

# **Examining the Psychosocial Context of Mental Health: Bhutanese Refugees and Their Story of Resettlement**

by

Elise Jordan Nelson

Duke Global Health Institute  
Duke University

Date:\_\_\_\_\_

Approved:

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Suzanne Shanahan, Supervisor

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Lynne Messer

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Julie Adams

Thesis submitted in partial fulfillment of  
the requirements for the degree of  
Master of Science in the Duke Global Health Institute  
in the Graduate School  
of Duke University

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ABSTRACT

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## Abstract

Over 100,000 Bhutanese refugees are in the process of being resettled from southeastern Nepal to eight different Western countries—the majority of whom are resettling to the United States. Refugees are universally at higher risk of mental illness, due to the large number of stressors to which they are exposed. Preliminary studies have suggested that resettled Bhutanese refugees may have particularly poor mental health outcomes, including high rates of suicide. This study conducted 23 in-depth life story interviews with Bhutanese refugees in Nepal, in attempt to explore the psychosocial context of mental illness among this population, and to understand the risk factors that they are, or will be, exposed to during their resettlement transition. Throughout the interviews the theme of “expectations of resettlement” emerged and revealed potentially large discontinuities between expectations of resettled life and the likely realities. Interestingly, these expectations were closely tied to many of the themes that emerged when discussing sources of mental illness within their population—suggesting that the failure of the expectations might greatly affect mental health outcomes. The results of this study are only preliminary and suggestive, but they add to the currently limited literature on Bhutanese refugee mental health. Additionally, they offer a detailed insight into the risks and needs of the Bhutanese as we prepare to incorporate them into our communities.

## Dedication

This thesis is dedicated to the Bhutanese refugees who have gifted us with their rich life stories.

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## Introduction

According to the World Health Organization (WHO), “Mental health is fundamental to health...paramount to personal well being, family relationships, and successful contributions to society” (WHO, 2008). Yet, the Mental Health Gap Action Programme (mhGAP) report released by the WHO in 2008 states that 14% of disability worldwide can be attributed to mental, neurological, and substance use disorders (WHO, 2008). Additionally, they report that between 12-48% of people worldwide have experienced a mental disorder at least once in their life—which ASHA, an advocacy organization for mental health and well-being, notes is more than diabetes, cancer, or heart disease. (ASHA, 2007)

Mental illnesses have a variety of etiologies, many of which elude scientists and physicians still. However, much work has been done to establish the correlates and apparent risk factors for mental illness. Experiencing traumatic life events is one intuitive predictor of mental illness, and refugees of disaster violence and conflict are thus a vulnerable population. As a consequence, a number of efforts have been made to evaluate the mental health status of populations that have been exposed to natural disaster, war, or forced emigration. However, despite the traumatic circumstances that most refugees experience and the resulting mental disorders, due to their lack of both resources and access to quality mental health treatment, they remain particularly difficult and sensitive populations in which to conduct mental health research.

One example of refugees that have experienced significant trauma is the group of Bhutanese living in Southeast Nepal. This group of Bhutanese was ethnically unique in their native land and as a result suffered a program of systematic discrimination and expulsion in the early 1990s. Approximately 75,000 Bhutanese reside in four camps that are run by the United Nations High Commission for Refugees (UNHCR) in

collaboration with appointed supervisors from the Nepali government. Food and education in the camps are provided by World Food Program (WFP) and Caritas, respectively. The refugee camps have been in place for over 20 years and are in the process of being consolidated and closed. As a result, most of the remaining refugees will be resettled within the next four years. This group of refugees awaiting resettlement provides a particularly interesting example of a population in which to study the potential for mental illness. Not only were they discriminated against by the Bhutanese government and forced to flee Bhutan and live as foreigners in Nepal for twenty years, but many of them have and will undergo a second move, this time to one of eight western countries. The changes and trauma involved in moving from place to place, reorganizing support and social networks, learning new cultures and languages, and eventually being 'settled' in a new country, are potentially quite overwhelming.

This study aims to look more closely at the mental health landscape that exists among the Bhutanese refugees, and understand better how the resettlement process potentially affects their mental health. Its purpose is not to determine the etiology of mental health outcomes post resettlement, but rather to give a detailed account of the psychosocial context in which resettlement takes place, and many of the variables that potentially influence the difficulty of resettlement and mental health outcomes.

## ***1. Mental Health: The Global Burden and the Bhutanese Refugees***

### **Global Burden of Mental Illness**

Despite its relatively brief history as a formally organized discipline, the field of Global Health has experienced many transitions, shifts in priorities, and expansion of knowledge. This evolution has consistently informed research and innovation. However, despite the growing comprehension of the global burden of mental health,

this particular area has been slower to establish a sense of urgency among the global health community. For example, no objectives targeting mental health are cited as part of the United Nation's Millennium Development Goals (United Nations Development Programme [UNDP], 2012). However in 2008 the World Health Organization published the first results from its large-scale Mental Health Survey Initiative (Kessler 2008). Many of the WHO data help shed light on the growing burden of mental illness worldwide. Furthermore, as with many diseases, low and middle-income countries bear a large portion of the global burden of mental illness (Herrman, 2010). According to the WHO nearly 75% of the global burden of neuropsychiatric disease is borne by low and lower-middle income countries (WHO, 2008). Despite bearing a large percentage of the burden, these countries have fewer services for those suffering from mental illness and far fewer care providers (WHO, 2011). The lack of access to good care for these illnesses increases the burden that they are bearing and could potentially result in more severe and persistent experiences with mental illness.

### **Mental Health Burden of Refugees**

Refugees are an example of populations especially vulnerable to mental illness. Of note, it is estimated that 50% or more of refugees suffer from some form of mental disorder (Brundtland, 2000). One study in Darfur found even higher prevalences—54% of internally displaced persons (IDPs) had Post Traumatic Stress Disorder (PTSD) and 70% of IDPs had general distress (Hamid & Musa, 2010). It is well accepted that stressful life experiences and trauma contribute to mental illness (Mayo Clinic, 2010). War violence, social isolation, socio-economic instability, lack of ability to work or provide, and hunger represent some of the stressors that refugees experience, often simultaneously. A study done by Priebe et al. (2010) evaluated the quantitative effects of stressful events and human rights violations on the mental health of war victims in

the Balkans. They found that stressful events were associated with PTSD and human rights violations were associated with both PTSD and Major Depressive Disorder (MDD).

Oftentimes the hardships and mental illnesses experienced by refugees while living in refugee camps are carried with them as they are resettled to other countries. Schweitzer, Melville, Steel, and Lacherez (2006) use the example of Sudanese refugees living in Australia to illustrate this, among whom 25% reported psychological distress. They found that while pre-migration trauma, family status, and gender were all associated with mental health outcomes, the most notable predictor of outcomes was 'perceived social support' from the refugees' own migrant community. Halcón, Robertson, & Monsen (2010) and Jaranson et al. (2004) also found that isolation, depression, and PTSD symptoms are very common among women refugees in East Africa. Furthermore, the number of individuals who are displaced as refugees has grown immensely in recent decades, often in situations where health infrastructure (particularly whatever mental health infrastructure that may have existed) is depleted or destroyed because of violence or war (Bruntland, 2000).

### **Bhutanese Refugee Health**

One refugee population that is of general interest to the United States is the Bhutanese. Approximately 100,000 Bhutanese refugees have been dwelling in refugee camps in South Eastern Nepal since the early 1990s. A large number of Bhutanese were forced to flee ethnic persecution in Bhutan. After leaving Bhutan they travelled to Nepal, where they have been living for nearly twenty years in camps run by UNHCR. In 2007, however, UNHCR, with strong support of the Nepalese government, began a large resettlement program attempting to move the majority of this refugee population out of Nepal and redistribute the individuals to a number of Western countries

(UNHCR, 2009). Eight countries in total agreed to allow Bhutanese to resettle—the United States, Australia, New Zealand, Denmark, Canada, the Netherlands, UK, and Norway (UNHCR, 2009).

Over the past twenty years the Bhutanese in Nepal have experienced many severe health issues. The World Food Programme (WFP) conducted a survey in which they discovered a large prevalence (26.9%) of chronic malnutrition and anemia (43.3%) among children in the seven Nepalese camps (Abdalla et al., 2007). Despite the consistent supply of food provided to the refugees, the lack of diversity of foods as well as poor feeding practices and frequent illness, are believed to contribute to this poor nutritional assessment (Abdalla et al., 2007).

A second health concern, particularly crucial in the resettlement process, is Tuberculosis (TB). The Center for Disease Control (CDC) has strict criteria, which dictate the health standards of those wishing to immigrate to the United States. TB is one condition that prevents refugees from being eligible for resettlement. According to the International Organization of Migration (IOM) in Damak, approximately 1% of refugees are diagnosed with TB during resettlement health screenings, and a larger percentage have questionable x-rays at their initial screening. Due to the fact that the camps are closing and refugees must resettle, IOM has an extremely high-tech TB lab and complex, highly personalized treatment regimens for the Bhutanese refugees. Once diagnosed, refugees usually have to spend approximately 6 months being treated before they can be considered for resettlement. Directly Observed Treatment (DOT) stations are located in each camp to ensure adherence to therapy, and for those who develop Multiple Drug Resistance TB (MDRTB), IOM has a property called “Magic Mountain” where refugees are contained for two years and kept on strict treatment regimens. Due to severe isolation and frustration in delay of resettlement, MDRTB refugees at Magic

Mountain seem to have a heightened risk for other poor health outcomes, particularly mental health outcomes.

Mental illness is also considered a major health concern among the Bhutanese refugees (Schinina, Sharma, Gorbacheva, & Kumar Mishra, 2011). As previous studies have shown (Brundtland, 2000; Hamid & Musa, 2010; Priebe et al., 2010) the burden of mental illness among refugees tends to be elevated due to the large amount of stress, violence, and discrimination, among other trauma, that is often characteristic of their pasts. Not only were the displaced Bhutanese discriminated against ethnically and subjected to violence and abuse prior to fleeing Bhutan, but they have subsequently been living in refugee camps for *twenty* years. This extensive time in the camps has prevented them from being able to reestablish a normal pattern of life—working, having mobility, owning land, and providing for themselves. All of these factors could potentially predispose to high rates of anxiety, depression, and suicide. This is consistent with the Priebe et al. (2010) findings that there is a particularly strong association between human rights violations and mental illness. Additionally, according to the Human Rights Watch report *Trapped by Inequality* (Varia, 2003) the women in the Bhutanese refugee camps continue to suffer human rights violations including such things as rape, sexual assault, sex trafficking, polygamy, child marriage, and domestic violence. Cumulatively, these factors represent a heavy burden of potential risk factors for mental illness and undoubtedly adversely affect the mental well being of the women involved.

### **Mental Health Concerns among Bhutanese in US**

IOM conducted a study in 2011 (Schininà, Sharma, Gorbacheva, & Kumar Mishra, 2011) to begin investigating claims that an unusually high and disproportionate number of suicide attempts and completed suicides took place in the Bhutanese refugee

camps. Furthermore, they wanted to begin investigating the claim that there were also a disproportionately high number of suicides among Bhutanese who were already resettled to the US. They found that between 2004 and 2011 there had been 67 completed suicides and 64 attempted suicides in the camps (camp population varied from about 100,000 to 75,000 during this time period). Furthermore, they found that the number of Bhutanese committing suicide in the US is even greater than in the camps, and is triple the rate of the general population in the US—12/100,000 (CDC, 2012). They presume that their numbers are underestimations, due to the difficult nature of this kind of data collection. They also discovered that those who were committing suicide in the US were, on average, younger than those who were committing suicide in the camps. Organizations like the Refugee Health Technical Assistance Center (RHTAC) have made pointed efforts to develop prevention against Bhutanese refugee suicides. However, the unique history of the Bhutanese and the extreme disconnect between three dramatically different phases of potential refugee trauma (Bhutan→Nepal→West), creates a complex mental health landscape through which to navigate. As IOM discovered, those at highest risk for suicide in the camps are not necessarily the same as those most at risk in the US. Clearly, different factors are at work in the different settings, and yet it is not entirely clear what they are, and how they relate to one another. Furthermore, suicide is only one mental health outcome that is of concern for the Bhutanese. Other concerns include depression, anxiety, social isolation, and PTSD.

## **2. Local Relevance**

As of January of 2012 UNHCR estimated that about 75,000 refugees are still living in Nepal (about 25,000 have already been resettled), the preponderance of whom have expressed a desire to resettle (UNHCR, 2012). A large majority of the refugees intending to resettle will be relocated to the United States. Nearly every state in the US

either has or will see Bhutanese refugees, including North Carolina. Many of the refugees coming to North Carolina will most likely live in Raleigh/Durham and Greensboro. There are already a growing number of Bhutanese refugees living in Durham, and this number is expected to expand in the next five years.

Agencies like Church World Services have the task of helping refugees obtain basic stabilizing provisions such as apartments, jobs, and green cards. However, due to limited resources and the growing number of refugees, much is beyond their realm of ability and their charters. Furthermore, as it is for many low-income Americans, it can be quite difficult for resettled refugees to acquire access to (non-emergency) health care, particularly due to a lack of health insurance. As they resettle they assume many of the access-to-care problems that low-income populations in the US face. While free clinics make valiant efforts to fill some of this gap, most free health clinics are not able to provide substantial *mental* healthcare, if any at all. Even where other avenues of free mental healthcare are available in North Carolina, barriers to receiving care persist. For example: language and cultural barriers, lack of resources, and lack of knowledge concerning how to access available services.

