

# Iraanse vluchtelingen en asielzoekers in beeld: ervaren begeleiding, psychopathologie en perceptie van kansen

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# Summary

For the past two decades, Western countries in particular have been facing an influx of migrants and refugees. The character of migration from 'non-Western' countries in recent decades has shifted from labor-related to asylum-related migration. In most European countries, the 'refugee issue' is high on the political agenda.

On January 1, 2010, there were 16 million inhabitants in the Netherlands. Over the last five years, immigrants have become one-third of the population in the Netherlands. According to data from the Central Bureau of Statistic (CBS, 2008), the percentage of non-Western immigrants has risen from 7.6% in 1996 to 19% of the population in 2007. In 2015, it is predicted that the Netherlands will have 3.5 million immigrants and 40% will be from Third World countries.

One in five Dutch residents is an immigrant, although half were born in the Netherlands and are a second generation. The proportion of 'non-Western' immigrants in the total population has gradually increased over the last ten years. Somalis, Afghans, Iraqis, and Iranians are the four largest non-Western populations in the Netherlands and they mainly migrated for political and humanitarian reasons (*Annual Report Integration 2010*).

In 2010, 13,300 thousand people requested asylum in the Netherlands – a drop from 2009. However, the top four countries for asylum-seekers (Somalia, Afghanistan, Iraq, Iran) have not changed. The CBS figures also show that unlike the other three countries, the number of asylum-seekers from Iran increased by 13% in the first quarter of 2011 compared to the same time period in 2010 (CBS, 2011).

CBS reports that there were 11,731 naturalized Iranians in the Netherlands on January 1, 2000. The reasons for their flight from Iran included: fear of persecution, threats and the loss of freedom due to the fundamentalist regime. On January 1, 2010, there were 39,000 Iranians living in the Netherlands. Displaced Iranians generally come to the Netherlands from large cities, speak English and have a good educational background. When in Iran, these refugees were part of a modern population and generally lived a Western lifestyle. Unfortunately, their former high life style in Iran is not possible in the Netherlands. My decision to research Iranian refugees is primarily motivated by the fact that I am an Iranian (former) refugee, and emotionally involved with my compatriots. I am also interested in the experiences of the refugees in the Netherlands.

This dissertation consists of three studies. Studies 1 and 3 are quantitative research and study 2 is qualitative research. The three studies investigated Iranian (ex-)refugees and asylum-seekers between 2004-2010.

Data for study 1 was collected from 2004-2006. During that period there were 72 Iranian asylum-seekers and 76 (former) Iranian refugees throughout the Netherlands surveyed using four questionnaires. Three standard questionnaires included the Beck Depression Inventory (BDI), Utrecht's Coping List (UCL), and the Symptoms Check List (SCL-90) and a fourth questionnaire was self-designed and called the 'guidance questionnaire'.

The central question of study 1 is whether Iranian refugees and asylum-seekers see any relationship between the guidance variables (trust, participation and fair procedure) and their perception of their chance to integrate into the Netherlands. The study further examined the moderation effects of both psychological variables (depression, coping style and psychopathology) and individual variables (gender, age and residence status) on the relationship between contentment about guidance and the respondents' perceptions of their chances for integration. The effect of moderating variables on the respondents' perception of their chance to integrate was tested.

A moderator is a qualitative or quantitative variable that effects the direction and/or the strength of the relationship between predictor(s) and the dependent variable. I called these variables 'individual and psychological variables'. Individual variables included the respondents' demographic characteristics (gender, age) and residence. The degree of depression (measured by the BDI), the applied coping style (measured by the UCL) and general psychopathology (measured by SCL-90) of the respondents that I called 'psychological variables' were all examined. Study 1 included regular comparisons between (ex-)refugees who had obtained a residence permit and asylum-seekers who did not have a residence permit.

I examined whether these variables had a moderating effect on the relationship between the independent variable: guidance (composed of three variables: fair procedure, trust and participation) and the dependent variable: perception of their chance to integrate. I made a new variable for the three guidance variables, which I named the 'satisfaction variable'. In addition to the psychological variables, I also examined the demographic characteristics of the respondents and if they had any effect on the perception of their chance to integrate.

In study 1, it was assumed that a good and efficient guidance would have a significant effect on the refugees' perceptions of chance of successful integration.

