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Battling Life in Exile: An exploratory study of Burmese Refugee in Delhi

Vani Kakar



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Global Research Forum on Diaspora and Transnationalism

K-1/114, First Floor, C R Park, New Delhi-110019,

Email: contact@grfdt.org, Contact: +91-9818602718

Website- www.grfdt.org,

Facebook- www.facebook.com/diaspora.transnationalism

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Abstract

The primary aim of the paper is to understand the experience of being a “Burmese Refugee” in India. This study explored reasons for leaving Burma, experience of fleeing, difficulties faced in India, sense of loss and trauma, and achievements of refugees in the host country. It also examined the extent of salience of being a refugee and acculturative stress experienced by the Burmese Refugees. In addition, the focus has also been to explore if the refugees from Burma have had the opportunity to continue their education in exile. Length of stay and the role of gender were also assessed in studying the experience in exile. The tools administered were the Semi-Structured interview, “Who Am I” method, Acculturative Stress Scale for International Students (1950), Beck’s Anxiety Inventory, Beck’s Depression Inventory, and Semi-Structured interviews. These tools further shed light on the struggle of the refugees and the how the changes in their environment have ruptured their continuity of life. Results indicated a significant difference between the stress scores of the men and the women participants, this might be because the latter stated experiencing various forms of sexual abuse. Results also revealed that the women participants had a much higher salience of identity of being a refugee than men. Also, a decrease in the stress scales, levels of anxiety and degree of depression for refugees was seen as the length of stay in the host country increased. Further, the study revealed, any attempt to rehabilitate refugees was contingent on providing funds for continuing their education. This served little purpose in restoring their dignity and psychological well being. Lastly, the study found that urgency for mental health has never taken precedence in public policymaking in India, even when dealing with traumatized populations, like refugees.

Author

Vani is a Ph.D. researcher in Psychology at Macquarie University, Australia. She completed her M.Phil in Education from National University of Educational Planning and Administration. A former research associate at Tata Institute of Social Sciences, she pursued her Masters of Arts in Applied Psychology at the University of Delhi and is a graduate of Psychology from Lady Shri Ram College. Her research has explored the experience of Burmese Refugees in New Delhi. A counseling psychologist by profession, she has dedicated herself to the realm of research. Her areas of interest include identity, self, well being, social media, interpersonal relationships, acculturation, and migration. Email: kakar.vani@gmail.com

Statement: All the views expressed in the paper are of the author(s).

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Vani Kakar

1. Introduction

1.1 Refugees

The term 'refugee' has a long history of usage to describe 'a person who has sought refuge. (Refugees study Center, 1990) The legal definition of a refugee, enshrined in the 1951 United Nations Convention Relating to the Status of Refugees (Article 1) defines a refugee as a person residing outside his or her country of nationality, who is unable or unwilling to return because of a 'well-founded fear of persecution on account of race, religion, nationality, membership in a political social group, or political opinion'. At a psychological level Dudley (2010) defines "refugees by the fear they flee from and the sanctuary they seek". The reality is that every refugee is attached to his or her own country and it is almost because of this attachment that they may have become refugees. The denial of that attachment is the denial of the strength which the refugees need to survive & negotiate their own way into living in an anew country.

The Refugees are human beings undergoing traumatic experiences. They are political persons and find their definition in the political events that have set them in flight, posing important questions about sovereignty, human rights, and the relationship between states and between nations and the international order. Those who are uprooted from their homes and denied the essential freedoms of life are bound to take elsewhere for survival and a life with dignity. They are international refugees, fleeing from their country, where they fear or have suffered oppression.

Refugeeness can be described with these categories. Baker (1983) has divided refugee experience into 8 stages: 1)

period of being threatened 2) making a decision on refuge 3) while refuging 4) reaching the safe place 5) experiences in the refugee camp 6) welcome in the acceptant country 7) resettlement 8) the period after resettlement. If we contract these stages to a certain degree, the presented terms will center around the following concepts: "*becoming a refugee*", "*being a refugee*" and "*transformation of the refugee identity*". It is more practical to consider the refugees' life events as a process the elements of which often overlap one another in time as well as in space. If we want to understand the given socio-cultural phenomenon that is the dynamics of the refugee problem it is indispensable to learn the cross-cultural relation system that determines and influence the refugees' life in exile. These have always been generated within the context between the concrete immigrants and the acceptant society. The refugees can exist or rather survive only with those significations which are allowed, accepted or verified by the acceptant society.

Bousquet (1987) proves this assumption, asserting that life in refugee camps is usually determined by the combination of four factors. First, the *refugees* themselves, second, the *acceptant country*, third *the country in which the refugees take the first shelter* and fourth, the *international refugee organizations*. Persons who seek exile leave their homes, jobs, familiar social environments, friends, cousins or even the closest family members. They do so in order to avoid a life risk, in the conditions that are threatening either because of a direct danger or because of the proximity of armed conflicts. By the time they find a refuge in a new environment, these individuals have most often already been exposed to various stressors and have either witnessed the suffering of other

persons or experienced threats for their own or the lives of their close ones.

This research attempts to explore the experience of Burmese refugees, that one of the many refugee communities that have been residing in India. Given that India has been a home to many refugee populations over the years, it is crucial to begin by understanding the legal framework under which refugees are entertained and catered to. Globally, there are set guidelines that countries have, in terms of providing humanitarian assistance to refugee influx.

1.2 India and Refugees

India has been a tolerant host to various refugee and migrant populations over the years. Given our penetrable borders and the proximity to countries that were subject to political unrest, India has been an obvious and convenient choice to seek shelter in. Migration of people dates back to as old as in 16th/17th century when the Parsis sought refuge in India and were welcomed (Dhawan, 2004). It has since continued this tradition of being a tolerant host, absorbing Tibetan refugees in 1959, the Bangladeshi refugees in 1971, the Chakma influx in 1963, the Tamil efflux from Sri Lanka in 1983, 1989, and 1995. This trend has continued with a steady inflow of Myanmar refugees and Bangladeshi migrants over the years (UNHCR, 2013).

Running parallel to this history is a paradoxical legal discourse where, upon arrival, refugees in India are still faced with a legal vacuum where the nature and extent of their rights remain ambiguous. Currently, India hosts over 20,5,000 refugees like Myanmar, Sri Lankans, Somalis and Afghans (UNHCR, 2013). These different groups of people of concern who are residing in India are dealt with by the government on a bilateral basis. Therefore, they are not subject to an atypical support and require the assistance of the United Nations High Commissioner for Refugees.