### **3. Aims of Thesis**

This study was conducted in attempt to better understand the aspects of camp life in Nepal, the intricate resettlement process, and resettled life that potentially affect the mental health of Bhutanese refugees. It has several aims; First, to explore and describe the psychosocial and cultural aspects of the life of Bhutanese refugees across the span of forced emigration from Bhutan, temporary resettlement in Nepal, and final resettlement to a Western country, so as to better understand potential risk factors which may pre-dispose them to poorer resettlement or mental health outcomes. Secondly, to closely examine expectations of resettlement such as community, social support, and



living and working conditions, and to examine what potential effects these could have on the mental health of the refugees. Finally, this study aims to enhance the current understanding of the factors that play a role in creating successful, healthy, resettlement for the Bhutanese in order to inform current resettlement strategies and potential interventions. Though the findings of this study are preliminary and primarily suggestive in nature, we hypothesize that the resettlement process has facilitated mental illness among the Bhutanese refugees. Therefore, this study aims to increase the current understanding of the Bhutanese refugees, their mental health, their experience of resettlement, and to participate in the conversation of how to best aid them in this process.

#### **4. Organization of Thesis**

The remainder of this thesis will be organized in the following way: 1.) Considering the complicated history of the Bhutanese refugees, a brief explanation of their life in Bhutan, transition to Nepal, and 20 years of life in refugee camps will be provided. 2.) The methodology of the study will be described in detail, and 3.) The results of the study will be described in three sections: Psychosocial Context of Mental Health, Expectations of Resettlement, and Experience of Telling Their Life Story. 4.) Limitations in both methodology and narrative responses will be discussed. 5.) A discussion of the results and their implications will be presented. Finally 6.) The conclusion of our study will be discussed. Following the conclusion are a number of appendices for the reader's reference.

# **Bhutanese Life Stories**

## **1. Background of Bhutanese Refugees**

### **Being “Bhutanese” in Bhutan**

The population of Bhutanese who are now living as refugees, comprised a specific sub-population that lived in the southern regions of Bhutan. Originally this group of Bhutanese, known as “Lhotshampas,” had Nepali origins. In the late 1800s, they migrated to Bhutan where they established heavily agricultural societies that valued education, strict codes of morality, and conservative life styles (Hutt, 2003). Because they were so geographically isolated from much of Bhutan, they maintained many of their own Lhotshampa customs and practices and were influenced minimally by the Bhutanese culture (Hutt, 2003). Many, however, did adopt the Bhutanese language and practiced Buddhism, the main religion of Bhutan. Bhutan was generally uninterested in them until the middle of the 20<sup>th</sup> century when the king wanted to begin integrating the agricultural South into the national economy. According to Hutt, “Some of these reforms were clearly designed to integrate the economy and administration of the South with the rest of Bhutan, and thereby, to bring the Lhotshampa population closer to the national mainstream” (Hutt, 2003).

In addition a citizenship act was passed in 1958 to determine the citizenship status of the people living in southern Bhutan. The original act was rather broad and acknowledged the Lhotshampas as Bhutanese citizens. Following this act, Lhotshampas became very integrated in the national goals and development of the country and even took positions of leadership in the government, including senior positions. However, in the late 1970s, the first of many attempts to tighten the citizenship laws took place. These acts were focused on ensuring homogeneity of culture, language, dress, and religion throughout Bhutan and made requirements about knowing Dzongkha (the

language of Bhutan) fluently and having knowledge of things like the history, customs, and traditions of Bhutan. These acts began to impinge on Lhotshampa culture in large ways, including their marital customs. Soon, the citizenship requirements became so strict that it was less and less clear whether any of the Lhotshampas qualified as citizens any longer. This culminated in a nationwide census in the early 1990s that was considered by many to be a strategic design to strip the Lhotshampas of their citizen status (Hutt, 2003).

As resistance was growing in the south to the enforcement of cultural traditions and restrictions, the census was finding more and more “illegal” Lhotshampas in Bhutan. Laws became stricter, dress codes, language codes, and building codes became burdensome on the Lhotshampas, and more and more people were being moved from the category of “citizen” (according to the original acts) to that of “illegal immigrant” according to the new. In short, tension began to grow until Lhotshampas became victims of violent acts, thievery, and forced ejection from the country. Many began to flee in order to escape violence, and some left by force. Lhotshampas who had influence in the government tried to fight for their rights and seize the nationwide attempt of cultural cleansing but even they, eventually lost the battle. Anyone that protested was labeled “Ngolops” or anti-nationals. They were often tortured and were released only when they signed a contract that they would leave the country. It did not take long for Bhutan to be essentially eradicated of the Lhotshampa population. Lhotshampas were now making their way to southeastern Nepal to escape persecution.

Many, many Bhutanese died during this journey. It was a time of incredible hardship, sickness, and distress for their population. They began to establish temporary communities, “camping” by rivers and living in the jungles. Eventually UNHCR began

to establish 7 refugee camps and for twenty years, since the early 1990s, they have been residing in these camps.

### Camp Life

In the camps, refugees live in bamboo huts that are in tight rows and organized by sectors (See Figure 1). Huts range from about one to five rooms, depending on the number of residents. The huts generally have low ceilings and the floors are made of cement. The walls are typically covered in newspaper to cover cracks in the bamboo siding. Rooms are very small and most bedrooms are shared by at least two to three



**Figure 1: Huts in Bhutanese Refugee Camps**

people. Some huts have plastic lining on walls or roofs in order to prevent leakage, particularly during the monsoon season. Huts have no electricity, with few exceptions. Many of the huts have gardens next to them, particularly in the smaller camps like Timai and Sanischare (See Figure 2). Some camps are quite large and others much smaller, which plays a role in the variety of camp cultures. All three Beldangi camps are



extensions of one another and combine to make the largest camp. Timai and Sanisshare are much smaller and at the time of this study were the next two scheduled to be shut down and consolidated into the Beldangi camps.

The World Food Programme supplies the food rations from storehouses, which are located in each camp. Clean water is also supplied either through large storage tanks that are filled with water transported in, or through hand-pump wells that are scattered throughout the camps. Education is provided by Caritas, and basic health services are provided by the Association of Medical Doctors of Asia (AMDA). Further aid is provided by organizations such as Lutheran World Services. UNHCR runs the camps and IOM is responsible for the resettlement process, including medical screenings.



**Figure 2: Gardens in Camps**

After twenty years, the UNHCR has begun efforts to slowly discontinue the refugee camps, acknowledging that they are not a reasonable solution indefinitely—

particularly because Nepal does not want them to remain within their borders forever. Currently the camps are in the process of being shut down and part of this process includes the consolidation of camps. Several of the smaller camps have now been shut down and refugees are being shifted to the larger camps, Beldangi I and II. Originally there were seven camps: Beldangi I, Beldangi II, Beldangi II extension, Timai, Sanischare, Goldhap, and Khudunabari. At the time of this study (Summer, 2011) Goldhap was already closed, and Timai was preparing for closure. As camps close and refugees are being shuffled around internally, they are also being resettled to one of eight western countries: US, Canada, Norway, Denmark, Australia, Netherlands, UK, and New Zealand. The majority, however, are resettling to the US. States all over the US have seen an influx of Bhutanese in the past few years, and this trend will certainly continue as the camps reach their goals of closing and all refugees are relocated to the West. Both the anticipation of resettlement and camp closures frame the precarious state of Bhutanese refugee life and the displacement process that is taking place. This unstable state of life and the distress that ensues pose a mental health concern that should be studied more closely.

## **2. Methods**

The primary tool that this study employed was a “life-story interview” technique. The life-story interview is similar to an in-depth interview but its goal is to shift the power of directing the inquiry from the interviewer into to the hands of those being interviewed. This allows the participant to lead the discussion in a direction that best emphasizes the experiences and beliefs that hold most significance or value to her/him. This method of interview allowed the team to capture much more in-depth details and understanding than a survey would have, which was crucial for the goals of this project. During the previous summer the life-story interview tool was tested in the

field in Nepal as well as in Durham, NC by another team of Duke researchers. An updated version was then sculpted by our team members. The second version addressed the inadequacies of the first and also expanded the breadth of the tool. A more systematic form of organization was also introduced in order to aid in the analysis process. While the hard copy of the interview was somewhat rigid in form, in practice it functioned much more as “conversation teasers” that allowed the interviewee to, in large part, direct the interview. A full copy of the interview can be found in Appendix A.

The study took place in five refugee camps in Eastern Nepal over the course of eight weeks during the months of May-July, 2011. Interviews were conducted daily by three teams, each team consisting of two interviewers and one translator. The team trained for the interviews together while developing the life-story tool in Durham. Training included observation exercises, practice interviews, and weekly meetings. All interviews were conducted by the six team members from Duke.

During each interview one team member served as the primary “interviewer” and the other took the interview notes. Each interview team completed one-half to two interviews per day. Interviews ranged from two to six hours in length and some took place over the course of several meetings. Twenty-three full interviews were completed in total. Other partial interviews and supplementary exercises were also conducted with a number of refugees. Interviews were audio recorded in addition to being recorded by exhaustive hand written notes.

All interviews were conducted only after receiving informed consent from the interviewee in the form of a signature on prepared informed consent documents. Interviewees were given the option to have their interview kept private or added to an archive of Bhutanese refugee life-stories being put together by the Kenan Institute of

Ethics at Duke University. If they elected to include their interview in the archive, they were given the option of being entered anonymously or by name. Additional consent was also obtained for audio recordings. A copy of the informed consent document can be found in Appendix B. The study was approved by the Duke University institutional review board and local permission and camp permits were granted by UNHCR.

### **Participant selection**

Of the six camps that were still open during the study, interviews were conducted in five camps. The exclusion of the sixth camp was due to roads that were made impassible by the monsoon season. Interviewers rotated through the camps as illustrated in Table 1. Twelve of the twenty-three interviews took place in the Beldangi camps (I,II, and III). Eight of the interviews took place in Timai, and three in Sanischare. The Beldangi camps are located a few miles from the city of Damak, and Timai and Sanischare are 40-50 minutes outside of the city.

Site visits were made to each of the camps before interviewing began. These visits had several purposes: a) to make the research team visible to the residents, b) to encourage refugees to make themselves visible to the research team, c) to help people become accustomed to the researchers' presence in camps, and d) to engage in relationship building. Relationship building was facilitated by one of two means: refugees approaching team members (and often inviting them into their homes) or by team members approaching refugees. The "approachers" were mostly people who were at home or outside of their homes around the camps. "Approachees" were typically refugees who were approached in their workplace. Examples of the former include a tailor, a woman at the Bhutanese Refugee Women's Forum (BRWF), a small shop owner, and a community health worker. One woman was approached because of personal



connections that team members had with her daughter who is already resettled in Durham.

During these site visits the research team was able to communicate the purpose of their presence in the camps and gauge the interest level of individuals to participate. Anyone who showed interest in participating became eligible, and researchers arranged times and dates to conduct interviews. Not everyone who was interested was able to participate due to time constraints, demographic similarities to other interviewees, or if another member of the family had previously been interviewed (with one exception).

The study attempted to collect interviews across a wide range of demographic characteristics including age, gender, education level, and camp of residence. Some of the variation in demographics evolved naturally, and some of it was intentionally arranged by the research team. The team kept track of the demographic characteristics of participants as they went, and attempted to fill any gaps that they recognized were occurring, at which point recruitment became more targeted toward unrepresented and underrepresented groups.

### **Pre-Testing**

Thorough pre-testing of the interview tool was done in Durham, NC among non-refugees as well as in Damak, Nepal among Nepali locals. Nepali is the primary language of the Bhutanese refugees, so all in-country pre-tests and interviews were conducted in Nepali. Each pre-test in Nepal was conducted by a complete interview team, was audio recorded, and informed consent was obtained. Following the pre-test interviews, team members conducted extensive meetings to discuss a) questions that did not translate well into Nepali, b) questions that did not make sense in this particular culture, c) questions that were commonly misunderstood by interviewees or translators, d) questions that were commonly skipped over or forgotten, and e) any difficulties

among team members during interviews. Continual changes were made to the interview tool throughout the first week of pre-testing and then remained fixed once refugee interviews began.

### **Translation/Transcription**

The study used four translators; one for each team and one to accompany the fieldwork supervisor to meetings with camp leadership and camp organizations. Each team worked with the same translator throughout the project to encourage consistency and increased efficiency of the teams while conducting interviews. After each interview was complete, each team listened to the audio recording with the translator to clarify any questions in translation that occurred during the interview. Following the completion of the field research, comprehensive transcriptions were written in Kathmandu, Nepal and forwarded to the research team in Durham, NC.

### **Interview Summaries**

Extensive interview summaries were composed by each team immediately following de-briefing with translators. Audio recordings were used to help ensure that the summaries were essentially comprehensive. Summaries were written directly from interview notes and included descriptions of setting, others present at the interview, and all questions and answers that were asked during the interview.

