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“A reluctant Odysseus” An Auto-ethnographic exploration of working with Asylum Seekers living in Direct Provision

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Background: An Asylum Seeker is defined as a person seeking refugee status. In Ireland, Asylum Seekers spend between three and eight years living in Direct Provision awaiting this status. Direct Provision provides food and shelter but limits occupational choice. Social policy and health research studies have highlighted the impropriety and multiple challenges faced by Asylum Seekers living there. Persistent denial of opportunities to engage in meaningful and necessary occupations is termed occupational deprivation.

Objectives: To explore the experiences of an occupational therapy student during her participation in an occupation based intervention with Asylum Seekers living in Direct Provision.

Methods: Auto-ethnography was used to explore the subjective experiences of the student. Her experience is the focus of the research. Journals, self reflections, field notes, semi structured interviews; physical and textual artefacts were gathered, discussed and critiqued by the student for thematic analysis.

Results: Four themes emerged: peaks and troughs; an occupational kaleidoscope; growing; and a new lens. The experience was a transformational journey that involved many emotions and challenges but brought awareness and positive change to the student. Auto-ethnography enhanced the student’s reflective practice and understanding of occupation.

Conclusions: Occupational Therapists are expertly equipped to advocate for Asylum Seekers in local and political arenas. Auto-ethnography can provide rich insights to the understanding of occupation and should be incorporated into the MSc programme to link fieldwork experience to course work.

Introduction

In 1951 the United Nations defined a refugee as “any person who owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country (UNHCR, 2005)”. An Asylum Seeker is defined as someone who is seeking to be recognised as a refugee (Irish Refugee Council 2004).

In Ireland, Asylum Seekers are accommodated in ‘Direct Provision’ (DP) while awaiting their refugee status application. DP is a collection of communal accommodation facilities, which provide basic needs such as shelter and food. Asylum Seekers spend between three and eight years living in DP (RIA Report 2011).

A number of reports and studies have highlighted the impropriety and multiple challenges faced by asylum seekers living in DP (AkiDwA 2010, Arnold 2012, Breen 2008, McMahon 2007, Pieper 2009, Loyal 2003, Stewart 2006, and Foley-Nolan 2002). Sue Conlan, CEO of the Irish Refugee Council states “Direct Provision is, in effect, a form of institutional racism which denies asylum seekers of a normal family or community life” (Irish Refugee Council 2004).

As occupational therapists we believe that humans have an inbuilt need to engage in occupation and that through the act of doing we find the means to survival and health (Yerxa 1989, Wilcock 2004). Many restrictions to perform and participate in work, education, domestic activities of daily living and meaningful occupations apply to asylum seekers while living in DP (Arnold 2012, Breen 2008, Pieper 2009, Loyal 2003, Reilly 2010, Stewart 2006, Foley-Nolan 2002, Christie 2000 and Manandhar et al 2006). Such persistent denial of opportunities to engage in meaningful and necessary occupations in life has been termed occupational deprivation (Whiteford, 2000).

The aims of this study are:

- To articulate the experiences of an occupational therapy student’s engagement in a six week occupation based intervention with Asylum Seekers living in DP.
- To describe the contextualised experience, transformational ability and complexity of occupation from a student’s perspective.
- To illustrate a student’s emerging understanding of culture and therapeutic use of self.
- To explore the use of auto-ethnography as a methodological approach to experiential learning, self-reflection and clinical reasoning.

Literature review

A systematic literature review was conducted to collate and critique findings from studies about Refugees and Asylum Seekers that relate their life in camps or DP to occupational deprivation and subsequent decreases in health and well-being.

No published, Irish, occupation based studies into life in DP were found. A number of Irish social policy and health research projects have been completed and they have criticised the Irish government's policy in relation to DP (Arnold 2012, AkiDwA 2010, Breen 2008, McMahon 2007, Pieper 2009, Loyal 2003, Reilly 2010, Stewart 2006, Foley-Nolan 2002, Christie 2000, Fanning et al 2000 and Manandhar et al 2006). These studies are of qualitative, quantitative and mixed methodologies and indicate mental health and well-being is reduced among asylum seekers. They also highlight the restrictions in DP to education, work, food and opportunities for participation.

