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REFUGEE RESPONSES TO STIGMA:  
PSYCHOLOGICAL PROCESSES TRIGGERED BY STIGMA AND  
ASSOCIATED OUTCOMES IN THE RESETTLEMENT ENVIRONMENT

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## ABSTRACT

In contrast to the substantial literature on prejudice directed towards people who claim asylum, there is much less information about how asylum seekers respond to ‘stigma’. Research has been mostly limited to associations between discrimination and mental health. A more holistic view should include physical, mental and social wellbeing, as well as successful resolution of the asylum case. In addition, there is a lack of understanding about the psychological processes that are triggered by stigma. This thesis addresses these gaps by investigating the extent to which stereotype threat impacts the testimony that asylum seekers provide in support of their asylum case (Studies 1 and 2) and their long-term health and well-being (Study 3). Study 1 investigated the *potential* for stereotype threat to occur in the asylum interview by interviewing people who have applied for asylum about their experience. Study 2 investigated the *impact* that stereotype threat may have on asylum seekers’ testimony by testing whether people who have applied for asylum perform worse on a working memory test following exposure to a subtle stereotype threat manipulation. The results of Studies 1 and 2 suggest that stereotype threat may be triggered as a result of the conditions experienced during the asylum interview, but not the laboratory conditions created in Study 2. Study 3 investigated the physical and mental health outcomes that refugees experience following resettlement by conducting a secondary analysis of the Survey of New Refugees. The findings suggest that emotional distress contributes to poor health outcomes among refugees and thus that interventions might target emotional distress. Overall, this thesis demonstrates that how asylum seekers respond to stigma is a factor that can shape outcomes in the resettlement environment, a finding that has implications for asylum seekers, as well as for the work of asylum policymakers and refugee third sector organisations.

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## **CHAPTER 1: INTRODUCTION AND THESIS OVERVIEW**

Each year, nearly 1 million people across the European Union apply for asylum (Home Office, 2023), making studies of forced migration a priority. Psychology has lots to offer, including the potential to understand how those seeking asylum are viewed by others, whether and how this affects the asylum process and the experience of refugees following resettlement. The particular concern of this thesis is how people who seek asylum respond to prejudice, stereotypes and discrimination, and the impact this has on physical, mental and social wellbeing, and successful resolution of the asylum case. The resettlement journey begins with applying for asylum, and Studies 1 and 2 of this thesis investigate the potential for, and impact of, stereotype threat on asylum seekers' testimony. Asylum seekers' welfare status while going through the asylum system is the next issue, and Study 3 examines the relationship between associated economic and social stressors and health. Accordingly, this chapter begins by providing an overview of the parts of the asylum process of relevance to this thesis: asylum determination procedures and socioeconomic rights and entitlements. Next, the chapter defines and distinguishes the key concepts of prejudice, stereotypes and discrimination, before identifying research that focuses specifically on social bias directed towards people who seek asylum, and presenting the gaps in the existing literature that relate to asylum seekers' experience of, and response to, stigma. Finally, the chapter introduces the aims and methods of the empirical studies and explains the organisation of the thesis.

### **1.1. Deciding who gets asylum, and their rights and benefits**

This section provides definitions of key terms regarding asylum and outlines the two parts of the asylum process of relevance to this thesis: (i) the process by which states determine refugee status and (ii) the rights and entitlements a refugee is granted by receiving states.

Asylum is governed by the 1951 Convention and the 1967 Protocol relating to the Status of Refugees. The 1951 Convention and the 1967 Protocol provide (i) the definition of who is a refugee, (ii) the legal status of refugees and their rights in receiving states (UNHCR, 2019). Article 1 of the 1951 Convention defines a refugee as someone 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; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.’”

The asylum application process is managed by the receiving state. In the United Kingdom., the asylum process is managed by the Home Office. Asylum applications can be registered at the border, or at the Asylum Screening Unit in Croydon, South London - applications cannot be made from outside the UK. An initial screening interview is conducted, where applicants journey to the UK, and reasons for claiming asylum will be documented. Typically, applications are passed to a regional office who will arrange a substantive interview, to take place in the next 2 – 3 weeks. The substantive interview – or ‘asylum interview’ is the main opportunity for the applicant to describe what has happened to them and why they need protection. The Home Office issues detailed practical guidance for interviewing asylum applicants (see Home Office, 2022). Asylum applicants have the right to an interpreter who speaks the applicant’s chosen language, and may request a male or female interviewer and interpreter. There are also specific guidelines concerning the behaviour of interviewers that relate to treating applicants with dignity, respect and sensitivity. Applicants will be provided with a written transcript and, where applicable, a video recording of the interview. There is no official time limit for the Home Office to decide a claim, though six months is used as a guideline (see Home Office, 2022).

Whilst waiting for a decision on whether they will be granted refugee status or not, a person is described as an ‘asylum seeker’. Asylum claims will be considered within three categories (1) asylum claims under the 1951 Convention; (2) claims under the European Convention of Human Rights or the Human Rights Act 1998 (3) claims for ‘discretionary leave’ (see Bales, 2015). Applicants who are awarded any of the three forms of protection are described as ‘refugees’ and granted 'leave to remain'. Leave to remain is reviewed after three or five years, whereby applicants may be

granted 'indefinite leave to remain', or may be judged to no longer qualify for protection. Applicants who are not awarded protection are described as 'refused' or 'failed' asylum seekers. They are told to return to their home country and may be deported. Refused asylum seekers are entitled to appeal to the courts, first at an asylum tribunal, then to the high court and finally the House of Lords and the European Court of Human Rights (see Kirkwood et al., 2016). If new evidence of persecution is obtained they may submit a second asylum application, or 'fresh claim'. In 2022, the percentage of main applicants refused at initial decision was 24% (Home Office, 2023). However, in the years preceding 2022, closer to half of applicants were refused at the initial decision stage. Of those who are refused, around three-quarters will appeal, and the court will overturn the Home Office's decision and award protection to people in a third of appeal cases in a typical year (see Home Office, 2023).

The 1951 Refugee Convention stipulates that those with refugee status must be fully integrated into the receiving state, including full access to civil, and political and socio-economic rights (see Bales, 2015). UNHCR guidelines recommend parity in the socio-economic entitlements of asylum seekers and refugees (UNHCR, 2019). However, this guidance is advisory and not enforced by law (Bales, 2015). In the UK, asylum seekers and refused asylum seekers are excluded from claiming all mainstream benefits (i.e. Universal Credit; income related job seekers allowance; state pension credit; income support; child benefit and housing benefit). States are obliged to provide subsistence to asylum applicants (i.e. people who are waiting for a decision from the Home Office) who would otherwise be destitute. Such applicants are served by a separate welfare system, which is administered by the Home Office directorate UK Visas and Immigration, and are provided with a lower rate of support than refugees and other citizens. Asylum seekers awaiting a decision on their claim receive cash support and accommodation under Section 95 of the Immigration and Asylum Act – commonly known as 'Section 95 Support'. Applicants have no choice over the accommodation in terms of location or standard. Section 95 support ceases when an application is refused, and refused asylum seekers are given 21 days to leave their accommodation. Support needs of 'vulnerable persons,' including, pregnant women and children, must be taken into account, and extra provision is made by the local authority. The Reception Conditions Directive states that asylum applicants must be

allowed to access to the labour market after 12 months. However, in the UK, this is restricted to jobs on the Tier 2 Shortage Occupation List, a list of highly skilled jobs such as Science Teacher, Geophysicist or Paramedic. Refused asylum seekers can receive non-cash support and accommodation – known as Section 4 support, if they can demonstrate that they are either taking all reasonable steps to leave the UK or that they are unable to leave the UK, for example, there is no viable route of return available (see Bales, 2015). Section 4 support is a non-cash system; beneficiaries are given a payment card, the Azure card, which can be spent in supermarkets.

## **1.2. How many people claim asylum in the U.K?**

In EU28 countries, there were 965,600 asylum applications in 2022 (Home Office, 2023). Applications are not evenly dispersed between EU countries; Germany received nearly a quarter of all applications to EU countries in 2022 (243,800), whereas in the UK, there were 81,130 asylum applications in 2022 (Home Office, 2023). This is a relatively high number; the last time there were this many applications in the UK was in 2002, when 84,132 people applied. In the years between 2002 and 2021, the number of applications fell between a low point of 17,916 in 2010 and a high point of 32,733 in 2015 (Walsh, 2022). The number of applications the UK receives fluctuates in large part owing to the severity and proximity of geopolitical events (see Crawley, 2010). For example, in 2022, applicants to the UK were most likely to come from Albania (14,200), Afghanistan (10,000), Iran (7,600), Iraq (4,100) and Syria (3,700) (Home Office, 2023).

The Home Office estimate that around 21% of immigration to the UK was accounted for by asylum seekers and refugees in 2022 (Home Office, 2023). This includes around 100,000 people who arrived ‘spontaneously’ and submitted a claim via the Home Office, as well as a further 114,000 Ukrainians who were resettled under the Ukraine humanitarian visa schemes, and 4,100 people awarded a family reunification visa (Home Office, 2023). People who arrive under a resettlement scheme are described as ‘resettled refugees’ and have a different peri- and post-migration experience to asylum seekers. Their refugee status has been predetermined and so they do not need to submit a claim on arrival in the UK, and are not subject to socio-economic restrictions on arrival. This thesis primarily concerns the experiences of people who apply in-country, who historically make up the vast majority of asylum

claims (see Walsh, 2022). In 2021, the Home Office made 14,500 initial decisions on asylum cases, the lowest annual total since 1991 (see Home Office, 2023) and there are currently 134,000 people waiting for a decision on their case, which is the highest number ever recorded (see Home Office, 2023).

### **1.3. The study of forced migration**

The study of forced migration is an interdisciplinary area of research – with contributions from law, international relations, politics, history, economics, geography, anthropology, sociology and psychology. Much of this research has been done in response to policy, and can be divided into three main strands: the processes by which people are displaced; the political response to asylum seekers in reception countries, and the lived experience of asylum seekers in resettlement countries.

Controlling inflows of asylum seekers is a key political issue in Western states (Thilemann, 2004), and particular attention has been paid to factors that might influence the number of asylum applications received by a receiving state. Several econometric analyses suggest that policies that restrict asylum seekers socio-economic rights in destination countries have had no significant impact on the number of asylum applications (Neumayer, 2000; Sitaropoulos, 2000; Holzer, Schneider & Widmer, 2002; Robinson & Segrott, 2002; Thilemann, 2004; Gilbert & Koser, 2006), possibly because asylum seekers have only a very crude picture of destination countries prior to arrival (Neumayer, 2000; Holzer et al., 2002; Thilemann, 2004) and often end up in a particular country by ‘chance’ as oppose to ‘choice’ (see Crawley, 2010).

