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Adapting to American Life: A Look at the United States' Refugee Population

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Grand Valley State University

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Prologue

In the early 1990s, a girl so young that she would not remember it later, walked and walked across the dry land of southern Somalia with her family, fleeing war. Their aim was the Kenyan border. Her mother, years before, had given birth to the girl's brother completely alone, yet surrounded by gunshots and screaming and death. No one helped her; everyone was hiding. The mother delivered her son herself, hidden, not letting herself make any noise. For years after their trek to Kenya, the family lived in a refugee camp there – doing the same tasks, day in and day out, a life of monotony but one that they grew accustomed to. Eventually, they were chosen to come to the United States as refugees. The little girl, now a grown woman with children of her own and a husband who was a refugee from the Congo, lives in Grand Rapids and has devoted much of her life to helping other refugees settle in to their new lives. Much of the violence she has forgotten, but her parents have not, and their stories – sometimes told with a desperation to get the words out – haunt their family (Sarah*).

PART ONE: INTRODUCTION

There are more forcibly displaced people in the world today than there have been at any other point in history. According to recent United Nations High Commissioner for Refugees (UNHCR, 2017) data, 65.6 million individuals are currently uprooted from their homes and lives. Of these displaced people, 22.5 million are legally registered as refugees. According to UNHCR, a refugee is defined as, “...someone who has been forced to flee his or her country because of persecution, war, or violence,” (UNHCR, 2017). In Asia, over half a million members of the Rohingya ethnic group – who are not even recognized by the

Myanmar government as citizens – have fled persecution and crossed the border into Bangladesh seeking safety just since August of 2017. In the Middle East, over six million people have been displaced since the prolonged and terrible Syrian conflict began in 2011, with the majority spilling over into refugee camps in neighboring Turkey, Lebanon, and Jordan. Meanwhile, in the Democratic Republic of the Congo, over four million people are internally displaced because they were forced to flee their homes due to violence, with 1.9 million displaced just since January of 2017 (UNHCR, 2017). In Central America, a significant proportion of the population lives under threats of gang and urban violence and is forced to flee to neighboring countries or to the United States seeking safety (Nicole Johnson). On every continent, the forced displaced continue to grow in numbers, with each number representing an individual who has faced untold, sometimes unimaginable trauma.

Though refugees come from varying scenarios, one aspect is true for all: No one asks to be forcibly displaced. No one asks for violence to tear their lives apart and steal their loved ones. No one hopes to be torn away from all that they know and to find themselves living with next to nothing in a refugee camp. The suffering caused by such experiences is unfathomable. Yet refugees – as well as immigrants as a whole – are often met with contempt, fear, and distrust by host nations. In the West, recent massive refugee migrations have filled many citizens with fear and a desire to reject those seeking refuge. Whether fearing societal changes that could be brought about by mass migrations or the possibility of terrorists slipping through the system, the lack of compassion creates painful scenarios for immigrants, of whom refugees are a subgroup. Politics in the United States is often harsh and cruel towards immigrants, and that has been shown clearly in recent years. President Donald Trump has characterized Mexican immigrants as drug dealers and

rapists, has sought to block out immigrants (including refugees) coming from various Muslim-majority nations (Kraut, 2016), and in early 2018, was reported to have questioned why the United States should welcome immigrants from “shithole countries” such as Haiti and African nations (De Greef and Chan, 2018). These comments represent a profound lack of compassion and understanding.

The experience of being a refugee and adapting to a new country after facing the trauma of displacement comes with enormous internal and external pressure. Even in comparison with the adaptation process of voluntary immigrants, the adaptation process of refugees is more challenging. Refugees feel an increased need to “prove themselves” within their host country, which in essence “saved them” from their life of trauma and offered them a fresh start. Additionally, refugees are more likely to suffer with mental and emotional challenges, such as repressing or rejecting the past due to the trauma that they experienced. They also generally experience elevated levels of stress and guilt due to loved ones who may remain in danger in their home country or be living a challenging life in a refugee camp. In summation, the challenges that refugees face to adapt to life in a new country are complex and difficult (Volkan, 2017).

This study will explore refugees’ process of adaptation to the United States. This research is not meant to be conclusive, but rather, to explore the topics of how refugees are adapting, looking at various specific characteristics of adaptation. This study is based on primary sources – specifically, interviews with refugees, religious leaders who have refugees in their congregations, and employees of organizations that help and support refugees – and on secondary sources. This study will show how and why refugees struggle

to adapt to life within the United States, with an emphasis on three crucial areas: English learning and socializing, self-sustaining employment, and emotional and mental health. Additionally, it will explore how a lack of understanding, compassion, and support from Americans can increase refugees' struggle to adapt.

PART TWO: Three Characteristics of Adaptation

While there are many factors included in what it means to adapt well to life in a new country and culture, this study will focus on three key areas: English learning and socializing, self-sustaining employment, and emotional/mental health.

English learning and socializing

Language is the basis of so much of life and is a continual necessity, yet many refugees enter American society with little or no knowledge of the English language. Unlike voluntary immigrants, refugees do not choose the country they will go to and do not necessarily have the time to prepare themselves for the society they will be entering. In 2017, the most common language of refugees entering the United States was Arabic, followed by Somali and Nepali. Additionally, on the top ten list are some languages that many Americans are unlikely to even have heard of, such as Sgaw Karen, which is a common language of Southeast Asia (Refugee Processing Center, 2017). While some refugees come with prior English knowledge, many do not, and this is an enormous barrier to adaptation.