A large, one year, retrospective, quantitative study by McMahon (2007) found, "Asylum seekers were five times as likely to attend the GP with a psychiatric condition as their matched Irish patient". Reilly (2010) and Pieper (2009) highlight the negative mental health effects attributed to living in DP and claim that psychiatric conditions such as anxiety and depression often surface within six months after arriving into DP centres. The Fanning Report (2000) and Mandhar et al (2006) were large studies incorporating quantitative and qualitative methods and both recommended the policy of DP be limited to six months, after which the right to work should be granted (Fanning et al 2001).

Although the research was not occupation based it appears the decreased health and well-being among asylum seekers is associated with the enforced inactivity of life in DP. These quotes are from participants in a mixed method health research study by Foley-Nolan et al 2002:

"...All we do is eat, sleep, smoke...."

"...Man is not born to be idle....we are not lazy men", "...cannot practice our skills..."

"...could die soon...must work...like prisoners...thinking bad thoughts"

"...an idle man is the devil's workshop.... just sleep and eats....affects spiritual life, then emotional and then physical life..."

Such statements personify occupational science teachings on the human need for occupation and its links to health and well-being (Wilcock 2004 and Yerxa 1989). The persistent denial of occupational engagement to asylum seekers in DP in Ireland illustrates the definition of occupational deprivation (Whiteford 2005). Breen (2008) states current

limitations on asylum seekers living in DP “undermine the fundamental principles of equality and human dignity”.

A paucity of international research exists on the experiences of asylum seekers from an occupational aspect. Whiteford (2005) and Burchett & Matheson (2010) explored the impact of occupational deprivation among refugees. They noted the process caused changes in motivation, identity and roles. Their studies were however limited as both had one participant each which cannot reach saturation and effectively contribute to a thorough understanding of the phenomenon under scrutiny (Kuper 2008). Steindl et al (2008) uses qualitative analysis to explore the experiences of seven refugee women from the USSR in a refugee camp in Austria and offers rich occupational data about their situation. The study identifies dissatisfaction among the women created by loss of choice and control. Their frustration was not felt initially but increased as time passed and prevented engagement in previous interests, employment and identity.

Culture based occupational therapy literature tends to use ethnicity instead of culture (Bonder et al 2004) for example Aborigine (Haig, 1993), Maori (Jungersen, 1992), Tongan (Guthrie et al., 1994) Yanomani (Moore, 1996), Cheung et al 2002 and Odawara 2005. Munoz (2007) and Iwama (2007) implore occupational therapists to be more aware of cultural influences on activity choice, rehabilitation outcomes and explanations of health and illness, calling for cultural competence. Beagon (2012) believes cultural competence is not enough as it does not address power divisions and is merely a compromise. She calls for OTs to engage in critical reflection as a means to address power imbalance and build on cultural humility in practice (Beagon 2012). Smith (2005) urges occupational therapists to work with asylum seekers but asks us to remember the extremely diverse cultures and needs within this group. Auto-ethnography can provide a method to meet the cultural demands requested by Iwama (2007) and Beagon (2012) as it is “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis & Bochner 2000, p. 739).

Few studies explore student experiences with refugees or asylum seekers. Butler (2005) describes a program run by social work students with refugees in Plymouth but does not explore the student’s or participants experiences. Nina Mehta, a student OT, was the second author on Algado’s wonderful paper about occupational therapy with children survivors of war; unfortunately Nina passed away before the paper was published; the paper does not focus on her experience (2002). Two previous occupational therapy

students, from the University of Limerick, completed qualitative studies among asylum seekers but they were not published.