Further policy orientated work stems from discursive scholars, who study how the framing of asylum policy contributes to the social construction of asylum and people who seek asylum (see McFayden, 2016; Mayblin, 2016; Mulvey, 2010). Discursive scholars argue that over the last three decades there has been a deliberate ‘fractioning’ of the original refugee label into ever smaller, less-preferential categories (McFayden, 2016; Zetter, 2007), such as ‘asylum seeker’, and, ‘refused asylum seeker’, which are considered inferior both in terms of social identity and socio-economic rights (McFayden, 2016). Discursive scholars also highlight the symbolic effects of asylum policy: removing asylum seekers right to work and making them dependent on welfare makes them appear a burden (Mayblin, 2016); the

use of detention associates people who seek asylum with criminality; reducing asylum seekers welfare payments makes them seem less deserving than other citizens; and accusations of abuse and deceit depict people who claim asylum as different from the rest of the 'law-abiding' public (Mulvey, 2010). The use of pejorative and problematic terms such as 'bogus asylum seeker', 'illegal immigrant' and 'economic migrant' in political discourse is seen by discursive scholars as a deliberate attempt to ensure cultural recognition and acceptance of asylum stereotypes (Kirkwood et al., 2016). The conclusion of this body of work is that policy symbols and rhetoric fuel perceptions that people who seek asylum are criminal, undeserving and fundamentally different from most citizens.

Finally, there are studies that focus on the stressors asylum seekers experience in resettlement countries – so-called post-migration stressors (Li, Liddell & Nickerson, 2016). People who seek asylum face considerable social stressors in the communities into which they migrate, including being the target of prejudice (Esses, Hamilton & Gaucher., 2017), discrimination (Alemi, Siddiq, Baek, Sana, Stempel, Aziz & Montgomery, 2017), and victimization (Cheung & Phillimore, 2013). In addition to individual bias, asylum seekers are subject to institutional discrimination (i.e. policies and practices that result in unfair or harmful treatment of a group). Policies that deny asylum seekers the right to work, inadequate rates of welfare support and enforced dispersal to deprived areas that offer limited opportunities for economic and social advancement have been identified as contributing to extreme poverty and uncertainty around basic needs such as housing and employment among people who seek asylum (Bloch, 2008; Bloch & Schuster, 2005; Allsop & Sigona; Phillimore & Goodson, 2006; Cheung & Phillimore, 2014; Alemi et al., 2017).

The present thesis situates itself within the broader field of studies of forced migration that examine post-migration stressors. By addressing forced migrants' responses to stigma, the thesis contributes to ongoing discussions about how social stressors interact with health and wellbeing outcomes. Research pertaining to post-migration stressors in general and prejudice and discrimination in particular will therefore be examined throughout the thesis. Prior to this, the following section defines the terms stereotyping, prejudice, discrimination and stigma, highlighting the distinction between the concepts.

#### **1.4. Defining prejudice, stereotyping, discrimination**

The terms stereotype, prejudice, discrimination and stigma describe different, though related, concepts. Stereotypes, prejudice and discrimination are types of social bias; they are phenomena that bias how people perceive and relate to each other. In his pioneering book, *The Nature of Prejudice*, Allport (1954) defined prejudice as ‘an antipathy based on faulty and inflexible generalization. It may be felt or expressed. It may be directed toward a group as a whole, or toward an individual because he [sic] is a member of that group’ (p. 9). Prejudice is an attitude, which has cognitive component (e.g. stereotypes), an affective component (e.g. hostility) and a behavioural component (e.g. discrimination) (Dovidio, Hewstone, Glick and Esses, 2010). Since prejudice functions on an individual level, members of disadvantaged (or ‘minority’) groups can hold prejudices toward advantaged (‘majority’) groups and their members (Dovidio et al., 2010). However, because majority groups have greater economic, social and political influence, prejudice held by majority groups has greater power to influence the lives of minority group members (Hatzenbuehler, 2016).

Stereotypes are the cognitive component of prejudice, what Allport (1954) refers to as a ‘faulty or inflexible generalisation’. The term stereotype was introduced by Walter Lippmann in 1922, who was writing about his work influencing public opinion during the First World War. Lippmann coined the term stereotype to describe the picture that forms spontaneously in people’s minds when thinking of a certain group. A stereotype may include beliefs about group members’ character traits and behaviour, as well as assumptions about within group homogeneity (Dovidio et al., 2010). Stereotypes are by definition overly simplistic, though they are not necessarily false; indeed stereotypes that are widely accepted may contain a ‘grain of truth’ (Dovidio et al., 2010). The stereotype content model (Fiske, Cuddy, Glick & Xu, 2002) is an influential model that suggests that the stereotypes associated with different groups can be organised along two dimensions: warmth (e.g. good-natured, likeable) and competence (e.g. powerful, independent). The unique combination of warmth and competence predicts distinct emotional reactions such as admiration, contempt, envy, and pity. The model helps to explain why groups that may seem very different from each other may elicit similar judgements and reactions, for example, children and the elderly may seem very different in terms of stereotype content, but

because both groups are viewed as high warmth and low competence, they evoke the same paternalistic response of pity.

Discrimination is the behavioural aspect of prejudice. Allport (1954) defines discrimination as denying ‘individuals or groups of people equality of treatment which they may wish’ (p. 51). This definition encompasses not just actions that disadvantage another group, but also actions that unfairly favour an individual’s own group (Dovidio et al., 2010). Discrimination has material consequences - in terms of access to employment, education, housing and healthcare - and poses an additional threat to psychological well-being because of what it implies about a person’s place in society – the loss of social status (Schmitt, Branscombe, Postmes & Garcia, 2014). Recent research sheds light on how discrimination can occur at an institutional or cultural level, regardless of individual attitudes or actions. Institutional discrimination refers to the existence of policies (e.g., employment rights, housing policies) that unfairly limit the rights and entitlements of groups (Link & Phelan, 2001).

The first wave of research into social bias, which began in the 1920s, portrayed prejudice, stereotypes and discrimination as a type of psychopathology, which could be identified using attitudinal tests such as the authoritarian personality scale, and, ideally, eradicated (Dovidio, 2003). The second wave of research challenged this paradigm by suggesting that stereotypes and prejudice reflect normal cognitive processes necessary for operating in a complex world (Dovidio, 2003). Tajfel’s (1970) work investigating the ‘minimal groups paradigm’ (the minimal conditions required for discrimination to occur between groups), as well as the emergence of technologies designed to measure subconscious or ‘implicit’ bias are particularly noteworthy in moving the debate on from the question ‘Who is prejudiced’ to the modern lament ‘is anyone truly not prejudiced’ (Dovidio et al., 2010)?

The third wave of research, which has been gaining traction since the 1990s, counteracts an earlier focus on perceivers’ attitudes, cognitions and behaviours (i.e. forms of social bias that perpetuate group disadvantage), to consider how the targets of social bias respond and adapt (Dovidio, 2003). Individuals who are the target of prejudice, stereotyping, and discrimination may be described as ‘stigmatized’ (Link & Phelan, 2001), with ‘stigma’ describing ‘the situation of the individual who is

disqualified from full social acceptance' (Goffman 1963: preface). As psychology has increasingly attended to the experience of stigmatized groups, one influential concept has been the phenomena of stereotype threat. The theory of stereotype threat predicts that, for members of stigmatized groups, making group membership salient can trigger anxiety and deplete working memory, ultimately undermining performance (see Steele, 1997 and Chapter 3 of this thesis).

The definitions provided distinguish between prejudice, stereotyping and discrimination (i.e. forms of social bias that perpetuate group disadvantage) and stigma (the experience of disadvantaged group members), highlighting that they comprise discrete parts of a wider process (Phelan, Link & Dovidio, 2008). An historic difference exists in the application of the concepts of prejudice and stigma. Analysis of academic journals reveals the majority of articles (62%) connect prejudice with race or ethnicity, whereas almost all (92%) of the articles on stigma concern illness, disability, behavioural or identity nonconformity (Phelan et al., 2008).

### **1.5. Social bias towards people who seek asylum**

Having defined asylum and key concepts related to social bias, this section examines the intersection of these two topics: prejudice, stereotyping and discrimination directed towards asylum seekers; and asylum seekers experience of - and response to - stigma.

There is an extensive literature on prejudice towards asylum seekers and refugees. A comprehensive review of public opinion polls across Europe describes prevalent negative attitudes - including beliefs that people who apply for asylum are bogus and pose an economic threat (Esses et al., 2017). In a qualitative study, in which participants were asked to complete the sentence "When I think of [label], I think of. . .", asylum seekers were most commonly associated with freeloading intentions, and refugees were associated with escaping from war and persecution (Kotzur, Forsbach & Wagner, 2017). Studies within the stereotype content model tradition find that both asylum seekers and refugees were stereotyped as cold and incompetent (Froehlich & Schulte, 2019; Kotzur, Friehs, Asbrock & van Zalk, 2019; Wyszynski Guerra & Bierwiazzonek, 2020), eliciting contempt. Politicians and policymaker's prejudices regarding asylum seekers legitimacy has been established through content analysis of parliamentary debates (Mulvey, 2010; McFayden, 2016,

Mayblin, 2016) and interviews with elite level policy actors (Mayblin, 2019). Taken together, the literature indicates there is a widely held belief that many asylum seekers come to Western states in search of economic gain, rather than to escape persecution.