### **Additional Methods**

#### **Mapping**

“Visual ethnography” techniques are a valuable tool in qualitative research (Prosser, 1998; Emmison & Smith, 2000). Several visual techniques were used in this study. The first tool, memory mapping, was used at the start of each interview. The aim of the mapping exercise was to allow the interviewee to illustrate the context in which they see their story unfolding. They were asked to draw a map of the first place that

they remember living. It could include their house, the surrounding community, important people, roads, rivers, or other details. Interviews began by discussing the items that the individual had mapped, and drew on poignant childhood memories to add background to their life story. The maps served as icebreakers and were used as a bridge to enter into the life story interview questions. An example map is located in Appendix C.

### **Photo Elicitation**

Photo elicitation is another form of visual ethnography that attempts to evoke deeper-level and often different responses than entirely verbal interviews (Douglas, 2002). Photo elicitation was used to draw out memories, opinions, feelings, and emotions about life in the camps. Two different methods were used. The first consisted of team members taking photos of things in the camp that might incur some kind of reaction, thought, or memory from an interviewee. For example: Water pumps, the WFP storehouse, gardens, bare feet, or temples. Interviewees were then presented with the photos and asked to pick one that had significance to them. They were asked to explain why they chose it, why it was significant, and what it meant to them. The object of this exercise was to observe themes regarding individual reactions to similar photos, as well as to enhance the conversational nature of the interviews. This method was often used at the end of an interview or for follow-up.

The second exercise put the camera in the hands of the interviewee. Interviewers asked refugees to walk around the camps and take photos of things that they found significant. Afterward, team members and interviewees discussed the photos, the meaning behind them, and the reasons for taking them. This exercise was also used as a follow-up or at the conclusion of an interview.

A number of additional methods were used in during the study. An explanation of these methods can be found in the methodological Appendix D.

## **Analysis**

Throughout the study, initial analysis was conducted by team debriefings at the completion of each day. The purpose of these debriefings was to determine and discuss keys themes as they arose. In addition, they allowed the team to identify from any early stage, similarities in answers to questions of interest and begin discussing the initial results. Further inductive analysis was conducted allowing themes to emerge from the responses of interviewees. These themes were confirmed by initial analysis of team members and the field director in collective discussions. Themes were revised and discrepancies were reconciled and final decisions about themes were made and presented to both UNHCR and IOM.

## **3. Results**

Twenty-three complete interviews were conducted, and the responses were recorded and analyzed. The results are discussed below. Participants ranged from 21-72 years of age, included both male and female, ranged in education levels from none to bachelors degree, and represented five camps. Table 1 (below) illustrates the distribution of interviews by camp. Table 2 (below) displays basic demographic information of the 23 participants.

The first portion of this section explains the psychosocial context in which mental health exists in the camps. The second portion discusses emergent themes of expectations of resettlement and their role in understanding potential mental health concerns of resettled refugees. Finally, the end of the section discusses what the experience of telling their life stories was like for the participants.

**Table 1: Camps by Dates Visited and Total Interviews**

Camp:	Beldangi 1	Beldangi 2	Beldangi 3	Sanischare	Timai
Dates:	6.13	6.3	6.3	6.9	6.10
	6.16	6.8	6.8	6.21	6.15
	6.20	6.22	7.1	6.28	6.17
		6.30	7.5	7.6	6.29
		7.1			7.4
		7.5			
<b>Total Interviews:</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>8</b>

### **Psychosocial Context of Mental Health**

While our initial interest was to examine the role of communities and social support in the camps and their effect on mental health during preparation for resettlement, we discovered that the mental health “landscape” that exists among this population is much messier than we even imagined. Their situation is incredibly unique; having past trauma from experiences in Bhutan including their ejection from the country, having lived in refugee camps for over 20 years where they have very little control over their lives and futures, and now being forced to adjust to the many implications of moving to a strange, Western country. Each of these is a potential contributor to their overall risk for poor mental health outcomes. As a combination, they create an incredibly complex mental health story with potentially huge consequences.

Our exploration of the psychosocial environment was three pronged: 1.) Discovering what types of things they recognize as contributing to poor mental health in their lives and in their communities now, 2.) Discussing what the participants felt were the major contributors to mental illness in their community, as well as which aspects of their lives in the camps, if disrupted during resettlement, could contribute to negative

outcomes (with a focus on social networks and communities), and 3.) Understanding their expectations of resettlement and resettled life, in order to assess the ways in which

**Table 2: Participant Demographics**

Code	Sex	Age	Marital Status	Highest Education*	Occupation
1	M	21	Single	+2 level	Social Services at YFC
2	F	21	Single	+2 level	Unemployed
3	F	30	Married	+2 level, completed 2 of 3 years for BA	Unemployed
4	M	47	Married	Class 8	Community Organization and social work.
5	M	36	Married	Class 2	Unemployed
6	F	23	Married	+1	Unemployed
7	M	69	Married	None	Temple Keeper
8	F	24	Single	+2 level	Unemployed
9	F	26	Married	Class 3	Unemployed
10	F	50	Widowed	None	Unemployed
11	F	50	Married	None	Makes thread
12	F	22	Single	Class 8	Unemployed
13	M	54	Married	None	Community Mediator
14	M	60	Married	Class 1	Tailor
15	F	27	Married	Class 6	Unemployed
16	F	72	Widowed	None	Unemployed
17	F	30	Married	Pre Primary to upper KG	Makes bamboo items to sell
18	M	48	Married	None	Unemployed
19	F	25	Divorced	+2	Works for BRWF
20	F	57	Married	None	Unemployed
21	M	30	Married	Bachelor's	Unemployed
22	F	33	Married (But husband left)	Class 7	Shop Owner
23	M	35	Married	Bachelor's	Community Health Worker

\*Class 1-10 are equivalent of US grade 1-10, +1 and +2 are equivalent to US grade 11-12. Equivalent of Pre-primary to upper KG, unknown.

these expectations are realized or not realized and what potential impact this might have on mental health outcomes in the US. However, even these three distinctions were often difficult to tease apart in the narratives. For reference, the term “mental tension” is their equivalent for depression/anxiety, and was used most frequently to discuss these illnesses.

## **Mental Illness in the Refugee Camps**

One of our goals was to gauge the awareness of mental illness in the camps and discover how the refugees understand, discuss, and respond to it. When asked if they knew people who suffered from mental illness, a large variety of responses was elicited. One interviewee mentioned that there was “100% mental tension in the camps” because of the uncertainty of their lives. He also mentioned that in the beginning of the camps remembering their sorrows led to suicide (M-6.17-TJD). Another interviewee mentioned that he has seen much depression in the camps because they don’t know English, and are anxious about leaving. He included himself in this (M-6.17-KEU). These types of responses were common. Only three interviewees mentioned not knowing anyone with mental illness, but two of the three mentioned that it may exist even though they did not know anyone specifically, and the third began mentioning her own worries and tensions. In general, the refugees we interviewed were aware of the presence of mental illness in the camps, and they had varying explanations of the causes. Several people even admitted to having “tension” or “depression” themselves.

When asked what people do to deal with their mental tension or depression in the camps, a common answer was that their family and friends try to help them. If they do not get better they take them to the hospital to get antidepressants or to the Transcultural Psychosocial Organization (TPO) for psychotherapy. One interviewee had an aunt with severe depression and she went and sat with her often, talked to her, encouraged her to take certain action-steps, and eventually her aunt began to recover. Another participant also mentioned that he helps provide support to those who he knows have mental illness. A third participant mentioned helping run support groups for those who are struggling with depression from divorce. She mentioned that she also attended these sessions after her divorce and that she took other people with her as well.

Beyond relying heavily on support from their friends, family, and community, some refugees who are struggling with mental illness utilize the few resources that are provided to them in the camps.

The primary organization that serves as a resource for refugees suffering from mental illness is TPO. While TPO does offer limited forms of therapy and support groups its mandate, at inception, was to help with inter-family conflict regarding the decision to resettle. They cannot provide antidepressants and cannot provide very extensive treatment or care for refugees suffering from mental illness. There are also efforts to reach out to those who suffer from substance addiction, primarily by a non-governmental organization (NGO) called Happy Nepal. It is a national NGO with a branch in the refugee camps. The camp branch focuses most of its outreach and service on those who have drug or alcohol addictions, although the national branch is more geared toward children affected by HIV/AIDS. Happy Nepal has many staff members and provides many unique services including “day cares”—a program for adults who are returning from rehabilitation and need assistance re-assimilating into camp life. This program provides them with a place to come, counselors to meet with, and helpful literature to read.

### **Reported Contributors to Mental Illness**

Simply living as a refugee seemed to have some effect on mental health in the camps. One interviewee mentioned that there was a lot of depression in the camps and the causes he mentioned were: “being a refugee, having no jobs, thinking of many things, and always living in scarcity” (M-7.5-KEU). Another, less traditional but notable, illustration of their view of refugee life was described by the titles that they chose to give their life stories. Examples include: “Unfulfilled Dreams,” “Sad Life,” “A Refugee’s Sorrows,” “Miserable Life,” “Life of Sadness,” “Life is a Journey, a Journey That Must Be



Travelled, However Bad is the Road” (M-6.8-KEU; F-6.16-DEM; M-6.17-TJD; F-7.4-DEM; M-7.5-KEU, respectively).

Despite the fact that the role of the caste system is becoming increasingly negligible in the camps (or as many interviewees expressed it, “diluted”), many refugees discussed ways in which the caste system can affect mental illness. A common response when asked about the significance of the caste system in their life was that there used to be a caste system, but now they only see two castes: men and women. The most commonly mentioned reason for this was the fact that people were becoming more educated and forward thinking, and as this happened, caste became less important to them. Additionally, many mentioned that there was no caste in the US and they believed that once in America, the system would become completely irrelevant. Some even said that the caste system does not exist in the US, *because* there is no discrimination in the US. The elderly seemed to have a stronger loyalty to the caste system, which was consistent with the fact that their answers to many questions diverged from the most common responses of the younger population.

However, despite the general feeling that caste was becoming insignificant, the one area in which it was mentioned to have an effect on mental health outcomes was in the case of inter-caste marriage. In response to a question about the presence of mental illness in the camps, several stories arose about inter-caste marriage that either ended in “madness” “suicide” “tension” or “depression.” One example was given in which an inter-caste couple became infatuated with each other and wanted to get married. Their parents were infuriated and reported them to the police, and they were torn apart from each other. This led to madness and suicide (F-6.15-KEU). However, most people agreed that these types of incidents do not happen very often anymore.

Finally, it is worth noting that in regard to their tendencies toward “mental tension” or anxiety, several interviewees commented on the fact that being around others or being busy working or serving the community, kept them from dwelling on their mental tension. When discussing her divorce and the complications that it has caused her resettlement process, one participant mentioned that, “If she were at home and not working she would worry a lot. She would have been depressed if she had not kept her mind occupied” (F-6.28-KEU). This served, in very least, as an interesting comment on the potential dangers and vulnerability of feeling isolated or alone once resettled.

### **Resettlement**

Resettlement was a reoccurring theme throughout all discussions and all topics. Their lives in the past few years, in large part, have revolved entirely around preparing for and anticipating resettlement. We were interested in several facets of this: 1.) We were interested in how the anticipation and preparation for resettlement affected them, 2.) We were interested in how the resettlement of friends and family affected them, and 3.) We were interested in what their expectations were of their own resettlement. While the first two will be addressed in this section, the third will require a more expanded section, which follows.

In response to the questions about what they worry about most day-to-day, what causes them sadness or anxiety, and what their greatest personal challenge has been, the subject of resettlement was repeated over and over again. Many of them worry about why their cases have not been processed yet. They worry about whether they will ever get to see family members again who have already resettled, about African Americans hurting their children who have already resettled, about whether it is ethical to resettle or whether they should fight for the right to repatriate (which is not an option), and

other aspects of the process such as who they will be going with, where they will be going, and when they will go.

Perhaps the most poignant example of this was a man in the camps who could not be interviewed, but whom team members observed in field notes as being considered “mentally mad” by camp officials. Team members had several uncomfortable and threatening interactions with him during the time in the camps, during which he yelled at team members and delivered incoherent accusations and political statements. We were informed that his entire family had resettled and he refused to go. Ever since they all left, he has slowly “gone mad”. This man was a vivid example of how stressors associated with the resettlement process could manifest themselves as high levels of distress in refugees.

### **Expectations of Resettlement**

Our questions concerning expectations of resettlement, centered heavily around daily lives and the communities in which their new lives will take place. We were particularly interested in how their expectations align with or diverge from some of the realities that we have observed or would expect to observe in the US. In addition, they could potentially aid us in understanding the kinds of things that might make the resettlement process less traumatic for refugees.

The themes that emerged from our discussions of expectations of resettlement can be categorized into two groups: Expectations concerning their context and expectations concerning their identity. Themes dealing with context included community, daily lives, and fear of African Americans. Themes dealing with identity included citizenship, work, and language.

## **Expectations of Context**

After living in refugee camps for twenty years, the interviewees seemed to have a lot invested in the shape of their future communities in their countries of resettlement. In a lot of ways their expectations of their resettled communities corresponded with the realities of their current communities in the camps. All of the refugees that were interviewed lived with their families in a single or double hut. Nearly all of them lived with some form of extended family. Oftentimes this meant elderly parents lived with them and their children, or that they lived in a hut with their parents, uncles, aunts, and cousins. Those who did not live with their extended families usually had extended family in nearby huts. In addition, some men have multiple wives in which case their entire families, from both wives, lived together. One interviewee mentioned living in a hut with thirteen family members. No participants lived alone.