In the present context of the refugee crisis, it is imperative to understand the nature of assistance and aid our country is expected to provide them with. Humanitarian assistance is intended to save lives, alleviate suffering and maintain human dignity during and after man-made crises and

disasters caused by natural hazards, as well as to prevent and strengthen preparedness for when such situations occur. Despite the curbs on international humanitarian assistance to refugees and asylum seekers, India has been a good host country to them.

For instance, the Indian government has provided basic humanitarian assistance, especially when it comes to the group of Tibetan and Sri Lankan refugees present in the country for over 60 years and 30 years respectively. Accordingly, the UNHCR has operated in India since 1969 (Mohan, 2003) and today assists over 197,850 refugees and 3,779 asylum seekers (Dhawan, 2004). Notwithstanding the fact that the Government of India meets generally its international obligations towards refugees and asylum seekers, the current legal framework of India applicable to foreign nationals makes no special provision for those seeking asylum on humanitarian grounds. The care and treatment of refugees' fall under India's Registration of Foreigners Act of 1939, the Foreigners Act of 1946, and the Foreigners Order of 1948. All existing Indian laws like the Code of Criminal Procedure, the Indian Penal Code, and the Indian Evidence Act apply to the refugees as well.

In India, refugees are placed under three broad categories. Category I refugees receive full protection from the Indian government (for example, Tamil refugees from Sri Lanka); Category II refugees are those who are granted refugee status by the UNHCR and are protected under the principle of 'non-refoulement' (for example, Burmese and Afghan refugees); and Category III refugees who are neither recognized by the Indian government nor the UNHCR but have entered India and assimilated into the local community (for example, the Chin refugees from Myanmar living in the state of Mizoram). Those asylum seekers who are not offered direct protection by the Indian government can apply for refugee status with the UNHCR. The refugee certificates issued by the UNHCR are, in practice, recognized by the Indian government creating a de facto system of refugee protection in India.

Seeking exile in India has confronted them with a plethora of challenges in terms of adjustment, social, psychological

as well as educational. One of the objectives of this study would be to explore their experiences in India. As residents of this country, it is crucial to building knowledge and understanding of the causes and effects of forced migration in order to help improve the lives of some of the world's most vulnerable people. Although a lot of work has been done on refugees around the world, research on Burmese Refugees residing in India is particularly limited. Given the paucity of qualitative research on refugees in the Indian context, an exploratory study was developed. Use of certain psychometric measures was also a part of the study, which further helped to study various dimensions such as anxiety, acculturative stress, and depression. To further understand their struggle in exile, the next section gives a brief outline of events in Burma

1.3 Burmese Refugees residing in India

Burma has been entrenched in a political and armed conflict between the repressive ruling military regime, political opponents, and ethnic groups - resulting in the displacement of over 3.5 million people. India being a neighboring country hosts a large and growing number of 10,000 Burmese refugees. Chin refugees have been leaving Burma for over four decades to escape persistent human rights abuses committed by the Burmese Army. According to the United Nations High Commissioner for Refugees (UNHCR, 2013) office in New Delhi, there are 8,306 Burmese refugees in Delhi, of whom 3,924 are women. Persecuting due to ethnicity, religion and political opinion are cited as their main reasons for seeking asylum in neighboring countries. The most frequent complaints reported to UNHCR include "difficulty in communicating with local health and education service providers and inaccessible public hospitals,"

The majority of the Myanmar refugees in Delhi are Chin, who fled violence and human rights violations at home. Thrown into an urban setting very different from their agrarian background, often without proper legal documents, and subject to high levels of discrimination, the Chin refugees are generally considered a very vulnerable group. Like refugees all over the world, the chin Burmese are grappling with the meaning of identity as they seek to negotiate a part

of themselves that exists within them but has no echo outside and a future that is uncertain. For the men who have chosen their state at least partially and are politically active, there is a dream and a hope that provides meaning to them

Being a refugee is a problem in itself. The cultural experience of being displaced is itself associated with trauma but perhaps the process of making sense of everyday life within the refugee existence creates difficulties that are more difficult to bear. The Burmese-Chin is the most disadvantaged group amongst refugees. Their physical traits, rural background, religious and cultural practices and inability to speak the local languages, makes it difficult for them to blend in, leaving them more vulnerable. Most of the Burmese-Chin refugees in Delhi live in overcrowded rooms, have no means to support themselves and are routinely abused and harassed by the locals.

Burmese refugees are mostly settled in West Delhi, an area almost entirely composed of internal refugees and economic migrants who resent the extra pressure on resources and jobs by outsiders. Xenophobia and racism are a fact of life here. Their limbo state in exile calls for immediate attention. A provision of some community services and psychological assistance would go a long way in helping them to negotiate their difficulties. At the moment, however, most rely on their inner resources to maintain a sense of being despite the fragmentation of their worlds.

2. Review of Literature

2.1 Acculturation

The psychology literature discusses the interaction of two cultures, in terms of acculturation. Acculturation was originally defined as "those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton, and Herskovits, 1936, p.149). In other words, acculturation refers to the individual level changes, both culturally and psychologically, in preferences, attitudes, habits, customs and more, coming from intercultural contact.

Berry (2005) defined acculturation as “an overarching process of adjusting to a new culture that involves a change in identifications with one’s cultural group and the larger society.” Psychological acculturation refers to change in attitudes, values, and identities of individuals (Berry, 1980). The process of acculturation whether cultural or psychological leads to several consequences, one of the most important one being “Acculturative Stress.” It is defined as a stress reaction to life events that are rooted in the experience of acculturation (Berry, 2005). Berry states that all individuals going through cultural change, undergo acculturative stress characterized by deviant behavior, psychosomatic symptoms, and feelings of marginality.

Berry (1997) developed a two-dimensional acculturation framework for how individuals relate to two cultures. Within this framework, four distinct acculturation identities are defined for how individuals simultaneously relate to two cultures. The first, integration, implies a strong sense of belonging to ethnic background cultures together with a strong majority identity. Assimilation implies a strong majority identity but a weakened tie to ethnic origins while separation is the opposite, a strong affiliation to ethnic background cultures but weak ties to the majority culture. Finally, marginalization implies weak ties to both ethnic origins and the majority culture. Note that the two-dimensional framework of identity is not restrictive in the sense that it also incorporates the one-dimensional possibilities, namely the identities separated and assimilated.

Berry (1997) developed a two-dimensional acculturation framework for how individuals relate to two cultures. Within this framework, four distinct acculturation identities are defined for how individuals simultaneously relate to two cultures. The first, integration, implies a strong sense of belonging to ethnic background cultures together with a strong majority identity. Assimilation implies a strong majority identity but a weakened tie to ethnic origins while separation is the opposite, a strong affiliation to ethnic background cultures but weak ties to the majority culture. Finally, marginalization implies weak ties to both ethnic origins and the majority culture. These classifications have been utilized to see the extent of adjustment of Burmese

Refugees residing in New Delhi.