A key issue in the literature is the endorsement of negative stereotypes by people involved in refugee status determination procedures. The term ‘culture of disbelief’ is used to describe an organisational culture within the Home Office in which applicants are treated with suspicion. Evidence of the culture of disbelief emerged from analyses of Reason for Refusal Letters conducted by refugee advocacy organisations (Asylum Aid, 1995; Amnesty International UK, 2004; Pettitt, 2009; Trueman, 2009). Findings have been supported by primary research with officials employed in all stages of the asylum process. For example, in one ethnographic research study (Jubany, 2011), which included over 80 interviews and six months of participant observation, caseworkers were described as displaying ‘a meta-message of distrust’ of their service users, in that caseworkers’ interpretations of asylum testimony were ‘nearly always slanted towards the disbelief of the narrative and the discrediting of the applicant’ (p.84). Caseworkers assessments were grounded in their own categorisations, prejudices and stereotypes – for example, new recruits were taught techniques to ‘identify the lies’ in asylum seekers’ narratives including ‘obvious clues’ such as ‘country of origin’, ‘gender’, ‘family situation’, ‘demeanour’ and the ‘level of education’ of the applicant. Conversely, ‘genuine’ refugees were expected to appear unhappy, downtrodden, and grateful for ‘charity’. Caseworkers described themselves as servants of government policy, and their motivations - protecting the system from abuse and suppressing numbers – align closely with political narrative (Mayblin, 2019). These findings have been replicated in research conducted in the Immigration Appeals court, where scepticism and disbelief of asylum seekers was evident from the behaviour of Judges, such as describing appellants as ‘refreshingly honest’ (Anderson, Hollaus, Lindsay & Williamson, 2014).

In addition to individual bias, asylum seekers are subject to institutional discrimination (i.e. policies and practices that result in unfair or harmful treatment of a group). For example, asylum support rates are set at a lower rate than for refugees and other citizens. At the time of writing, those going through the asylum system receive weekly support payments of £37.75 which is around 50% lower than received

by claimants of Job Seekers Allowance. Unlike housing benefit claimants, asylum seekers who are housed by the government have no choice over the accommodation provided in terms of location or standard, and asylum seekers tend to be dispersed outside of London and the South to deprived areas with limited opportunities for economic and social advancement (Cheung & Phillimore, 2014). Asylum seekers denied access to support are vulnerable to a form of extreme poverty termed destitution (see Allsopp, Sigona and Phillimore, 2014) meaning they are unable to meet their core needs for food and shelter (Fitzpatrick, Bramley, Sosenko, Blenkinsopp, Johnsen, Littlewood, Netto & Watts, 2016). In one cross-sectional study, survey and interview data from a representative sample of destitution service users in the UK found refused asylum seekers had the lowest income of all migrant groups (Fitzpatrick et al., 2016).

In contrast to the literature on stereotyping, prejudice and discrimination (i.e. forms of social bias that perpetuate group disadvantage) in the context of asylum, there is much less information about asylum seekers experience of, and response to, social bias – or ‘stigma’. Research has been mostly limited to associations between discrimination (interpersonal and institutional) and mental health. A meta-analysis (Porter & Haslam, 2005) of 56 studies finds a strong relationship between mental health and institutional discrimination, with employment restrictions and government accommodation found to be particularly deleterious to mental health. There is a small number of studies that document the impact of perceived discrimination on mental health outcomes for people who seek asylum. For example, perceived discrimination is linked to anxiety and depression (Çelebi, Verkuyten & Bağcı, 2017), psychological functioning (Te Lindert, Korzilius, Van de Vijver, Kroon, Arends-Toth, 2008), stress (Lindencrona, 2008; Tay, Frommer, Hunter, Silove, Pearson, San Roque, Redman, Bryant, Manicavasagar & Steel, 2013), internalizing behaviour (Montgomery & Foldspang, 2005) and emotion regulation difficulties (Nickerson et al., 2015). Though it is noteworthy that none of these studies investigates perceptions of systemic discrimination, or discrimination in institutional encounters, which may have different (and potentially more distressing) effects.

There remain several unanswered questions about how the experience of stigma impacts asylum seekers during the asylum process. Primarily, the literature has

been too focused on mental health outcomes; a more holistic view of resettlement priorities might include physical, mental and social wellbeing, as well as successful resolution of ones' asylum case. In addition, there is a lack of understanding about the psychological processes that are triggered by stigma. As well as improving understanding of the challenges facing asylum seekers, understanding these mechanisms has the potential to inform interventions designed to improve adjustment among asylum seekers.

### **1.6. Aims of this thesis**

This thesis answers important unanswered questions by investigating the extent to which stigma impacts the testimony asylum seekers provide in support of their asylum case (Studies 1 and 2) and their long-term health and well-being (Study 3).

To explore the potential for an association between stigma and asylum seekers' testimony, Studies 1 and 2 draw on the theory of stereotype threat. As discussed in Chapter 2, stereotype threat refers to the idea that the activation of (usually negative) stereotypes can impair the performance of stigmatized individuals on tasks for which the stereotype is deemed relevant (Schmader, Johns & Forbes, 2008). The aim of Study 1 is to investigate the potential for stereotype threat to occur during the asylum interview. The antecedents to stereotype threat are stigma consciousness (i.e. awareness of negative stereotypes about a group to which you belong) and the presence of situational cues that suggest a person's social identity is likely to be a barrier to inclusion or success in a setting. Therefore, if asylum seekers are aware of asylum stereotypes, and if situational cues are present in the asylum interview that make these stereotypes salient, they may experience stereotype threat. Since these concepts - in the context of the asylum interview - have eluded academic enquiry to date, Study 1 (Chapter 2) seeks to answer the following research questions: (1) Are asylum applicants aware of dominant cultural stereotypes of their group? (2) do asylum seekers feel these stereotypes are relevant to how they are treated in their asylum interview? (3) If so, what situational cues make stereotypes salient in this context? The study uses qualitative data from 26 interviews with people who have claimed asylum.

Having established the potential for stereotype threat to occur in the asylum interview, Study 2 focuses on the impact of stereotype threat on asylum seekers' testimony. As described in Chapter 3, working memory is likely to be an important determinant of the quality of asylum seekers' testimony. Responding to stereotype threat (for example, by actively monitoring performance or suppressing negative thoughts) consumes working memory capacity, which results in poorer performance on complex cognitive tasks. There is evidence that stereotype threat reduces working memory capacity in women (e.g., Beilock, Rydell, & McConnell, 2007; Rydell, McConnell, & Beilock, 2009; Schmader & Johns, 2003), older adults (Armstrong, Gallant, Li, Patel & Wong, 2017) and immigrants (Appel, Weber & Kronberger, 2015). However, the effect has never been investigated in asylum applicants. As such, Study 2 examines the association between exposure to stereotype threat activating cues and asylum applicants working memory. The performance of asylum applicants was compared to international students. The hypothesis of this study being that asylum seekers (but not international students) will perform worse on a working memory test under conditions of stereotype threat.

Asylum seekers' experience of institutional discrimination is the next issue, and Study 3 examines the relationship between associated socio-economic conditions and health. Although studies have begun to document the impact of socio-economic conditions, relatively little is known about how or why socio-economic conditions affect longer-term health outcomes among people who seek asylum. To identify the processes that might explain this relationship, study 3 draws on the Social Determinants of Health framework (Marmot, 2005), which posits that disparities in physical and mental health between groups are in part determined by the unequal distribution of material and social resources such as education, income, employment, and housing.

The model proposes psychosocial factors such as stress, lack of control, self-efficacy, resilience, social skills, quality of relationships, and social isolation represent a 'gateway' through which socio-economic conditions can affect health (Health England, 2017). The present research focuses on two psychosocial factors that are likely to mediate the relationship between socio-economic conditions and health: emotional distress and social support. As reported in Chapter 4, Study 3 is a

secondary analysis of the Survey of New Refugees (SNR), a large longitudinal study commissioned by the UK Home Office with data collected at four time points spanning 21 months. Specifically, two models were tested to explore (i) whether emotional distress and social support mediate the relationship between socio-economic conditions and refugee health over time, and (ii) whether social support moderates the relationship between socio-economic conditions, emotional distress and general health over time.

## CHAPTER 2 STUDY 1: ANTECEDENTS TO STEREOTYPE THREAT IN THE ASYLUM INTERVIEW

Studies 1 and 2 of this thesis investigate whether stereotype threat impacts the testimony that asylum seekers provide in support of their asylum case. Study 1, described in this chapter, investigates the *potential* for stereotype threat to occur during the asylum interview. In other words, are the preconditions for stereotype threat met in the context of the asylum interview? Consequently, it is necessary to first review the literature regarding the antecedents to stereotype threat, and individual differences that are known to moderate stereotype threat effects, and to consider what gaps there are in the current understanding of these phenomena in the context of the asylum interview. The chapter then describes the methodology, findings and discussion of Study 1, before reaching a conclusion about the *potential* for stereotype threat to occur during the asylum interview.

### 2.1. What is stereotype threat?

Stereotype threat refers to the predicament of being at risk of confirming negative stereotypes about one's group (Steele, 1997). The theory of stereotype threat, originally proposed by Steele and Aronson (1995), provided a new perspective on how stereotypes impact stigmatized individuals. Prior to Steele's research, studies examining the effects of stereotypes focused either on explicit prejudice (Goffman, 1963) or the internalization of stereotypes (Allport, 1954). In contrast, the theory of stereotype threat suggests that simply the presence of negative group stereotypes could have a significant impact on the individual (Steele, 1997).

The effects of stereotype threat were first observed as part of an investigation into the performance of African Americans and European Americans on college admissions tests such as the Scholastic Aptitude Test (SAT) (Steele & Aronson, 1995). At the time, it was believed that African American students underperformed relative to European American students because of innate differences in ability, motivation or behaviour (see Dovidio, 2003). In contrast, Steele and Aaronson (1995) suggested that the racial achievement gap was caused by factors in the environment – something ‘in the air’ (Steele, 1997). In their seminal study, Steele and Aaronson (1995) gave African American and European American college students a test similar to the SAT. Half of the students were informed that the test would assess their verbal

intelligence, whilst the remainder were told that the test would assess their ability to problem solve. When the test was described as a measure of verbal intelligence, African American students performed worse than European American students. However, when the test was described as a problem solving exercise, African American and European American students performed equally well. Steele and Aaronson argued that these findings can be explained by stereotype threat; African American students are cognitively burdened when the test they're taking measures IQ (a domain in which they are negatively stereotyped because of their racial identity) but not when they are completing problem solving activities (a domain where their racial identity is not relevant). Steele and Aaronson (1995) hypothesized that the cognitive burden experienced under conditions of stereotype threat leads to performance deficits, a topic that will be returned to in Study 2.

The research team went on to extend their findings to gender stereotypes; demonstrating that women underperform on a difficult maths test when they are told that men typically outperform women on the test, but not when they are told that men and women typically perform equally well on the test (Spencer, Steele, & Quinn, 1999). These initial studies demonstrated that simple changes in the environment could significantly affect the performance of minority group members in test taking situations. Stereotype threat effects have now been demonstrated in diverse populations across hundreds of laboratory and field studies (for example, athletic ability in White students (Stone, Sjomeling, Lynch & Darley, 1999); memory performance in older adults (Hess, Auman, Colcombe & Rahhal, 2002); competence engaging with children in gay and bisexual men (Bosson, Haymovitz, Pinel, 2003). The diversity of populations studied suggests that stereotype threat should be observable in many groups, in relation to many different situations.