Beyond actually living together, the daily lives of participants were described as taking place in a very communal manner. Participants described many things that they do on a daily basis with others including: Going to church, going to temple, going to puja (a Hindu prayer-like ritual), gossiping, having tea, working in camp organizations/businesses, “roaming” (walking around the camps and/or surrounding areas), playing sports and games, getting firewood, talking to each other about life, going to cultural programs, spending time in one another’s homes, or going to the market. Very few activities were listed as “alone activities.” Alone activities were generally associated with household chores such as cleaning, preparing meals, and doing work. Participants, almost unanimously, said that they preferred being with others to being alone. The only one who differed said that community is important, but so is having time alone to perform religious rituals. One participant responded that he

would rather be with others than alone because, “We are rational animals and we need help from each other” (M-7.5-KEU).

It is not surprising then, that when asked whether living near family and friends once resettled was important to them, every participant said yes. One question used a likert scale from 1-5 to gauge how important this was (1 being not very important and 5 being extremely important), and all but one participant ranked it as a 5. The remaining participant ranked it as a 4. However, several of the participants did not understand the concept of the likert scale, and did not provide a ranking for this question. Yet, nearly all of *these* individuals expressed in words that it was extremely important. One participant explained that it was important to live with family (once resettled) so that they could learn from each other and encourage one another. Another mentioned that it would make adjusting to America easier to be near friends and family.

They also expressed a strong interest in living near friends and other Bhutanese, although several of them expressed a fear that this would not be possible. Some felt very strongly (ranking of 5) about living in close proximity to other Bhutanese because they will understand one another’s language and religion. One participant noted that she thinks living near Bhutanese would be good, “Because then their community would be the same (as it is now) but with less gossiping because everyone will be busy working” (F-6.28-TJD). Some expressed both a desire to live near Bhutanese as well as being able to make friends with others (non-Bhutanese). Overall, there was a strong emphasis on living as a community, spending time with others, not being isolated or alone, and being able to support and help one another. In many ways, their expectations and desires for resettled life parallel their communities in the camps.

In addition to the *who* of their daily lives and routines, another important question is the *what*. What do they spend their time doing now? How challenging is it?

What do they expect their lives to be like in the US? Will it be easier, harder, happier, or sadder? Who helps them with their challenges now and who will help them in their new country? These questions were all very important to us, and proved to be quite important to the refugees as well. As mentioned before, most of the activities that they do can be categorized as “household responsibilities” and “leisure.” There are certainly noticeable exceptions to this; one man was a tailor in the camp shop, one woman worked at her own business, one woman spun thread to make money, and several people were involved in camp organizations. Yet, these two categories seemed to encompass a large percentage of the activities that participants listed.

We were interested in what they considered challenging about their lives, what was easy, and whether they expected their life in the US to be more or less difficult. When asked what the most challenging part of their day is now, answers varied greatly. Several answered that nothing was particularly challenging about their days, several participants’ answers revolved around raising and supporting their children well, two mentioned having aches and pains while they are working, two described money problems, one mentioned health problems, and one answered that the most challenging part of his day-to-day life is thinking about resettlement and how he will find a job. Many of these challenges are similar to those that one would expect them to experience in the US as well.

However, most of the participants acknowledged that they expected life to be harder in the US than in the camps. Explanations included, “It will be more difficult at first but easier for future generations,” (F-6.16-DEM) “It will be harder, but maybe easier once I learn English,” (M-6.17-KEU) “It will be harder because I want to educate my daughter so I will have to work very hard,” (F-6.28-KEU) and “It will be harder because there are more challenges and everything will be new, but it will be mentally and

physically easier because there is depression here (in the camps)” (F-6.15-KEU).

Explanations for why some expect it to be easier included, “I struggle to survive here, but there it will be easier. I will do any work and I do not think it will be difficult,” (F-7.4-DEM) and “Maybe easier because I will have a clean, nice, house” (M-6.22-DEM).

While not all of the elderly (50+) participants answered this question (often because they are not planning to resettle), those 50+ who did answer it all thought it would be harder. One man explained that he did not want to go at all but that he is reliant on his sons so he will be forced to go. It was common for the older generation of refugees to diverge greatly from the younger participants in their desire to resettle.

Despite the majority of answers tending toward “more difficult,” most of the participants answered that they thought they would be happier once resettled than they are now. The question asked, “Do you think you will be A.) Less Happy B.) Equally Happy, or C.) Happier, once you have resettled.” Reasons for choosing “happier” included: There they will be able to work and provide for their family. Now they are wandering for nationality; because a refugee life is a miserable one; and because they will have a more “worldly” life. One participant answered that she could not say whether she would be happier or not, and one answered that they would be less happy at first, but eventually more happy. One responded that he would be happier to move back to Bhutan. Table 3 (below) gives the complete list of answers to expectations of difficulty and happiness once resettled.

Participants were also asked who helps them with their challenges in the camps and who they expect to help them with their challenges once they are resettled. Almost every answer to the first question was some form of family member or friend. One participant mentioned turning to her friends to borrow money, and paying them back when she could. One responded that they do not talk to anyone about their challenges.

When asked who they expect to help them with their challenges after resettlement answers included: Friends and family who have already resettled, other Bhutanese who will help solve problems, agencies, and “The American people. The Americans will be the first one” (M-7.5-KEU). One participant had no idea who would help her because she had no family or friends who had gone ahead of her. She mentioned that, “These will be bad days” (F-6.16-KEU).

### **Expectations of Identity:**

Citizenship came up often as an expectation of resettled life. Any refugee under the age of about 20, has never had citizenship in any country. The rest were stripped of their Bhutanese citizenship when they left Bhutan. None of them have been granted Nepali citizenship. In response to questions of identity, expectations of receiving citizenship once they have been in the US for 5 years was a common answer. We asked how they identified themselves now, and whether it would change in the future. Everyone responded “Nepali,” “Bhutanese,” or some combination of the two. When asked if this will change once they have resettled, the majority of participants felt that eventually they would consider themselves American. For some, they would adopt the identity immediately, and for others it was dependant on receiving their citizenship. Some said that they would continue to identify as Bhutanese. Throughout the interviews as well as in observations from field notes, the desire for citizenship was reiterated frequently. Several participants mentioned their lack of citizenship as one of the things that makes them sad and causes anxiety. Losing their citizenship was also what several participants considered to be their greatest loss.

Another notable expectation of the resettlement concerned jobs and working. As



**Table 3: Expectations of Difficulty and Happiness Once Resettled**

Sex	Age	Less, Equal, More Happy	Less, Equal, More Hard
F	21	More Happy-because here she is wandering for nationality. Can't work, despite capability, but in US she'll be able to serve fam.	Better
F	30	If they have money she will move near Nepali friends or have them move to her. Wants Nepali home and surroundings but doesn't think it's possible.	
F	23	Thinks she will be happier there because it would be a more "worldly life"	Thinks it will be harder, but mentally and physically easier because there is depression here. There will be more challenges there because everything is new.
M	69	He will not be happy to resettle. He doesn't want to but he will be forced to because his sons support him and they are. He would be happier returning to his old land in Bhutan.	
F	50	She thinks she will have a better life in US because her friends and family are there. Thinks she will be happier if she meets friends/family there.	
F	22		Maybe more difficult at first but easier for future generations.
M	54	He would be more happy in Bhutan	
M	60	Less happy at first because he'll be leaving friends, but also happier because he'll see friends/family there. Many of his friends have left.	Harder, because in Nepal they environment is adjustable; he understands the language, Thinks it will be easier once he learns English.
F	72	Can't say if she'll be happier or sadder. Maybe very happy, maybe very sad.	Might not be as easy as in the camps. New camps, new language makes this hard
M	48	Thinks life in the US will be happier.	Doesn't know. Maybe easier bc they'll have a good, neat, clean house. But travel will be hard with language barrier.
F	25	She thinks she'll be excessively happy	Thinks it will be harder because she wants to educate her daughter so she knows she'll have to work very hard.
M	30	He will be happier in the US, but he has to live under its law and order.	It will be more difficult but he will be happier.
F	33	Thinks she'll have a better life in Canada. She will be very happy to resettle.	Thinks it will be easier. "She struggles to survive here, but in Canada it will be easier." She will do any work there and doesn't think it will be difficult.
M	35	More happy because refugee life is a miserable one. Can't provide his children nutritious food, good education, not expose to tech.	It will be hard in US, but he'll have to adjust, toil hard. But won't be harder than refugee life. It will be easier or equal.

noted previously, the refugees cannot legally work in Nepal, though some do work illegally in the towns surrounding the camps. Most of their days are fairly leisurely. Over half of the participants were unemployed and the jobs that some of them did have were not nearly as demanding of their time and commitment as jobs in the US. This made 3-5 hour interviews easily attainable but has the potential to make the transition to the western world quite difficult.

Throughout our time in the camps, concerns about jobs in the US were the most common question and discussion topics. Specifically in interviews, when asked what will be challenging about their resettled life, the most common responses involved the language barrier and finding a job, and usually, the intersection of these two. One participant was quite concerned because she had heard that if you do not work in the US, then you do not get food. Another participant was worried that she would not be able to find a job because she would be alone. Several felt pressure to find jobs because they need to support their parents and/or children. Those who were illiterate and/or did not know any English were even more fearful. Another common concern was that despite the fact that many of them are well educated in Nepal, they would have very low-level jobs in their country of resettlement. This grieved them greatly because they felt that they would not be able to realize their dreams. Those who spent time teaching in the camps were especially distraught that they would not be able to teach, but that instead they would have to work in a low-level job.

*Finding* jobs was not the only concern. Many participants reiterated the fact that in the US their work ethic will have to be much more disciplined, in order to *keep* their jobs. Several noted that they would have to work much harder in the US, that they would not have time to even chat with friends, and that they would have to work hard in the US because in the camps “they just roam.” One participant explained that in the

US there is a higher “time value” and that it might be hard for her to do things on time, and if she got tired she would not be able to make excuses and take a rest. Even in the cultural orientation class that interviewers sat in on, there were several exercises that were used to illustrate the competitive nature of finding and keeping a job in the US.

The following is an excerpt from one team member’s field notes as an example:

“They all get into their respective groups and sit on the floor again. Then she explains that she has a pile of notebooks with almost enough for everyone in the class. She says that she will throw them all in the middle of the floor and everyone had to try to get one. As soon as she dropped them people rushed to the middle. The most aggressive people got one, and the least aggressive didn’t. Afterward they discussed how this exercise was to represent the fact that you have to be aggressive and seize opportunity when you get to the US. Afterward she distributed extra journals to those who didn’t get one.”

For a full illustration of a cultural orientation session the refugees attend prior to resettlement, please see Appendix E.

Finally, a reoccurring theme throughout the interviews was an immense fear of the language barrier they would face once they were resettled. Many participants, when discussing the most challenging aspects of their future resettled lives, mentioned that the language barrier would make everything more difficult, but that it would get easier if they were able to learn English. This seems like a relatively easy problem to alleviate, but currently, it is the source of much anxiety for Bhutanese refugees waiting to resettle.

### **On Their Experience Telling Their Life Story**

There is much literature on the effectiveness of narrative exposure as a form of therapy (Onyut et al., 2005; Robjant & Fazel, 2010). While the intentions of this study were not at all therapeutic, there was a level of acknowledgement that being given the chance to tell their stories (which most of them have never been asked to do) may have some benefit. While we were not interested in measuring the physiological affect of being able to narrate their lives, we were interested in gauging what the experience was

like for them. At the end of the interview, we asked a question about what it was like for them to tell their story, and the responses were extremely positive. Many said that they were very happy to have had the chance tell their story. One man even said that he “Had 35% relief and peace in his heart after interviewing” (M-7.11-TJD). Two mentioned that they were very happy because no one ever asks them about their story or personal lives.

#### **4. Limitations**

##### **Methodological Limitations**

This study acknowledges several potential limitations. First, by nature, our approach to participant recruitment was somewhat untraditional, and could have potentially resulted in selection bias. However, the method proved to provide a wide demographic variety as well as religious, political, educational, and caste diversity. By not using traditional snowball sampling, we attempted to avoid interviewing multiple refugees from the same social networks, families, or communities. This was particularly important for our study questions concerning the effects of social support/isolation on mental health. We believe that our sample was fairly random and well representative of the diverse range of refugees located in the five camps. However, this limitation is important to note. In addition, the one camp that was not sampled due to the impassible road conditions was not unique in geography, structure, available services, or refugee demographics from the camps sampled.

The decision not to use standard diagnostic techniques to evaluate mental illness of refugees was based on ethical concerns. Due to the lack of access to adequate mental healthcare, both in the Nepalese camps and the local health clinics in Durham which serve as the primary resource for refugee healthcare, it was not considered ethical to make diagnoses for individuals who had no effective treatment options available.

Rather, individuals were encouraged to engage in conversations about their feelings of depression or anxiety and what they believe contributes to those feelings, as well as the prevalence that they observe in the camps and among their communities. Interviewers worked with translators prior to interviews to discover the appropriate language with which to discuss mental health issues in the specific cultural context. Additionally, language was adopted from refugees after the initial conversations took place. Lastly, although our sample size was appropriate for the nature of our research, it was small and based on only 23 individuals' stories.