Adjusting in exile is a tremendous challenge. In the context of acculturation, it is crucial to understand what the notion of exile means for a refugee. An integral part of how refugees cope with the displacement is precisely by seeking to make “home” in the exile. Oberoi states, that there is something about exile that not only holds true for people politically involved but also for people not belonging to exile. According to her, exile can be seen as a state of transition since an individual wants to cut off from some part of him. She talks about the loss trauma and identity concerns of the Tibetan Refugees under the psychoanalytical frame of reference and discusses how the healing process is rapid because of the presence of Dalai Lama (Oberoi, 2010).

Her focus is on three generations, the elderly, the middle-aged and the recent arrivals. It is vital to state that the Tibetans invariably came to India in groups whereas the Burmese mostly traveled alone. The Tibetans experience a greater sense of belonging here due to their well-established community and Dalai Lama. So when a Tibetan leaves his country to come to India, he has something to hold onto. Nevertheless, the first generation of Tibetans tends to experience the greatest trauma. Existing and well-established supports systems have significantly aided the process of integration for the Tibetan refugees. However, such mechanisms are not available to Burmese refugees which as a consequence, hinder their process of integration into the mainstream Indian society. The absence of support groups and the somewhat isolated experience in exile further exacerbates their psychological and physical well-being.

2.2 Acculturative Stress

Acculturative stress refers to a reduction in the health status of individuals confronting the problem of cultural change. The health status implies physiological change as well as social aspects of an individual’s functioning. Problems related to physical functioning form the physiological aspects of health status as well as the psychological aspect is characterized to be positive or negative psychological feelings of individuals and social aspect represents difficulties experienced by individuals in social interaction situation.

Acculturative stress includes “feeling of marginality” (Berry, 1970), “identity confusion”, (Wintrob & Sindell, 1972), personal discomfort (Cawte, Bianchi & Kiloh, 1968), “cultural shock” (Furham, Bochner, 1986; Ward & Kennedy, 1996) psychological adjustment (Feinstein & Ward, 1990;), psychopathology and personality adjustment. There are many personal as well as social difficulties faced by people in culture -contact situations. However, problems do not occur in an identical manner or identical magnitude.

According to Berry (1980), newcomers’ preference to maintain their heritage culture and their desire to participate in the larger society determines immigrants’ acculturation strategies. The attitudes towards acculturation can also be associated with an identity crisis and psychological health of newcomers. When a person senses his or her social identities are not adequate for the social context they are living in , such awareness may disturb the person’s psychodynamic balance and lead to “identity crisis” which may result with identity confusion, behavioral disarray, and the absence of identification with recognized roles in a community (Erikson, 1959). After moving to the country of resettlement and being exposed to a series of unfamiliar norms, rules, institutions, and lifestyles in the new context, refugee individuals are likely to (re)experience “identity crisis”.

Higher levels of identity crisis will be associated with lower scores of acculturation. The individuals who have not resolved identity crisis will manifest lower acculturative attitudes, such as segregation or marginalization, while the individuals who resolved identity crisis will show higher acculturation, such as integration or assimilation. Psychologically healthy refugees will adopt integrative strategies, whereas refugees with poor health status will favor segregation.

Globally speaking, the realm of refugee studies has gained significant momentum in the last decade. However, there is very limited work done exploring the psychological conditions of refugees in India. The existing literature indicates the controversial issue of refugee status and citizenship rights etc. While there has been considerable interest in understanding and sympathizing with their situation, this has not been in tandem with the nature of

research. There is a dearth of literature that unravels the psychological needs, assistance, and conditions of Burmese Refugees In India. This forms the basic rationale for the present study.

3. Methodology

3.1 Procedure

The proposed study has utilized a mixed method research design, i.e. it has employed both qualitative and quantitative methods for data collection as well as data analysis. The experience of refugees in exile has been assessed through semi-structured interviews, standardized surveys’ that measure acculturative stress, and questionnaires that have shed light on the psychological health of refugees.

Information about refugees was collected from The “Refugee” and “Asian Migrant” magazines, a review of which has also been presented. In addition to that essays of the refugees had been reviewed as well. The first refugee participant was contacted with the help of World University Service, who provides scholarships to Refugees. This refugee participant helped me get in touch with more Burmese refugees and Student Information Center based in Vikaspuri itself. Who further helped us approach more refugees working with Mizzima and Democratic Voice of Burma.

In order to ensure the accuracy of findings in the short time available for the survey, the Participatory Approach was adopted. Each refugee was asked if they wished to be a part of the research. Snowball sampling was continued till the required data was collected useful for research. To make sure the refugee does not get anxious or skeptical about sharing their reality, enough time was given before the interview was conducted. At least 3 to 4 visits for each refugee were made to Vikaspuri to form a healthy rapport and make them comfortable enough to share their experiences. In cases where making visits prior to the interview was not possible, telephonic conversations were made aiming to reduce the anxiousness of the refugees, who fell extremely apprehensive to communicate outside their own community.

3.2 Sampling

The participants were 12 refugees, 6 men and 6 women from Burma residing in the Vikaspuri, New Delhi. They ranged in age from 23 to 32 years (Mean = 27.6 years). Their total time in India ranged from 1 year to 9 years. (Mean = 3.56 years). The sample was collected using Snowball sampling, where existing participants in the study recruit future subjects from among their acquaintances. The type of snowball sampling used was Exponential Non-Discriminative Snowball Sampling. The chain referral process allowed reaching populations that are difficult to sample when using other sampling methods in this case the Burmese Refugees who form a minority group.

3.3 Tools for Data Collection

The following tools have been used for the present research: 1) Semi-Structured Interviews, 2) “Who am I method”, 3) Acculturative Stress Scale for International Students (ASSIS), 4) Beck’s Anxiety Inventory (BAI), 5) Beck’s Depression Inventory (BDI). However, the tools have been used for an understanding of the refugees’ psychological health and not intended for labeling of the population or diagnosis.

1. **Semi-Structured Interview:** An interview schedule was specifically developed specifically for the purpose of the study. The interview was conducted with each of the 12 participants. The open framework of the interview allowed for focused, conversational, two-way communication. The interviewees were more easily able to discuss sensitive issues Each interview lasted for 2-3 hours. Permission for recording the interview was taken from each participant. These recorded interviews were later transcribed for analysis. In 3 out of 12 cases, the help of interpreters from the Refugee Community was taken. The interview schedule used for the study is provided in Appendix. Some of the themes that emerged during the interview with the refugee participants are as follows:

1. Reason for leaving Burma
2. Experience of leaving Burma
3. Family Background

4. Memories of Burma
5. Sense of Loss and Achievement in the Host country
6. Specific difficulties faced by the refugees in India.

