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Health, social integration and social support: The lived experiences of young Middle-Eastern refugees living in Melbourne, Australia

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ABSTRACT

Based on the therapeutic landscape theory, this paper examines how young Middle-Eastern refugee individuals perceive their health and wellbeing and addresses the barriers they face in their new homeland and the means that helped them to form social connections in their new social environment. Qualitative methods (in-depth interviews and mapping activities) were conducted with ten young people from refugee backgrounds. Thematic analysis method was used to analyse the data. Findings suggested that the young refugees face various structural and cultural inequalities that significantly influenced their health and wellbeing. Mental wellbeing was their greatest health concern. All participants reported the significant influence of the English language on their ability to adapt and form connections with their social environment. The presence of positive social support in their new social environment had a great impact on the health and wellbeing of the participants. The findings of this study contributed to the role of therapeutic landscapes and social support in helping young refugees to feel that they belonged to the society, and hence assisted them to better adapt to their new living situation.

1. Background

Due to the development of poor economic conditions, on-going conflicts, and political unrest, many individuals find themselves displaced from their homes (McMichael, 2016). Refugees face a number of barriers that affect their access to health and social care. These barriers include language, low income and unemployment, cultural differences, legal barriers and a general lack of knowledge and awareness in the health and social care pertaining to issues that are specific to refugees (McMichael, 2016; Murray & Skull, 2005). Despite having the opportunity to escape persecution and seek refuge in a new country, they now face further psychosocial barriers. These barriers are indicative of surviving traumatic experiences and being forced to live and assimilate/integrate within a culturally alien environment (Kurban & Liamputtong, 2017).

Additionally, many refugees find themselves facing discrimination (Çelebi, Verkuyten, & Bagci, 2017; Kastrup, 2017; Quinn, 2014). This discrimination has been directly seen in the form of national governmental policy, which has not only had a major impact on refugee health status and access to health care, but also in all areas of their lives, including forced unemployment, increased conditions of poverty, and future insecurities (McMaster, 2001; McMichael, 2016). These policies have been indirectly driven by perceived negative social attitudes towards refugees within the wider population (Kastrup, 2017; Pedersen, Clarke, Dudgeon, & Griffiths, 2005).

Besides cultural differences, many within the Australian population are concerned that refugees are a threat to current welfare conditions, community cohesiveness, and economic and health resources (Schweitzer, Perkoulidis, Krome, Ludlow, & Ryan, 2005). As a consequence, this has led to increased social stigma and discrimination towards this population, making it more difficult for them to successfully integrate into their new social environment (Schweitzer et al., 2005). Literature examining societies' attitudes towards the refugee population has made it abundantly clear that the majority of Australians harbour negative feelings towards the refugee population (Casimiro, Hancock, & Northcote, 2007; Fozdar & Torezani, 2008; McMaster, 2001; Murray & Skull, 2005; Pedersen et al., 2005; Pedersen, Attwell, & Heveli, 2005; Schweitzer et al., 2005). For instance, a study conducted by Pedersen et al. (2005) found that the majority of Australian's (71%) hold negative views towards refugees. These results are similar to Pedersen, Clarke et al. (2005) who found that refugees have significantly suffered as a result of Australia's negativity towards this group. Both studies found a high correlation between negative attitudes and false beliefs. In both studies, refugees were identified as a considerable threat to Australian society. A study conducted by Schweitzer et al. (2005) argued that Australia's current political climate could be

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attributed to the negative attitudes of mainstream society. This study implemented a quantitative study design that assessed the attitudes of 261 university students towards refugees. Similarly, Schweitzer et al. (2005) also indicated that the main indicator of prejudice was the perception that refugees are a symbolic and/or realistic threat to the Australian community.

In terms of Middle-Eastern refugees, negative social attitudes have been attributed to the popular media-driven notion that people from those areas of the world are Muslims, so are therefore, "terrorists" (Humphrey, 2013). These anti-Muslim views have been directly influenced by well-rehearsed stereotypes of Islam, perceptions of threat and inferiority, as well as the belief that Muslims do not belong or are absent within Australian society (Dunn, Klocker, & Salabay, 2007). This Islamophobia is often reinforced by negative media portrayal and a hostile government disposition (Dunn et al., 2007). Some view this as an attempt by the elite majority to maintain power and control by negatively portraying minority groups as deviant, dangerous or different (Van Dijk, 2000). Since there is limited interaction between refugees and their host society, these representations are unlikely to be challenged, creating instances of racism through the fear of a common enemy (Sulaiman-Hill, Thompson, Afsar, & Hodliffe, 2011). As a result of Australia's negative perception towards Islam, it is commonplace for many Australian Muslims to experience acts of discrimination, verbal abuse, and violence. These perceptions are driven by the contrasting theological, philosophical and ideological underpinnings of Islamic and mainstream Australian culture (Dunn et al., 2007).