### **Limitations in Interview Responses**

The context in which the interviews took place could have had some impact on the answers that were given by the refugees. For instance, most of the refugees are preparing to resettle. The resettlement process consists of many interviews with UNHCR and IOM and refugees have a sense of the types of answers that are acceptable and unacceptable for getting their resettlement cases approved. One example, is that in a resettlement interview a man who admits to having more than one wife will not be allowed to move forward toward resettlement unless he divorces one of them, because polygamy is not legal in the US. There is a general understanding among refugees concerning the kinds of answers that they ought to give during interviews. This sense of "needing to give the answers you know will help your case" may have created bias in the answers that were received. However, because team members were aware of this danger from the beginning, they made efforts to assure the interviewees that they had no connection to their resettlement cases, UNHCR, or any resettlement agency. No trends emerged that were significantly suspicious in this regard, but we do admit that this could have had an effect on the willingness to answer all questions with complete honesty. The fact that all interviewers were women may have also impacted the

answers that were generated by participants. Although the research was conducted after many refugees had already resettled, we are not convinced that the refugees who were resettled first differ from those still in the camps in any meaningful ways.

## **5. Discussion**

The remaining discussion will encompass four important aspects of our results. First, it will discuss some of the discontinuity that appears to exist between the refugees' expectations of resettled life and the realities that they actually face. Secondly, a theory of psychosocial stages of development is proposed as one approach to understanding why they expect to be happier once resettled despite also expecting life to be much more difficult. Third, a brief discussion about access to mental healthcare is presented. Finally, the section concludes with a discussion of what next steps may be important.

### **Discontinuity Between Expectations and Realities of Resettlement**

The data suggest the existence of a huge gap that persists between the expectations that the Bhutanese have of resettlement, and the reality of resettlement. Despite the limited individual-level data that we have collected on how their expectations compare to the reality of resettlement, we do have some general knowledge about what life is like in the US, and specifically what life is like for low-income populations in the US. This enables us to discuss, generally, ways in which the expectations provided in the interviews may be met or unmet after resettling.

### **Expectations of Work and Provision**

Within their current community framework all of their basic needs are provided, free of charge, by third parties, without requiring them to work. Although those who do not feel that the rations are sufficient choose to work (illegally) outside of the camps to supplement their foodstuff, working is not seen as an absolute necessity in order to

guarantee that they have food on their table, and certainly not with the same urgency that they will/have found in the US. This is illustrated by the fact that many of the refugees are dropping out of both work and school as resettlement draws closer. Idleness is a growing phenomenon in the camps due to this pattern of dropping out in anticipation for future resettlement.

### **Non-Traditional Roles**

One reason why this point about the lack of continuity between working and receiving basic provisions is important to emphasize, is that the IOM report found that many of the suicides that were taking place in the US among the Bhutanese were individuals who were being forced to assume non-traditional roles as providers. Young people tend to have higher marketability in the workforce in the US than older people do, particularly if the older individuals do not speak English. Upon arrival in the US many young (20-30 year old) refugees are forced to become the primary provider for their family. This age group represents those who were either born in the camps or moved to the camps at a very young age—never having really experienced or witnessed what traditional provider roles entail. The elderly in the camps claimed to be “beyond working age” even as early as 50 years. They rely heavily on the expectation that their children will support them. Similarly, the young people are very concerned about supporting both their children and their parents once resettled, and about their ability to do this with the low income-generating jobs that they predict they will have.

One of our participants was a young 23 year-old woman who has one daughter and whose parents had already resettled in New York. Her case had been hung up for years (the source of much anxiety for her) but she anticipated eventually resettling with her parents. When asked what brings her joy, she said “If I could get citizenship, and do something for my parents before they die, and save for my future, and care for my

child” (F-6.15-KEU). This dual burden of helping their older, often illiterate, non English-speaking parents adjust to resettled life, while trying to work to support both their parents and children, is often too overwhelming. One of the suicides recently reported was of a young Bhutanese refugee woman, around 30 years, who committed suicide only a few weeks after arriving in the US, leaving a husband and children (Ghimere, 2010).

Following this trend, one could imagine that single mothers would be particularly at risk for feeling distress from a non-traditional responsibility of provider. The IOM report also found that besides non-traditional responsibilities, single mothers who have *several children* and *no support network* were more prone to suicides (Schininà, Sharma, Gorbacheva, & Mishra, 2011). This seems to be evidence of what we would have expected based on the data collected in camps, particularly considering the responses about their strong desire to provide a good education for their children and to support their parents.

### **Expectations of Community**

As we saw in the camps, the Bhutanese are an incredibly community-centric population. These norms may have been established by the defaults that life in refugee camps enacts. But, regardless of whether this value of community is organic in their culture or just a product of being forced to live in such a way, we can clearly see that it has become deeply rooted in their lives and routines and expectations of their futures. A common anecdote that was used to describe the importance of community was that of “needing two hands to clap.” This anecdote referred to the fact that one hand (one person) was not able to clap without the other hand (another person) to help. This idea was common in their rhetoric and used to emphasize the need for one another. This is one example that speaks to their value of community and community support.



Refugees have many expectations of what their communities will consist of in the US, or at least, what they want them to consist of. Participants noted that being near family and friends was extremely important to them. They felt strongly about the fact that being near family, friends, and other Bhutanese would provide them a more supportive community in which they could understand one another and help one another. Being near others who share a common language and who are experiencing a similar transition, offers a lot of solace for people who are moving somewhere they have little to nothing in common with. Even having a small support network of other refugees could provide some familiarity and reduce feelings of social isolation. Yet, many participants mentioned that their families were resettled to several different states or different cities in the same states. Once refugees are assigned to a particular city and state, resettlement agencies assume responsibility for helping them find housing, and it is not clear that these agencies attempt to group them together or link communities of Bhutanese to one another. It is likely that some agencies do a better job of this than others, but it is not always the case that efforts are made to connect refugees who are resettled in the same city.

Some would argue that grouping them all together to recreate their Bhutanese communities in the US might slow down the process of assimilation to US culture. While this might be true, it is not necessarily an entirely negative thing, nor does it differ very much from acceptable norms of other immigrant groups in the US. Much larger populations of immigrants and ethnic groups in the US have created pockets and communities in many major cities. Within these communities they are free and able to continue practicing the cultural and social traditions that are important to them, but they do so within the frameworks and laws of the US society. The existence of Chinatowns is one common example, and their existence is not seen as a negative outcome. It may be

true that they assimilate more slowly or to a lesser extent than some populations, but in general, the larger society seems to be tolerant of it. The Bhutanese are a much smaller population and these communities would exist on a much smaller scale. While they would provide the desired support and comfort that familiar community offers, they most likely would not prevent some degree of necessary assimilation. More importantly, it might substantially decrease the risk for feelings of social isolation and stress that precede mental illness.

### **Practice of Religion and Cultural Traditions**

One of the things that inspired much concern among refugees in Nepal was the idea that they would not be able to continue practicing their religion and cultural traditions once they were in the US. Many of these events are quite communal and community oriented, particularly their major festivals that take place in the fall. Without being able to locate other Bhutanese and organize community events, these traditions become more difficult to continue. Additionally, few Hindu temples exist in the US, making it difficult to build communities around temples or practice their religion in the manner that they are accustomed to. Several refugees mentioned that they hope there is a Hindu temple in every US state. This illustrates a gross misunderstanding of how spread out cities and people are in the US, and how great of a distance exists between other resettled refugees, even those in the same state. This was also illustrated by the fact that most participants who were resettling anywhere on the Eastern seaboard, were adamant that they would be able to see the interview teams in North Carolina fairly easily once resettled. There seemed to be a disconnect in their understanding of how isolated refugees will be from one another if they live in different states. This is perhaps due to the relative size of both Nepal and Bhutan to the US. This

reality could potentially be quite isolating and distressing for resettled refugees, particularly if their family is spread between several different states.

### **Help With Challenges**

Another expectation mentioned in interviews, was the fact that they would have someone to help them with their challenges. When asked this question, only one refugee responded that they did not know who would help them with their challenges. Every other participant that was asked this question responded with some person or group of people. In summary, the answers included family, friends, resettlement agencies, and “the American people.” The family and friends portion of this expectation follows a similar discussion as above—often times refugees are not resettled near family nor friends, and therefore are unable to receive the expected help from these groups.

The expectation of resettlement agencies helping with their challenges originates with the information they get from IOM about the resettlement process, and is true to a degree. Resettlement agencies take the initial responsibility of helping them find a home and a job, but in most cases, they are only able to provide support for the first few months, after which point, they provide limited, if any, support. The general assumption that “the American people” will help them with their challenges is very interesting and has some degree of myth and reality in it. It is true that many independent Americans or organizations in the US offer voluntary support and aid for refugees. However, this support is completely dependent on the goodwill and sporadic benevolence of individuals and can be a very misleading expectation.

### **Expectation of Happiness**

Another very notable expectation that was emerged during the interviews was the expectation that they would be happier once they were resettled than they are now (See Table 2). Considering the information we do have about the negative mental health

outcomes in the US, this is a very interesting finding and might also have an (although un-measurable) impact on mental health. Most of the reasons for assuming that they would be happier in the US revolved, again, around being near family. Other reasons included being able to provide for children, work, and develop a true nationality (get citizenship). Their expectations for being happier, in large part, relied on the assumptions that we have previously discussed as being difficult to realize in many cases. Imagine the impact that basing their assumption of happiness on being near family, being able to support their children, and having a job, could have on their mental health if, in actuality, they were not near family, had very little social support, and had to adjust to the non-traditional role of primary provider. This interconnectedness of all of their expectations, along with the reality that many of these expectations are faulty, could potentially take quite a mental toll on individuals. Below, we explore one theory of why this expectation persists despite the anticipation of difficult circumstances.

### **Stages of Development Theory**

Perhaps the most difficult of their expectations to grasp, is the expectation that life in the US will be happier despite all of the fear and anxiety that the refugees expressed with regards to resettlement. Two questions seem to remain unanswered: *Why* do they expect to be happier? And, *why aren't* they happier? Although we know that their expectation of happiness is predicated on certain other expectations, such as being near family and friends or providing a future for their children, it is not entirely clear *why* they think they will be happier given these assumptions. Furthermore, our knowledge of why they are not happier revolves mostly around their failed expectations. More research will be needed to tease out some of the nuances of this preliminary information. However, here we would like to propose one theory that may prove insightful in thinking about these outstanding questions.

Eric Erikson presents one of the leading theories in psychosocial development. (Erikson, 1950) His theory proposes the idea that there are eight stages that individuals go through from the time they are born to the time they die. He argues that completing these stages is essential for one's mental wellness and that if any of these stages are missed, they are prevented from attaining their maximum potential. In this theory he proposes that everyone experiences development on three different levels simultaneously: psychologically, biologically, and socially—representing the mind, body, and ethos.

Each of the eight stages involves some kind of crisis and crisis resolution, which allow the individual to progress into the next stage. Furthermore, each stage is comprised of two competing “outcomes”, or “experiences”, that the individual struggles between during that stage. The eight stages are as follows:

1. Infancy—Ages birth to 18 months: Basic Trust vs. Mistrust
2. Early Childhood—Ages 18 months to 3 years: Autonomy vs. Shame
3. Play Age—Ages 3-5 years: Initiative vs. Guilt
4. School Age—Ages 6-12 years: Industry vs. Inferiority
5. Adolescence—Ages 12-18 years: Identity vs. Role Confusion
6. Young Adulthood—Ages 18-35: Intimacy and Solidarity vs. Isolation
7. Middle Adulthood—Ages 35-55 or 65: Generativity vs. Stagnation
8. Late Adulthood—55 or 65 to death: Integrity vs. Despair

Erikson's theory suggests that falling behind in these stages or missing a stage can cause great amounts of stress and prove detrimental to overall well being. This is particularly true when the individual falls behind the rest of their immediate peers.

Reflecting on the life course of the Bhutanese refugees through this lens, it would appear that many of these stages were severely disrupted or suspended. For instance,

the third stage involves learning from the norms of adults around us and trying to imitate their experiences—think of young children playing “house.” In this stage individuals develop a confidence and desire to eventually live out these scenarios that they are only imitating now. It is also during this phase that people begin to ask a lot of questions about the world around them. For many of our participants, this stage took place during a time when they were witnessing adults committing acts of violence against their families, they were being evicted from their country, travelling long distances without a home, and eventually establishing new homes in a camp with many other refugees who had also lost everything. In a lot of ways, this stage of initiative vs. guilt was riddled with frustration over their natural desires or goals—potentially leading them to experience guilt rather than initiative.

Stage four, school age, was also disrupted for many of the refugees. Prior to their eviction, the Bhutanese government began to shut down schools in the south of Bhutan, keeping many from their right to education. Many refugees mentioned that they started school, but that after their schools were closed they never completed any further education. In this phase, the individual experiences either industry or inferiority. It is when their confidence forms around knowing that they can achieve goals, experience accomplishment, or obtain special skill sets. Missing this stage may have led to many of the refugees resorting to feelings of inferiority rather than industry.

Perhaps one of the most important stages is stage five—adolescence. This is the time when individuals begin to determine their identity outside of their family or immediate community. It includes the struggle to determine who you are and what your place in the world is. It is when people begin to understand what their responsibilities are and to whom they are responsible. Again, we see that this phase is very contorted for adolescents who are living in refugee camps—an environment with

untraditional roles of provision, responsibility, and a huge lack of individuality in what one can choose to do with his or her present life. It presents a very difficult context in which to pursue individual goals or aspirations and to develop an identity separate of one's immediate community. In a lot of ways their identity is defined as "refugee" and they have very little control over that identity.