By guidance, I include both the official assistance the Iranian refugees receive during their integration process, as well as the support of various non-profit organizations and the Dutch population. The latter form of guidance, in many cases, is not targeted and/or official; thus, in this study, this type of guidance is described as 'non-formal guidance'.

For this dissertation thesis, the subjective manner in which Iranian (former) refugees and asylum-seekers integrate based their guidance experience is central. In my opinion, successful guidance means that the refugees feel that guidance in Dutch society offers them better opportunities to build a good life.

Guidance is an integral part of the integration process such that an interactive process between a coach/consultant and a refugee allows the refugee to choose from many options for their future – a road that is compatible with his/her personal situation. In refugee

guidance, the emphasis is to imagine a process of providing information, advice, support, as well as referrals for therapy and treatment if necessary. In my view, guidance yields a good outcome. Good integration support ultimately has the effect of a (more) successful integration. When analyzing the role of the guidance, I make the following distinctions.

First, I make a distinction between two phases for refugees in the Netherlands. In the first phase, the asylum-seeker has no status, no home, no right to education and no work. In the second phase, the refugee becomes a citizen with a Dutch residence permit, the right to education and housing, and the right to social security and benefits if he/she has a job. In my second distinction, I assume that refugee integration is a lengthy process. This process is, I assumed, under the influence of two groups of factors (variables):

1- The first group of factors (external factors) are guidance factors, such as the refugees' experiences and has to do with the way the refugees are accompanied. To what extent do they experience being listened to and having a say in decisions that affect them? To what extent do they believe that the guidance procedures are applied fairly and equitably? To what extent do they trust the way they are supervised?

2- The second group of factors (internal factors) are individual and psychological factors. Individual factors include demographic factors like gender, age, as well as the process of obtaining a residence permit. As psychological factors, I investigated the degree of psychopathology, depression and coping styles of the respondents and to what extent these factors affected the respondents' perceived chance to integrate into Dutch society.

The findings of study 1 show that there is a significant relationship between contentment with guidance variables and the respondents' perception of their chance for a successful integration. The three guidance variables (i.e. trust, participation and fair procedure) have a high correlation with the respondents' perception of their chance for integration: asylum-seekers see less of a chance to integrate than (ex-)refugees. The results further show that age is the only variable with a moderating effect on the relationship between the respondents' contentment about guidance and the perception of their chance to integrate. Younger respondents who were less satisfied with their guidance have also a relatively lower perception of chances than older respondents who were little satisfied with their guidance. For all other individual factors (gender, residence) and psychological variables (depression, coping style and general psychopathology), no moderating effects were found. However, significant direct effects on chance perception were found for residence and active coping style. It also appeared that asylum-seekers report more psychopathological complaints than refugees with a residence permit.

Study 2 was a qualitative research study. In-depth interviewing was performed to investigate the respondents' subjective perception of their chance (with guidance) for successful integration. The individual perception of the respondents to integrate with guidance is the key element of study 2. The study used in-depth interviews with both asylum-seekers and (former) refugees. There was a topic list with five clusters. The questions from each cluster were addressed in an explicit in-depth interview.

Respondents for study 2 had already completed four questionnaires in study 1 and the in-depth interviews were a follow-up to their original questionnaire responses. Each interview lasted approximately three hours. The questions were written with a focus on variables that were relevant to this study: cultural aspects, acculturation strategies and the respondents' personal experience with issues such as discrimination.

The interviews revealed that many respondents appreciated the guidance variables (trust, fair procedure and participation). They agreed that guidance plays a crucial role in the integration process. The results of the interviews also showed a negative and pessimistic picture of formal guidance. Respondents were asked about their individual and personal experience of managing integration. Results demonstrated that respondents generally did not feel understood by their consultants. In many cases, they felt abandoned and sometimes discriminated against. Some respondents described formal guidance as aloof, business-like, and sometimes not relevant.

The findings of study 2 show that the interviews make a distinction between formal and informal care support. The interviewees were most critical of the formal care support that is dispassionate and impersonal and not always in line with the interviewees' wishes and abilities.

Study 3 is a quantitative and a correlational research in which I investigated the degree of the respondents' psychopathological complaints. Study 3 was performed from 2008-2010 and was conducted among 119 Iranian refugees. The sample consisted partly of respondents who had also participated in study 1. The difference in survey 1 respondents and those in study 3 was that all respondents in study 3 were in possession of a residence permit. Asylum-seekers who had participated in the first study, now (in study 3) had had a residence permit for a certain period of time. This was largely due to an offer of amnesty in 2008; thus half of the respondents in study 3 had qualified under the *pardonregeling* (amnesty) and received residence permits. The intention of study 3 was to provide the best possible picture of the mental health of the respondents, who had already participated in the first correlational research in 2004-2007.