This study will contribute to the limited knowledge of occupational experiences in DP by using auto-ethnography to place the writer in dual roles of researcher and research participant. It offers a rich exploration into the challenges, thoughts, feelings and personal development of a novice and her associated learning about culture and occupation. Auto-ethnography has been used as a method in occupational therapy literature to express narratives of deeply personal journeys and transformations (Neville-Jan 2003; Hoppes 2005a; Hoppes 2005b and Salmon 2006). It has been recommended as a means to understand occupation by Wilson (2009) and used for such by Taylor (2008).

Methodology

The paradigm of this study lies with critical theory as it is suited to identifying the nature and source of injustice, building capacity within marginalised groups and understanding phenomenon in the social world (Guba & Lincoln 2005). Burchett and Matheson (2010), Whiteford (2005) and Steindl et al (2008) applied critical theory to their exploration of occupational deprivation among refugees and asylum seekers

A qualitative approach was used as it embraces an understanding of the person's subjective experience and reveals rich data and layers of meaning suitable for complex enquiry (Finlay 2006; Luborsky and Lysack 2006). Such methods give voice to the participants while accepting and acknowledging that the researchers own ontological position is intertwined in such (Finlay 2006; Taylor 2008; Ballinger 2004).

An auto-ethnographic method of inquiry was used to provide a nuanced understanding of an occupational therapy student's experience with a community of Asylum Seekers. It is "a postmodern form of ethnography" (Neville-Jan 2003) and calls the researcher to work as an 'insider' or as a participant among participants (Hoppes 2007; Hayano 1979). Although only recently used in occupational therapy, it has been recommended by Hoppes (2007), Taylor (2008) and Wilson (2009) as a suitable method for understanding the complex nature of occupation and it fits well with the profession's value of narrative reasoning (Hoppes 2007; Mattingly 1994).

My story

I am a thirty two year old woman from Co. Laois. I am the eldest of a middle class family of six. Before entering the occupational therapy profession I completed a BSc in Nutritional Science and an MSc in Medical Microbiology and had worked for seven years as a scientist and microbiologist in National and Clinical laboratories. I started the MSc programme in Occupational therapy in 2011 and planned to specialise in hand therapy as soon as I graduated. Before this intervention I had never participated in group interventions and I had never worked with people that were not in hospital. My clinical placements had been in orthopaedics and acute stroke.

I applied for this particular research project as, initially, it had been a quantitative study. I only applied for quantitative projects as I did not understand the concepts of qualitative research. The aims of the initial project were to measure the effectiveness of an occupation based intervention among asylum seekers. There were five students assigned to the project, two were completing pre and post qualitative interviews and three, including me, were completing pre and post quantitative measures. Due to unforeseen circumstances the quantitative assessments could not be completed and I was offered the opportunity to complete an auto-ethnography of my experience. I participated in a six week occupation based intervention in a DP centre with four asylum seekers and three other occupational therapy students. Table 1 illustrates all the participants involved in the intervention and their demographic information.

Table 1: Demographic information of participants in the Intervention

Name	Age (Years)	Gender	Occupation	Time in Ireland (Years)	No. of children	Ethnicity
Sara (me)	32	Female	Student	32	0	White Irish
Aggy	27	Female	Student	27	0	White Irish
Sadie	26	Female	Student	26	0	White Irish
Melissa	25	Female	Student	25	0	White Irish
Ian	31	Male	Asylum Seeker	2	0	Black African
Maddy	42	Female	Asylum Seeker	7	3	Black African
Bob	45	Male	Asylum Seeker	4	0	Black African
Penny	19	Female	Asylum Seeker	2	2	Black African

Data collection was performed according to Chang (2008) and involved collecting personal memory, self-observational, self-reflective and external data. Table 2 describes the process involved.

Table 2: Data Collection. Collection was based on instructions in Chang 2008.

