

Foreword

The refugee experience confronts us with humanity at its most challenged—forcibly uprooted and in flight from violence, caught between countries, facing an uncertain future—but it also provides some of the most striking examples of human resilience. This innovative and important book explores that resilience and its implications for resettlement and mental health services, policy and practice. The contributors have a wealth of research, clinical and community experience and have been at the forefront of interdisciplinary studies that advance our understanding of refugee mental health and adaptation. They approach the person seeking refuge and resettling in a new country not as a clinical, social or political problem but as the active agent of their own survival. In so doing, they encourage us to move from diagnosing and treating traumatic wounds and losses to fostering individual and collective adaptation and flourishing. They emphasize the importance of the larger community that receives those seeking asylum and call us to a more humane and effective response.

Migration has been a constant in human evolution and the ability to adapt to radically new environments is intrinsic to our psychology. The migrations of prehistory brought us into different ecological environments that gave rise to diverse cultures, with different ways of life that included changes in modes of subsistence, worldviews, systems of values and aspirations. The roots of human resilience are in self-regulating and self-righting adaptive systems that include our capacity to acquire new strategies for survival and to reorganize our ways of life to fit new contexts. Resilience then is part of ‘human nature’ built into our multiple systems of learning, grounded in neuroplasticity, psychological inventiveness, and cultural creativity, which allow us to embrace and adopt new, hybrid identities. At the same time, continuity of identity, relationships and community are central to many individuals’ strength, sense of coherence, and self-efficacy.

Much of the scientific research on resilience has focused on individual characteristics, but resilience is not only the outcome of psychological processes but also of social process that reside in relationships among people, systems and institutions at the level of families, neighborhoods, communities, and organizations, governments and transnational networks. Recognizing the social dimensions of refugee resilience means we must look beyond the individual to understand the larger contexts in which they are embedded. Resettlement policies can support the refugee’s efforts to build

a new life or undermine them, leaving individuals or whole groups stranded without connection.

International conventions on refugees and asylum emerged in the wake of the Second World War during which countless numbers of people seeking safety were turned away by Canada and other countries that could have easily received them. Earlier generations of migrants from Europe and other war torn areas did not have the formal category of refugee to frame their identity but faced many of the same challenges in escaping danger, bringing their families and loved ones to safety, and building a new life in a new land. The categories of asylum-seeker, refugee and immigrant imply a clear distinction between those who migrate voluntarily for economic or other personal advancement and those who are forced to by threat of political violence. In fact, this distinction is often hard to make and does not fit the complex realities of individual struggles.

After achieving their escape from harm's way, refugees seek not just bare survival but a better life for themselves and their families. Those who are able to focus on a hopeful future, find meaningful work and relationships, and invest in the next generation, are likely to fare well. Those caught in a consuming nostalgia for what they have lost, may find it difficult to invest in the future or find the energy and flexibility needed to face all the many demands of their new environment.

For most refugees, the long-term outcome of migration will be positive. But this outcome depends on many factors involving the individual's history, the kinds of violence and losses they have endured, their migration trajectory, and especially, their reception in the country where they find a new home. A major lesson from the research on long-term adaptation collected in this volume is that the quality of the host country reception of newcomers is a major determinant of their health, well-being and social integration. This is good news because this reception is something that can be improved through public policy. The dilemma is that in the current environment of international insecurity, there is a risk of forgetting our recent history, reneging on our commitments, and closing the doors to those seeking asylum and making it harder for those accepted to build their new lives.

Our experience with refugees and asylum seekers at the Cultural Consultation Service in Montreal underscores their resilience as well as the major challenges they face. Many of these challenges stem not from having to navigate a new cultural environment, but from difficulties negotiating bureaucratic institutions that are divorced from the human realities of forced migration. For example, we know that detention can be extraordinarily harmful, that long delays in deciding outcomes are corrosive to well-being and confidence, that taking meaningful work and choice away from people renders them helpless, and that ensuring the safety of loved ones left behind and reuniting with one's family are all powerful determinants of mental health. Yet politically motivated policies and institutional practices strew obstacles in the refugee's path.

The emphasis on strength and resilience is a welcome shift from the emphasis in mental health research on vulnerability and pathology. In focusing on strengths and resilience, however, there is a risk that those who have a harder time will be further stigmatized as 'lacking resilience'. This is especially egregious when the barriers to

adaptation clearly reflect social obstacles and adversity. It is important that resilience be understood not as the inevitable outcome of some inherent quality or capacity of the individual but as a dynamic process of interactions between individuals and the circumstances in which they find themselves. What is adaptive in one situation may be problematic in others and new strengths may emerge when the individual is afforded new opportunities. The resilience perspective is an invitation to clinicians, policy makers and others to think in terms of strengths and solutions rather than deficits and to ensure that our welcoming and hospitality to those most in need provides them with the basic structures and resources they need to rebuild their lives and, ultimately to contribute to the variegated tapestry of our communities.

The creation of refugee status and the moral and legal obligation to provide asylum reflect an emerging global ethic essential for our collective survival. Indeed, climate change and the resultant economic and politic instabilities are likely to dramatically increase the need for an international human rights regime in the years to come. In the wake of past failures, Canada became a model of progressive practices in the area of refugee resettlement. Unfortunately, recently enacted restrictive policies tightening the refugee determination process and reducing basic coverage of medical care for refugees (on the absurd argument that they are better treated than the average Canadian citizen) have undermined this commitment. These short-sighted policies have been widely denounced by many sectors of society including physicians and those most knowledgeable about the refugee experience. Hopefully, these regressive steps will soon give way to a more socially responsive view consonant with long-standing Canadian values so that we can once again contribute to advancing international human rights.

In addition to advocating for change at the level of policy, and health and social services professionals and researchers can contribute in many ways to the well-being and social integration of refugees. In the clinical encounter, we can work to understand refugees' stories, learning more about their unique predicaments and developing the skills needed to respond effectively. We can support others in the community in their efforts to provide a welcoming space and pathways toward integration and reunification for refugees and their families. As the contributors to this volume show, through research, advocacy and clinical engagement, we can contribute to building a civil society founded on the values of dignity and diversity.

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