While the other stages are also quite important, from here we will discuss the implications of these phases of development. For most of the Bhutanese, some portion of this development process has been disrupted, making it difficult to achieve mental wellness. It is possible that for this population, the absence of this mental wellness serves as a risk factor for mental illness. One explanation of their expectation of happiness, is the anticipation that they will be able to re-enter into this normal process of personal growth and life development once they are in the United States. Although, they may not express it in terms of Erikson's theory, it is conceivable that a similar discernment of their life process may be occurring. It is possible that they see their resettled life as an opportunity to experience many of the stages that have been delayed until that point. For instance, they may anticipate finally discovering their individual identity, skill set, set of responsibilities, and experience meaningful work, establish their own goals, and participate in the betterment of society. The elderly, who have missed much of stage seven, when most of this work and participation in society take place, may feel they need to reexamine their own contributions and life achievements.

Although it is difficult to determine how much of a role Erikson's theory plays in the resettlement process, consider for a moment that a young adult is resettling. It is conceivable that they are feeling the pressures of this theory on three levels. First, they feel as if their arrival in the US marks a turning point, from which they can finally resume this normal process of life development and move forward toward their

individual growth. Secondly, they might feel a pressure to ensure that their children are able to resume this same process from an early age. The desire to make sure that their children have opportunity and education was expressed by several of the participants. Finally, they may also feel a pressure to help their older parents resume some stage of development in order to experience a degree of identity and achievement before they die. This concept was articulated by one participant who mentioned wanting to do something good for her parents before they died.

Considering the relatively young age of suicide among Bhutanese in the US, one might imagine that this triple burden of re-establishing progress through these developmental stages and experiencing mental wellness could prove very difficult. Furthermore, if this progress is stifled by realities of resettled life, exacerbated feelings of frustration may evolve. This illustrates the mechanism by which the absence of mental wellness could serve as a risk factor for mental illness for the Bhutanese. This theory presents only one approach to thinking about these questions, but it is a valuable view to consider in explaining why such a strong expectation of happiness prevails despite many anticipated challenges.

### **Access to Mental Healthcare**

Knowing that the Bhutanese refugees do indeed carry a mental health burden, it is important to at least explore the possibilities of treatment that are available to them. Access to mental health care providers is probably as varied as the services provided by resettlement agencies and “the American people” from one city to the next. Some free clinics do offer limited mental health treatment, including group-counseling sessions. Some are unable to provide any form of mental health treatment. Furthermore, it is unlikely that any form of mental health counseling is available in Nepali, and extremely unlikely that any group counseling sessions are focused on the needs of Bhutanese



refugees specifically. This is not surprising considering the large number of minorities that free clinics serve, and the limited services that it is possible to provide when relying on donations and volunteer labor. Furthermore, there are many barriers for refugees to access resources that are available—language, culture, financial resources, knowledge of programs, and transportation to name some.

Despite the uncertainty in access, one advantage that the Bhutanese may have over other US populations with mental health illness, is the seemingly small impact of a mental health stigma among the Bhutanese. Throughout interviews, many examples came up of ways in which camp life, resettlement, and their culture in general leads to mental tension, anxiety, or suicide. All participants seemed to comprehend fully the resources (albeit limited) that were available to them in the camps, and many shared examples of utilizing these resources. Perhaps, there is a more general acceptance of the presence of mental illness in this population due to the fact that they have been exposed uniformly to so many risk factors for it. This suggests, that if the appropriate resources were available to them in the US, and if they were informed about the processes of how to access these resources, utilization would probably not be unduly hindered by deeply rooted stigma.

### **Where to Go From Here**

Further research is needed to better understand the causes of poor mental health outcomes among Bhutanese refugees in the US, and potential solutions. Conducting similar life story interviews among resettled Bhutanese, would act as an excellent counter-point and buffer to the data collected in Nepal. Examining how well their former expectations translated into realities of resettled life at an individual level, and what impact that translation has had on their mental health, would be extremely useful

information. Efforts of this nature have been commenced by our research team, but are still far from completion.

In addition to continuing this research project in North Carolina, efforts to create an archive of Bhutanese life stories is in progress. All of the stories that will be included in the archive have been given informed consent by their authors. The goal of this archive is to make stories publically available to all Bhutanese in order to give them a voice and chance to share their story with others. This archive will serve as a bridge that brings a sense of continuity between their lives in Bhutan and Nepal and their current lives in the US. Interviews collected in Nepal and the US will be included in the archive.

Ideally, as our knowledge of the factors that influence the poor mental health outcomes of the Bhutanese refugees increases, it will be used to inform strategy of resettlement, beginning in the organizations that arrange resettlement, to resettlement agencies that assist with the process in the US, and also at the community level when deciding how to appropriately care for or provide services for Bhutanese refugees. Some of the most severe failures to meet expectations, particularly of community, are relatively easily remedied. Efforts to connect refugees that are living in one city and volunteering spaces in which they could meet to celebrate cultural events, conduct support group sessions, share meals, or simply share community is easier than finding ways to provide comprehensive mental health services to them, and might have similarly positive implications on health. Acknowledging these disconnects and finding creative ways to bridge them is an excellent place to begin.

## **6. Conclusion**

The Bhutanese refugees have experienced many years of trauma, idleness, and isolation from all of the countries with which they share a language and culture. As the process of resettling all of them to the Western world moves speedily forward, many

concerns for their health and well being arise. While the move to a permanent country of settlement offers hope of a more stable future and the opportunity of gaining national citizenship, it is also fraught with uncertainty and anxiety for this already vulnerable population.

The refugees have many expectations of what their resettled life will consist of and whom it will include. While some of these expectations are feasible, it seems likely that many are quite unlikely to unfold in the ways they imagine. Again, further research should be done with resettled refugees to unravel which of their expectations went unmet and how this failure affects their mental health. However, the results from the narratives described in this paper offer a starting point from which to conduct further research. Existing literature as well as the discussions presented in this paper illustrate that this population does suffer from mental illness, and suggests that this might be exacerbated through the resettlement process.

Many of the expectations of resettlement noted by refugees correlated with what they described as causing mental illness in the camps. While this is worrisome, it is also beneficial information to have acquired. It provides insight into the kinds of resettlement protocol and aid that may help improve their resettlement experience and potentially reduce the risk of acquiring mental illness. While some of the expectations, such as the need for a normative change in work ethic and fear of having little access to Hindu temples, may be more difficult to intervene on behalf of, others, such as the desire to live near family and other Bhutanese and the urgency of learning English, may prove much easier to address.

Ultimately, the more we can understand about the history, culture, fears, and expectations of the Bhutanese, the better we can incorporate more specific tactics into their resettlement process. Ideally, these concepts will be useful in the prevention of

future mental illness and assist in alleviating current distress within this population. Finally, the discussions and their resulting narratives will create a rich archive of the lives of the Bhutanese refugees—hardships and triumphs—that they, along with the general public, will have access to for many, many years.

## Appendix A

### Life Story Interview

There are six sections to the interview and it takes from 2-4 hours. Each section requires the participants to become progressively more abstract in their responses. The objective of the interview is to glean both a keen sense of daily life as well as a more general sense of the cultural/ normative framework within which their daily life makes sense. It also leaves space to interrogate that essence of food culture and sentiments around resettlement.

**Interview introduction:** Interview begins only after the purpose of the research, the participant's rights regarding the research, and the protections that will be afforded the participant have been explained. The participant will have been given time to reflect upon whether or not he/she desires to participate, and, upon agreeing (some hours/ day later), he/she is asked to formally consent to participate. This includes being asked for consent to audio and/or video record and to be photographed. Refusing any of the latter does not preclude participation, but explain that audio recording at least will help make sure that their complete story is remembered accurately. Offer to let them hear their voice on the recorder and, if it seems it will put them at ease, to interview the interviewers. The goal is to create a relaxed atmosphere. Often, people will initially be uptight about recording, but in most cases, they tend to forget the recorder is there once the interview is underway.

Be sure to monitor your equipment during the interview, and also to take notes!

Begin interview with friendly talk. Offer some information about yourself (where you're from, your name...)

If it seems appropriate, suggest that the participant might bring out something that has special meaning, or is associated with a memory – photos, a special possession, whatever.

**Section I:** In the first section, respondents are asked to provide some basic demographic data (age, education, family, etc) but in a way that lets them talk about themselves and their family, culture, roles and dynamics?

How old are you?

Tell us about your **family**. Who are they? Where are they?

- What are the decisions that need to be made?
- Who makes them? (Allow that one person may make certain types of decisions and another or others may make others.)
- Who is generally in charge (the "boss")?

-Who is the helpful one? Who gets angry most and about what? Who is the funny one?

-What role do you play?

-With whom are you closest?

-Whose advice do you seek most often?

-Whose advice are you expected to seek and consider before making a decision?

-Who do you seek most often to please?

-Tell us about a time when you know you pleased someone important to you.  
And a time when you know you disappointed someone.

-Are you **married**?

-Tell us about your marriage. (If divorced / widowed, still ask about the marriage.  
If never married, ask about the importance of marriage more generally.)

-What is the most important thing about marriage?

-What kind of marriage do you want for your children?

1.9. How would you describe your community in the camps?

1.9a. Where do your family members live?

1.9b. Where do your closest friends live?

1.9c. Do you spend most of your time with other people or alone?

1.9d. Which do you prefer?

1.9e. What types of daily activities do you do with friends? Where do these take place?

1.9f. With family? Where do these activities take place?

1.9g. What types of daily activities do you do alone?

1.9h. How do the people in your life help each other or participate in each other's lives? (Test this question and we will change it if needed.)

1.9i. What is your relationship with people outside of the camps?

Please tell us about your **education**.

-What is the last year of school you have completed?

-Is there any story about your time in school (now, in past) that really stands out for you (i.e., a really vivid memory)?

-How far did your parents go in school? What about your brothers and sisters?

-Did / do you like school? If so, what subjects?

-What kinds of things did / do you study in school?

- What do you think it takes to succeed in school?
- Is school important here? Why?
- Is school important to you? Why?
- In general, what is the purpose of education?
- Do you think it is different/same here as in Bhutan? As in the US? How?
- What do you know about school in US/other countries?

Can you tell us about your **work**?

- If of age: What was your job in Bhutan?
- What kind of work have you done in Nepal?
- What kind of work would you like to do in the future?
- What kind of work do you expect to do in the future?
- What did your parents do?
- What about brothers and sisters?

What makes a person **rich/wealthy**? (Don't try to steer exclusively towards material possessions and money – let them determine what it is – might be material, or might be something else.)

- Could you describe someone (not by name) who is very well off?
- Someone who is poor (what do they lack; what struggles do they face)?
- Was there a time when you considered yourself more rich/wealthy than you are now?
- Could you describe that time to us?
- In what ways do your family / friends contribute to your wealth?
- Do you contribute to the wealth of others?
- In general, what determines whether a person is wealthy or not (meaning, what causes it – hard work, good connections (eg remittances, access to jobs), inheritance, etc.)

What role does **inheritance** play here?

- Would you like for it to be more or less important?
- Could you tell us about something significant you have inherited?
- Something you would like to pass along to your descendants?  
(If they say they don't have anything, ask them about particular possessions and what will happen to them if they pass away or resettle.)

Can you describe a **typical day in your life**?

- When do you start your day?
- What do you do first?
- What is your favorite time of the day?

1.10. How challenging is your daily life/routine?

1.10a.) What is easy about it? Why?

1.10b.) What is challenging about it?

1.10c.) Who helps you with these challenges?

1.10½ Would you describe yourself as **healthy**? If so, why? If not, how could you be more healthy?

When you are sick, what do you need to do to get healthy again? The last time you got sick, what did you do?

1.11. How would you describe the state of your mind and heart?

1.12. Would you describe yourself as happy? Why or why not?

1.12a. If so, what contributes to that? If not, what do you think makes you unhappy? Why?

1.12b. What part of your daily life brings you comfort or happiness? Why?

1.12c. What gives you energy, enthusiasm, joy, or excitement? Why?

1.12d. What part of your daily life makes you sad or anxious? Why?

1.13. We understand that many refugees have faced hardships and that some of them become distressed/depressed by these. Do you know anyone like this? What is like for them? How do they deal with it?

1.14. How do family/friends help when people are feeling depressed/distressed?

1.15. I understand there is a caste system, is it important to you? Why? (If they say no, ask if it has ever been important to them. Then, ask the rest of the caste questions in past tense about when they *were* part of the caste system. Also, probe at why they "converted" away from the caste system.)

1.15a. How would you describe the caste system to someone who does not know anything about it?

1.15b. Where do you perceive yourself in the caste system? (high, middle, or low caste)

1.15b.1. (If married woman) Where did you perceive yourself in the caste system before you were married?

1.15c. Describe your current interactions with other castes.

1.15d. How has your interaction with other castes changed since you moved from Bhutan?



1.15e. What are the differences of each caste?

*I would like to ask you questions about your health in terms of how caste affects your well-being:*

1.16. How do you think being of a certain caste affects your health and well-being?

1.16a. How does being of a certain caste affect your mind and heart?

1.17. On a scale of 1 to 5, with 1 being not at all and 5 being very much, to what extent does caste affect your health?

1.17a. Based on how you rate it (1 to 5), would you describe it to be a positive or negative affect? and how?