Type of Data	Method of collection	Time
Personal Memory	<ul style="list-style-type: none"> -Chronological autobiographical timeline listing events leading up to the project. -Kinship diagrams and free drawing of involvement in sessions and feelings associated with each session. 	<ul style="list-style-type: none"> -November 2012 -January 2013
Self Observational	<ul style="list-style-type: none"> -Journal entries recording my thoughts, emotions and behaviours. -Journal entries noting my thoughts and feelings after interactive discussions with the other students that participated in the project. -Field notes; used SOAP note format; these were predominantly observational section of the SOAP note. 	<ul style="list-style-type: none"> -Throughout -August 2012 to March 2013 -During intervention
Self Reflective	<ul style="list-style-type: none"> -Field notes; used the Subjective section of the SOAP notes. - Reflections were performed on three occasions (Gibbs 1998). <ol style="list-style-type: none"> 1: The evening after each session of the intervention. 2: October 2012 3: January-February 2013 -Drew a culture gram to display myself in terms of my social roles, people and groups I belong to, criteria by which I judge myself and culture identities I give myself 	<ul style="list-style-type: none"> -During intervention -July 2012 to March 2013 -January 2013
External	<ul style="list-style-type: none"> -Semi structured interview with my supervisor -Informal discussions with the other students in the project -Attendance at a political awareness campaign highlighting the impropriety of direct provision - Collection of textual and non-textual artefacts such as photographs, gantt diagrams of the intervention plan, maps, recipe lists, photographs, emails, original session plans, collage of national dishes, magazines 	<ul style="list-style-type: none"> -November 2012 -March 2012 to present -November 2012 -Throughout intervention

Thematic analysis as described by Braun and Clark (2006) of the four data types identified themes, thus converting the fragments into a fluid testimony (Hoppes 2005). Handwritten journal entries, reflections, interviews and field notes were entered into word documents. Sentences or phrases containing emotions, feelings, cultural exchange, self development and occupational jargon were categorised into labels. Links between these labels gradually emerged into the themes presented in this article. Analytical decisions were systematically documented. The work was reviewed and critiqued by my supervisor.

“An authentic reflection of the personal or lived experiences of the phenomena under investigation” is vital to establish trustworthiness (Curtin and Fossey 2007, p. 88). The actions taken to maintain credibility and trustworthiness include; the researcher situating herself clearly in relation to the project; the researcher providing evidence of qualifications to engage in the project; prolonged involvement with participants; and regular debriefing with research peers and mentors (Salmon 2012).

Participants were provided with a written information leaflet and project description (Appendices 1 and 2.) Intervention sessions took place in the DP centre; around Limerick City and in the Health Sciences building in the University of Limerick. Ethical approval for this study was granted by the University of Limerick. The researcher was interviewed by her supervisor and it was recorded on a Dictaphone which remains in the Occupational Therapy department in UL. The interview was anonymised and transcribed into a word document saved in my laptop. Electronic data will be permanently deleted from researchers' computers, memory sticks, external hard drives and web based data storage systems.

Results

Analysis revealed four themes; 'peaks and troughs', 'an occupational kaleidoscope', 'growing'; and 'a new lens'. Entries quoted from my journal (J), reflections (R), field-notes (F) and interview (I) are dated and presented in italics. Each theme ends with an excerpt from "Ithaka", a poem by Constantine Cavafy, conveying aspects of my experience that illustrate my journey.

Peaks and troughs:

My research project was an emotional journey of many highs and lows and evoked intense feelings within me. The early days were dedicated to designing the intervention and so my thoughts concentrated only on the measurable effects of the intervention. It shames me to admit, that during this time, I did not consider the participants.

"Looking back now I can't believe I was so heartless and mechanical" (R: 12/10/12).

It was only while writing my research proposal that I began to consider the participants and then I started to worry. Anxiety to 'do no harm' and fear of becoming a research parasite manifested as the intervention grew closer.

"As I read about the ethical challenges we faced and coupled them with our inexperience I began to fear we may inadvertently 'do harm'" (R: 12/10/12).

My fears were justified as our inexperience proved detrimental to the opening session, which we carried out unsupervised and was, by all accounts, a disaster. During our warm up the group was asked to complete the sentence

"Something I have never done before....."