## **2.2. Factors influencing the likelihood and effects of stereotype threat**

The purpose of this review is to assess whether it is plausible that stereotype threat could occur in the context of the asylum interview. In order to achieve this aim, the following section outlines the antecedents to, and moderators of stereotype threat, as defined by several major models of stereotype threat (Major & O'Brien, 2005; Schmader, Johns & Forbes, 2008; Steele & Aaronson, 1995). The following section provides a definition of each factor that is believed to moderate the effect of

stereotype threat, alongside evidence suggesting whether this factor is likely to be present in the context of the asylum interview.

### ***2.2.1. Stigma consciousness***

Stigma consciousness refers to the level of awareness an individual has about their stigmatized identity (Pinel, 1999). While cultural stereotypes tend to be well known, some groups, such as very young children and recent immigrants are yet to learn of the stereotypes relevant to their group, which makes them ‘immune’ from the effects of stereotype threat (McKown and Weinstein, 2003; Deaux, Bikmen, Gilkes, Ventuneac, Joseph, Payne & Steele, 2007). The level of stereotype awareness has also been shown to moderate stereotype threat effects. For example, under conditions of stereotype threat, female students who were more aware of gender stereotypes regarding mathematical ability performed worse than those with low awareness of stereotypes (see Brown & Pinel, 2003).

### ***2.2.2. Stigma consciousness in asylum seeking populations***

Empirical evidence regarding awareness of stigma among people who seek asylum is missing; however, research on perceived discrimination provides some insight. Specifically, evidence indicates that refugees are more likely to perceive discrimination than other migrant groups (see Alemi et al., 2017; Ellis, 2010; Beiser & Hou, 2017) and that immigration status is a source of discrimination, over and above nationality and ethnicity (Baranik, 2017). On the other hand, there is evidence that people seeking asylum only learn about the hostility to asylum seekers after they arrive in host countries (Crawley, 2011). Taken together, these points suggest that there is a temporal aspect to stigma consciousness for people who seek asylum. The pertinent question regarding the *potential* for stereotype threat to occur during the asylum interview is whether asylum seekers are aware of asylum stereotypes at the time of the asylum interview. Study 1 of this thesis will investigate this question.

### ***2.2.3. The presence of situational cues***

Stereotype threat is activated by situational cues in the environment that suggest a person’s social identity is likely to be a barrier to inclusion or success in a particular setting (Major & O’Brien, 2005). Conversely, cues can signal identity safety by reducing or eliminating the relevance of a person’s social identity (see

Davies, Spencer, & Steele, 2005; Purdie-Vaughns, Steele, Davies, Dittmann & Crosby, 2008). The ‘strength’ of cues that activate stereotype threat can vary between situations. Some high stakes settings where stereotype threat is most consequential and most likely to occur - such as academic exams and job interviews - are governed by ethical standards that make blatant references to group stereotypes unlikely (Shewach, Sackett & Quint, 2019). However, more subtle cues that can activate stereotype threat are pervasive in most settings. For example, in healthcare settings, patients who are obese notice when furnishings such as chairs, gowns, blood pressure cuffs and examination tables do not accommodate people of their size, and these cues act as a reminder that their social identity is considered unusual in this setting (Merrill & Grassley, 2008). It is important to remember that situational cues are subjective – any feature of the environment that activates a particular social identity can be a situational cue – and cues that may seem insignificant to majority groups can have a big impact on minority group members (Walton & Cohen, 2007).

#### ***2.2.4. Situational cues in the asylum interview***

Cues that activate stereotypes in asylum settings have eluded academic enquiry to date, but research conducted by refugee advocacy groups can provide some insights. This research suggests that applicants encounter stereotype activating cues during the screening and substantive asylum interview. For example, the majority of adolescents interviewed by the Children’s Society (2012) felt that their Caseworker was rude, unsmiling or - in some cases - angry and aggressive. Caseworkers' uncaring and aggressive behaviour signalled to applicants that they were being judged according to a negative stereotype about their group - that their stories are suspicious and their claims fraudulent. Blatant cues were also reported by adolescents in this sample, whereby a Caseworker or Interpreter directly accused them of lying about the details of their claim (The Children’s Society, 2012). In a sample of 40 adult asylum seekers, several interviewees felt they were treated like liars and criminals, and encountered behaviour that they perceived to be offensive and intimidating at both the screening and substantive interview, leaving them anxious about further contact with the Home Office (Refugee Action, 2014). As mentioned, academic literature on this subject of interviewees’ experiences of the asylum interview is limited, however, a large ethnographic study of 300 immigration detainees supports the findings described above, including instances of Caseworkers directly accusing applicants of lying

during their asylum interview (Griffiths, 2012). Taken together, the available evidence suggests that asylum seekers are likely to encounter stereotype activating cues during their asylum interview, though further academic work (specifically with non-detainees) is required to confirm these findings.

### ***2.2.5. Individual differences in group and domain identification***

The stereotype threat process model (Schmader et al., 2008) posits that stereotype threat results from a state of cognitive imbalance whereby individuals identify with a group ('I am like my group'), and with a domain ('I have this ability'), but are aware that this group is typically not seen as capable in the domain in question. It follows that, for individuals who do not identify with their group and / or the domain, stereotypes that are negative do not have the same power, and the effects of stereotype threat are reduced. The moderating effect of domain identification has been demonstrated in research (for a review see Nguyen and Ryan, 2008). The empirical results on the moderating effect of group identification, however, are inconclusive. There is evidence that the strength of group identification predicts stereotype threat effects in women (Schmader, 2002), African Americans (Ho and Sidanius, 2010) and Latino immigrants (Armenta, 2010), but other studies are inconclusive or find conflicting results (McFarland et al., 2003; Eriksson and Lindholm, 2007, Appel et al., 2015). A recent meta-analytic review of the effect of stereotype threat on immigrants found that self-identification (asking individuals with which group they identify most) yielded larger effect sizes than in studies which used other procedures, such as using parents' birth place, suggesting subjectivity is important in terms of group identification for immigrant samples (Appel et al., 2015).

### ***2.2.6. Domain identification in the context of asylum***

It is reasonable to assume that individuals are highly invested in the outcome of their asylum interview, especially at the beginning of the process when they likely believe that they have a legitimate claim to asylum. For many, this belief is rooted in the perception that they are at risk if returned to their country, for example because they come from a war-torn region. However, a valid refugee claim requires proving

persecution due to a protected characteristic, such as race or religion, not merely the presence of conflict. As a result, individuals may be denied asylum, despite believing that they should be granted status, and may appeal and be refused again. Over time, some may disengage from the domain of "refugee" by withdrawing their claim and ultimately remaining in the country as undocumented migrants. This process can be referred to as 'domain disengagement', which can result from both prolonged exposure to stressors (Crawley, 2010) and repeated exposure to stereotype threat (Steele, 1997), may diminish their susceptibility to stereotype threat as they no longer view themselves as a member of the stereotyped group. This shift from domain identification to disengagement is difficult to measure, as no established scales for domain identification among forced migrants exist, unlike those for gender domain identification (e.g. Picho & Brown, 2011). Therefore, it remains unclear whether participants in this study still identify as "legitimate refugees" striving to prove this or whether they have disengaged from this identity altogether, which could influence their susceptibility to stereotype threat manipulations.

### **2.3. The Present Research**

In response to unanswered questions concerning stereotype awareness and salience in the context of the asylum interview, Study 1 investigates the following research questions: (1) Are asylum applicants aware of dominant cultural stereotypes of their group? (2) Do asylum seekers feel these stereotypes are relevant to how they are treated in their asylum interview? (3) If so, what situational cues make stereotypes salient in this context?

#### **2.3.1. Method**

Study 1 took a qualitative approach, interviewing people who have applied for asylum in the UK. All interviews, and all recruitment activities were personally conducted in the summer of 2019. Printed flyers advertised the study, and prospective participants were screened over the telephone. Prior to being interviewed, participants were asked to read an information sheet and sign a consent form. Interviews took place in a private room at a city centre café. Participants were asked a series of open ended questions that explored their general experiences of applying for asylum, their interactions with Caseworkers, and their perceptions of asylum policy. Interviews were recorded (where consent was given) and transcribed by myself. Interview

transcripts were analysed using deductive thematic analysis, and intercoder reliability was established with the help of a second coder. The Psychology Ethics Committee at the University of Sheffield granted Ethical approval to conduct this study.

### ***2.3.2. Participants who took part in the study***

The aim was to complete between 20 and 30 interviews. This number is considered appropriate for publication in leading social science journals (Dworkin, 2012), based on the assumption that enough data have been collected to reach a point of saturation - the point at which interviews do not generate any new relevant data (Mason, 2002). In total, 25 participants were interviewed before it was decided by the research team that a point of saturation was reached; where relatively little new information was being uncovered in interviews (Guest, Namey & Chen, 2020). At this point recruitment activities ceased. Most participants were recruited using snowball sampling, with interviewees passing the details of the study on to friends and acquaintances. In addition, printed flyers inviting people to participate in the study were distributed to targeted venues around Sheffield. Venues were selected on the basis of offering services to, or being frequented by, refugees and asylum seekers, such as libraries, family centres, language schools, churches and refugee third sector organisations. The flyer briefly introduced the study and directed interested people to email the lead researcher to express their interest and sign up for an interview. An incentive of £30 was offered to each interviewee. This amount was determined through consultation of an empirical evaluation of protocols for recruiting refugees (Gabriel, Kacqorowski, & Berry, 2017), which states financial incentives at this level did not lead individuals to feel coerced to take part, or to do something that they would not otherwise do.

Participants were screened to check that they were eligible and able to take part in the research. Screening comprised checking that they considered themselves to have (1) applied for asylum in the UK and (2) the ability to verbally communicate in English. Despite screening, five participants had levels of English that were deemed insufficient by the interviewer to conduct an in-depth interview. Participants included 16 men and 9 women, all of whom had applied for asylum in the UK, and one interpreter who had been present at a number of asylum interviews in a professional

capacity. Participants age, country of origin, gender and immigration status is recorded in Table 1.