In addition to the Semi-Structured Interview and Informal focus group discussions the other methods that were used as a quick assessment to see the extent of salience of refugee identity in accordance to the experience of the refugees are as follows:

2. **“Who am I” method:** This method was originated by Bugental and Zelen in 1950. A modification of the Twenty Statements Test was used for collection of data for the present study. Answers in this can be coded according to mention of a name, social status, as well as the emotional quality of the response. In the present study, however, the number of statements to be filled in by the subject was reduced to 10 as previous studies indicate that the most salient aspects of self-concept emerge within the 10 Blank format.

Each questionnaire contained the following instructions: “In the following 10 statements tell me what you are and who you are.” Underneath this statement, there were numbered statements each beginning with “I am . . .” Scoring was based on the frequency occurrence of mention of place of origin or being a refugee: I am from Burma, I am a refugee etc.

3. **Acculturative Stress Scale for International Students:** The Acculturative stress scale for international students (ASSIS, Sandhu & Asrabadi, 1994) measures the overall adjustment problems of international students to a new culture. In the current study, a modified version of the scale was used. The changes were made to make the scale less negative and non-offensive. Thus original statements such as “I feel I betray my people when I adopt a new culture, I get mad when I get treated differently because of my race , I suffer from prejudice and unequal treatment etc” were

replaced by I am treated differently because of my race, I feel that I receive unequal treatment “ respectively. This modified version of ASSIS questionnaire consists of 36 statements that assess various aspects of adjusting to the Indian Culture. This questionnaire used the Likert Scale rating from 1 strongly disagree to 7 strongly agree. It is reported that the internal consistency coefficients for the ASSIS total score ranged from 0.87 to 0.97 full scale (Sandhu & Asrabadi, 1994, Yeh & Insose, 2003).

The mean of the scores from seven subscales yields an overall indicator of acculturative stress. A higher score is associated with greater acculturative stress perceived by participants. Although the ASSIS allows us to make a detailed investigation for the acculturative stress experienced, this scale has only been used to find out the extent of Acculturative stress amongst refugees since the sample under study was small.

4)The Beck Anxiety Inventory (BAI): created by Aaron T.Beck and colleagues, is a 21-item multiple-choice self-report inventory that measures the severity of an anxiety in adults and adolescents. The BAI is psychometrically sound. Internal consistency (Cronbach’s alpha) ranges from .92 to .94 for adults and test-retest (one week interval) reliability is .75.

5) Beck’s Depression Inventory (BDI): The Beck Depression Inventory is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression. The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively (Beck et al., 1988).

A tentative classification was made based on the statements made by the refugees in the WHO AM I test and their interviews, like their predominant sense of being a refugee, based on the positioning of a response: “I am a refugee”. Each refugee was categorized based on two classifications: 1) Berry’s classification

of attitudinal position: that is separated, integrated, assimilated or marginalized.

4. Results

This section presents both quantitative and qualitative results of the data analysis. The findings of the study are based on inferences drawn from the information collected from the semi-structured interview carried out with the participants as well as data collected through standardized scales. One of the main aims of the study was to understand the experience of being a refugee and the specific problems faced by these displaced groups of people and the factors which determine the psychological state of a refugee.

4.1 Quantitative Analysis

4.1.1 Acculturative Stress Scores

The next section gives an overview of the scores of the standardized survey of acculturative stress score for international students. This analysis is followed by the overview of scores obtained on the psychological inventories that measured the anxiety and depression levels of refugee participants. The purpose of administering these inventories was not to diagnose them, but to only gauge their psychological well being in exile.

TABLE 4.1.1.1 ACCULTURATIVE STRESS SCORES FOR MEN

S.No	Name	Age	Length of stay	Total ASSIS score
1.	N Wai Pan	32	4	136
2.	Kyaing Tun	24	5	176
3.	Bn Sithous	27	1	195
4.	Sb Sangpi	23	5	199
5.	Ah Phong	31	2	150
6.	Andrew Shin	23	2	219

**Length of stay (in years)

The average acculturative stress score for men is 179.5 and the average length of stay is 3.1 years

TABLE 4.1.1.2 ACCULTURATIVE STRESS SCORES FOR WOMEN

S.no	Name	Age	Length of stay	ASSIS score
1.	Piye Son	34	9	142
2.	Maychill Yang	31	4	185
3.	Tiana L Kepu	32	4	193
4.	Su Wai Wai	24	3	241
5.	Tha Sun Lian	26	1	242
6.	Junko Takasaki	25	1	218

The average acculturative stress score for women is 235.6 and the average length of stay is 3.6 years. It appears that refugees who have been in India for long experienced lower acculturative scores. It can be seen that with time the stress refugees experience decreases. Hence there seems to be a significant relationship between the length of stay and acculturative stress. Moreover, it appears that gender seems to play an important role in the degree of stress experienced by the refugees. A trend can be seen, where women have much higher degrees of stress score as compared to the men participants.

4.1.2 Anxiety and Depression Scores of Refugee Participants

The following section gives an overview of the results obtained from the psychological inventories utilized to assess the anxiety and depression levels of the refugee participants.

Table 4.1.2.1 BAI and BDI Scores for Men

S.No	Name	Age	Length of stay	BAI Score	BDI score
1.	N Wai Pan	32	4	25	26
2.	Kyaing Tun	24	5	29	30
3.	Bn Sithous	27	1	36	33
4.	Sb Sangpi	23	5	28	30
5.	Ah Phong	31	2	38	35
6.	Andrew Sh	23	2	46	42

The average score for BAI in men was calculated to be 33.6, where the average length of stay is 3.1 years. The average Becks Depression Inventory score for the same population was found out to be 32.6 which according to the given scale correspond to severe depression. There seems to be a significant relationship between the length of stay, age and the BAI and BDI scores. As it is evident from the table above, refugees who have been in India for long have relatively scored less on the Beck's Anxiety Inventory and Beck's Depression inventory in comparison to those refugees who have recently arrived in India. These findings also seem to be in line with the results from the Acculturative stress scale for International students suggesting, as time passes, there is a decrease in the stress, anxiety and

depression levels of the participants.

As it is evident from the current findings, five out of six participants were experiencing severe level of anxiety, with an average score of 35.4, where the average length of stay was 3 years. Only one of the participants out of the six had a score of 25, which appears to be in the range of moderate anxiety, where the length of stay was five years. Out of the six male participants, three were experiencing moderate levels of depression with an average score of 28.6, where the average length of stay was 4.6 years. Two out of six female participants were found to be experiencing severe depression, with an average score of 34.