The organization Bridging Refugee Youth and Children's Services identifies language as an integration barrier and explains both the causes and the impacts of this language barrier among refugees. "Many times refugees are not given enough time or the

opportunity to learn English before coming to the United States...Language barriers can make refugees feel isolated, hopeless, and anti-social..." (Bridging Refugee Youth and Children's Services, 2018). On the other hand, developing a second language has been found to decrease refugees' sense of isolation (Gordon, 2011). Two interviewees, both women who work with a local refugee settlement issues, identified a lack of English ability as the greatest problem facing refugees in their adaptation and integration to American life. They believe the most necessary and beneficial action that could be taken to benefit refugees would be to increase their language preparation before refugees are brought to their host country; in other words, giving them time and quality language classes so that they can grasp English more fully before being thrust into a society where knowing it is a necessity (Brittany Schlosser, Sarah*).

Without the ability to speak English well, even seemingly simple daily tasks are a struggle. In conversations with three different imams – one Bosnian, one Pakistani, one Somali – each said that most refugees in their congregations, upon arrival to the United States, spoke very little English, and that this causes great stress. Simple tasks, like going to the grocery store or trying to use public transportation, become immense challenges. While volunteers often try to help refugees with these new experiences at first, that is not always possible, and refugees must learn to manage independently. One imam mentioned that many refugees struggle, too, with medical needs. Translators have to accompany them to medical visits, and it can be challenging to be sure that both parties are being clearly understood, with issues as detailed and complex as physical health. Additionally, some refugees come from more private cultures and feel uncomfortable sharing the personal details of their medical issues with anyone other than a doctor (Dr. Sahbizada, Dr. Nour, Dr.

Bajric*) It is overwhelming for refugees to manage the basic parts of life in a new country when they do not yet speak the language.

In his book on refugee and immigrant psychology, Vamik Volkan states that age is a factor in a newcomer's resistance to a new language. "Children seem able to identify with a new cultural environment relatively quickly, and are capable of letting the new language sink in. For adult immigrants, the age factor makes the task far more difficult, and they may never succeed in acquiring the "music" (accent, rhythm) of the new tongue," (Volkan, 2017). This idea was repeated in many interviews throughout this study. The Bosnian imam who was interviewed mentioned that children learn and grow comfortable with English much more quickly than adults (Dr. Bajric*). Another interviewee's description of the Syrian refugee family that she sponsors embodies this idea; the parents have struggled greatly to learn English, and the father has learned barely any, while the family's sons, for the most part, have been able to pick up the language, due in part to spending seven hours each day in school (Michelle Miller-Adams).

Additionally, a lack of English ability is one of the primary factors that hinders refugees' ability to find jobs that fit their qualifications; because of low-level English, refugees often end up in low-level jobs (Philip Connor, 2010). As will be discussed in more depth in the following section, most refugees end up in jobs within the food service industry, hospitality (such as cleaning staff in a hotel), manufacturing, or food processing, and they often feel stuck in these roles because they do not have the English ability to seek out higher level positions (Raquel Owens).

An added difficulty is that refugees are required to find work as soon as possible, and once they find work, they generally do not have time to attend English classes regularly, even when English learning classes are available. Between caring for their family and working, many do not have the time for extra classes. This is a huge problem, as it has been found that English proficiency is the number one predictor of higher wages for refugees in the United States (Koyama, 2015). Without strong language skills, refugees are unlikely to find economic success and financial security, and without the ability to attend English learning classes regularly, they are unlikely to see rapid advancements in English ability.

Interestingly, another issue with English learning among refugees is gender. In some less developed nations, women are not even literate in their native language. This is the case for a Syrian family, who is sponsored by an interviewee in this study. While the father and the sons have basic literacy in Arabic, the mother was never taught to read or write, which means that her first ever experiences with forming letters and sounding out words have been with English. It is increasingly difficult to teach someone English when their understanding of language as a concept is so limited (Michelle Miller Adams).

Refugees' mental health, too, can be a roadblock in their ability to learn English once in the United States. Studies have found that refugees with severe trauma tend to have poor concentration and memory, as well as sometimes low motivation or a reluctance to participate in English learning classes. Refugees with post-traumatic stress disorder (PTSD) have been found to learn a new language at a much slower rate than those without the illness. While trauma does not necessarily make refugees averse to learning a second

language, it affects areas of the brain that are crucial in language learning – namely cognitive processing, memory, and attention. Therefore, English language learning needs to be integrated with mental health support, and English language teachers need to be educated on the complex situations that refugees are facing. Some of the steps that teachers can take to improve learning situations for refugees are incredibly practical, such as avoiding loud, sudden noises (which could be a trigger for refugees) and making the classroom an open, unconfined space (because some refugees may have claustrophobia due to imprisonment or forced hiding)(Gordon,2011).

