

# Identity in context: Reflections on research with refugees

Asmal-Lee, M.

**Author post-print (accepted) deposited by Coventry University's Repository**

**Original citation & hyperlink:**

Asmal-Lee, M 2021, 'Identity in context: Reflections on research with refugees', *Clinical Psychology Forum*, vol. 2021, no. 342, pp. 61-67.  
<https://shop.bps.org.uk/clinical-psychology-forum-no-342-june-2021>

ISSN 1747-5732

ESSN 2396-8664

Publisher: The British Psychological Society

**Copyright © and Moral Rights are retained by the author(s) and/ or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This item cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder(s). The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.**

**This document is the author's post-print version, incorporating any revisions agreed during the peer-review process. Some differences between the published version and this version may remain and you are advised to consult the published version if you wish to cite from it.**

# **Identity in Context: Reflections on Research with Refugees**

## **Summary**

This reflective article considers the author's recent research with Syrian refugees. The author considers his identity and experiences of being different, before describing how this benefitted the research context and how this context was potentially therapeutic.

## **Introduction**

In this reflective article I consider my recent qualitative research with Syrian refugees. I utilised Interpretative Phenomenological Analysis (IPA), which is underpinned by 'double hermeneutics', whereby the researcher's experiences affect their understanding of the individual's experiences (Smith, Flowers and Larkin, 2009). My active involvement meant that the data collected was co-created with refugees (Banister, Burman, Parker, Taylor and Tindall, 1994). Thus, 'reflexivity' helped me to acknowledge and mediate the impact of my "presuppositions, choices, experiences, and actions during the research process", including how my personal experiences and values may have influenced the research or how it influenced me (Harrison, MacGibbon and Morton, 2001, p. 325). Through these processes, aspects emerged pertaining to my identity as a 'researcher', 'clinician', and as 'Mujahid', the person. I reflect on how 'I' related to the research and refugees, how this influenced being a researcher, before considering my dormant clinical identity and the research context's therapeutic potential.

## **My Experience of Being Different**

Deconstructing my identity, I am perceived as being 'Asian' or 'Middle Eastern' in ethnicity. I identify as both South African and British, and have Indo-African heritage. I grew up in post-apartheid South Africa, lived in Oman, before moving to the United Kingdom (UK). Thus, I am also an immigrant, as well as a Muslim, and a male.

Having immigrated to Oman as a child, speaking limited Arabic meant that my experiences aligned with refugees in my study who felt alienated by a new society, though sharing the same religion and skin colour as most of the host population favoured my integration. Additionally, one refugee's experience of connecting through sport (Asmal-Lee, Liebling and Goodman, 2020) resonated with me, as I recall playing football with local children and developing relationships through a universal language. Aside from this, without language, I felt limited and anxious navigating myself, as many refugees described experiencing. Also, similar to the refugees I spoke to, I was motivated to develop more fluency in Arabic.

Immigrating to the UK was eased by English being my first language and London's multiculturalism. Yet, I encountered the difficult process of learning how to maintain my own identity whilst adapting to the host culture. Fast forward, and despite being a 'citizen' and feeling integrated in the UK, as an immigrant or refugee, you are not far from familiar experiences of alienation. Research has highlighted that refugees who become citizens in their host society often do not feel accepted (Akcapar and Simsek, 2018), and how despite nearing eligibility for citizenship and being 'objectively' integrated, some refugees did not feel a connection or sense of home here (Asmal-Lee et al., 2020).

Media and political narratives regarding immigrants, refugees and Brexit, fuelled feelings of difference and thwarted belongingness for me and for those that I spoke with. Despite our contribution to society, these feelings are difficult to dismiss. During my training, I have reflected on my position in the White, Middle-Class world of Clinical Psychology. Being the only person of colour in my cohort felt lonely, and resonated with my experiences of post-apartheid South Africa. Here, discourses on quotas and tokenism were rife, as society attempted to redress the inequality caused by the Apartheid system (Merrett, Tatz and Adair, 2011). Throughout training, I wondered whether I was a token or even belonged, as clinical psychology also attempts to redress its own identity and become inclusive (Turpin and Coleman, 2010; Wood and Patel, 2017).