The average length of stay for these two individuals was 1.5 years. Only one participant out of six had a total score above 40 and was found to be suffering from extreme depression. Hence there seems to be a significant relationship between the length of stay and the levels of anxiety and depression experienced by the participants. The average score for BAI in women was calculated to be 39.3, where the average length of stay is 3.6 years. The average Becks Depression Inventory score for the same population was found out to be 36.6 which according to the given scale correspond to severe depression.

There seems to be a significant relationship between the length of stay, age and the BAI and BDI scores. As it is evident from the table above, refugees who have been in India for long have relatively scored less on the Beck's Anxiety Inventory and Beck's Depression inventory in comparison to those refugees who have recently arrived in India. These findings also seem to be in line with the results from the Acculturative stress scale for International students suggesting, as time passes, there is a decrease in the stress, anxiety and depression levels of the participants.

TABLE 4.1.1.2 BAI and BDI Scores for Women

S.No	Name	Age	Length of stay	BAI Score	BDI Score
1.	Piye Son	34	9	28	25
2.	Maychill Yang	31	4	36	32
3.	Tiana L Kepu	32	4	39	36
4.	Su Wai Wai	24	3	47	43
5.	Tha Sun Lian	26	1	46	45
6.	Junko Takasaki	25	1	43	39

It can be clearly seen from the table above that all six women participants were found to experience severe anxiety, however within this range, much higher were the scores of individuals whose duration of stay was less in comparison to others. For example, Junko Takasaki received a score of 43 on Beck’s Anxiety Inventory, and her duration of stay was only one year. On the other hand, Piye Son received a score of 28, which is the lowest BAI score and her length of stay was 9 years, which happens to be the longest duration of stay in India among all women participants.

Two out of six women participants were found to suffer from extreme depression. The average score for extreme depression was found out to be 44, with an average length of stay being two years. Three out of six participants were discovered to be experiencing from severe depression with an average score of 35.6, and the average length of stay was 3 years. As evident from the table, only one participant received a score corresponding to the moderate level of anxiety, where the length of stay was 9 years.

It is evident from the present findings that significant relationship between the length of stay and level of anxiety and depression experienced by the participants. Moreover, it appears that gender seems to play an important role in the degree to which they experience anxiety and depressions experienced by the refugees. A trend can be seen, where women have received a much higher score as compared to the men participants, suggesting that gender-specific experiences largely influence the levels of anxiety and degree of depression

these refugees suffer from.

TABLE 4.2.1.3. AVERAGE BAI AND BDI SCORES for Male and Female Participants

Type of Inventory/ Gender	Average Anxiety Score	Average Depression Score
Male	33.6/63 (SEVERE)	32.6/63 (SEVERE)
Female	39.3/63 (SEVERE)	36.6/63 (SEVERE)

4.2 Qualitative Analysis

4.2.1 Thematic Analysis

Based on the semi-structured interviews conducted with the refugees’ participants, the predominant themes that emerged have been discussed below. For each category, the occurrence of the content was studied under two groups. M (Men participants) and F (Women participants).

TABLE 4.2.1.1 Reasons for leaving Burma:

	Political cause	Personal Cause
Men	5	1
Women	4	2

It was seen that almost all refugee participants fled Burma, due to the fear of getting persecuted by the army or with the fear of going to Jail. Except for two participants from the whole sample, it was seen that the rest of the refugees had “no choice” but to leave Burma. Ah Phong stated in his interview that “I was a leader in the Saffron revolution, we protested against the kidnappings and the killing of the Buddhist monk’s. I was not famous before the revolution. Being a part of this was the most important thing that has happened in my life. I liked being famous, everywhere I went people knew who I was, but I was aware that it’s going to get me in trouble. The next thing I knew was I was in a tunnel for 3 days without food and water. I was saving myself from the army; if they would have found me I would have been dead.”

TABLE 4.2.1.2 Experience of Leaving Burma:

	Feeling of loss	Distressing/painful	Experiencing Freedom	Fear
Men	2	6	1	5
Women	3	6	0	6

Out of the twelve participants studied, 3 men and 2 women experienced the feeling of having lost everything, once they left Burma. All of them described the process of leaving as causing stress and pain. eleven out of the twelve participants felt very scared of being in danger, leaving everything behind, and having no idea of what was going to happen next. Sb Sangpi stated in his interview that *“Leaving Burma was a very bad experience. I did not want to come to India. After participating my safety was at risk, my friend was already arrested by the authorities. I was so scared that I had to run away from Burma. I wanted to be safe, so I had to leave. I think my trip from Burma to India was the worst. I had bad thoughts crossing my mind. I never thought till two days ago I won’t be in my country anymore. In that one day, I lost my everything”*. Kyaing Tun, another refugee said *“I was very scared to travel alone, I didn’t want to leave Burma. My father came till the Indo Burma border. And from there I went alone; I stayed at the railway station for two days. There was so much language problem I did not know what I was supposed to do. I had no clue what was in there for me next. Though Manipur had people resembling Burmese only, I did feel at home, but I was aware that it was not my home.”*

TABLE 4.2.1.3 Memories of Burma

	Memory of food	Scenic Memory	Childhood memories	Memory of Traditions/ festivals
Men	4	4	3	4
Women	4	3	4	5

All participants in their interviews mentioned their memories from home which included missing their family, the scenic beauty of Burma, the Burmese food, childhood memories, life at school, happier times with their friends, in comparison to their life in India and how easier it was to live over there at some point mentioned in his interviews stated, *“My country is very beautiful, it is very peaceful, There are so many fresh vegetables, you must come visit.”* Kyaing tun stated: *“Life was so much better when I was a kid, I used to spend all my time on the riverside with my father and play with him, and it was very relaxing. The view from my house was beautiful.*

Behind the river, you could see the mountains”. Andrew Shin, another refugee said *“I must admit that at one point I did not value my culture and my country, I think everyone goes through that phase. But I honestly do miss Burma, My family and my friends and my dog.”*

TABLE 4.2.1.4 Sense of loss

	Feeling of losing	Losing time	Losing loved ones	Losing Belongings
Men	5	3	4	4
Women	6	3	5	4

The predominant aspect of being a refugee is losing one’s country. All refugee participants were aware of their loss, and some carry it as a burden. The loss of an environment can be felt by them. They have been through many separations and losses, of their country, their people and their belongings. Mourning for what they have lost is crucial because if they don’t acknowledge what they have lost it becomes a state of being. For a refugee, the loss and separation are more violent and sudden. Andrew Shin, in his interview, stated *“The moment I said bye to my parents, I did not know if I would ever see them again. In that one day, my entire life changed, I lost my everything, my house, my country, my friends, my family and my belongings. I hated it”*. N Wai Pan, one of the refugees said *“Being a refugee is a loss in itself, a refugee does not own anything, he cannot call anyplace or anything his own. Staying in India for so many years made me feel that it was like home but when we try and talk to the locals, they make sure we know, this country does not belong to us.”*

TABLE 4.2.1.5 Sense of Achievement:

	Gaining political experience For helping Burma	The “NEW SELF” of becoming mentally strong and independent	Getting to know a new culture
Men	5	6	6
Women	2	4	2

Refugees’ economic, social and educational achievement is not a simple and easy process. Strand and Jones (1985) identified the language as the most difficult obstacle for refugees seeing to assimilate into their host nation.