Throughout the interviews of this study, it was repeatedly stated that refugees – at least those who come to the United States as adults – tend to remain as much as possible within their ethnic community. Both culturally and linguistically, it is easier to communicate among people of a shared background. In some cases, it is literally not even possible for refugees to communicate in English, so the idea of forming friends with English-speaking Americans is nearly impossible (Michelle Miller Adams). Many interviewees explained that if a refugee arrived in a city that already had a large population of his or her ethnic group (in Grand Rapids, groups like Somalis, Bosnians, Congolese, Burmese, and various Central American groups), he or she is exceedingly likely to gravitate towards his or her own ethnic community (Dr. Sahibzada, Nicole Johnson, Raquel Owens). For example, an interviewee who works with teenage Central American refugee girls said that it is very easy for the girls to find other Spanish-speaking friends in their high school, and they tend to gravitate towards these friendships. A Bosnian imam said that the Bosnian community is incredibly tightly knit, largely due to their shared experience as foreigners in the United States (Dr. Bajric*). On the other hand, if there is not already an established

community, refugees are, of course, forced to integrate with other groups or with Americans. For example, the Somali imam who was interviewed mentioned that while most of his congregation is Somali, they also have various members that are from other countries throughout Africa who perhaps do not find such an established ethnic community in Grand Rapids and therefore integrate with the Somali community, which may be the closest to their own that they can find (Dr. Nour).

Self-Sustaining Employment

Upon entering the United States, refugees face immediate and heavy pressure to find employment. While they are assisted by the government, that help is limited both in time and money. Refugee settlement organizations, such as Samaritas and Bethany Christian Services, are given ninety days of government funding to help refugees find work (as well as housing and other factors). Refugees are under pressure to find work as soon as possible. As one article states, “The objective that refugees become economically self-sufficient as quickly as possible funnels all refugees into short-term vocational and career training programs that ready them for minimum wage positions...” (Koyama, 2015). As stated by the U.S. Department of State, “Refugees...are encouraged to become employed as soon as possible...Most refugees begin in entry-level jobs, even if they have high-level skills or education” (U.S. Department of State, 2018). In other words, the rush to find work means that refugees generally end up in low-paying jobs.

Refugees enter the country with many disadvantages even when compared to other immigrants. Unlike other immigrants, refugees did not make the choice to come to the United States, which means that their English is likely to be worse. They are more likely to

have overall lower education levels than other immigrants. Additionally, various challenges are more likely to be working against them than other immigrants, such as less stable family situations (higher likelihood of separated families as well as more children) and higher likelihood of mental health struggles such as depression. It has been found that while refugees and immigrants share a similar level of employment, refugees are, on average, paid less than non-refugee immigrants, which can largely be attributed to lower English language skills, lower education, and higher familial instability (Phillip Connor, 2010). All these factors work against refugees and contribute to their struggle in finding self-sustaining employment.

In the United States, refugees are likely to end up underemployed or moving downwards vocationally. This could be because they have not yet had time to learn English or because their skills do not transfer to the United States well (Bemak and Chung, 2017). For example, someone who was a certified teacher, doctor, or lawyer in their host country would not be certified for the same career in the United States. Even careers that are not high-level require certification in the United States; for example, a barber could work informally in many countries, but in the United States, barbers are required to be licensed. A refugee may have worked in their country for decades yet find themselves not allowed to practice their trade once in the United States due to occupational licensing requirements (Michelle Miller-Adams). On the other end of the spectrum, a family who owned a farm and sustained themselves with their own food may end up living in an urban area in the United States with no skills to fit those circumstances. In summation, a refugee's skills – whether intellectual or practical – may have little or no value to them once in the United States.

Instead of finding jobs that match their skills, many refugees end up in low-level, labor-intensive jobs. According to a local imam, many Somalian refugees' first employment is in a meat processing factory, for example – work that is unpleasant, strenuous, and in a cold, violent environment (Dr. Sahibzada). Another interviewee shared that many young refugee men work in landscaping or agricultural jobs, roles that do not require much English ability. The father or the refugee family that one interviewee sponsors works in food service in a hospital; it is a job that, while not very high-paying, he is considered very lucky to have (Michelle Miller-Adams).

These changes in employment can drastically alter how refugees view themselves. One interviewee, a woman who helps settle refugees in Grand Rapids, shared the story of a man that she knew who was a judge in his home country. The man's prominent position meant that he was wealthy, known by all, and well respected. He lived in a large home and had many children. Yet in the United States, this man found himself working in a low-end job in a hotel, neither well known nor revered. Undoubtedly, this was an enormous change of status for the man and his family. Thankfully, the man – while initially disappointed and frustrated – came to appreciate the fact that he was living in a safe country and that life in the United States would provide his children with opportunities that they would not have had at home. The pleasure of helping his family allowed the man to overcome his internal struggle over his change in career and societal position (Sarah*).

Another factor that can influence refugees' adjustment to the labor market is gender. Many refugees come from less developed nations where more traditional gender roles are the norm, meaning that it is less common for women to be employed outside of

the home. This can cause a new identity to take shape for refugee women – who likely will need to be employed once in the United States – and challenge the family structure that they are accustomed to. One study found that refugee women are far more likely than men to work in some type of food preparation-related role, which seems to be a representation of commonly accepted gender roles. This same study found, through interviews with male refugees, that men were resistant to take on burdens of housework, such as cooking and cleaning, even when their wives were employed and they were not, because they saw it as degrading to their position as men. Some women reported conflict with their husbands that grew from this. As refugees' situation evolves, interpretations of gender are forced to evolve, and this can cause cultural and relational conflict (Koyama, 2015). This struggle is shown in the Syrian refugee family that is sponsored by one of the interviewees in this study. While the mother of the family, who has seven sons with her husband, could potentially have a driver's license, more freedom, and many job opportunities, she instead finds herself trapped in the home, where she has little opportunity to socialize or learn English. It seems unlikely that her situation will change even when her children are all in school, as her becoming employed and independent would deeply challenge the family's cultural norms (Michelle Miller-Adams).