*Table 1. Information about the participants who took part in Study 1*

Participant number	Gender	Age	Country of origin	Asylum status
P1	Male	18-25	Ethiopia	Asylum seeker
P2	Female	18-25	Eritrea	Refugee status
P3	Male	35-45	Pakistan	Asylum seeker
P4	Male	45-55	Zimbabwe	Refused asylum seeker
P5	Male	45-55	Uganda	Refugee status
P6	Female	55 plus	Iraq	Refugee status
P7	Female	25-35	Yemen	Refugee status
P8	Male	25-35	Cameroon	Refugee status
P9	Male	35-45	Iran	Asylum seeker
P10	Female	35-45	Uganda	Refugee status
P11	Female	35-45	Sri-Lanka	Asylum seeker
P12	Female	18-25	Iran	Asylum seeker
P13	Female	35-45	Africa (unspecified)	Refugee status
P14	Male	25-35	Nicaragua	Refugee status
P15	Female	25-35	Nicaragua	Refugee status
P16	Male	45-55	Libya	Refugee status
P17	Male	45-55	Iraq	Refused asylum seeker
P18	Male	35-45	Cameroon	Interpreter with refugee status
P19	Male	35-45	Vietnam	Asylum seeker
P20	Male	25-35	Pakistan	Refugee status

P21	Male	45-55	Zimbabwe	Refused asylum seeker
P22	Female	35-45	Kenya	Refused asylum seeker
P23	Male	25-35	Ethiopia	Refused asylum seeker
P24	Male	45-55	Lebanon	Refused asylum seeker
P25	Male	25-35	Bangladesh	Refused asylum seeker

### ***2.3.3. The setting where interviews took place***

The first interview was conducted in the lab at the Psychology building at the University of Sheffield. There is a row of doors, which lead to individual interview rooms, the rooms are small and windowless, with just a desk, two chairs and a computer. After completing the first interview, the participant commented that the psychology labs were ‘just like the rooms at the Home Office’. Since this was counter to the intention in choosing a research setting that would put participants at ease and empathise neutrality from the Home Office, subsequent interviews were held in the private room of a nearby café. This setting provided privacy; there was a single table in a mezzanine overlooking the main café area below, but also an informality that felt more productive to establishing trust – and crucially – separation from the Home Office in both practice and association. The café is located near a major city-centre landmark – the Cathedral – and I arranged to meet interviewees here before proceeding to the café together. Conscious of interviewees’ financial concerns, I was explicit in both correspondence and on greeting that I would purchase all drinks. These pre-interview activities – walking from the Cathedral and queueing together at the café counter – provided a friendly framing to the conversations – which felt productive in terms of producing the mindset necessary to openly discuss sensitive topics.

All interviews took place in May, June and July of 2019. The interviews were recorded (except two interviews where the participant did not consent to being recorded), and were transcribed verbatim by the lead researcher. The interviews ranged in length from 27 minutes to 1 hour 19 minutes. The time elapsed since applying for asylum ranged from 1 month to 17 years.

#### ***2.3.4. Managing the risk to participants involved in taking part in the study***

To manage the risk of re-traumatising participants, participants were asked to review the study materials carefully before providing informed consent. Specifically, participants were (1) asked to read a copy of the interview questions in advance of the interview, and (2) informed of topics that would not be raised by the interviewer, including reasons for flight, and experiences during the journey to the UK. If participants became upset during the interview, they were offered the option to change the subject or end the interview. To help ensure that participation was entirely voluntary and free from coercion, the information sheet informed participants that no government agency was involved in the development of the project and no government agency would ever know who had participated.

#### ***2.3.5. The questions asked during the interview***

Participants were asked a series of open ended questions that explored their general experiences of applying for asylum, their interactions with Immigration Officers, and their perceptions of asylum policy and policy rationales. The interview guide (see Appendix) was designed to steer the conversation towards the putative preconditions for stereotype threat detailed in the introduction – specifically, awareness of asylum stereotypes (example question: ‘Do you think people view you differently if they know you have applied for asylum?’), content of asylum stereotypes (example question: How do people view people who have applied for asylum?), and environmental cues that signal that group identity is devalued in the context of the asylum interview (example question: Could you tell me a little bit about what happened during your asylum interview? Did you come away with any thoughts about how you as an applicant might be treated?). Follow-up questions concerned conscious physiological, emotional and behavioural responses to events (e.g. How do you feel when you have difficulties with your application? What sort of things do you do to cope when things like that happen?)

#### ***2.3.6. Analysis of interview data***

The interviews were analysed using deductive thematic analysis, which is a method for coding data based on theory or existing knowledge (Mason, 2002). A codebook was developed which included a list of primary and secondary codes, as well as a definition and an example of each code. These codes corresponded to two

main concepts used in Major and O'Brien's model: stigma consciousness (i.e. references to 'what people think') and situational cues (i.e. references to 'what people do'). Since the focus of the present research is explicitly on systemic or institutional discrimination, as opposed to everyday discrimination, the context in which the discrimination occurred (asylum system, other institution, general public) was also coded.

In accordance with the methods of deductive thematic analysis, a transcript was selected at random and then the passages were 'segmented' into individual 'units' of data by the lead author. Codes were then assigned to each unit of data. A second coder then coded a sample of the transcripts and intercoder reliability was calculated to establish the reliability of the coding (Krippendorff, 2004). After both coders had coded one interview transcript, any discrepancies in the coding were discussed and reconciled through negotiation in an effort to establish a high level of intercoder agreement, defined as 80 to 90 per cent (Campbell, Quincy, Osseman & Pedersen, 2011). An additional, randomly selected transcript was used in each subsequent coding trial until the level of intercoder reliability was sufficiently high (Campbell et al., 2013). In total, three rounds of coding were completed, with both coders coding twelve per cent of the transcripts. Once intercoder agreement was sufficiently high, the coding scheme was then deployed on the full set of transcripts by the lead researcher.

## **2.4. Results**

Three main findings emerged from the analysis of the data. First, people who seek asylum are conscious of the stigma associated with asylum seekers. Second, people who seek asylum believe that they are viewed as deceptive and / or fraudulent. Third, situational cues make asylum stereotypes salient in the context of the asylum interview.

### ***2.4.1. Stigma consciousness among people who seek asylum***

All of the participants believed asylum seekers and refugees to be negatively stereotyped, suggesting a high level of awareness of asylum stereotypes among asylum seekers and refugees. In Participant 7s (P7s) comment, the words 'definitely' and 'whenever you go anywhere' highlight the pervasiveness of asylum stereotypes.

*“When I go anywhere, me and my friends, they still see us as asylum seekers”*

P7

*“People definitely will label you as an asylum seeker or refugee”* P7

As well as being ever-present, in the quote below, P7 presents asylum stereotypes as immutable – ‘you can’t change it – this is how it is’ A house, job and citizenship ‘will not change how they see you’:

*“I used to have a friend she came with her husband, her husband's an international student, and then he managed to get a contract, an employment contract and from there they managed to get their citizenship so it's different for them. She used to complain because whenever she would go people still treat her as a refugee women, so she is very very angry said why are they calling me a refugee, and I said it's nothing about you or the paper, this is how they see us, you can't change it, this is how it is, and she said no we've got our own house we're in a different position and I said that will not change this is how they see you”. P7*

The stigma attached to the asylum seeker and refugee label is so strong that people prefer not to be described as an asylum seeker or refugee. As P4 explains:

*“You know I'll tell you this for certain, people don't like the term asylum seeker this is not only me but quite a lot of asylum seekers, failed asylum seekers. I thought it was me only. I remember there was this other lady from Sudan she literally got her leave to remain she never even wanted her children to know that she was an asylum seeker that they were asylum seekers. Then I also met a couple from Syria ... quite highly educated the woman was a doctor she had a PhD the husband was a lecturer at one of the universities in Syria, I met them one day ... when they came to the conversation Club ... I said after are you asylum seekers? They said P4, don't call me asylum seeker, I don't want to be called asylum seeker. I said yes I perfectly understand you, because the term I suppose makes a person feel that they are being judged”* P4

P4s friend from Sudan is one of many people who hid their immigration status from those around them. P12 explains how the shame that she felt at the delay in receiving a positive decision on her case led her to lie to her friend:

*“I tried to keep it to myself but lots of people they talk about it very ... Example, they asked me how was your council house? How is your job centre interview? And I just say yeah. Maybe last year I was telling people if I haven't had my status but this year everybody I see they say have you got your status, have you got your status? So I just have to say yes, because really I don't want to say lie but if I say no they may be more curious to know what has happened, and then I have to explain and then they ask more questions so I just say yes.” P12*

While P12 felt shame at not yet receiving a positive decision in her case, P7 and P10 felt compelled to hide their immigration status despite being recognised as refugees. When asked how they feel when disclosing their refugee status, P10 stated:

*“I would never say anything. I'm thinking since I've been here I've mentioned being a refugee maybe three or 4 times in the entire 7 years that I have lived here”*

This included concealing her status from those closest to her:

*“I'm in a relationship of about 5 years now but my partner doesn't know how I came. it's something that I choose not to share with him” P10*

Meanwhile P7 ‘passes’ as an international student when at university, which is considered a ‘good position’:

*“Umm I used to be hiding it, I used to not say, especially at the university, because most of the international student most of them they're on their scholarships so they're from particular backgrounds and they assume I'm an international student which is a good position, it means I am self-funded and from a wealthy country”*

#### **2.4.2. Content of stereotypes about asylum seekers**

Most participants thought that asylum seekers and refugees are perceived by others as being deceptive or illegitimate in some way, such as being a ‘liar’, ‘bogus’, an ‘economic migrant’, ‘scrounger’ or ‘fake’. When asked what image people have of asylum seekers and refugees, P10 said simply:

*“Oh we are scroungers” P10*

P7 used the word fake:

*“assuming I’m lying, err fake case, you’re assuming this case is a fake, faking the scenarios this kind of thing because they’ve got the assumption that people come here to apply to get jobs and these kind of things, they don’t know what we’ve been through.” P7*

P4 talked of ‘suspicion’ and ‘telling the truth’:

*“You are made to feel like you are less of a human being because there is always that feeling of suspicion about whether or not you’re telling the truth”  
P4*

P14 and P16 used the terms ‘lie’ and ‘lying’:

*“They tell you that you lie to come to the UK” P14*

*“They just believe that everybody is lying and everybody just come here for money so I don’t think they believe you that there is genuine asylum seeker they think you just came here for benefits” P16*

P12 (and others) explained that the deception is perceived to be in the service of economic advantage:

*“you came here just to apply for benefits and you are a deceiver to take all of them money, people like that” P12*

Participants thought that the portrayal of asylum seekers and refugees as deceptive and fraudulent came from the media and politicians, as P5 explains:

*“People think that asylum seekers are liars, that there are economic migrants, the media portrays them negatively. Politicians called them scroungers. So what would I expect.” P5*

#### **2.4.3. Situational cues in the asylum interview that make asylum stereotypes salient**

The salience of stereotypes in the asylum interview was a key theme for many participants. The stereotype of being deceptive seemed to be activated by a series of situational cues, including (i) being accused of lying, (ii) the questioning style adopted by interviewers, (iii) the interviewers’ body language and (iv) the protocols that applicants are taken through prior to being interviewed, as well as (v) subtler cues. Participants also noted experiences that made them feel safe.