Taina L. Kepu, stated, “I don’t understand how one can achieve anything by being a refugee”. Many also feel that experiencing what being a refugee is like has made them strong and independent. Sb Sangpi, one of the refugees in his interview said that “I have had positive experiences in Delhi. I have learned the language. I also get to know a new culture. But when I was small I used to cry at every little thing, my parents used to solve my problems for me. Today I handle my own problems. India has prepared taught me a lot, now I am prepared for the worse.” Most of the Man participants feel that staying in India has given them a chance to learn more about the largest democracy in the world and gain experience so that they can help their own country one day. It was seen that most of the Man participants had become refugees due to some political involvement before leaving Burma. Though it is the reason they are exiled at present, their involvement politically is only increasing by being part of organizations such as Democratic Voice of Burma etc which function from Delhi and Mizoram.

TABLE 4.2.1.6 Difficulties Faced by Refugees

Problems	Language	Discrimination	Absence of Familial	Changes in		
Inadequate		adjusting	Adjustment	(Sexual and Racial)		
Support		physical	allowance	well being		
to a						
New culture						
M	4	4	6	5	3	4
W	5	5	6	6	3	5

There were all kinds of difficulties the refugees said they faced during their interviews. The most common of all was discrimination. All refugee participants stated that they were made to feel inferior, and were regularly mocked at. The Woman participants faced additional problems pertaining to sexual abuse by the locals. One of the Woman refugees stated in her interview that, “the men touch you in the bazaar, one of them touched my breasts and stood there as if he did nothing, I was about to hit him with a stone. I don’t know why they do this to us.” Another refugee stated that “I was going to the nearby market, two men pulled me towards them and started touching me, they tried to kiss me, one of the men even tried to pull my t-shirt and touch my breasts. Since then I am so scared to walk alone.” There are other difficulties such as poor living conditions for the refugees

and their inability to speak the local language makes it harder to adjust in a place like Delhi.

TABLE 4.2.1.7 Categorization of Refugee Participants Under Berry’s Attitudinal Positions

	INTEGRATION	SEPARATION	ASSIMILATION	MARGINALIZATION
Men	5	1	0	0
Women	1	5	0	0

In Berry’s classification of the attitudinal positions, 5/6 of the Woman population employed the SEPARATION STRATEGY and only one of them employed the integration strategy. Whereas 5 out of the 6 men employed the integration strategy, and only one of them was seen to have the separation attitudinal position.

4.2.2 Salience of Identity and Review of the “I am statements”:

An assessment of the salience of identity of being a refugee was made through the use of “Who Am I Scale”. In examining the “I am” statements, importance was given to the positioning to statements like “I am a refugee”, “I am Burmese,” Results showed that 11 out of twelve refugees mentioned being “a refugee”, out of which 6 were Women and 5 were Men. The statement “I am a refugee” for the recent Woman arrivals (4 out of 6) in Delhi was either at position one or two. Additionally, the same response for older Woman refugees (two out of six) was at the sixth position. In the sample of men participants, no particular trend was seen regarding the positioning of the statement “I am a refugee”. Clearly, the identification of the being a refugee is more marked for Woman participants.

In the sample studied, most of the participants clearly see themselves as refugees. The following is an example from the “Who Am I” test of Taina. L. Kepu, who is 32 years old and has been residing in India for the past 4 years: “I am a refugee”, “I am a lonely girl (Woman)”, “I am a poor woman”, “I am a girl with so many problems”, “I am a Burmese”, “I am not brave”. For the Burmese Refugees, it was seen that most of them identified with being a

refugee more than they identified as being a Burmese. It has become a part of who they are and has significantly changed the way of life. Some of the responses in “Who Am I” test was: “*I am in trouble*” Such a statement is an indicator of how the refugees are aware of their state and their problems, and it’s their cry for help. Another refugee stated, “*I am not a politician, but I am struggling for democracy*”.

Most of the men participants felt staying in Delhi gave them exposure to the largest democracy in the world, and they could take back this experience to help their country. Another refugee stated, “*I am a person who has no citizenship on this earth*”. One of the lesbian refugees stated in her Who Am I test “I am a person who does not like men”. Such a statement is a result of the sexual abuse women have faced, which has also become a part of their identity. As stated above, not dealing with the past trauma and torture, can lead to an identity-driven by conflicts which causes a lot of anxiety and stress. The world of the refugee can be primarily described by the extent to which his or her past life experiences (Events in his own country) combine with the ones in the host country and how they further influence his or her current problems.

5. Discussion

Refugees are a particularly vulnerable population that is at risk for mental health problems for a variety of reasons: traumatic experiences in and escapes from their countries of origin, difficult camp or transit experiences, culture conflict, and adjustment problems in the country of resettlement, and multiple losses-- family members, country, and way of life (Lipson, 1993). There has always been a great need to understand the “experience of being a refugee”. What does the world of a refugee actually look like? What are the specific difficulties refugees’ face? Obviously, these difficulties are caused, affected and complicated by fleeing or leaving a native land and by the conflicts he or she

experiences in living and adapting to a new country. The refugee lives in two different worlds, one is the inner world and the other is the outer world. (Kristal-Andersson, 1976).

The aim of the present exploratory study was to understand the experience of being a Burmese refugee in India. As evident from the results, discussed in the previous section, the following inferences can be made. It can be positively inferred that the nature of assistance provided to the refugees, both psychological and otherwise is significantly falling short of their needs. The lack of psychological assistance is aggravating their struggle in exile. The unique needs of Burmese refugees have largely been undermined by the government and other agencies such as the UNHCR. Based on the findings from the present research, it is evident the nature of psychological difficulties and challenges Burmese Refugees have experienced in India.