A repeated statement from each interviewee was this: "Refugees are so hardworking." Nearly every interviewee emphatically stated this (Dr. Sahibzada, Dr. Bajric*, Brittany Schlosser, Sarah*, Nicole Johnson). Additionally, many interviewees explained that many refugees have an increased drive to work if, like most refugees have, they have spent the prior years in refugee camps with no work to do other than possibly small tasks around the camp. Many refugees are thrilled to finally be able to work and earn

money. Additionally, many are motivated by a desire to be able to send money back to family members in their home countries or in refugee camps. An interviewee who works with teenage Central American girls said that many of her clients, although still children, are used to working and are incredibly motivated to work, as it gives them a sense of independence (Nicole Johnson). While refugees face many struggles surrounding their employment and often end up in low-end jobs, most are hardworking and persevering people who do not shy away from pursuing jobs once in the United States. Additionally, they do often move up vocationally with time. For example, many Bosnians and Somalians move from factory work or food processing to jobs as semi-truck drivers, and from there some eventually end up managing trucking companies (Dr. Nour, Dr. Bajric*).

Emotional/Mental Health

Many refugees have experienced the worst that humankind has to offer. All refugees, regardless of the specifics of their situations, have been forced to flee their homes because of threats to their safety. Many have lost family members and seen unspeakable violence. As a result, as they enter a new country and navigate the twists and turns of a new society and culture, they carry trauma with them. In psychology, trauma refers to the, "...responses to dangerous and shocking events which shatter one's sense of security and overwhelm normal resilience to adversity," (Gordon, 2011). Some studies have reported that up to 91 percent of refugees display symptoms of post-traumatic stress disorder or depression (Gordon, 2011). Trauma and mental illness can affect them in a range of ways, even down to small issues like a continual hatred of fireworks that bring back memories of being caught in a war zone, as one refugee mentioned (Sarah*) or struggling to learn their

host country's language because of headaches or an inability to concentrate (Gordon, 2011). Understanding the distinct characteristics that have shaped refugees' mental health is imperative to their successful adaptation to life in a new country.

Culture plays a significant role in the emotional and mental health of refugees. The ideas of emotional and mental health themselves are Western ways of thinking; they are concepts that to many refugees, who generally come from less developed nations, are foreign. A recent article on Burmese refugees described the issue well.

"In the United States, the risk of suicide is higher for refugees. It's even higher if you're a refugee from Burma. The trauma of fleeing a country in conflict can often turn into mental illness, even years later. But the Western concept of mental health doesn't exist in Burmese culture. Words like 'depression' often don't translate. As a result, some Burmese refugees aren't getting the care they need," (Thiele, 2018).

Similarly, an employee of Samaritas stated that many refugees do not want to go to counseling because they feel that they have entered a new chapter of life, and they want to move on, start over, and not dwell on the past. They often choose to attempt to block out their trauma. A Somali refugee stated the same idea, saying that counseling is a Western idea that many refugees are not accustomed to or comfortable with, and therefore they often are not open to it despite their need for it (Brittany Schlosser, Sarah*). Yet another interviewee reinforced this same idea, saying that, "In some cultures, you don't talk about your stress or coping mechanisms. You don't cry," (Raquel Owens). Some doctors have realized that, while attempting to start conversations about mental health with Burmese refugees, it is more effective to ask questions in "physical" terms, such as if they are having trouble sleeping or if they are spending more time at home. The refugees were able to easily answer these questions, while more probing questions about their emotions of

internal thoughts were not easily understood (Thiele, 2018). In Southeast Asian culture, mental illness is often stigmatized and seen as a negative reflection on an entire family, which means that refugees who are struggling with depression, anxiety, or PTSD are likely to be reluctant to pursue the medical help that they need (Gordon, 2011). While these cultural aspects surely do not affect all refugees, and some may grow accustomed to the idea of therapy and counseling over time, this cultural inheritance can sometimes be a hindrance to refugees' mental health.

Interestingly, the three imams that were interviewed in this study seemed to not view past trauma as a huge issue for refugees within their experience. The Bosnian imam simply said that if Bosnian refugees had trauma, it was not something that he saw. He mentioned that some Bosnians had rebuilt their old homes and would vacation there in the summers, which from his perspective, showed that they were not holding on to lingering trauma (Dr. Bajric*). The Somalian imam gave it a little bit more weight, but also believed that, since most Somalians spend an extended period in a refugee camp in a neighboring African country before making their way to the United States, they have already had the time to process what they have experienced and to heal (Dr. Nour). Of the three, Dr. Sahibzada from Pakistan was the only one to say that he has seen trauma firsthand and helped counsel some members of his congregation through it (Dr. Sahibzada). While it is impossible to know for sure, it seems likely that this lack of awareness of mental health struggles among their congregants could come from an inability to express such sentiments culturally. If it is not normal to discuss these issues in their culture, it may be something that it left unsaid within their ethnic communities.

The experiences that many refugees have had are immensely traumatic, and that trauma does not end when they escape from situations of immediate danger. For example

“Displacement and premigration situations of war and conflict may involve witnessing or being subjected to torture, killings, atrocities, incarceration, starvation/deprivation (e.g., food, shelter), rape, sexual assault, and physical beatings. Many refugees experience multiple traumatic events. Nevertheless, escaping to refugee camps does not guarantee a safe haven because camps are frequently overcrowded, physically unsafe, and unsanitary; they also tend to provide poor nutrition and medical care. Furthermore, violence may create dangerous conditions in the camp, compounding already existing trauma and psychological problems,” (Bemak and Chung, 2017).