I was first to respond with

"A parachute jump"

Bob and Miriam's responses were

"I have never shot someone" (F: 24/07/12).

"Sadie was personally challenged by a participant to contact the Minister for Justice on her behalf to free her from DP" (F: 24/07/12).

“Staff recounted a story to Aggy and Sadie that raised child protection questions” (F: 24/07/12).

Although I appeared calm, I was engulfed with fear, sadness and anger. I had just realised that we were out of our depth and not equipped to deal with this group. I felt so sad for the participants and the conditions they were subjected to. I was angry at the University because we were left unsupervised with these people and I was unsure if we were qualified enough to practice OT effectively with them. I regretted that there was very little we could do to help but I was hopeful that our intervention may provide some relief. As the project unravelled before us those niggling fears of inadvertently doing harm and becoming a research parasite became a reality.

“Is a little help any good at all? Do no harm, although doing no harm..... Are we doing any good either? If we stop now then we will have done nothing..... but what are we doing? Hopefully some good will come of it” (J: 28/07/12).

Later journal entries however reveal happy and proud moments, particularly when the asylum seekers appeared to have enjoyed themselves. The following excerpt was written after a dance session in the centre and depicts joy and a sense of accomplishment.

“Wow, that was amazing, that was the most wonderful day I have had there, this is what OT is all about; I can't believe they enjoyed it that much, go team” (J: 12/08/12).

My journal entries and field notes reveal many happy moments throughout the intervention, particularly when participants appeared to enjoy a session.

As the end of the intervention loomed it was sadness and shame that filled my journal. I hated saying goodbye because I had developed a rapport with the participants. I was acutely ashamed of what we were about to do. I was finished and I was moving on but they were still there and I had just used their horrific life situation for my own ends.

“Then we had to say goodbye. This was the part I had dreaded.....you're living in a desperate situation.....here's some occupation thanks for your help.....cheerio”

(I: 24/11/12).

The myriad of emotions experienced at that time still linger with me today. Completing this research project resurrected the fondest of memories when recalling the good times; shame and sadness reliving the bad and a mixture of pride, anger and appreciation when I think about the rest. It upsets me to think the people I met might still be there. I still worry for them and I pray they have received refugee status and are doing well. When applying for this

research I did not consider the people I had intended to work with. I was only concerned about the effectiveness of my occupation based intervention. It was only through my experience that my awareness of the people participating in my research developed. That awareness brings shame and regret to the way I used to be, but happiness, appreciation and pride as to how I have developed and learned never to view the world or people in that way again.

“When you set out for Ithaca, ask that your way be long, full of adventure, full of instruction. The Laistrygonians and the Cyclops, angry Poseidon - do not fear them: such as these you will never find as long as your thought is lofty, as long as a rare emotion touch your spirit what gratitude, what joy - ports seen for the first time”

An occupational kaleidoscope:

The complexity and transformational ability of occupation are demonstrated in my field-notes and reflections. Although the intervention was tailored for the asylum seekers I participated in it too so I had my own subjective experience.

I designed the gardening session and was therefore very involved. It was meaningful to me and was influenced, as Watson describes, by my own personal capacity, culture, norms and values (2004 p.3). A lack of collaboration, my enthusiasm and inexperience caused me to ignore the fact that other participants may not feel the same. Although Sadie, Ian and Bob participated in the session it fits more with Pierce’s definition of an activity than it does an occupation; it was goal directed but did not assume a place of central importance or meaning for them (Pierce 2001).

“Ian and Bob appeared bored and tired as demonstrated by yawning and smoking throughout” (F: 18/08/12).

“Well the gardening was a disaster after all my effort; I don’t think they enjoyed it at all” (J: 24/09/12)

“Sessions where the occupations were less meaningful such as the gardening were laboured, uncomfortable and went on forever” (I: 24/11/12)

The transformational ability of occupation was demonstrated by differences in participation between sessions. Some were enjoyed by all, some by few and some not at all. The dance session was a resounding success and clearly demonstrated the transformational ability of occupation. It was my favourite and the asylum seekers reported so too. Miriam had left

previous sessions after thirty minutes and had reported her disinterest in the intervention; however, she remained throughout the dance session, engaged fully and demonstrated dances native to her culture without prompting.