1.17b. How does your position in the caste system affect your relationships? Do you feel more lonely and isolated, or closer to your friends and family? (compared to other castes.)

1.17c. How does your position in the caste system make you more cause anxiety?

1.17d. How does your position in the caste system affect your satisfaction in life? Can you think of a time your position in the caste system helped you? (Dig at what they mean by satisfaction).

1.17e. How does your position in the caste system give you a sense of empowerment and self-efficacy?

1.18. How has being of a certain caste affected your eating habits?

1.19. How has being of a certain caste affected the way you seek health treatment in Bhutan? In Nepal?

**Section II:** In this section, respondents are asked to identify a set of key moments in their lives (high point, low point, most vivid childhood memories, most vivid adult memory, memory of when the respondent gave or received very sage advice/counsel, memory of an ethical challenge). They are asked about their family and family interaction.

Can you tell us the important **stages of your life**? Are there ways you celebrated/marked different ages/stages?

What is **childhood** here? When does one stop being a child?

Tell us about your childhood.

Can you describe your most vivid **childhood** memory?

- What makes it so memorable?
- If that was a good/bad memory, can you tell us about a memory that is especially (good/bad – whatever wasn't described in first instance)?
- Who were your closest childhood companions? Did they live here? Do they live here now?
- What did you like to do most with your childhood friends?
- Were you a serious child? A funny child? A trouble-making child? Etc.)
- Did you have a favorite toy or game? What was your favorite holiday? Is that the same now?

Tell us about your **brothers and sisters**.

- What was most important to you about them when you were younger?
- Now?

Tell us about your **parents and your relationship with them**.

- What were your parents like when you were a child?
- Which parent did you spend most time with?
- Who gave you the most advice?
- Who disciplined you most often? Can you give examples?

What is your favorite **time during the year**? What do you like about this time?

What is your favorite **possession**? What makes it special?

What do you **want most in the world**? Do you think you will ever get/achieve it? If so, how?

In general, how important is it to have time and space to yourself?

- Are there some things that should be done in private? What are they?
- What things should be done in the open?

Describe your ideal house and compound (including how it is laid out and *who is in it, who is nearby*, etc.).

Are there **places/spaces** that are important to you here? Outside of the camps? What makes them special?

Who are your **closest friends** now?

- Where do they live?

- What do you do together?
- What role do you play with your friends?
- Are you the organizer? The silly one? The serious one?
- What role do friends play in your life?

Can you think of a time when you were **most happy**?

- Where were you?
- What were you doing?
- Could you identify the single most important day in your life so far?
- Why is this so important? Who/what makes you laugh the most? Who/what makes you angry the most?

Can you tell us about a time when you felt particularly **good/happy** about yourself? About one or more of your children? What happened?

2.16 What would you say has been the **greatest personal challenge** in your life? Who in your life was most helpful during this time? How often do you think about this time, or do you try not to think about it?

When you need **advice**, whom do you ask? What is the best advice you've ever received? And from whom?

Have you ever been confronted by an **ethical challenge** (This for translators, to help explain to them: when you had to choose how to achieve something, and no matter what, the choice you make will have some bad consequence – such as choosing medicine for one child will cause you not to have enough money to provide food for your other children?) If so, please describe the situation and how you decided what to do.

2.6 How has your position in the caste system affected your past experiences in Bhutan and present experiences in Nepal?

2.6a. How has your position in the caste system limited you? (in terms of life choices and/or experiences?)

2.6b. What opportunities has it presented you with?

2.6c. How has it affected your: Living conditions? Education? Employment status? Economic situation?

2.6d. Would you say your position in the caste system has increased or decreased the anxiety in your life? How?

**Section III:** Respondents are asked to think about their **future** and describe hopes, dreams, worries about their future.

In five years where do you **hope** to be? What do you hope to be doing?

In five years where do you **expect** to be? What do you expect to be doing? (If resettling, why did you want to resettle? What were you most concerned about in making this

choice? Who did you talk to about the decision? If not resettling, why didn't you want to resettle? Who did you talk to about the decision?)

3.4. If resettling, what do you expect your community to consist of?

3.4a. Who do you think you will live with?

3.4b. Do you think you will be near family / friends?

3.4c. Do you want to live near family / friends? On a scale of 1-5 how important will this be to you? (1 being least important and 5 being most important)

3.4d. Do you want to live near other Bhutanese/Nepalis? On a scale of 1-5 how important will this be to you? (1 being least important and 5 being most important)

3.4e. Who do you think you will spend time with?

3.5. What do you think your daily routine will be like after you have resettled?

3.5a. What do you think will be easy about it? Why?

3.5b. What do you think will be challenging about it?

3.5c. Who do you expect to help you with these challenges?

3.5d. Do you think you will be A.) less happy, B.) equally happy, or C.) happier, once you have resettled? How?

3.5e. Do you think your life will be A.) harder, B.) equally hard/easy, or C.) easier, once you have resettled? How?

3.6 Where do get information about what resettled life will be like?

3.6½ Do you think that what happens in your life is up to you? Do you control what happens or is someone/something else responsible? What things do you control, and what things are not in your control?

3.7 What do you **worry** about most day-to-day? What is your biggest **fear**?

Do you think your life would have been different if you/your family had stayed in Bhutan? If so, how? (If of age: ) What do you miss most from Bhutan?

3.8. How might your future be different if you were of a different caste?

3.8a. If you were of a lower caste?

3.8b. If you were of a higher caste?

3.8c. Do you think you would have more anxiety or less anxiety? Why?

3.8d. If you have children/if you had children, how would their future be different?

#### Section IV.

4.1 How do you **identify yourself (Nepali, Bhutanese, both, other)**?

4.1a) What does that mean to you?

4.1b) How do you describe this identity to others? (eg: Is it dress, language, traditions, religion, history?)

4.1c) Do you think this is different from being American, Canadian, Australian, etc? (If we can, try to use the country they are resettling to for this question, if they are resettling.)

4.2 In what ways do you **think you might change in the future**?

What are three qualities you admire most in people?

What would you say is the **most important virtue or quality in a person**?

What would you say is **your most important quality or virtue**?

What would you say is the **most important quality in a friend**? In a **husband/wife**?

Describe sometime that someone was very generous to you. Describe sometime someone was very miserly/stingy to you.

Describe sometime that someone was very kind to you. Describe sometime that someone was very mean to you.

What is a good Bhutanese/Nepali person? What is a bad Bhutanese/Nepali person?

What is a moral Bhutanese/Nepali person? What is an immoral person?

-What are the qualities of good/moral Bhutanese/Nepali woman?

-What are the qualities of bad/immoral Bhutanese/Nepali woman?

-What are the qualities of a good/moral Bhutanese/Nepali man?

-What are the qualities of a bad/immoral Bhutanese/Nepali man?

-What is the difference? If there are differences why are they different?

What brings honor to a woman? What brings shame to a woman?

What brings honor to a man? What brings shame to a man?

What brings honor to a family?

**Section V:** Respondents are asked to reflect upon the **challenges and struggles** in their life and how they and others around them managed the challenge. They are also asked about their greatest loss, greatest failure and greatest regret. Respondents are asked about to whom they turn in difficult times.

Would you say you are a **lucky or unlucky person**? If lucky, describe some examples. If unlucky, describe some examples.

Can you describe someone you know who is lucky? Someone who is unlucky?

5.3 What is one of your **most memorable losses**?

5.4 Can you describe one of your most memorable **failures**?

5.5 What is one of your most memorable **successes**? **Achievements**?

5.6 In general, what do you think is/are the **most important factors** in your **successes** and **failures**?

5.7 What would you say is your greatest **regret**? How would you do things differently if you had the opportunity?

5.8 Have you ever been treated **unfairly**? If so, please describe.

5.9 When you look around you, what seems most unfair or unjust to you?

5.9a Have you ever tried to change it? Why or why not?

**Section VI:** Respondents are asked about their **personal beliefs** (religious/ethical values, political views, most important personal value).

In what ways is **religion** important in your life?

- Do you consider yourself a religious person?
- What practices and beliefs are important to you?
- Does it matter to you what religious practices your neighbors and friends have? Why or why not?

What **rituals/practices** are important for people here (you?) to conduct when someone close to you **dies**?

Do you think **religious** practices have **changed** since your parents (and grandparents) were your age? If so, how? Why?

**Section VII:** Respondents are asked to reflect on the interview experience and how they felt about telling their story.

7.1 What was it like to tell your story?

7.2 If you were conducting this interview, what questions would you have asked?

7.3 Is there something you want to add?

7.4 If your life were a book, a story, a poem what would its title be?

**Ending Notes:** If you have to end interview early and break it into two sections ask if you can come back once more to complete the interview. Also, ask them if they'd mind if you followed up with them at a later time.

## Appendix B

### Refugee Oral Consent Process

- ∞ Even if you have already explained the research to the prospective respondent, describe it again. Tell them **we will never publish anyone's name**.
- ∞ Emphasize that participation in the interview will have **no bearing** on their resettlement process.
- ∞ Explain that if they decide to participate in the interview **they can refuse to answer any question they choose**, and that **they can stop the interview at any time for any reason**.
- ∞ Give them the card with Suzanne's contact information, and tell them that **if they have any questions or concerns about the research they can contact her at any time**. They can do this in Nepali.
  - ∞ Remind them that this should be fun!
  - ∞ If they consent to the interview, **ask them which of the following they prefer**:

1. Is it ok to record the interview?

Video  
Audio  
Notes

2. Public access after 12 months with all names erased? YES / NO

3. Would they like their name attached with their story? YES/NO

*Explain the purpose of public access (so that Bhutanese refugees can access their own stories.)*

4. Do they want their own copy of the interview?

Transcript only  
Recording only  
Recording + transcript

5. If copy requested, contact address:

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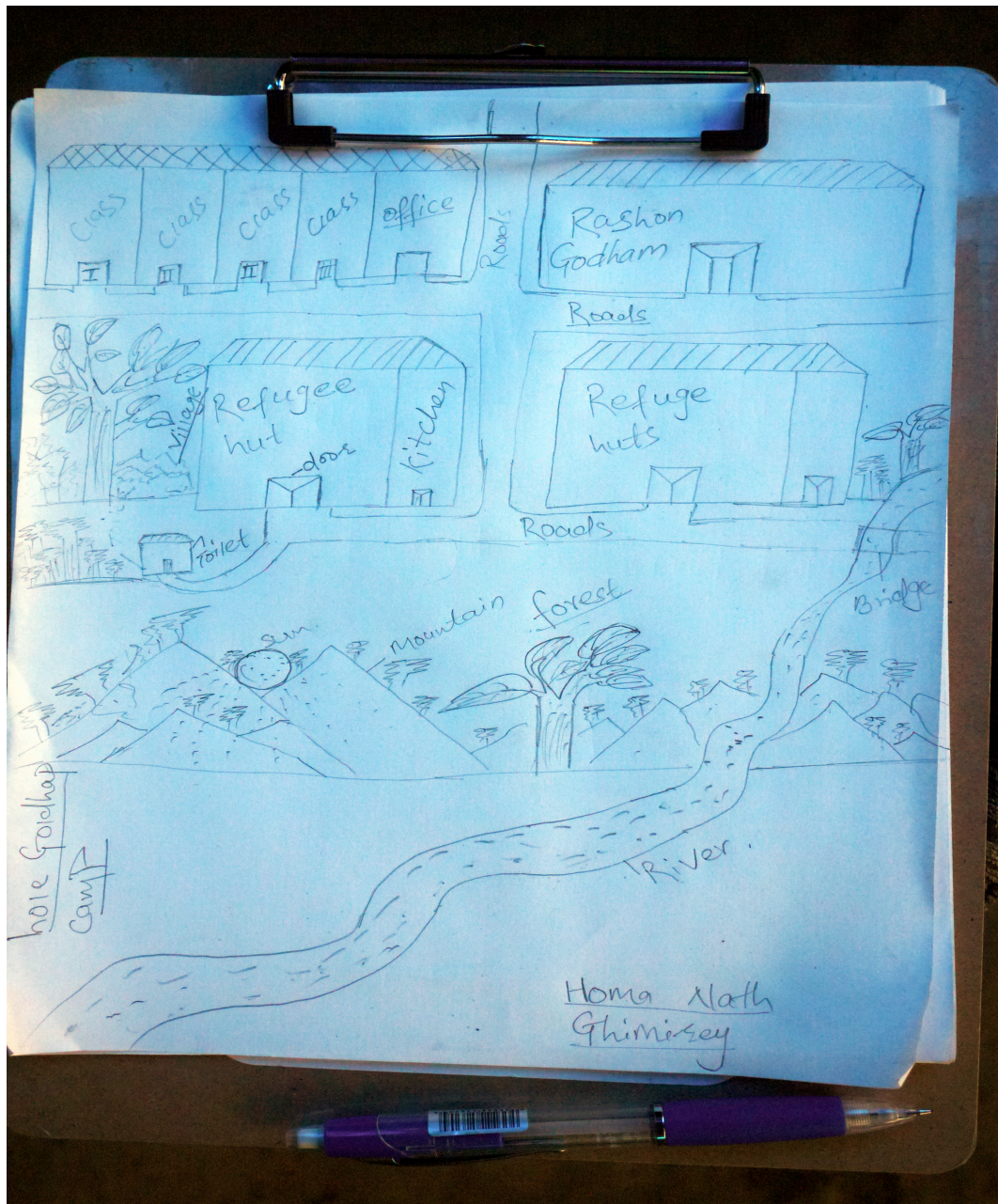
6. File name:

\_\_\_\_\_.mp3  
(M/F) (age) (caste) (education) (camp) (date)



## Appendix C

### Example of Mapping Exercise



## **Appendix D**

### **Additional Methods Used**

#### **Participant Observation and Field Notes**

In addition to interview notes, extensive field notes were taken by team members prior to beginning the interviews, during the interviews, following the interviews, and throughout the time in the camps. The field notes from the initial observation period, were used to help team members form an understanding of the context in which they would be working. Field notes taken during interviews helped set the context for the interview itself and describe the setting in which it was taking place. They were also able to capture nuances in reactions or body language during interviews that are not captured by summaries or transcripts. Team members wrote field notes every day along with interview summaries as a way to log important observations that took place during and outside of the interviews themselves. An example of daily field notes from a team member can be found in Appendix E.