Life in refugee camps is burdensome. A Somali refugee made this point strongly in an interview, as if she were worried that Americans had the perception that refugee camps are a peaceful, cozy refuge after danger. She explained the struggle of the monotony, the longing for home, and the struggle of waiting and waiting to be able to move forward in life (Sarah*). Additionally, refugee camps can be dangerous; one study tells the story of two women who were both raped while in a refugee camp. Further still, they can be full of illness; the same study tells the story of another woman whose children contracted tuberculosis and nearly died of a parasitic infection while staying in a refugee camp (Gordon, 2011). In addition to trauma incurred in their country of origin and in the refugee camps, trauma can be multiplied as refugees enter the United States and try to adapt to life here. The burden of needing to pay back government loans, the need to establish work and housing as quickly as possible, the stress of adapting to new behavioral and societal norms, and the pain of survivors’ guilt and concern for loved ones still in their home country can create new types of trauma for refugees as they also attempt to adapt to a new country (Bemak and Chung, 2017). Refugees’ past trauma and current stressors are mutually

reinforcing; continual stressors in the host country can prevent healing from trauma (Gordon, 2011).

Additionally, with all the new burdens of life in the United States, there is often little time for refugees to pursue medical help for their mental health. One interviewee recounted the story of a refugee that she knew who, in her country of origin, had watched with her children as her husband was murdered. Undoubtedly, this situation was immensely traumatic for both the woman and her children. Yet, once she was in the United States and settling in to her life here, she needed to work full time, care for a home, and care for her children. She did not have the time or the capability to seek the professional help that she needed, even though she knew that it was a problem (Raquel Owens).

Trauma is not always easy for even the refugees themselves to understand. Interestingly, it sometimes presents itself physically. A woman who works to settle refugees in West Michigan mentioned that often refugees will end up with unexplained medical issues – such as back or stomach pain – that eventually is understood to be rooted in trauma, stress, or anxiety (Brittany Schlosser). Another interviewee mentioned that in the Syrian refugee family that she sponsors, the mother suffers from chronic pain, which seems that it could be coming from trauma, although that is not definite (Michelle Miller Adams). This phenomenon of unexplainable medical issues – somatization – seems to be prevalent in refugees. It causes distress between refugees and their doctors/psychiatrists, as the refugees often only seek a solution to their physical problem and do not realize that it is rooted in the psychological. Mental health conditions such as depression, anxiety, and PTSD – all of which are common in refugees – are known to manifest physically, and PTSD

specifically has been linked to continual pain. Interestingly, patients with unexplainable medical issues also have been found to report having experienced more traumatic life events – which most refugees undoubtedly have (Sigvardsson, Malm, Tinghog, Vaez, & Saboonchi, 2016). Somatization is especially common among Southeast Asian refugees, most likely due to the cultural understanding of the mind and the body as being completely interconnected. A mental health physician of many Southeast Asian refugees said that many of his clients pursued medical help for insomnia, headaches, and chest pain for years with no relief before coming to him (Gordon, 2011). In summation, it seems that the mental health struggles that many refugees face due to the trauma they have experienced causes them to feel physically less healthy and, most likely, hinders their ability to adapt well in a new home.

Organizations that work with refugees seem very aware of the emotional and mental health struggles that refugees may have. In an interview with a woman who works in a home for Central American female teenage refugees, she emphatically affirmed that many refugees are seen to have PTSD-like symptoms. In fact, their visible trauma is the reason why the girls are sent to live in that home, rather than placed with foster care families. Helping the girls learn to manage their trauma and heal is engrained in how the home functions, and the girls are given therapy as needed (Nicole Johnson). Another organization, Samaritas, is similarly aware of the trauma that many refugees carry as they enter American society. Samaritas has a specific program for refugees with trauma, which is called Survivors of Torture. According to the interviewee, most of their clients are eligible, meaning that they themselves have been tortured or witnessed a loved one being tortured. This definition of torture could include being sexually assaulted, watching

someone be killed, or being harmed yourself. The Survivors of Torture program has a therapist who can meet with clients as needed. It seems that these organizations, and hopefully others, are doing all that they can to provide refugees with the mental health care that the need.

For many refugees, religion plays a beneficial role in helping them process their trauma and heal. The Bosnian imam who was interviewed said that Bosnian refugees' faith – for most, Islam – played a vital role in helping them respond positively to the trials that they had been through, and then move forwards (Dr. Bajric*). A Somali refugee woman stated the same idea – that religion is a huge help to many refugees as they try to process, heal, and adapt to a new life (Sarah*). Likewise, a psychological study of PTSD in Liberian refugees of a 14-year civil war found that religious commitment helped the refugees to, “...recover from adverse effects, cope with life changes, and promote a deeper understanding of life’s purpose,” (Acquaye, Sivo, & Jones, 2018). The same study later states that, for their participants, “...religion provided a coping mechanism and social support that helped in their healing process...” (Acquaye, Sivo, & Jones, 2018).

