ Researcher	_____ Date	_____ Signature

*To be signed and dated in presence of the participant*



The illustration of the Kurdish refugee journeys in a map, as drawn by the interviewees

## LIFE STORY INTERVIEW