“Even Miriam joined in, now that’s a first. She actually seemed to enjoy herself; she was laughing and smiling……. I have never seen her do that before” (F: 18/08/12).

“ to stop at Phoenician trading centres, and to buy good merchandise, mother of pearl and coral, amber and ebony, and sensuous perfumes of every kind……. to visit many…… cities, to gather stores of knowledge from the learned ”

Growing:

My participation in the intervention was the first time in my studies that I had to be aware of my own behaviour. My understanding of boundaries, collaboration and partnership with clients was based on my previous life and clinical placements (Taylor 2009); all of which had taken place in acute hospitals and involved predominately elderly, physically unwell clients. Interactions with them were brief and usually involved assessment and prescription of aids and appliances. I had never made a conscious effort to alter my behaviour to optimise interactions with clients.

“Working with Miriam is challenging, I try to be as encouraging as possible but it is difficult to keep it up, sometimes it upsets me” (J: 23/08/12)

Peer support from the other students, who had more experience than I in group work, was very beneficial to me during this time. The Asylum Seekers perceived us as powerful authoritative individuals that could influence politicians to change the law. This position of power was uncomfortable place that I did not appreciate.

“Sadie was personally challenged by a participant to contact the Minister for Justice on her behalf to free her from DP” (F: 24/07/12).

My awareness of culture had been minimal up to this point in fact I had thought culture was ethnicity. Participation in the intervention brought my awareness to the importance of culture. The cooking session revealed the many individual and cultural layers involved in an occupation.

“Ian asked me to eat with my hands, he said it was disrespectful to him if I didn’t..... but it felt so wrong, it is very difficult to eat soup with your hands and not get it all over your face; I didn’t like it.” (F: 21/08/13)

“I’ll never forget how Bob washed everything repeatedly, even the frozen bitter-leaf, we never wash frozen food at home.....Bob was so proud of his egusi soup; his mother taught him how to make it.....Ian’s face lit up when he saw the yam; it reminded him of home..... I’m not sure of the concept of dried fish....smoked maybe...but that dried stuff was a bit strong.....both Bob and Ian called the electric hob ‘The Fire’.....” (F: 21/08/13).

Auto-ethnography allowed me to understand those experiences through identified concepts which enabled personal and professional development.

“So wise you have become, of such experience, that already you’ll have understood what these Ithakas mean.”

A new lens:

The interviews, journal passages, discussions and self-reflections that I compiled throughout this project vividly demonstrate how exploring with auto-ethnographic, dramatically changed my view of the world. Auto-ethnography forced me, to reflect; observe; discuss; question; and reflect again. By doing so I began to pay attention to nuances and to consider cultural and individual differences. I am sincerely grateful for the opportunities it offered for personal development as an occupational therapist.

“Having studied and worked in the hard sciences, my life and beliefs were governed by rules of cause and effect, black and white, right and wrong. Although working in DP taught me wonderful lessons, it was in fact the writing of this auto-ethnography that taught me the most. I applied for this project because it was a quantitative study and that was what I knew and respected. I viewed qualitative research as self-indulgent, fluffy, nonsense that lacked rigour and proved nothing.” (R: 24/03/13)

“When I accepted the initial research project, I thought my background as a microbiologist and experience in quantitative methodologies gave me all that I needed. Instead things changed and I had a great deal to learn. I thought I had a firm grasp on professional etiquette and group dynamics; but I didn’t. I believed that I was acting out of altruism and that I could bring scientific rigour yet remain detached; but I couldn’t. I didn’t anticipate that I would consider the people in my research as fellow humans and not as ‘research participants’ or that I would struggle with boundary issues, but I did. Even so, I imagine that in years to come

I'll look back on that summer as one of the most meaningful and rewarding passages of my life." (I: 24/11/12)

"It is remarkable how much I learned as soon as I opened my mind." (J: 08/03/13).