Many refugees face mental health illnesses or challenges because of the trauma that they have experiences. They are very likely to experience PTSD, depression, or anxiety. This is compounded by the stress of entry into a new country and, for some, a lack of understanding of their own mental health. Thankfully, many organizations that settle or work with refugees are very aware of this and support refugees in their mental health, providing ways for them to process their trauma and, hopefully, move forward.

PART THREE: IMPACT OF THE COUNTRY OF ORIGIN

In recent decades, refugees have come to the United States from virtually all parts of the world, with the source location varying over time. In the early 1980s, large flows of refugees came from Vietnam and Cambodia. Throughout the 1990s, the primary origins of refugees were Russia and Yugoslavia. In the early 2000s, it was Somalia, Bhutan, and Burma. Most recently, in 2016, the largest groups of refugees came from the Democratic Republic of the Congo, Burma, and Syria (Connor, P; & Krogstad, J., 2016). Refugees enter the United States with unique histories, customs, experiences of conflict and displacement, religious beliefs, physical appearance, and more. Despite all identifying as a “refugee,” each ethnic group of refugees will not experience adaptation to the United States in the same way.

A Bosnian imam offered an interesting perspective on the topic as he explained the how being a Bosnian refugee is unique. In one way, being a Bosnian refugee in the United States had its advantages relative to other refugee groups. Bosnian refugees can blend in physically as Caucasian in a majority-Caucasian country. Therefore, they are not immediately noticed and singled out as different and they are less likely to experience racism or discrimination. However, while the imam does believe that Bosnian refugees have adapted to American life more smoothly than other refugees, he does not attribute this to physical appearance. Rather, he explained that Bosnians have the advantage of being from an incredibly diverse place. While some refugees come from places that are quite ethnically and religiously homogenous, and therefore might be shocked upon entry to the United States by their new state as not being the majority, Bosnians are accustomed to not being a majority. Living next to neighbors of a different nationality or religion is not new. For this reason, he believes it has been easier for Bosnians to adapt to a new place and

culture. Additionally, he explained that Bosnian Islam is more comfortable to average Americans than the Islam of other countries. Most Bosnian Muslim women do not wear the hijab, and their faith may seem more “modern” to Americans, which means they are less likely to face religious discrimination than other Muslims. These factors make adaptation for Bosnian refugees smoother than for refugees from other parts of the world (Dr. Bajric*).

In various interviews, interviewees responded to this question – whether it is easier for some refugee groups to adapt than others – by saying that it is easier for refugees who already have a developed ethnic community in the area. For example, in Grand Rapids, there is a large Congolese refugee community, so much so that many Congolese that are placed in other parts of the United States end up being “secondary migrants” to Grand Rapids. They feel support being in a strong community of people from their country of origin, and the community works hard to welcome newcomers and help each other (Brittany Schlosser). The same is true for Somalis in Grand Rapids. A Pakistani imam mentioned that he used to have more contact with Somalis, but now their population has grown so large that they started their own mosque and support each other (Dr. Sahibzada). Additionally, Central American refugees can easily find friends who speak Spanish, programs and events in Spanish, and even ethnic grocery stores with products that they know from home (Nicole Johnson). Being relocated into a city that already has a strong, established ethnic community helps refugees to feel supported and comfortable and eases their adaptation process.

As has been previously discussed, refugees’ process of adaptation is drastically improved if they enter the United States with prior English knowledge. It is much easier for

refugees to adapt to a new society when they already know the language, and it makes everyday tasks, socializing, and employment, among other things, infinitely easier. For many, this partially depends on what country they are coming from. A Somali refugee woman mentioned that, in Uganda, they study English, so the language factor is not a road block as it is for many other refugees (Sarah*). Another interviewee reiterated this idea by stating that many refugees coming from Africa already know some English, and that this removes an enormous hurdle from their adaptation process (Michelle Miller-Adams).

Additionally, the type of refugee experience that people have can largely shape their adaptation process. In an interview with a woman who helps place refugees in jobs, she noted that there is a stark difference between refugees who lived in a refugee camp for many years, or for some even their entire lives, versus those who were able to live as refugees yet still have some form of work. She said this is common with Congolese refugees; some have never worked before, and as a result, it is more challenging for them to integrate once they are in the United States and expected to work forty hours a week on a set schedule. She also mentioned a similar scenario that has been noted with Burmese refugees. Some Burmese refugees fled to Thailand, where they were put in refugee camps; others fled to Malaysia, where they were not usually in camps, but rather were able to work and live in cities. The Burmese refugees that come to the United States via Malaysia tend to be more prepared for the work force and many even have some English knowledge, due to working in the tourist industry while still in Malaysia. In summation, refugees who were not forced to spend many years without work in a refugee camp find it much easier to adapt to life in the United States (Brittany Schlosser).

PART FOUR: IMPACT OF THE HOST COUNTRY

The United States is almost entirely a nation of immigrants, yet it has been built upon the back of racism. Despite gradual improvements since the Civil War and the end of slavery, racism continues to be all too present in American society. In the political rhetoric of recent years, anti-immigrant and anti-refugee sentiment has become more common. One article states that, “The 2016 presidential election resurfaced anti-immigrant rhetoric and hysteria reminiscent of World War II, when the U.S. government turned away Jewish refugees and interned Japanese-American families,” (Miranda, 2017). Discrimination is shown to increase mental health struggles such as depression and anxiety, as well as hinder academic performance, social interactions, and self confidence in children (Ayon, 2016). As a result, combatting racism is imperative for the health and success of refugees in the United States.