It was examined whether there were any differences between the two groups of respondents in study 3: one group with a permanent residence permit and a second group with a temporary residence permit. In study 3, I focused on psychopathological symptoms and in particular on posttraumatic stress disorder (PTSD). The outcome of an investigation of results from studies 1 and 2 was the main reason for conducting study 3. High levels of psychopathological symptoms were reported by the respondents from the surveys in studies 1 and 2, and I wanted to determine to what extent this was due to PTSD. In study 1, PTSD and PTSD symptoms were not measured. For study 3, I used standard questionnaires namely the Utrecht Coping list (UCL), Symptom Check list (SCL-90), the trauma Questionnaire (HTQ) and Posttraumatic Symptom Scale (PSS). The last two questionnaires were used to measure PTSD for the respondents.

The findings of study 3 show that that the respondents had in general many psycho-

pathological complaints. It also showed that the majority of respondents have increased anxiety, but not necessarily a high enough score on the PTSD questionnaires to fall within the standard for a diagnosis of PDS. The main hypothesis for study 3 was therefore rejected. The extent of the respondent's PTSD complaints was not high enough to conclude that they satisfied the diagnosis of PTSD.

The analysis also showed that the extent of depression and anxiety complaints, in particular, was high in all respondents.

## General conclusions

The results confirm the hypothesis that the three guidance variables trust, participation and justice have a high correlation with chance perceptions for successful integration. This finding indicates how guidance can be improved to enhance integration. However, although theoretically we can expect that a positive expectation affects integration behavior and thus actual integration, further research is needed to prove this.

Asylum seekers were shown to perceive fewer opportunities to integrate than the (former) refugees.

This finding could be related to the effects of some factors such as post-migration factors and the uncertainty of the asylum seekers about their permits.

The results show that age is the only variable with a moderating effect on the relationship between satisfaction with guidance and the respondents' chance perception. Younger respondents who were less satisfied with their guidance have a relatively lower perception of chances than older respondents who were little satisfied with their guidance. This may indicate that the younger people need more and stronger support, for example to help them to actively participate in the labor market.

Although no other variables were found that had a moderating effect on the relationship between satisfaction with guidance and chance perceptions, there were direct links. For example psychopathology had a negative relationship with perception of chances for successful integration. This might indicate that in cases with elevated levels of psychopathology, it might be helpful to treat the psychopathological problems so that expectations are increased and successful integration is stimulated.

The qualitative study 2 confirmed that the respondents believe that the three variables trust, participation and justice are important for guidance. This is important as this was an assumption in study 1 that needed validation.

The main finding of this study is that informal guidance is judged as more valuable than formal guidance by many respondents. This raises the question of whether formal guidance can be improved, taking advantage of what the respondents value as informal guidance (eg, equality, highlighting their strengths, etc.); or whether this preference is caused by inherent characteristics of formal guidance. In the latter case, perhaps the whole

system of formal guidance should be replaced by an informal guidance system.

The results of the first two studies show that respondents who are more inclined to apply active coping, perceive more chances for successful integration. This may mean that the use of active coping in practice has a significant effect, such as more contact with and support from Dutch organizations (authorities) and Dutch inhabitants. This would probably give the respondents a feeling of more competence. They would then assess their chances for integration more positively.

The analysis also shows that passive coping significantly correlates with psychopathology in general. This could indicate that passive coping increases psychopathology, and/or that psychopathology increases passive coping, for instance by intensifying feelings of powerlessness and vulnerability. A probable interpretation is that of a vicious circle by which psychopathology and psychopathology reinforce each other.

For the practice of guidance, the findings give an indication that one should pay more attention to promoting active coping, for example being more active during the asylum-seeking process, learning the Dutch language, and calling for help and support upon arrival in the Netherlands. Nevertheless, the uncertainty of a residence remains as probably one of the most important pathogenic factors. This raises the question of how much influence asylum seekers people can exert in practice to reduce psychopathological symptoms as long as this uncertainty remains.