Feeling alienated in a profession that prides itself on understanding people is quite surreal. I encountered Westernised concepts of human behaviour that did not always resonate with myself or culture. Discussions about this, and 'Whiteness' in psychology are current (see

Wood and Patel, 2017; 2019). Yet, if this is how I felt, how did 'people of difference' (Prajapati and Liebling, 2021), including refugees, experience the profession and services of clinical psychologists. This perhaps influenced my use of IPA which aimed to give refugees a voice to directly influence our practice, and was an effort to represent the 'other' (Wilkinson and Kitzinger, 1996). This context gives further credence to the need for cultural sensitivity and curiosity in practice for working with refugees and people of difference. Understanding and utilising their own cultural language, rather than imposing Western approaches, is a step towards appreciating difference, and revising our own identities as the host culture (Asmal-Lee et al., 2020). After all, integration is multidimensional, but at a minimum should be a two-way process, with more responsibility on the host culture (Strang and Ager, 2010; Asmal-Lee et al., 2020).

### **Researching Difference as Someone Different**

Given my own experiences, a bracketing interview (where one goes through the research questions and acknowledges or 'brackets off' assumptions to reduce their impact during the analysis) mitigated preconceptions, increased the methodological rigour of the research, and facilitated my own reflective capacity (Tufford and Newman, 2012). After all, despite similarities and the unfortunate fact that society often perceives us homogenously (Goodman and Speer, 2007), the experiences of immigrants and refugees are also very different (Pernice and Brook, 1994; Lindert et al., 2009).

It is likely though that the factors surrounding my identity changed the dynamic of the research context, and there are various dimensions along which participants and researchers share commonalities and differences, influencing the levels of connection and disconnection throughout the interview process (Song and Parker, 1995). The often daunting nature of encountering unfamiliar individuals in an unfamiliar society I felt was eased by meeting someone who 'looked like them' and shared some identities, either as a Muslim, or for some, male. This negated the 'power' imbalances (albeit to a lesser extent for the women I spoke to) in these contexts when people from ethnic minorities encounter 'Whiteness' (Wood and Patel, 2019; Fu, 2015; Bartoli et al., 2015). Perhaps these factors facilitated rapport and a willingness for refugees to speak candidly. Thus, my position as an 'outsider' in clinical psychology was advantageous, as here I was somewhat of an 'insider' (Merriam et al., 2001).

Sometimes familiarity proves detrimental and participants withhold true attitudes or feelings (Willig, 2008). This might have occurred if I was also a Syrian refugee, where the nuances of cultural attitudes, stigma and shame become more apparent. It is hard to know whether refugees censored their experiences, yet it did not feel like they did. This was important given that refugees might have been anxious about interviews, having undergone stressful interviews with the United Nations or Home Office. Furthermore, refugees have been exploited, including in research (Mackenzie, McDowell and Pittaway, 2007). Thus, occupying 'the space between' insider and outsider positions created a medium for them to bare their vulnerabilities (Dwyer and Buckle, 2009). This was exemplified by one refugee, who, several days after his interview, called me to provide further information about things he had discussed and had been thinking about following our meeting. It highlighted that this process was equally meaningful to him and that he trusted me with his experiences.