In an interview, a local imam explained the feeling that settled over Muslim immigrants after September 11, 2001. He described it as “pressure.” The entire community felt under pressure, as if they were being watched in suspicion. Additionally, he said that with the election cycle of 2016, many Muslims felt as if 9/11 had happened all over again (Dr. Sahibzada). Another imam stated emphatically that the 2016 election season was actually far worse than the post-9/11 pressure, and that the rhetoric used by some conservatives – such as the ideas tossed around of banning all Muslims from the country – was unlike anything he had ever heard (Dr. Bajric*). However, both imams placed the primary blame for this feeling of pressure on politicians, not average Americans. They both claimed that, while the refugees they work with do experience some discrimination, they

overall are very welcomed, embraced, and supported by Americans. One noted that Americans culturally are open, friendly, and eager to help (Dr. Sahibzada). Refugees in the United States are currently facing contradictions: on one hand, rejected in the political realm; on the other, usually accepted in real-world scenarios.

A woman who works with Central American teenage girls mentioned that while her clients rarely face direct actions of discrimination, they feel a constant fear of it. They see acts of discrimination and racism on the news; they hear the stories. Even if they are not directly experiencing it, they believe that they are unwanted in the United States. On the day that President Trump was elected, the teachers of these girls pulled them aside to affirm that they are wanted, valued, and appreciated in their school, and that this would not change with a presidential change (Nicole Johnson). However, in a different interview, a woman who works with a refugee support organization shared that, since the election, she has heard many stories of children being told in school that they are no longer wanted here or that they are going to be “sent home” (Raquel Owens). A recent study highlights the importance of refugee or immigrant youth finding comfort in their schools. Schools are often their entrance point into American society, and if refugee students find themselves isolated or rejected in school, they are unlikely to have positive academic or social outcomes going forward. This same study proceeds to an analysis of a high school for immigrant youth in New York City, and identifies the ways that the school has intentionally changed its education emphases since the 2016 election. It has incorporated many projects on solidarity and diversity that can be shared with the community and has educated students (as well as students’ families) on what their rights are as immigrants (Miranda,

2017). Much of what refugee youth experience in the United States comes via their schools, and it is crucial that they feel accepted and welcome in that setting.

A 2009 study investigated the connection between the racism that refugees perceive, and various other factors that identify the refugee; namely, language, time in the United States, and where they are from. While the study reported that, "...discrimination is present and is experienced by individuals from all sending countries and this discrimination is a source of considerable stress," (Hadley and Patil, 2009), the discrimination was not equal for all ethnic groups of refugees. Within the three study groups – the Somali Bantus, West Africans, and the Meskhetian Turks, a stateless group residing along the border of Georgia and Turkey – the two African groups experienced a disproportionate amount of racism in comparison with the Eastern European group. The study states that, "...individuals and families that enter the United States with similar sets of resources may experience very different levels of health and wellbeing (including stress) following resettlement because of the interaction between skin color and existing cultural norms in the receiving society," (Hadley and Patil, 2009). Black refugees are likely to experience more discrimination in the United States than refugees of other ethnicities because black people have historically been discriminated against in the United States. This increases their stress levels and hinders their adaptation process.

A theory of scholars who study anti-immigrant sentiment is that as the growth of a minority group progresses, discrimination and prejudice against that group will also grow. This theory is seen as especially prominent when immigrant groups grow rapidly. It suggests that this prejudice arises because the native-born population sees the newcomers

as competitors for resources and political influence (Pottie-Sherman and Wilkes, 2017). This theory seems to fit with data from the Pew Research Center showing that, over time, the United States has been opposed to large groups of refugees being welcomed into the country. In 1958, 55 percent of Americans were opposed to allowing 65,000 Hungarians who escaped the Communist regime to enter the United States. Likewise, in 1979, 62 percent of Americans disapproved of the government's plan to double the monthly intake of refugees from Indochina to 14,000. Yet in 1999, 66 percent of Americans approved of a motion to welcome several hundred Albanian refugees from Kosovo (Connor and Krogstad, 2016). This data may suggest that Americans felt more threatened by the larger groups of Hungarians and Indochinese than they did by the relatively small group of Albanians. This could also explain why, in the modern context, Americans seem to be most averse to Hispanic immigrants, who numbered at over 58 million, or over 18 percent of the U.S. population (Flores, 2017).

Discrimination – whether from anti-immigrant/anti-refugee sentiment or racism – causes distress to refugees and hinders their process of adaptation. It decreases their level of comfort in the United States because it tells them that they are unwanted and potentially unsafe. Thankfully, these specific incidents of bias or discrimination are relatively uncommon in refugees' day to day lives, but this type of talk is common on the news and social media, and that is enough to add great stress to refugees' lives.

CONCLUSION: How to Ease the Adaptation Process

It should be the goal of any refugee receiving country to aid refugees in their adaption to life in a new place. The ability to welcome refugees is a gift – not only to the

refugee, but also to the host country. It is a privilege to offer someone a new beginning. As more information about and deeper understanding of refugees becomes available, there is increased opportunity to improve refugees' process of adaptation. This study has explored many factors of the refugee adaptation experience and has identified various possible steps that can be taken to ease the process for refugees.