The results of the two studies show that respondents appreciate emotional and personal guidance. This means that a coach who is not detached, but rather is emotionally involved, and shows an interest in cultural background and needs of respondents, is better able to provide a sense of security, which in turn strengthens the expectations of a successful integration.

We conclude that a safe and personal approach to guidance creates secure attachment opportunities, which apparently is important for good coaching results. This can create a difficult situation in practice, because there is interaction between two parties each with their own attachment style. The expectation is that a coach who is securely attached, is better able to communicate with clients with a problematic history, and can provide a more secure attachment even to these more problematic clients.

The findings of the three studies show that respondents had many psychopathological symptoms. The degree of depression and anxiety symptoms of the respondents is particularly high. The degree of PTSD symptoms of the respondents is not high enough to conclude that they meet the diagnosis of PTSD and makes it unlikely that their high level of general psychopathology came from PTSD. Prolonged stress during the asylum procedure and acculturation-stress seem to be better explanations for the high degree of psychopathology. If this is true, guidance and the entire asylum process should focus more on reducing the stress caused by the asylum procedure and the acculturation.

## Samenvatting

*Dit proefschrift bestaat uit drie onderzoeken. Onderzoek 1 en 3 zijn correlatieve en kwantitatief en onderzoek 2 is een kwalitatief onderzoek. De drie onderzoeken hebben in de periode 2004-2010 onder Iraanse (ex-)vluchtelingen en asielzoekers plaatsgevonden.*

De centrale vraag van onderzoek 1 is of de Iraanse vluchtelingen en asielzoekers relaties zien tussen de begeleidingsvariabelen (vertrouwen, inspraak en rechtvaardige procedure) en hun kansperceptie om succesvol in Nederland te kunnen integreren. Onderzoek 1 is verder uitgevoerd naar de modererende effecten van zowel psychologische variabelen (depressie, copingstijl, psychopathologie) als de individuele variabelen (geslacht, leeftijd en verblijfsstatus) over de relatie tussen tevredenheid over begeleiding en de kansperceptie van de respondenten. In onderzoek 1 zijn regelmatige vergelijkingen gemaakt tussen (ex-)vluchtelingen met een verblijfsvergunning en asielzoekers zonder een verblijfsvergunning.

Onderzoek 2 is een kwalitatief onderzoek. Door middel van diepte-interviews werd onderzoek gedaan naar de subjectieve beleving van de respondenten met de begeleiding naar een succesvolle integratie en de relatie met hun kansperceptie. De individuele beleving van de respondenten met de begeleiding staat in onderzoek 2 centraal.

Onderzoek 3 is een correlatieve en kwantitatief onderzoek waarin de mate van psychopathologische klachten van de respondenten is onderzocht. Daarbij is specifiek gekeken of de hoge mate van algemene psychopathologische klachten verklaard zou kunnen worden uit het vaak voorkomen van posttraumatische stressklachten. Verder werd onderzocht of er verschillen bestaan tussen de twee groepen van respondenten: een groep met een permanente verblijfsvergunning en een tweede groep met een tijdelijke verblijfsvergunning.

*De belangrijkste conclusies van dit proefschrift luiden als volgt:*

De drie begeleidingsvariabelen vertrouwen, inspraak en rechtvaardigheid hebben een hoge correlatie met de kansperceptie op succesvolle integratie. Tevredenheid met de begeleiding beïnvloedt de perceptie van kansen in positieve zin. We kunnen dus concluderen dat begeleiding die deze drie aspecten optimaliseert, een positief effect zou moeten hebben op de verwachting succesvol te kunnen integreren. Hoewel we theoretisch kunnen verwachten dat positieve verwachtingen ook een effect zullen hebben op integratiegedrag en daarmee op de daadwerkelijke integratie, is verder onderzoek nodig om

dit aan te tonen. Verder wordt duidelijk dat asielzoekers minder kansen waarnemen om te kunnen integreren dan (ex-)vluchtelingen. Uit de resultaten blijkt dat leeftijd de enige variabele is met een modererend effect op de relatie tussen tevredenheid over begeleiding en de kansperceptie van de respondenten. Bij jongere respondenten er een groter effect is van tevredenheid over integratie op kansperceptie dan bij oudere respondenten. Dit kan erop wijzen dat er in de begeleiding speciale aandacht aan de integratiemogelijkheden van jongeren besteed moet worden. Hoewel er geen andere variabelen werden gevonden die de relatie tussen tevredenheid over de begeleiding en kansperceptie beïnvloedden, waren er wel rechtstreekse verbanden. Psychopathologie heeft bijvoorbeeld een negatieve relatie met kansperceptie: hoe meer psychopathologie, hoe lager de kansen worden ingeschat.