Furthermore, there is an apparent association between negative attitudes towards Middle Eastern refugees, and arriving "illegally" by boat. It was the arrival of 12,000 predominantly Middle Eastern asylum seekers, between 1999 and 2001 that incited an unprecedented negative political, media and public reaction (Hugo, 2002). However, it was this, coupled with the terrorist attacks on September 11th, 2001, that public reaction towards asylum seekers intensified amid the responses to terrorism. This was reinforced by increasing negative political rhetoric targeted towards asylum seekers (Kampmark, 2006). A study by Mckay, Thomas, and Kneebone (2012) used a mixed methods community survey to understand community perceptions and attitudes relating to asylum seekers. They found that participants were more likely to identify Middle Eastern refugees as their biggest concern regarding national security, and preserving the Australian way of life. This is consistent with the research of McKay, Thomas, and Blood (2011) on media representations of asylum seekers who arrived by boat in Australia in the five days after an explosion of a refugee boat off the coast of Australia. Their findings suggested a link to terrorism that perpetuated the belief that asylum seekers pose a risk to Australian society, and would seek to dominate rather than assimilate into Australian culture and its values.

While there were numerous studies surrounding refugee health, little is known about young Middle-Eastern refugees living in an Australian metropolitan context. This seemed pertinent, particularly in the social and political aftermath of the events of September 11, 2001, and more recent global crises. In this paper, based on the therapeutic landscape theory, we examine how young Middle-Eastern refugee individuals perceive their health and wellbeing, the barriers they face in their new homeland and address means that helped these young people to connect to their new social environment. By recognising and understanding these factors, appropriate policies and strategies can be implemented to address them, which could lead to the promotion of the health and wellbeing of young refugees.

2. Therapeutic landscapes: theoretical framework

In this paper, we situate our discussions within the therapeutic landscape theory. The notion underpinning therapeutic landscapes is that certain places or geographical settings can facilitate and promote physical, mental and spiritual healing (Gesler, 1992). Therapeutic landscapes are not restricted to only natural or spiritual settings but can take form in any space that people can form attachments to, and that promotes health and wellbeing (Liamputtong & Suwankhong, 2015; Gastaldo, Andrews, & Khanlou, 2004; Sampson & Gifford, 2010; Williams, 1998, 2010). Therapeutic landscapes are influenced by a number of environmental, individual and societal factors that can influence a sense of place. A sense of place outlines the particular "meanings", "intentions" and "felt values" that have been given to certain settings/spaces (Gesler, 1992). Places provide different meanings to different people, such as identity, a sense of security, location of work and family and an aesthetic environment (Gesler, 1992).

According to Sampson and Gifford (2010: 116), individuals who have been forced to escape from their country due to persecution, such as refugees, the "relationship between health and place" is clearly linked. Often, these individuals come from places that are rife with insecurity, as a result of violence, political unrest, and widespread poverty. Consequently, this results in both the unintentional and intentional destruction of people's built connections to place, as well as any social, cultural and political connections (Sampson & Gifford, 2010).

However, many displacements are also driven by the need to survive. Individuals attempt to embrace the possibilities of building connections to their places of resettlement (Sampson & Gifford, 2010). It is imperative that during resettlement, refugees seek places that promote health and healing. This process is important, as therapeutic landscapes play a vital role in the facilitation of "positive connection to place, promoting well-being and contributing to new arrivals' becoming at home in their country of resettlement" (Sampson & Gifford 2010: 116).

Therapeutic landscapes rely on the meanings, significance and felt values that are given to any certain place (Gesler, 1992; Williams, 1998, 2002; English, Wilson, & Keller-Olaman, 2008; Liamputtong & Suwankhong, 2015). However, as we will show in this paper, due to barriers such as social stigma and structural discrimination, refugees often have difficulties adapting and forming connections with their new surroundings (Correa-Velez, Gifford, & Barnett, 2010). Consequently, the meanings that are attached to certain landscapes are not always positive. Prolonged exposure to perceived hostile environments has the ability to diminish health and wellbeing of the person (Williams, 1998).

3. Methodology

The study on which this paper is based adopted a qualitative approach, which is essential when we want to explore and understand people's own experiences, attitudes, behaviour, and interactions (Bryman, 2016; Pathak, Jena, & Kalra, 2013). It plays a significant role in giving a voice to participants of a study; it provides them with the opportunity to openly share their experiences. This approach is particularly important when working with a vulnerable population (such as refugees); it gives voice to the marginalised (Liamputtong, 2010, 2013).

3.1. Data collection methods

Data was collected by semi-structured interviews and a geographical mapping activity. We selected the semi-structured in-depth interviewing method because it allowed participants to provide a deeper and richer narrative exploration of their lived experiences (Liamputtong, 2013). It also allowed us to be face-to-face with their participants. This is important as it allows participants to feel more comfortable in revealing information that might be personal or hard for them to talk about (Liamputtong, 2013).

The interviews lasted between 30 and 60 min and took place at the participant's location of choice. However, it tended to take place at the Arabic Welfare organisation where most participants were recruited (see below). All interviews were conducted in English. As a common practice in the in-depth interviewing method, we used several open-ended questions to allow the participants to freely respond. These