### **The Therapeutic Medium of Research**

Despite the ethical process and an awareness of potential harm, at times the research context elicited the conflict between one's clinical obligation for the best interests of the individual, and the researcher's position to seek knowledge with rigour (Haverkamp, 2005). Here I was, engaging with refugees who had endured unfathomable horrors, whilst only offering a platform to narrate their experiences, as IPA required me to reduce interruptions and allow refugees to tell their own story (Smith et al., 2009). This felt strange given that I was on my clinical placement in a refugee service in parallel to conducting my research. Reflecting on the impact of my identity as described above, also helped to facilitate the therapeutic relationship with refugee service users, as I understood how this reduced 'power' imbalances and allowed service users to find solace in the therapeutic context. Both researcher-refugee and clinician-refugee positions highlighted the importance of the relationship. Furthermore, consistent with the interpretivist's quest to explore and understand the phenomenological experiences of refugees, the therapist is similarly driven by 'respectful curiosity' (Roy-Chowdury, 2006). The refugee, is after all the expert of their own lives, in both contexts.

While concerns of re-traumatisation and tokenism in research are essential to take into account, as refugees continue to be exploited (Mackenzie et al., 2007), it is important not to dismiss their informed choice to participate or to discount refugees' resilience. The interviews appeared 'cathartic' for those I spoke with. Through this platform their voices were heard, and refugees were able to reflect on their experiences, including those that were traumatic. During this process the emotions attached to various experiences understandably, flared up, and were let out through tears or anger and frustration. This allowed participants to release potentially pent up feelings, whilst also creating coherence for themselves about their narratives, and for me as the researcher. Consistent with these experiences, the benefits of participating in research interviews have been highlighted by others as including; "catharsis, self-acknowledgment, sense of purpose, self-awareness, empowerment, healing, and providing a voice for the disenfranchised" (Hutchinson, Wilson and Wilson, 1994 p. 161). In this way, despite being a 'dormant psychologist', the research context appeared to be therapeutic for refugees and they left the interviews feeling empowered about themselves and their achievements, as one stated:

*"It's very important to show my signature in my life...I was happy about it as well...now I can speak (to) someone about it, because when you do something, you will be happy that you did and you do for yourself."*

## **Conclusion**

This article has highlighted to me that refugees and host society members, like myself are not too dissimilar, or that, alienation is a commonality amongst all those who are different, and how some of these experiences continue to exist as we become further integrated or even citizens. I have learnt that my identities allowed me to occupy 'the space between' and discarded many power imbalances refugees often encounter with White, Middle-Class researchers. This facilitated rapport and increased refugees' confidence that I could be trusted with their 'voices'. Moreover, although not therapy, several data collection processes reflected therapeutic processes (active listening, acceptance) and appeared to be empowering for some.

The process had implications for my personal and professional growth, highlighting the reciprocal nature of qualitative methods, reiterating the researcher's active involvement (Harrison et al., 2001) and exemplifying the importance of reflexivity in research. I have learnt to manage the various identities I hold in different contexts, some of which may elicit conflict (e.g. researcher or clinician), and the importance of utilising one's own identity in a way that encourages an individual to feel comfortable. Additionally, qualitative approaches also appear consistent with my therapeutic practice. The methods are rooted in interpretivism and seek an individual's phenomenology, which is similar to how I strive to understand an individual's experience therapeutically. Thus, I have come to appreciate how this process is consistent with and complimentary of my identity as a reflective-culturally sensitive-scientist-practitioner.

## References

- Akcapar, S. K., & Simsek, D. (2018). The politics of Syrian refugees in Turkey: A question of inclusion and exclusion through citizenship. *Social Inclusion, 6*(1), 176-187.
- Asmal-Lee, M., Liebling, H., & Goodman, S. (2020). "Syria is our mom. UK is like aunty...aunt is like mom but not quite the same", The Psychosocial Experiences of Acculturation in Syrian Refugees (*submitted research article*)
- Banister, P., Burman, E., Parker, I., Taylor, M., & Tindall, C. (1994). *Qualitative methods in psychology: A research guide*. Maidenhead, BRK, England: Open University Press.
- Bartoli, E., Bentley-Edwards, K. L., García, A. M., Michael, A., & Ervin, A. (2015). What do white counselors and psychotherapists need to know about race? White racial socialization in counseling and psychotherapy training programs. *Women & Therapy, 38*(3-4), 246-262.
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International journal of qualitative methods, 8*(1), 54-63.