Uit de kwalitatieve studie 2 blijkt dat de respondenten de drie begeleidingsvariabelen belangrijke aspecten van begeleiding vinden. De belangrijkste bevinding van deze studie is wellicht dat de informele begeleiding door zoveel respondenten als veel waardevoller wordt beoordeeld dan de formele begeleiding. Dit roept de vraag op of de formele begeleiding verbeterd kan worden, daarbij gebruikmakend van wat de respondenten zo waarderen aan informele begeleiding (bijvoorbeeld gelijkwaardigheid, benadrukken van hun sterke kanten); of dat dit veroorzaakt wordt door inherente kenmerken van formele begeleiding. In dat laatste geval zou wellicht het hele formele begeleidingsstelsel beter vervangen kunnen worden door een informeel systeem.

Uit de resultaten van de eerste twee studies blijkt dat respondenten die geneigd zijn meer actieve coping toe te passen, meer kansen percipiëren om succesvol te kunnen integreren. Dit kan betekenen dat het toepassen van actieve coping in de praktijk een belangrijke werking heeft, zoals het meer contacten leggen en onderhouden met de Nederlandse instanties en bevolking. Hierdoor zullen respondenten zich waarschijnlijk ook competentier gaan voelen en positieve reacties ontvangen. Vervolgens zullen ze hun kansen positiever gaan inschatten.

Tevens blijkt uit de analyses dat passieve coping significant met PTSS en psychopathologie in het algemeen correleert. Dit zou erop kunnen wijzen dat passieve coping de gevoelens van machteloosheid en kwetsbaarheid verder versterkt. Omgekeerd kan psychopathologie het gebruik van passieve coping versterken. Er is dan sprake van een vicieuze cirkel waardoor psychopathologie verder versterkt wordt.

Voor de praktijk van de begeleiding is dit een aanwijzing dat men meer aandacht dient te besteden aan het bevorderen van actieve coping door bijvoorbeeld actievere tijdbesteding gedurende de asielprocedure, het leren van de Nederlandse taal en het inschakelen van hulp, en begeleiding bij de aankomst in Nederland. Dit neemt niet weg dat de onzekerheid over een verblijfsvergunning waarschijnlijk een van de belangrijkste ziekmakende factoren blijft. Het roept de vraag op hoeveel invloed men in de praktijk kan uitoefenen op het verminderen van psychopathologieklasten zolang deze onzekerheid blijft.

Uit de resultaten van onderzoek 2 kunnen we concluderen dat respondenten een affectieve en persoonlijke manier van begeleiding zeer waarderen. Dit betekent dat een

begeleider die zich niet zakelijk en afstandelijk opstelt, maar emotioneel betrokken, en die interesse toont voor de culturele achtergrond en de behoeften van de respondent, beter in staat is om een gevoel van veiligheid teweeg te brengen, wat weer de verwachtingen van succesvolle integratie versterkt. We concluderen dat een veilige en persoonlijke manier van begeleiden veilige hechtingsmogelijkheden biedt, wat blijkbaar belangrijk is voor een goed begeleidingsresultaat. Een dergelijke veiligheid bieden kan in de praktijk een moeilijke kwestie zijn, omdat er sprake is van interactie tussen twee partijen met hun eigen hechtingstijl. De verwachting is dat een begeleider die veilig gehecht is, ook beter in staat is om te communiceren met cliënten met een problematische voorgeschiedenis, en een veiliger hechting kan bieden.

De bevindingen van onderzoek 3 tonen aan dat alle respondenten inderdaad veel psychopathologische klachten hebben. Vooral de mate van depressie en angstklachten van alle respondenten was hoog. De mate van PTSS-klachten van de respondenten was niet hoog genoeg om te kunnen concluderen dat ze voldoen aan de diagnose van PTSS, en maakte het onwaarschijnlijk dat de hoge mate van algemene psychopathologie voortkwam uit PTSS-klachten. Langdurige stress tijdens de asielaanvraagprocedure en acculturisatiestress lijken betere verklaringen te zijn voor de hoge mate van psychopathologie.