".... rich with all you have gained on the way, not expecting Ithaka to give you wealth. Ithaka gave you a splendid journey."

Discussion

This study has focused on my experiences and development while working with Asylum Seekers. The findings highlight a key issue regarding my emotional distress when I realised the intervention was more about our academic gains than it was to provide a meaningful, sustainable intervention. I did not want to be associated with the term 'research parasite' (Hunt 1981) or be involved in the exploitation of marginalised groups for research purposes. Leaning (2001) warned "the problem of 'doing no harm' in refugee research is particularly difficult to anticipate or control". Christakis (1993) explored ethical challenges faced by medical students in fieldwork and found that students experienced distress when performing procedures they were not skilled in and had concerns about their abilities and subsequent impact on patients.

Perhaps the intervention had more benefits than I gave it credit for and my inexperience made me feel less capable of bringing change. A more experienced therapist might have taken a more proactive and informed stance and used their transferable skills to meet the needs of the asylum seekers in much the same way that they meet the needs of any other client (Smith 2005). Butler (2005) describes a program in Plymouth, run by social care students that advocates for refugee families and promotes local and national integration. The program is run in collaboration with a charity and the University Placement Coordinator. Irish DP centres could provide mutual, beneficial opportunities for Asylum Seekers and occupational therapy programs to launch role emerging placements. This research demonstrates working in DP can contribute to understanding occupation and an ongoing sustainable occupational input from students would limit occupational deprivation.

Auto-ethnography has been recommended as a suitable method to understand occupation by Wilson (2009) and used by Warne and Hoppes (2009) to describe a student's first

experience of losing a client. Reflective practices have been shown to improve performance in students and health professionals (Kinsella 2001; Clouder and Sellars 2004). Engaging in this research helped me understand concepts of occupational science.

Systematic reflection brought Wilcock's theory of Doing, Being, Becoming and Belonging to mind. Occupations have the potential to transform, which is essential for health (Townsend 1997). The project as a whole had a transformational ability for me. Working together as a group provided the opportunity to get to know my fellow students and we helped each other and worked as a team. This enabled us to bond and added to feelings of wellbeing. Hocking (2000), in her examination of the findings of occupational science, pointed out how engagement in occupation can, in itself, generate new meanings at a personal level. Occupation involves the use of time, which is influenced by previous experience and, in turn, influences how time is used in the future. Lyons et al (2002), using Wilcock's framework of doing, being and becoming, proposes that 'being' manifests in a sense of inner peace, self-discovery and sense of growth. I found meaning in this project and it influenced my self-discovery and development as an OT. Steve Hoppes has added an auto-ethnographic assessment of a fieldwork experience to the MScOT programme in the University of Oklahoma (2009). He did so to lay foundations for reflective practice in occupational therapy. This study contributes to his research by providing my perspective and the values I attributed to my journey.

This project brought awareness to power struggles and cultural differences in practice. I was given an opportunity to view the world from other people's cultural point of view. Asylum Seekers reported feeling excluded and marginalised informally during the intervention. The standard response to cultural diversity in occupational therapy is cultural competence; developing a self awareness and suspending one's own values to facilitate those of the client (Whiteford and Wilcock 2000) but this merely reinforces the notion of power differences and offers a compromise. They saw us as having power and authority and asked us to fight on their behalf. Power relations are not symmetrical (Beagon 2012). This position of power was an unusual and uncomfortable place. By the process of self reflection used in my research I attempted to adopt a position of cultural humility; 'the responsibility for self reflection lies with the representative of the dominant culture' (Nelson 2007). Cultural humility accepts that cultural difference is a relationship between two equally valid world views (Tervalon cited in Beagon 2012). The process of continually examining oneself in relation to power through critical self reflection opens a path to making power central and to embrace diversity as an asset (Beagon 2012), in this case to my education.