##### *Accusations of deceit*

Many participants recounted being accused of lying by the person conducting the interview:

*“I was questioned by a Home Office official and the moment when I said my story and a person said directly to my face this is a lie, and I was like why is that a lie? And the person said this actually doesn't happen in Cameroon, and I was like how do you know?” P8*

*“I remember my very first Asylum application when I was initially screened at Croydon I could see and sense that my asylum application was not going to go anywhere when I gave my story it was a female and the response initially that she said was this is deception I don't believe your story right from the beginning before even seeing a caseworker and she wrote that in her notes and I went I got to the caseworker interview the same information was repeated, the same remark was repeated” P4*

It is striking how overt the reference to deception is (‘this is a lie’; ‘I don’t believe you’). Blatant references to group stereotypes are considered to be likely to activate stereotype threat (Shewach et al., 2019).

If stereotype threat can impact asylum seekers’ testimony (the subject of Study 2 Chapter 3), then it is important to know at what point in the interview stereotype

threat is triggered – prior to, or after providing testimony. Of relevance to this question, P8 and P4 highlighted the speed at which the applicants were accused of lying. P8 felt he was judged ‘the moment I said my story’. P4 was accused of deception ‘right from the beginning’ – during the initial screening interview where he felt he could ‘see and sense’ that his application would be denied.

Accusations of deceit came in various forms. For example, P7 was aware that she was being judged to be deceptive when accused of having fake documents:

*“So they ask for your passport and any paper you have so you hand in all these paper and... and then they are kind of... is this fake paper? Is this fake passport? That's the first thing they said.” P7*

While P20 realised he was being accused of lying based on a comment about his appearance:

*“But then I told you I've got a partner outside and she goes no you don't look gay to me at all as if I have to prove what is homosexual as if I have to dress as a girl I said no that's not I don't want to be dressed as a girl I want to be a man and I love men so I tried to explain but she didn't understand she just took a pen and said sign and took me to the side and said you're going to be detained”. P20*

### *Questioning style*

A particular style of questioning was interpreted by participants as evidence they were not being believed. P5 highlighted how repeating the same question over and over appeared to be ‘a trap’:

*“Why all these questions? It is like a fault finding mission. How can I find a fault to enable me to refuse this person is the kind of question? Suddenly questions asked repeatedly on two or three occasions, the same question over and over at different interviews and that one is like a trap”. P5*

*“No they don't trust you, they don't accept you, they say oh no you make a mistake you may be lying! I think they're using a technique from World War II, when they captured German pilots using seriously the same technique, they go*

*into one room asking the same question, go back, the same question, go back hahaha!” P9*

P9’s reference to ‘a technique from World War II’ suggests that they felt the interview was like an interrogation, whilst the laughter at the end of the statement suggests a perceived absurdity to proceedings.

### *Body language*

Interviewers’ body language was commonly perceived to be consistent with accusations of lying. For example:

*“Nobody has ever told me I don't think they're believing me but I can sense it, that's why, I remember all aspects of communication, when you look at somebody, their body language, their facial expressions, their hand gestures, the changing their tone of voice, all those things”. P18*

*“He looked at me and in his face I could understand he doesn't believe me but he didn't say anything, he just looked at me and his look was very meaningful and thoughtful and he could say to me with his eyes I don't believe you”. P12*

What is striking is that, despite the inherent ambiguity in non-verbal communication, participants were sure that they were being judged to be deceptive – i.e. to confirm a negative stereotype about their group. Body language also contributed to a general sense of unease, of being ‘not welcome’ in the setting:

*“I mean they are not beating you but you feel... you know when you face somebody if they are friendly or not, so you can tell straight away that are you are not welcome yeah”. P16*

### *Interaction protocols*

Finally, the steps that applicants are taken through prior to being interviewed and features of the built environment seemed to activate the stereotype of being deceptive. For example, P20 equated having their fingerprints taken with being a criminal:

*“The screening interview was like as if I had murdered somebody taking my DNA and fingerprints”. P20*

For P5, the steps that he was taken through prior to being interviewed signalled that he was ‘in the wrong place’, making him feel tense and less confident:

*“The queuing system the way you are gone through security checks, like as if you're going to get on the plane you have to take off your watches, your shoes. It puts you into a very tense situation, which I really wonder whether it was really called for if they were basic checks probably but you even have to open your bag it was a thorough search. It gives a different impression it makes you feel like you're going into the wrong place.”. P5.*

Several other participants interpreted their experience when reporting to immigration centres as evidence that they were not welcome in the country. For example, for P9, leaflets containing information about how to voluntarily leave the UK were a source of discomfort:

*“Always they're handing out this leaflet about return. Leaflets about voluntary return every time they remind you! P9*

Whereas being asked to wait in line, even in adverse weather conditions made him feel that he was being treated as a second-class citizen:

*“It used to be a very huge queue, you even have to queue outside in the winter, it doesn't matter if you have kids, you see the treatment is very bad I don't think they are treating any British people like this” P9*

Even in the absence of any perceived interpersonal hostility, interaction protocols and the physical environment signalled to participants that this was context in which their social identity was devalued.

#### *Subtle cues*

There was evidence from participants’ experience in other settings (i.e. outside of the asylum application processes) that even the subtlest cues such as asking about immigration status, or ‘outing’ someone as a refugee, can activate negative group

stereotypes for people who seek asylum. P10 recounts an experience of arriving back at Gatwick airport:

*“He started to embarrass me in front of whoever was behind me talking loudly like you couldn't talk to me secretly, telling me oh so you're a refugee, wait, sit there we have to verify, let me know and call my boss, and it's like why do you have to embarrass me? So I sit there and everyone was staring at me like I was a terrorist or some criminal and I think that was one of my worst experiences” P10*

Note how P10 assumes that everyone will judge her to be a ‘terrorist’ or ‘criminal’ as soon as they know she is a refugee. P10 had a similar experience at her daughter’s school:

*“Sometimes you go to these meetings and of course you're not speaking like them and don't look like them and they might ask you also where do you originally come from or something along the lines of that so where did you come and how did you come type thing” P10*

For P10, low group representation – ‘of course you're not speaking like them and don't look like them’ - and being asked her immigration status – ‘how did you come’ increase the salience of her asylum identity.

#### *Experiences that made participants feel safe*

Participants did report some situational cues that contributed to a feeling that their social identity would *not* be a barrier to inclusion or success in the setting. The following two quotes illustrate that the interviewers altered body language, questioning style and relaxing of interaction protocols were interpreted as a sign that the setting was a safe place:

*“There was another police officer, it was a lady and she was very kind she understood, she saw how I was my body, and she didn't accept that she was kind she cared and she saw how my situation and she hug me she was very sympathetic” P12*

*“After maybe the middle of the interview she starts... if you like believing me ... and that power relationship changed, and even she asked me some upsetting questions I could not remember... but I was really upset and how that situation changed she left her booth and she walked around to my side and she said I'm sorry I've upset you and then she started asking me the questions while sitting like that close-up, it was me and her like that, so that's how it changed and that's how it was really.” P7*

In the following story, P12 is made to feel like her identity as a refugee will not be a barrier to inclusion when the service provider states that the service is ‘for everyone’, and when funding information is framed in such a way as to assuage fears over competition for resources:

*“And I was saying I don't know I am a refugee is it ok [to use the addiction service] and then she was saying this is for everyone, if this money is not spent than in the next financial year they would just cut out that program so I was aware of these things and that can help you” P10*

Contrast this to P5s experience of visiting a friend in hospital. In P5’s story, funding information is framed in a way that it activates asylum stereotypes:

*“I had an experience where one of our volunteers felt sick, had a stroke, in the hospital, 10th floor of the Hallamshire Hospital and I visited them with my manager. This sick patient was served a cup of milk, a very small cup, and he offered it to me because he was excited when he saw me, he was an asylum seeker and he never believed that people would visit him in hospital, he was so happy that even the tea given to him he had to give it to me. But I told him, no I'm not taking it because it's for you. Despite the fact that I didn't take that milk the one who saw it came and had to tell him off saying, when we give you milk you are not supposed to give it to people who visit you, because this milk is costing this government billions of pounds... Why would you tell that this cup cost of billion pounds?”*

## **2.5. Discussion**

The aim of Study 1 was to examine whether asylum seekers are likely to experience stereotype threat during their asylum interview. Three main findings

emerged from the analysis of the data: (1) People who seek asylum are conscious of stigma; (2) People who seek asylum believe that they are viewed as deceptive and / or fraudulent; (3) Situational cues – such as interviewers’ body language - make asylum stereotypes salient in the context of the asylum interview. The findings suggest that the antecedents to stereotype threat are present in the asylum interview and are discussed further below.

The first finding - that people who seek asylum are aware that they belong to a stigmatized social group – is consistent with research on perceived discrimination that suggests that immigration status is a source of discrimination, over and above nationality and being foreign (Baranik, 2017). People who seek asylum perceive the dominant cultural stereotype about their group to concern their legitimacy (finding two), and previous research suggests this is an accurate assessment of public opinion regarding people who seek asylum (Esses et al., 2017; Kotzur et al., 2017). These findings are important because theory and research suggests that stigma consciousness moderates the effect of stereotype threat on performance (Major & O’Brien, 2005; Brown & Pinel, 2003). It is noteworthy that - owing to experiences with Border Force officers on entry to the UK during the screening interview, and while waiting for their substantive interview - participants were aware of stereotypes about people who seek asylum before their substantive interview.