#### **Language Training:**

Prior to commencing fieldwork in Nepal, all team members took a six-week language course in Nepali. The aim of this course was to learn the basics of the language. This served to provide a level of trust between refugees and interviewers by offering some degree of communication in their own language. In addition, it gave the interviewers some degree of ability to follow responses in Nepali and respond appropriately even before translation took place.

## Appendix E

### Field Notes 6/22, Beldangi 2

We headed to Beldangi this morning with interviews scheduled. We arrived early in the morning again. The normal camp activities were beginning. People working in the market, children here and there heading to school, men sitting underneath trees...it's all becoming so familiar to me. It is warm and humid and I can tell the rains are on their way this morning. Luckily, the girl we are meeting is only at the temple, so we don't have far to walk. She is the daughter of the priest so she wanted us to meet her at the there.

As we approached the temple, there was a hut to the side of it where she and her family live. But she preferred to conduct the interview in the temple. She was excited to see us and had already set up four chairs inside of the temple. We had been here once before and so this time I knew the routine of where to take off my shoes. There were no other shoes on the front steps so it seemed like we'd be the only ones there for the moment. We sat down and initially Teela seemed very nervous. She spoke only broken English at first but I could tell that it was important to her to try to speak as much in English as she could. Throughout our time there she spoke English more and more freely, while feeling free to use the translator as much as she needed. I thought that this made the interview very straight forward and a richer experience for her.

When we began I thought it was interesting the way that we told her to draw her first home and she told us that she was only 2 when she left and couldn't remember it well. So, we told her that instead she could draw the first home that she remembers well. But she ended up drawing her home in Bhutan anyway, just with very little detail. She used only a quarter of the space and her map therefore was hard to use to probe very deeply into her childhood memories. I wonder why she still felt the need to draw Bhutan. This sounds like the situation that Katie described when she did the activity in the camps with a group of young folks. They all still identify Bhutan as their first home.

During the interview she relaxed and we had privacy nearly the entire time. I was worried that meeting in the temple would be awkward if people came in to pray or worship. But only her grandfather and uncle wandered in, and neither of them stayed very long. It started to rain almost as soon as we began. As we interviewed everything slowly began to get wet and muddy all around the temple. But, by the time we had finished, it was sunny again. The weather changes so quickly here.

Her interview was very hopeful. Kiran and I both felt that this was one of the smoothest, easiest to understand, and most uplifting interviews we've done or heard about. We have grown accustomed to so many sad stories here, but Teela's outlook on life was quite positive. It was kind of inspiring the way she talked about struggles and seeing the positive in things even in hardship. Afterward we took some pictures of her, some pictures with her, a picture of her father's instrument, and a picture of the temple. These were the things that she asked specifically for. We said goodbye and headed back to the canteen.

When we met in the canteen, there was a journalist there who Anna introduced us to. At first I was unsure whether she was enjoying talking to him or just being polite. But I soon realized that he is a very fascinating person in the camps. He keeps a blog about news and stories from the camp and sometimes writes op-eds for the local newspaper. He was interested in meeting us and getting our contact information, which although I was hesitant to do, I eventually gave him. Maybe we'll get more of a chance to talk to him. I'd really like to check out his blog first though so that I have a better understanding of who he is and what he does. After eating lunch we piled back into the van and headed home. On the way, it started pouring again. The monsoon season here is so unpredictable and all over the place. Twenty minutes later, of course it was bright and sunny again.



## Appendix F

### Field Notes 6/20, Beldangi Cultural Orientation Class

We have heard about the number of refugees that work in Damak and how dependant their economy is on them. But until today, we haven't really observed this one the ground. As we approached Beldangi this morning on our way to Cultural Orientation, there were floods of bicyclists riding toward us, away from the camps. Many of the bikes carried passengers on the back. They were all headed toward town to work. Maybe we were coming at an unusual hour, but this is the first time we've seen so many refugees headed to work.

When we pulled up next to the cultural orientation facilities all of the refugees stared at us as if we were part of the experience of becoming acclimated to America, or at least Americans. We felt like part of the orientation experience and since it was immediately evident that we couldn't stand around unnoticed waiting for class to start, we decided to strike up conversations with refugees instead. They all sat on benches underneath a cement covered area. There were people of all ages, men and women, and people resettling to several different countries. They were all full of anticipation and looked lighthearted. They were bubbling over with questions for us, the experts on all things American. I wonder to myself what emotions are going through their minds in this moment. I try to think how I'd be feeling. This is one of the final steps for them. One man mentions that they will all probably be resettling in the next month or two, some as early as a week or two from now.

Around 8:45 (8:30 Nepali time) we all separated and went into our separate classrooms to observe. But to be honest we were quickly the ones *being* observed. The class that Kiran and I went to was the day one class of a three day series. Today's class was an overview of America as well as the roles of the resettlement agencies. There were about 30 people in the class, and one instructor. Our instructor was blind but you would hardly be able to tell with the way she carried herself, moved around with ease, led the class as if she were able to look each and every student in the eye. She was very funny and started cracking jokes immediately that had the whole class laughing. She told us that she likes to make sure they are relaxed on the first day because all of the information they get can become overwhelming.

Everyone sat in a circle. One of the refugees helped the teacher take role to begin. Some people responded to their names in English with a "present" and others in Nepali. After finishing role every stood up to practice introductions in English. The instructor explained right away how important eye contact is the US. That when you greet someone with eye contact it shows confidence and lets them know that you aren't lying to them. She also explained the handshake, how it is done with only one hand, and how this is an acceptable greeting for men, women, people of every race, class, etc. She emphasized, with both handshakes and eye contact, the fact that these gestures are equal for me and women and that in the US they don't discriminate against women. The practice introducing themselves by:

Eye contact

Handshake

Hi, my name is...

Nice to meet you.

Nice to meet you too.

These five were repeated over and over as they practiced with the people standing all around them. They smiled and laughed at each other as they did it.

After finishing the introduction exercise she had everyone stand in a circle and count off by fours. This was quite a confusing task for them initially. The first few would count off their numbers 1-2-3 and then someone would get confused, not know the English, or say the wrong number and everyone would laugh. It took several minutes to get around the group. The older people in the room seemed to have the most trouble knowing how to follow the count in English and know how to say the number that they landed on. Those to the right or left of them would help them and then continue the count around. Several of the men were very good at English and felt the need to assist everyone who wasn't.

They all get into their respective groups and sit on the floor again. Then she explains that she has a pile of notebooks with almost enough for everyone in the class. She says that she will throw them all in the middle of the floors and everyone had to try to get one. As soon as she dropped them people rushed to the middle. The most aggressive people got one, and the least aggressive didn't. Afterward they discussed how this exercise was to represent the fact that you have to be aggressive and seize opportunity when you get to the US. Afterward she distributed extra journals to those who didn't get one. Then they all made name tags. She explained the them as they were ripping paper out of their journals to write their name on, that there was no need to include anything about their caste on their name tag to identify them, that they only needed to write their name. There is not caste in America, she told them.

There were many posters around the room—one explaining things through pictures that were never, always, and sometimes legal (never—having multiple wives, having affairs in the office, domestic violence, stealing, peeing in public, sometimes—carrying a gun, fishing, smoking, crossing the street, and always—temples, dancing, religious ceremonies and festivals, marriage ceremonies, showing affection in public...depicted as a man and woman walking on a sunset beach with their arms around one another...). In both this poster and the class discussion, there was a huge emphasis on the fact that they will not have to give up their culture or their religion. This seemed to deeply relieve them. The other posters included information about transportation, airport info, US holidays, famous people, education systems, Identity cards/Green cards/Passports/SS Cards, etc., Homes, money management, jobs/work, Sports and recreation, and US history. There was also a large American flag and a large map of the US. So much information on these walls!!

In their groups each person had to come up with one question that they had about the US and afterward they read them all aloud. Rather than telling them the answers, she told them to try to find the answers themselves, in all of the materials that were hanging on the wall. There questions were fairly predictable—questions about transportation, funerals, festivals and holidays, getting jobs, transferring states, opportunities to continue studies, who to go to if they have a problem, behavior of others, and how to be a good friend. In addition to the posters she gave them Welcome books for resettling refugees. Each family was allowed to collect one and could choose to take one written in Nepali or in English. All but two took books in Nepali. She distributed the pens in the same manor as the journals—scattering them on ground followed by a mad rush. She encouraged them not to tell someone else to grab one for them, but to take initiative and go get one themselves.

The next exercise was passing around pictures of refugees who had already resettled to the US. There were pictures of their homes, their daily activities, etc. There were also pictures of famous people scattered in the stack, how funny. Most of the

pictures depicted groups of Nepalīs participating in some culturally significant ritual, festival, meal, etc. Their faces lit up as they passed these pictures around. You can tell how anxious they are about having to leave their culture and religion behind. IOM is persistently trying to erase this fear from them. After looking at them people said that they can tell there is good life in the US, good apartments and even cars. The instructor informs them that in American you are free to do what you want and practice what you want, so long as you just don't disturb others' ability to do the same. She also emphasized the importance of obeying the law.

Then they all leave for their toilet lesson. This is when they go and get an information briefing on how US toilets are different from theirs. Apparently some people try to stand on top the toilet seats and squat, rather than sitting. We didn't get to go watch the demonstration but we chuckle about how entertaining it must be. While they are gone we get to discuss things with the instructor a bit more. She likes to use an analogy with the refugees to explain how their adjustment will be—she considers a cup of water and oil, then a cup of water and sugar, and finally a cup of water an orange juice. Water and oil don't mix, water will dissolve sugar with time, water and orange juice mix easily. This is meant to represent the gradual process of acclimation to the life in the US. She also tells us that for some reason all of the refugees think that there is either 49 or 52 states but that no one gets that there are fifty. Later on she asks this question and sure enough, they all say 49 or 52. To remedy this, she insists that they all count the number of stars on the US flag that is hanging on the wall. Soon enough, they all settle on 50. And now they know a way to remember if they forget.

We break for lunch and head to Beldangi 2, where, after eating quick lunch we briefly observe the world refugee day activities. As we began to watch a young man was invited to the stage to perform a song in English. He started dancing around the stage (a very strange dance...) and then began singing. None of us could tell it was English, and none of us could tell it was singing. He was horrible, almost as if he was doing in on purpose and just being silly. Everyone in the audience was just kind of laughing at him. Was it a joke? We weren't sure but we couldn't handle listening to it anymore, so we excused ourselves and returned to CO.

After the lunch break everyone counted off by 3 this time. It was still difficult the second go round. Each of the 4 groups had 4 cushions that they had to put in the middle of their circle. They were instructed to all move from standing on the ground to the cushions as fast as they could when she blew the whistle—whoever didn't make it or couldn't fit had to dance. The first time everyone fit. Then they each removed two of the cushions. This time only about half the group fit. She asked what the point was of this exercise, and then explained that this symbolized the role of the resettlement agencies. At first they would help a lot, but then they would help less and less, and eventually refugees were expected to take care of themselves and become independent.

In their same groups one person from each group was given info about the resettlement agencies and they had to read it and teach it to their group. While they were doing this I read through the Welcome book for refugees that they were given. Kiran and I found this quote at the back that we both really liked, "My feelings about this country are now very different from when I first came here. When I was in Vietnam, I thought coming to America was like heaven or something. That's what people were telling me. Now, I don't imagine it's like heaven. It's just better than Vietnam." I guess this is similar to the reality that these refugees will slowly be discovering over the next year or two.

To finish class the teacher brought in a vacuum cleaner and put in in the middle of the floor. She told them that it was used to pick the dust up off the floors and that

before they could leave they had to figure out how to use it, how to make it pick up dust, and how to empty the dust and throw it away. They stared at it for a moment like it was an alien. Then they started playing with it. Touching it. Turning it upside down. And eventually they discovered that it needed to be plugged in, and therefore probably needed to be turned on. After a few minutes everyone was watching in amazement as one man started sweeping it around the room as it picked up dust. This whole scene was especially poignant to me for some reason. It spoke volumes to how many things will be new to these people. How much they have to discover. How much I take for granted. How simple things seem to me, that will be huge discoveries to them. How many things seem simple to them here than seem like huge burdens to me. It was in a way, like watching children discover a new toy—like a remote control car perhaps. I don't know how they will possibly learn everything, even all the smallest details about how things work in the US. But somehow, they'll get thrown into it all and figure it out, I hope.



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