Repeatedly throughout this study, language was identified by interviewees as the largest barrier faced by refugees and the critical area to focus on to improve their situations in the United States. Two women who have worked with Samaritas said that refugees should have more time to learn English before coming to the United States (Brittany Schlosser, Sarah*). Similarly, another interviewee said firmly that, "Language is key," and added that refugees should either be given more extensive classes while they are waiting to come to the United States, or be able to take part in a longer, intensive course once they have arrived (Michelle Miller-Adams). Additionally, needing to start a fulltime job almost immediately was found to hinder refugees' ability to learn English, as they often do not have time to work, care for their families, and attend English learning classes. Therefore, refugees need to either be given a larger time increment after arrival and before starting work to learn English, or they need to be allowed to work part-time temporarily (which would mean they would need increased government support) so that they can attend English classes. While this is an increased expense in the short term, it would propel refugees on a more prosperous long-term career path. Refugees would be less likely to find themselves trapped in low-end jobs. They would reach higher economic stability and success, which, in the long run, is better for our country and economy.

Another way to improve refugees' adaptation process is by encouraging and creating more local community involvement with refugees. A local imam stated that the community needs to step up to take responsibility for refugees financially and logistically, because it is too difficult for local mosques to take on that burden alone. While mosques are happy to welcome refugees into their community and support them socially, most members of the mosque this respondent leads are also immigrants who do not have the means to help refugees beyond the social realm (Dr. Sahibzada). An interviewee who works with an organization that supports refugees also said that community involvement is crucial to improving the adaptation process. One way that she mentioned doing that is through offering better jobs to refugees. She explained, "There has been resettlement going on in Kalamazoo, and my friend works at a car dealership down there, and they were able to get someone a job there. That's nontraditional compared to what it could have been. Much better than a meat processing facility," (Raquel Owens). If more business owners intentionally hire refugees, that could make an enormous positive impact on their adaptation. Another way in which the community can step forward is by helping teach English to refugees and helping translate for refugees if possible (Dr. Sahibzada). In Kalamazoo, some volunteers are taking the steps to begin learning Arabic through classes at a local library so that they can better help and get to know their refugee neighbors or refugee families that they help care for (Thiele, 2018). While choosing to be more involved with the refugee community can take many different forms, even an act as simple as taking the time to get to know refugees and invite them over for tea or coffee can make a dramatic difference in whether they feel welcome and comfortable in a new country (Raquel Owens).

Additionally, Americans can challenge the political rhetoric that is being used to dehumanize refugees. This type of talk produces fear in refugees as they try to adjust to life here and harms their adaptation process. Whether or not they directly experience acts of racism and discrimination, many refugees live in fear of it because of the rhetoric that they hear coming from the political realm. Even if no one directly tells them this, they wonder if they are unwanted in the United States (Nicole Johnson, Brittany and Changwa, Dr. Nour). To counteract this, Americans who care about refugees must make their voices heard. They must actively support refugees – whether that means sharing their political opinions online, volunteering with a refugee organization, petitioning the government to care for refugees better, or anything else. There are many ways to stand up for refugees, and it must be done, so that refugees can see that many Americans are proud and thankful for their presence. If Americans are not intentional about doing this, refugees will continue to face stress and concern that they are unwanted.

In the professional realm, it is necessary for different organizations or individuals that work with refugees to have a well-rounded view of who refugees are and what may be affecting them. For example, refugees' employers need to understand why refugees have lower English levels or why they might have a panic attack on the job and have compassion for these struggles. English teachers, whether volunteer or professional, need to understand that refugees' mental health may be affecting their ability to learn; if refugees are struggling with concentration or memory, it does not necessarily display a lack of desire to learn. Mental health practitioners who work with refugees must understand that treating a refugee with PTSD, depression, anxiety, or other mental illnesses may require different tools and approaches than those used to treat a native-born. Doctors who see

refugees should educate themselves on issues of somatization, so that they are able to see when a refugee's chronic pain may not be treatable with any medication, but rather, with therapy or counseling. While it is a lot to ask of these professionals, an increased awareness of who refugees are and what shapes them is necessary in order for refugees to be helped and supported in the best way possible.

The refugee experience is a journey that none would choose. From the reasons that people are forced to flee, to the struggles of adaptation, refugees face far more challenges than the average person. While a host country will never replace the home that refugees were forced to flee, nor erase the pain of what they have experienced, it hopefully can offer refugees a new beginning and an optimistic future. Host nations, like the United States, should do everything possible to ease the process of adaptation for refugees and promote their success. As this study suggests, the three crucial areas to focus on for refugee support are English learning, mental and emotional health, and self-sustaining employment. As the United States pursues ways to better strengthen its aid to refugees in these areas, the refugee adaptation process will improve, and refugees will find a better refuge in the United States as they piece their lives back together and move forward.

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INTERVIEWS

1. Brittany Schlosser of Samaritas, March 7, 2018
2. Dr. Bajric*, a Bosnian imam and university professor, February 21, 2018
3. Dr. Nour, a Somalian imam, February 27, 2018
4. Dr. Sharif Sahibzada, imam of the Islamic Cultural Center, February 20, 2018
5. Nicole Johnson of a local organization that serves refugees*, March 2, 2018
6. Michelle Miller-Adams, International Relations professor at Grand Valley State University and sponsor of a Syrian refugee family, April 5, 2018
7. Raquel Owens, past director of Thrive: A Refugee Support Organization, March 15, 2018
8. Sarah*, a Somalian refugee and past employee of Samaritas, March 7, 2018

*Name changed or left out for the participant's or organization's privacy.