The third theme examined the cues that participants reported that made them feel they were being judged according to negative stereotypes. The situational cues that participants mentioned are consistent with the findings of research conducted by refugee third sector organisations (Children’s Society, 2012; Refugee Action, 2014) and research with immigration detainees (Griffiths, 2012). In particular, the questioning style and body language participants reported are consistent with research conducted by the Children’s Society (2012) and Refugee Action (2014) in which caseworkers were reported to be rude, intimidating and aggressive. This is the second study to report that Caseworkers have directly accused applicants of lying during their asylum interview (previously reported by Griffiths, 2012). The situational cues reported, and the consistency of these cues with previous research, suggest that applicants may be exposed to both subtle and blatant cues during their asylum interview.

In light of asylum seekers' awareness of asylum stereotypes and the presence of situational cues in the asylum interview it can be concluded that the prerequisites of stereotype threat specified in Major and O'Brien's identity threat model of stigma (2005) are present in the context of the asylum interview. Interestingly, given the origins of research on stereotype threat, participants drew parallels between the asylum interview and a test taking situation. For example, Participant 5 commented that the interview is 'like you've sat for an examination where you are not sure of the answers'. This supports the idea that experimental work in the stereotype threat tradition (which has mostly focused on test taking situations (Shewach et al., 2019) may translate to the context of the asylum interview.

### ***2.5.1. Strengths, limitations and directions for further research***

This study makes an important and novel contribution to the current understanding of stereotype threat by suggesting that the theory of stereotype threat may apply to applicants engaging with the asylum system. This finding has implications for service design. The asylum interview, for example, is replete with cues that signal to applicants that they are being judged according to negative group stereotypes. Where possible, the removal of such cues may help applicants feel at ease and better explain their need for humanitarian protection. To achieve this aim, Caseworkers should refrain from accusing applicants of lying, and from questioning styles that appear designed to catch the applicant in a lie, such as repeatedly asking the same question. Caseworkers body language could be modified, with a specific focus on non-verbal communication that is interpreted as hostile, such as Caseworkers looking angry and unsmiling. Other aspects of service design that could be modified to reduce the potential impact of stereotype threat during the asylum interview, for example, if fingerprints must be taken, this could happen after the asylum interview, so applicants are not unsettled prior to giving testimony. The presence of situational cues in the asylum application process warrants examination of the design of other services that serve stigmatized groups, such as the welfare system, addiction services and weight management programs, contexts which have not yet been the subject of research in the stereotype threat tradition.

In the absence of (or in addition to) institutional reform, there are steps that an individual could take to ameliorate the effects of stereotype threat when engaging

with services. Psychological interventions that encourage students to reappraise experiences of adversity have been shown to mitigate the effects of stereotype threat. In one study minority students' test scores improved after being exposed to role models who described their experience of overcoming academic set-backs after moving from elementary to middle school (Good, Aronson & Inzlicht, 2003). In another experiment, students were taught to see intelligence as fluid, rather than fixed, and this too increased their academic performance. Both interventions work by making students less likely to view frustration in school as confirmation of stereotypes regarding their intellectual limitations (see Cohen, Purdie-Vaughns & Garcia, 2012). Other interventions are designed to validate students' sense of belonging and self-worth. For example, asking students to write about the values that are important to them is believed to reduce stress (Creswell, Welch, Taylor, Sherman, Gruenewald & Mann, 2005) which makes individuals less susceptible to stereotype threat (Martens, Johns, Greenberg & Schimmel, 2009). For people who seek asylum, encouraging optimistic interpretations of adversity could have the same protective effect, for example, an individual could benefit from knowing that a large proportion of asylum seekers are accused of lying, or have their claims rejected, but are eventually granted refugee status. Likewise, completing a values affirmation exercise could help protect self-worth in the face of identity threat.

A secondary aim of this study was to inform the design of experimental work (including study two of this thesis) that investigates the impact of stereotype threat on outcomes among asylum seekers. One pertinent question is whether an experimental manipulation would activate stereotype threat among both asylum seekers and refugees. Some research has found that people have relatively homogenous views of asylum seekers and refugees (i.e. they see asylum seekers and refugees as similar to each other), while other research finds that people's views are more heterogeneous (Kotzur et al., 2017; Froehlich and Schulte, 2019; Wyszynski, Guerra & Bierwiazzonek, 2020). The present study found that both asylum seekers and refugees experienced stigma, which supports the idea that manipulations of stereotype threat may activate stereotype threat on both asylum seeking and refugee participants. A further consideration for experimental work concerns the strength of the situational cues used to activate stereotype threat. Participants' experiences suggest that even subtle cues – such as being asked 'how you came' - can trigger feelings of identity

threat suggest that subtle cues may work in experimental manipulations of stereotype threat with asylum seekers. While it seems safe to assume that applicants would be invested in the outcome of their asylum interview, questions remain over how invested they are in being seen as legitimate, or honest outside of this context. This is important as the extent to which an individual values a domain and wants to succeed in it has been shown to moderate the effect of stereotype threat on outcomes, including among various immigrant samples (Appel et al., 2015). It is therefore interesting to note that several participants in the present research made unprompted statements about the fact they were not lying about their need for protection, explaining that they had enjoyed a comfortable life or good job in their home country before being forced to flee. These (unprompted) statements reinforced their identity as a forced (as opposed to voluntary) migrant and therefore distanced participants from the negative legitimacy stereotypes associated with their group. This finding is consistent with previous research with immigration detainees (Griffiths, 2012). This evidence suggests that people who seek asylum may feel motivated to succeed in tasks that demonstrate their legitimacy.

The findings of Study 1 also have implications for research on perceived discrimination. The vast majority of existing research considers perceived discrimination in the context of interactions with the general public (e.g. Beiser & Hou, 2017; Alemi, 2017; Ellis, 2010). Institutional encounters, which have been largely absent from previous research, were considered by participants to be very threatening, and thus deserving of increased scholarly attention. The findings from this study suggest that bad experiences with one institution - such as the Home Office - resulted in a reluctance to deal with others institutions, including landlords, police and medical professionals. Future research might therefore explore how experiences of and responses to institutional discrimination interact with resettlement issues such as housing insecurity, poor mental health, and victimisation (Allsop et al., 2014).

## **CHAPTER 3 STUDY 2: THE EFFECT OF STEREOTYPE THREAT ON WORKING MEMORY AMONG PEOPLE WHO SEEK ASYLUM**

Together, studies 1 and 2 of this thesis investigated whether stereotype threat impacts the testimony that asylum seekers provide in support of their asylum case. Study 1 has provided evidence that there is *potential* for stereotype threat to occur during the asylum interview. Chapter 3 describes Study 2, which investigated the *impact* of stereotype threat on working memory in people who seek asylum. The chapter begins by examining the role working memory plays in shaping asylum seekers' testimony, before reviewing how stereotype threat is investigated in experimental research, and the appropriateness of such conventions in the asylum context. This study employed a between-participants design to investigate the effect of a subtle stereotype threat manipulation on spatial working memory score. Results indicated no significant differences between groups, suggesting no substantial impact of the manipulated variable.

### **3.1. The importance of being credible**

In the UK, most asylum applicants (70% in a typical year) will be refused at the initial decision stage, and Home Office decisions are shown to be incorrect for more than a third of those who appeal (Home Office, 2020). This is particularly troublesome as incorrect asylum decisions involve substantial costs. Refusing refugee status to a genuine claimant exposes them to the threat of deportation and persecution. Granting refugee status to a non-genuine claimant undermines the legitimacy of immigration control (Thomas, 2006). There is often little evidence available to support an asylum seeker's claim, which means the decision to grant or refuse asylum relies heavily on the asylum seekers verbal testimony and whether this is perceived as credible (Home Office, 2022). The Home Office instruct decision makers that testimonial features including fullness of disclosure, plausibility and consistency should be used to judge the credibility of claims (Home Office, 2022), and the issue of credibility is frequently raised in reason for refusal letters (Asylum Aid, 1995; Amnesty International UK, 2004, Trueman, 2009).

Critically, however, psychological factors may explain testimonial inconsistencies or partial disclosure, such as Post Traumatic Stress Disorder (PTSD) symptoms (Rogers, Fox & Herlihy, 2015), trauma (Herlihy, Scragg & Turner, 2014),

and effects of medical (e.g. malnutrition, traumatic brain injury) and psychological conditions (e.g. sleep deprivation, avoidance; Morgan, Tamminen, Seale-Carlisle, & Mickes, 2019). This thesis considers an additional – and to date unexplored - potential cause of cognitive impairment during the asylum interview: stereotype threat, a situational predicament that affects working memory.

### **3.2. The role of working memory in appearing credible**

Working memory capacity refers to the number or chunks or representations in memory a person can access for information processing in the present moment (e.g., Cowan, 1988). People with low working memory capacity recall fewer items, make more errors when recalling items, and are slower to correctly recognize items than individuals with high working memory capacity (Miller & Unsworth, 2018). People with low working memory capacity experience difficulties completing recall tasks, especially in the presence of environmental distractions (e.g. a message notification) or cognitive events (e.g. mind-wandering; Shipstead, Lindsey, Marshall & Engle, 2014). Working memory capacity has been found to be associated with a variety of more complex cognitive processes. Particularly relevant for the current study, studies have found individuals with low working memory capacity are less good at the comprehension and rehearsal of speech (Sörqvist, & Rönnerberg, 2012), reasoning (Oberauer, Süß, Wilhelm, Sander, 2008), decision-making (Furley & Memmert, 2012), emotion regulation (Kleider, Parrott, & King, 2009), conflict monitoring (Miller, Watson & Strayer, 2012), and resisting misinformation and false memories (Leding, 2012). Hence, people with low working memory capacity may struggle during their asylum interview to perform the behaviours that the Home office associates with appearing credible, such as disclosing all the information relevant to a line of enquiry when asked, and answering questions in a consistent manner over time. Failure to exhibit these behaviours may count against applicants when a decision is made on their asylum claim.

Working memory capacity is also related to individual differences in intelligence (Unsworth and Engle, 2005), age (Babcock & Salthouse, 1990) and personality (Studer-Luethi, Jaeggi, Buschkuhl, & Perrig, 2012). Studies have also uncovered a number of factors resulting in impaired working memory capacity, including emotion regulation (Studer-Luethi et al., 2012), stress (Sorg & Whitney,

1992), dieting (Green, Jones, Smith, Cobain, Williams, Healy & Durlach, 2003), cold temperatures (Sellaro, Hommel, Manai, and Colzato, 2015) and – of particular relevance to this study - stereotype threat (Schmader and Johns, 2003). One mechanism by which these factors can affect working memory is that they generate preoccupying thoughts, which use up working memory resources (Unsworth & Engle, 2007). To use stereotype threat as an example, the integrated process model of stereotype threat (Schmader et al., 2008), suggests that responding to stereotype threat generates preoccupying thoughts (for example, suppressing negative thoughts or performance monitoring) and this consumes working memory capacity, which results in poorer performance on complex cognitive tasks. For example, there is evidence that stereotype threat reduces working memory capacity in women (e.g., Beilock, Rydell, & McConnell, 2007; Schmader & Johns, 2003), older adults (Armstrong, Gallant, Li, Patel & Wong, 2017) and immigrants (Appel et al., 2015). However, the effect of stereotype threat on working memory has never been investigated in asylum applicants.