As mentioned above, India is not a signatory to the 1951 Convention on Refugees. Hence, the lack of a legal framework to protect refugees is a massive disadvantage to any attempt to formally rehabilitate the refugees. While there have been initiatives undertaken by the Government of India and UNHCR, the outcome of these efforts has not been so promising for the Burmese refugees. Moreover, any attempts to offer humanitarian assistance to the refugee communities has never catered to the urgency around mental health and their psychological well being. Young refugees face many barriers to accessing health services such as a lack of knowledge and information about available services, and language and cultural barriers. They do not have access to adequate health care in their country of exile and may have long-term health issues or injuries that have not been adequately treated.

Heidi Ellis, a psychologist stated at APA’s Annual Convention in 2008, that the discrimination refugee’s face in their new communities often prolongs and intensifies the trauma. It holds true for Burmese refugees, as some of them have not even dealt with the trauma and torture they faced in their own country and coming to India, facing discrimination has only enhanced the sense of alienation and loneliness for them. Adding to the status of a refugee, crossing borders to seek

asylum puts women in a particularly vulnerable position. This vulnerability has led them to face racial discrimination as well as various forms of sexual abuse, thereby significantly increasing the level of stress they face.

One of the Woman refugees stated in her interview *“Staying alone in India is very difficult for me. The locals keep touching us, they try and hurt our private parts, I feel like shouting but I don’t know what to say. I miss my mother very much. I will never face a problem like this in Burma.”* Tha Sun Lian a 26 year old refugee who has been staying in India for only a year, mentioned in her interview *“I was going to the nearby market, two men pulled me towards them and started touching me, they tried to kiss me, one of the men even tried to pull my t-shirt and touch my breasts. Since then I am so scared to walk alone. I don’t know why they do this.”*

It is evident from the results, that all woman refugee participants had undergone some kind of racial or sexual discrimination. As a result, most of them feel scared and extremely angry with the locals over here. One reason due to which these refugees are subjected to sexual abuse is also because of their inability to speak the local language. Most Burmese refugees coming to India have language problems; it is one of the main difficulties refugees since their mother tongue is neither English nor Hindi.

This is problematic because failing to communicate in the local language limits their ability to find jobs. They also have language problems in the sense that they are separated from their own community to which they owe their sense of ethnicity and personal identity. A strong attachment to the mother tongue, if the refugees have hopes of returning to their homeland at some time in the future, limits them from developing proficiency in the local languages. It emerged out of the interviews with the refugees that fluency of language helped to reduce perceived discrimination, fear and hatred.

The relationship between difficulty in conversing in a specific language and perceived hatred, discrimination and fear is perhaps a result of misinterpretation of verbal behavior of others due to insufficient understanding of the foreign communicating language. Such misinterpretations

lead to misconceptions of perceiving hatred, indifference, and discrimination.(Lin, 2006). On being asked what were the specific difficulties faced. Junko Takasaki stated, *“It is very hard for me to adjust because I do not know how to communicate with the locals; I am unable to ask for help or buy something.”* Su Wai Wai , a 24 year old refugee, stated *“There are so many problems you know, when those men touched me, I felt like scolding them, I wanted to shout, but I don’t know the language, I just didn’t know what to say to them, I was even about to throw a stone at them.”*. The experience of a Woman refugee is obviously very different from that of a Man refugee. Events of sexual abuse have a very strong and painful impact on women. Being socially harassed enhances the already present sense of trauma amongst women.

Other than experiencing discrimination, and inability to communicate through the local language, there are a plethora of obstacles that the refugees are faced with. Those include financial problems, difficulties adjusting to a new environment and aversion to Indian food. All these factors act as major stressors and make it next to impossible for a refugee to survive. Ah Phong, one of the Buddhist Monk stated in his interview that *“The man at one of the organizations, asked for Rs 8000/- to give me my identity card. I told him how I can have that kind of money, I am a refugee, and I am a student. People here don’t understand how hard it is to live the life of a refugee, We know because we are living that life, but we need some respect and dignity.”* Another refugee stated, *“You know I don’t have the money to buy food, or water, I hate the food. I don’t know how to cook. Everything is so expensive, and UNHCR has stopped giving us the allowance, I don’t know what to do. I am not a beggar”*.

Out of the twelve refugee participants, only one refugee was self-sufficient. She is the one who has stayed for the longest period in Delhi. Others did have jobs, but their complaint was that the Indians pay them much less than what they pay others, They also said the money they got is not enough for anything, more than half of the salary goes into the flat rent. The living conditions of these refugees were unsound.

The results of this research have yet again confirmed that there is a range of factors that impact young person's mental health such as family conflict, financial hardship and ability to find work. Nowhere are the health care needs of refugees more pronounced than in the realm of mental health. Refugees are vulnerable to psychological distress due to uprooting and adjustment difficulties in the resettlement country, such as language, occupational problems, and cultural conflict. Uprooting creates culture shock, a stress response to a new situation in which former patterns of behavior are ineffective and basic cues for social intercourse are absent (Lipson, 1993).

Due to difficult living conditions and daily hardships in Delhi, illnesses and medical problems are a common enemy of the Chin community. Integration with the local population in Delhi as well as adjusting with some of their own has been a challenging task. Piye Son a refugee staying in India for nine years now, when asked what was the hardest thing to adjust to, she stated, *"Some Burmese refugees I met at the Student information center told me to come and stay with them, since they were Burmese-Chin I thought it was a good idea, but when I went over there, I saw 22 people living in the same room., boys and girls both, using the same toilet and the same kitchen. I got so scared. I cried so much, I felt so uncomfortable, a majority of them were boys. It was the worst experience of my life. The Men in the room kept staring at the girls, there was no curtain dividing the room. I lived there for three months. I remember each day I spent in that room, I don't feel very good when I think about it"*.

In this particular case, it can be seen that, even though the woman refugee was surrounded by people from her own country, it happened to be one of the worst experiences she had. She was also sexually assaulted by one of the Man refugees staying in the same room as her. She recalls. *" I went out to the room to go to the washroom, he followed me, and it was very dark, he tried to touch me, I shouted, but he kept his hand on my mouth, he felt my body parts, he forced himself on me, I just tried to push him and I ran , I ran so far away that I don't come back."* The general lack of resources in India further heightens tension between

the refugees and the local communities in Delhi, particularly among the local poor who see these refugees as competition for scarce resources. As a result of these differences, the refugees feel discriminated against by the members of the local population. When problems arise between the local population and the refugees, it is difficult to resolve them due to language barriers.