- Fu, M. (2015). I don't see color, all people are the same: Whiteness and color-blindness as training and supervisory issues. *Women & Therapy, 38*(3-4), 279-294.
- Goodman, S., & Speer, S. A. (2007). Category use in the construction of asylum seekers. *Critical Discourse Studies, 4*(2), 165-185.
- Harrison, J., MacGibbon, L. & Morton, M. (2001). Regimes of trustworthiness in qualitative research: The rigors of reciprocity. *Qualitative Inquiry, 7*(3), 323–345.
- Haverkamp, B.E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counselling Psychology, 52*, 146–155.
- Hutchinson, S. A., Wilson, M. E., & Wilson, H. S. (1994). Benefits of participating in research interviews. *Image: The Journal of Nursing Scholarship, 26*(2), 161-166.
- Lindert, J., von Ehrenstein, O. S., Priebe, S., Mielck, A., & Brähler, E. (2009). Depression and anxiety in labor migrants and refugees—a systematic review and meta-analysis. *Social science & medicine, 69*(2), 246-257.
- Mackenzie, C., McDowell, C., & Pittaway, E. (2007). Beyond 'do no harm': The challenge of constructing ethical relationships in refugee research. *Journal of Refugee studies, 20*(2), 299-319.
- Merrett, C., Tatz, C., & Adair, D. (2011). History and its racial legacies: quotas in South African rugby and cricket. *Sport in Society, 14*(6), 754-777.
- Merriam, S. B., Johnson-Bailey, J., Lee, M. Y., Kee, Y., Ntseane, G., & Muhamad, M. (2001). Power and positionality: Negotiating insider/outsider status within and across cultures. *International Journal of Lifelong Education, 20*(5), 405-416.



- Pernice, R., & Brook, J. (1994). Relationship of migrant status (refugee or immigrant) to mental health. *International Journal of Social Psychiatry, 40*(3), 177-188.
- Prajapati, R., & Liebling, H. (2021). Accessing Mental Health Services: a Systematic Review and Meta-ethnography of the Experiences of South Asian Service Users in the UK. *Journal of Racial and Ethnic Health Disparities, 1-22*.
- Roy-Chowdhury, S. (2006). How is the therapeutic relationship talked into being?. *Journal of Family Therapy, 28*(2), 153-174.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis*. London, UK: SAGE Publications Ltd.
- Song, M., & Parker, D. (1995). Commonality, difference and the dynamics of disclosure in in-depth interviewing. *Sociology, 29*(2), 241-256.
- Strang, A., & Ager, A. (2010). Refugee integration: Emerging trends and remaining agendas. *Journal of refugee studies, 23*(4), 589-607.
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative social work, 11*(1), 80-96.
- Turpin, G., & Coleman, G. (2010). Clinical psychology and diversity: Progress and continuing challenges. *Psychology Learning & Teaching, 9*(2), 17-27.
- Wilkinson, S., & Kitzinger, C. (Eds.). (1996). *Representing the other: A feminism & psychology reader*. Sage.
- Willig, C. (2008). *Introducing qualitative research in psychology* (2<sup>nd</sup> ed.). Maidenhead: Open University Press.
- Wood, N., & Patel, N. (2017). On addressing 'Whiteness' during clinical psychology training. *South African Journal of Psychology, 47*(3), 280-291.

Wood, N., & Patel, N. (2019). Special Issue: Racism during training in clinical psychology. *Clinical Psychology Forum*, 323.

Dr Mujahid Asmal-Lee  
Specialist Clinical Psychologist

South West London and St Georges' Mental Health NHS Trust  
Coventry University & The University of Warwick

Leem57@uni.coventry.ac.uk

Word count : 2497

8 Robinson Road  
London  
SW17 9DJ

(Home address – **please do not publish**)