While every effort has been made to enhance credibility and trustworthiness; the deeply personal nature of this research may have caused me to subconsciously cloud my reflections. Transparency and reflexivity may have been compromised given that subjectivity, selection of material and bias are inherent in auto-ethnography (Taylor 2008). The length of this paper is not enough to describe my experience in full. My understanding of culture is limited, but developing, a researcher with more experience and knowledge in this area may have contributed more to the cultural discussion.

Occupational Therapists knowledge of the physiologic human need for occupation and the consequences of depriving such make them expertly equipped to advocate for Asylum Seekers in local and political arenas. Smith (2005) urges occupational therapists to work with asylum seekers. While this study has demonstrated a niche for occupational therapy service provision in DP centres it may not be a realistic contribution. Butler's students developed a cultural kitchen in their program (2005). Occupational therapists routinely use cooking and kitchens in therapy as they are a microcosm of occupation and offer many cultural and individual opportunities for participation (Bryant & McKay 2005). Setting up a kitchen in a neutral venue could offer an opportunity for occupation. Female Asylum Seekers fear the restrictions on meal preparation in DP will contribute to the acculturation of their children and loss of their own skills (Tsoupas 2011; Mandahar et al 2006)

Further study is needed to define and describe instructional approaches that effectively prepare students for working with Asylum Seekers. Research is needed to describe specific interventions that students can use when faced with the environmental and political limitations in DP. Further research is also needed to better understand the lived experience of occupational therapy students when faced with ethical dilemmas and strategies that mentors can use to provide support.

Conclusion

Direct Provision induces occupational deprivation which has contributed to a decreased health and well being among asylum seekers. Occupational Therapist's understandings of the physiologic need to engage in occupation expertly equip us to advocate for Asylum Seekers in local and political arenas.

There is potential for occupational therapy students or volunteers to provide occupational therapy programs to asylum seekers on a long term, sustainable basis.

Auto-ethnography can provide rich insights to the understanding of occupation and should be incorporated into the MSc programme to link fieldwork experience to course work.

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Appendices

Appendix 1

This is an information sheet for participants involved in the research project:

To evaluate an Occupation Based Intervention with Asylum Seekers living in Direct Provision.

This project will measure the outcomes of an occupation based intervention. You can participate in the programme without taking part in the evaluation of the programme.

The occupation based intervention will commence in a three week period from the 16th July – 3rd August. It will involve two three hour sessions per week.

Taking part in the study will include completing a set of brief assessments that focus on your health, well-being and participation. This will take 45-60 minutes during both the first and final weeks of the programme for a total time of 1.5 to 2 hours overall.

There are no risks associated with taking part in this study. Getting involved in this programme will not affect your benefits. All of the information you provide as part of the research study will be kept confidential at all times. However, because you will be involved in a group occupational therapy program anonymity is not possible. Your name or identifying information about you will not be reported in any publications arising from this research.

There is no compensation or payment for taking part in the study.

There are no risks involved with participating in this study. Ethical approval is being sought for this research from the Faculty of Education and Health Science University of Limerick. Any information provided for this project will remain confidential. Names or any identifying features will not be included in the study or any further publications.

When the information is collected for the project a report will be prepared analysing the findings from the research.

Thank you for your interest. If you would like to participate or learn more about this programme and the research study, please contact:

Marybeth Gallagher at: (061) 213077 or Marybeth.gallagher.ul.ie or

Leonie Kerins at: (061) 310328 or l.kerins@dorasluimni.org.

Appendix 2



Lifestyle Redesign

Helping to Promote Health and Wellbeing

If you are:

- Over 18 years old
- Living In direct provision
- Able to communicate in English

This programme is for you!

From 16th of July to 3rd August 2012 students from the University of Limerick are offering 2 weekly 3 hour sessions designed to provide people living in direct provision opportunities to engage in activities to promote health and wellbeing!



Sessions include:

Arts and Crafts, Community Gardening, Exploration of Music and culture, opportunities for fieldtrips and to engage in physical activity.

If you would like to participate or learn more about this programme and the research study, please contact:

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