The clinical and research literature shows a significant degree of psychological stress among refugees with relatively high levels of physical and psychological dysfunction during the first two years of resettlement; after three years, there was some improvement and increased adaptability, but there was still serious and pervasive adjustment problems affecting some sectors of the refugee population, such as high levels of somatization, depression, and post-traumatic stress disorder. These symptoms have even been noted five years after resettlement (Lipson, 1993 & Chung & Kagawa-Singer, 1993).

The unintended consequence of forced migration invariably disrupts the continuity of life. The central force that guides the rehabilitation of refugee communities should begin by making them feel comfortable and welcomed. Even though India has been a tolerant host to refugee populations from many communities, the results have strongly suggested that refugees from Burma, often tend to feel isolated and discriminated against. The experience of discrimination in the host country surfaced predominantly in the theme of difficulties faced in India. With a pre-existing disturbed mindset, the refugees' circumstances, in the host country fail to provide the basic facilities' that would expedite the rehabilitation process. Most initiatives have only resulted in identifying or rejecting an individual as a refugee. The results from the interviews have suggested that this process of acknowledging or rejecting their status as a refugee has additionally played a significant role in their psychological well being.

The role and significance of mental health facilitators such as psychologists and counselors have been largely underplayed in the Indian Context. We are far behind on our agenda to promote well being for our fellow citizens.

for anxiety and depression have demonstrated alarming results for the refugee community, both male and female participants. This gives us as a very disturbing picture of the consequences of the nature of assistance and support we think we are providing to the refugees, as compared to the reality on the ground. Mental health providers should elicit their refugee client's immigration history: length of time in the country, circumstances of flight and first asylum, and who and what was lost. This information is critical for understanding client's adjustment and problems, such as identifying post-traumatic stress disorder (PTSD).

Organizations like UNHCR, involved in the rehabilitation of refugees have attempted to provide financial assistance, language classes (Don Bosco Institute), which have helped them to understand and converse in Hindi. However, access to psychosocial care remains a huge question mark. The nature of challenges the Burmese community has experienced range from situations that range from fleeing for life to acculturative stress, physical and sexual abuse, discrimination, language problems as well as minimal allowance etc. These particular psychosocial problems that can be precipitated by life in exile making it especially evident that increasing access to psychosocial care for refugees is extremely essential. Such care will work not only to help overcome problems related to trauma experienced in the home country or during the journey to the host country but also to deal with problems that have arisen as a result of the condition they live in exile.

Having mental health providers as a fundamental and functional part of organizations that aid the process of rehabilitation will make a huge difference to the psychological well being of refugees. Additionally, it can influence strategic planning in terms of policymaking. This advancement to cater to the psychosocial well being of which realizes the importance to cater to the problems and concerns that refugees are exposed to can potentially alter the entire conceptualization and process of rehabilitation of refugees in India. It is important to note, that if greater understandings of clients' cultures are realized by those providing psychotherapy, the outcomes of psychotherapy will be much more successful for refugees.

It is incumbent on health care agencies that will be

treating a refugee population to employ members of the refugee community and to look to them for guidance in their approach to the community. The use of traditional healers from the refugee's home culture can assist the refugee in getting access to health care in a culturally acceptable and meaningful way.

Research has shown, that traditional healers, in conjunction with trained health care providers can bridge the gap between cultures and make the transition from cultures smoother (Hiegel, 1983). In conjunction with the refugee community, it is advisable to develop a cultural competence checklist. This will assist in maintaining an approach to the community that is culturally sensitive while allowing for the community's health care needs to be met (Dana & Matheson, 1992). It is also necessary to learn to work with and through interpreters. This will require adequate training of interpreter staff. Fluency in the languages of the host country and refugee group is not enough. The interpreter must be knowledgeable of the nuances of both languages and cultures. S/he must also be knowledgeable of the common medical terms and psychiatric terms that will be used and how best to accurately translate them.

6. Conclusion

As political struggles increase increasing numbers of people face the situation of being refugees all over the world. This study has been an attempt to explore the experiences of the Chin Burmese refugees in Delhi. Like refugees all over the world, the Burmese are grappling with the meaning of identity as they seek to negotiate a part of themselves that exists within them but has no echo outside and a future that is uncertain. For the men who have chosen their state at least partially and are politically active, there is a dream and a hope that provides meaning to them. For women who have had to face additional sexual abuse, the picture is less hopeful.

Most participants in this study had alarming results indicating disturbed psychological health for prolonged periods of time. A significant advancement for aiding the process of rehabilitating refugees could begin by reforming the existing structures of planning and implementation. Acknowledging and catering to the psychological well being of refugees, post trauma and torture could significantly reduce the nature of distress they experience in exile as well as catalyze their integration into the mainstream society. A culturally sensitive approach to improve the mental health of refugees forced migrants and internally displaced individuals can help them cope with the traumatic events that led to their displacement. Additionally, these practices to care for their psychological well being can equip them with strategies and skills that foster not just survival in exile but optimal functioning as well.

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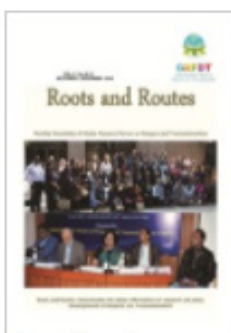
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Roots and Routes is a monthly newsletter of the Global Research Forum on Diaspora and Transnationalism (GRFDT). It is inclusive of articles, book reviews and news analysis, which help in disseminating latest information on research and policy development in Diaspora and Transnationalism. The newsletter enjoys readership of academicians, policy experts, diaspora think tanks etc.

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3. **News analysis** : consisting of analyzing current news in about 1000-1500 words
4. **Book reviews** : 1000-1500 words.

We are pleased to invite your contributions to the above mentioned sections. Please send your contributions to the editors of the newsletter at editor@grfdt.com

Editors- Arsala Nizami and Monika Bisht

Managing Editor: Dr. Sadananda Sahoo

Email: editor@grfdt.com

Design and Production: Rakesh Ranjan and Feroz Khan

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Global Research Forum on Diaspora and Transnationalism (GRFDT) is a consortium of researchers and policy makers drawn from national and international universities, institutes and organizations. GRFDT is presently based in India and is shaping as the largest such group focusing specifically on the issues related to diaspora and transnationalism.

The GRFDT works as an academic and policy think tank by engaging national and international experts from academics, practitioners and policy makers in a broad range of areas such as migration policies, transnational linkages of development, human rights, culture, gender to mention a few. In the changing global environment of academic research and policy making, the role of GRFDT will be of immense help to the various stakeholders. Many developing countries cannot afford to miss the opportunity to harness the knowledge revolution of the present era. The engagement of diaspora with various platform need to be reassessed in the present context to engage them in the best possible manner for the development human societies by providing policy in-put at the national and global context.