### **3.3. Experimental research on stereotype threat**

The following section reviews experimental research on stereotype threat and working memory. Several aspects of the asylum context pose a challenge for empirical work, specifically, (1) how to select a cue to activate in experimental studies, (2) appropriate measures of working memory in samples where English is a second or other language, (3) appropriate identification of group status, and (4) the potential moderating effect of domain identification. This review will inform the design of this chapter's experiment, investigating whether asylum applicants exposed to stereotype threat evidence impaired working memory capacity.

#### ***3.3.1. How to activate stereotype threat in experimental studies***

A first challenge in experimental research is to select appropriate cues to activate stereotype threat. Cues that have been used in experiments to activate stereotypes can be categorised as subtle, moderately explicit or blatant (see meta-analyses by Ngyuen and Ryan, 2008; Shewach et al., 2019; Armstrong et al., 2017). In subtle threat manipulations, participants are primed to think of their social identity, and associated stereotypes are assumed to be activated by automatic or subconscious mechanisms (Nguyen and Ryan, 2008). Researchers have primed participants to think

of their race, gender and sexual social identity by asking them to complete simple demographic questions prior to taking a test (e.g. Danaher & Crandall, 2008; Schmader & Johns, 2003; Steele & Aronson, 1995; Bosson, Haymovitz, Pinel, 2004), or by manipulating the number of 'identity mates' (representatives from the targets social group) present during the test (e.g. Inzlicht & Ben-Zeev, 2000). Diagnosticity is another subtle cue, which signals to people that a test they are about to take is a valid predictor of their abilities in the stereotyped domain (Inzlicht & Schmader, 2012).

In blatant threat manipulations, participants are reminded of the negative stereotypes associated with their group during pre-test procedures. Blatant manipulations have taken many forms: in a study designed to elicit stereotype threat effects in white students, participants were given media articles about the math achievement of Asians and told the study aim was to understand why Asians outperform white students (Aronson, Lustina, Good, Keough, Steele & Brown, 1999). In research on gender stereotypes, female participants have been told that men are known to outperform women on the impending math test (e.g., Beilock et al., 2007), or that women's performances will be compared to men's to determine whether the gender stereotype is true (e.g., Rosenthal, Crisp, & Suen, 2007). Others prime participants to think of the relevant stereotype by administering a questionnaire to participants asking about their awareness of cultural stereotypes (see Ngyuen and Ryan, 2008). Another category of manipulation - moderately blatant manipulations - likewise inform participants that there are differences between groups, but refrain from stating which group is considered superior. For example, stating that there are differences in the scores obtained by men and women in mathematical tests (Brown & Pinel, 2003).

Subtle, moderately explicit and blatant manipulations are used in roughly equal measure in research studying gender and racial stereotypes (Shewach et al., 2019). All three types of manipulation reliably produce stereotype threat effects in female and ethnic minority samples (Ngyuen & Ryan, 2008; Shewach et al., 2019; Armstrong et al., 2017). However, meta-analyses find conflicting results regarding the size of the effect produced by the different treatments. Nguyen and Ryan (2008) found subtle or moderately explicit cues produce the largest effect for females and racial minorities respectively, whereas Shewach et al. (2019) find subtle cues produce

the weakest effects in both groups. Whilst there are no previous studies that investigate whether asylum seekers experience stereotype threat, in their meta-analysis, Appel et al. (2015) synthesised a small number of studies (9 published, 10 unpublished) of the effect of stereotype threat on the academic performance of immigrant populations. All except one study followed the pattern expected from stereotype threat theory. The vast majority of immigrant samples included in the meta analysis were exposed to moderately explicit or blatant cues, both types of cue were effective, but moderately blatant cues yielded the largest results. In summary, subtle, moderately explicit and blatant cues have all been found to produce stereotype threat effects. Unfortunately, the strength of effect produced by subtle cues is inconclusive, and subtle cues remain untested in immigrant and asylum seeking populations.

Ethically, the risk of harm to participants is minimised by selecting a subtle cue. Despite having the advantage of ecological validity, selecting blatant cues that closely replicate the conditions of the asylum interview risk (re)traumatising participants. Whereas blatant cues that inform participants of negative stereotypes about their group will by definition increase awareness of asylum stereotypes, the consequences of which could be significant for those who are still going through the asylum system. Subtle cues, such as test diagnosticity or priming participants to think of their identity are therefore more appropriate in the context of research with asylum seekers and refugees.

### ***3.3.2. Measures of working memory in non-native speakers of English***

In research in the stereotype threat framework, individual differences in working memory capacity are typically assessed by measuring participants' performance on the reading span task (see Daneman & Carpenter, 1980) and the operation span task (see Turner & Engle, 1989). Reading and operation span tasks require participants to engage with numeric and verbal written stimuli. As such, it is unsurprising that studies have found significant positive correlations between reading span and operation span and linguistic abilities, such as reading comprehension (Sörqvist, & Rönnerberg, 2012). Consequently, these tasks advantage those taking the test in their native language (Berquist, 1997), and those with greater second-language proficiency (see Harrington & Sawyer, 1992). Language-free span tasks, such as the spatial span task (Kane, Hambrick, Tuholski, Wilhelm, Payne & Engle, 2004), may be

less affected by linguistic factors. Therefore, they are more appropriate for assessing working memory capacity in those acquiring a second language (Alptekin, Erçetin & Özemir, 2014), such as the majority of asylum seekers and refugees. The spatial span task had been used in at least one study investigating stereotype threat among female students (Allen & Fridman, 2016) which found stereotype threat resulted in poorer working memory scores.

### ***3.3.3. Individual differences in group and domain identification***

The stereotype threat process model (Schmader et al., 2008) posits that stereotype threat occurs from a state of cognitive imbalance whereby people identify with a group ('I am like my group'), and with a domain ('I have this ability') but are aware that their group is typically not seen as capable in the domain in question. It follows that for individuals who do not identify with their group and/or the domain, negative ability stereotypes do not have the same power and stereotype threat effects are reduced, and past research has demonstrated that domain identification moderates stereotype effects (for a review see Nguyen and Ryan, 2008).

It is reasonable to presume that people would be strongly invested in the outcome of their asylum interview. However, there is evidence that some people disengage from the asylum process, having lost faith in a process that they feel is rigged against them (Griffiths, 2012), or been worn down to a state of passivity by the daily stressors of life in the margins (Crawley, 2011), and of course successful case resolution is no longer an option once one has exhausted all legal rights to appeal, which may force disengagement from the process. Past research also suggests that people may stop engaging in a stereotyped domain following repeated exposure to stereotype threat over time (see Steele 1997). Taken together, it is possible to predict that a longer duration of time spent in the UK without obtaining refugee status may lead to people gradually identifying less with the asylum process and make people less susceptible to stereotype threat. Time since arrival is therefore a variable to be mindful of during participant recruitment for studies investigating stereotype threat among people who seek asylum.

The empirical results on the moderating effect of group identification are inconclusive. There is evidence that identity strength predicts stereotype threat effects in women (Schmader, 2002), African Americans (Ho and Sidanius, 2010) and Latino

immigrants (Armenta, 2010), but other studies are inconclusive or find conflicting results (McFarland et al., 2003; Eriksson & Lindholm, 2007, Appel et al., 2015). Appel et al. (2015) found that asking immigrants with which group they identify most yielded larger effect sizes than using other procedures, such as asking for their parents' birth place. These findings suggest subjectivity is important in terms of group identification and that, hence, self-identification is the most appropriate way to determine immigration status with immigrant samples such as asylum seekers and refugees.

### **3.4. The present study**

As responding to stereotype threat (e.g., by actively monitoring performance or suppressing negative thoughts) can impair working memory capacity, activating stereotypes may result in poorer performance on complex cognitive tasks. This effect, however, has never been investigated in asylum applicants. Given that working memory is likely to be an important determinant of the quality of asylum seekers' testimony, and the findings from Study 1 suggesting the potential for stereotype threat to occur in the context of the asylum interview, the aim of Study 2 is to examine the association between exposure to stereotype threat activating cues and asylum applicants working memory. Having considered particular aspects of the asylum context that pose a challenge for empirical work, the following section documents the method used in Study 2. This study employed a between-participants design to investigate the effect of a subtle stereotype threat manipulation on spatial span. The performance of asylum applicants was compared to international students, who are not subject to the same legitimacy stereotypes as asylum seekers and can serve as a control group. The hypothesis being that asylum seekers, but not international students, will perform worse on a working memory test under conditions of stereotype threat.

### **3.5. Method**

The study design, hypotheses, procedures and the analysis plan were pre-registered prior to data collection on the Open Science Framework.

### **3.5.1. Participants**

Adults over 18 years old and who have migrated to the UK to seek asylum or to study (confirmed during the sign-up process and questionnaire) were recruited to come to the laboratory to answer a questionnaire and complete a spatial span task. Asylum applicants were recruited through services which support asylum seekers in a city in the UK. One partner organisation provides financial support and housing to destitute asylum seekers and refugees; the two other partner organisations provide lunch and social opportunities to people seeking sanctuary. International students were recruited via the student and staff volunteer scheme at the University. All participants were given a £15 Tesco voucher for agreeing to participate and invited to share the details of the study with people in their network. The Psychology Ethics Committee at the University of Sheffield granted Ethical approval to conduct this study.

The required sample size was calculated a priori, considering the power and effect size sought. The goal was to obtain 95% power to detect a large-sized effect (Cohen's  $F = 0.40$ ) of stereotype threat on working memory at the standard .05 alpha error probability. A large-sized effect of stereotype threat on working memory was predicted on the basis of a meta-analysis of six studies on the effect of stereotype threat on memory, non-verbal and fluid intelligence among immigrant populations (Appel et al., 2015). The power analysis indicated that 84 participants (42 asylum seekers, 42 international students) would provide the desired power. The final sample comprised 83 participants (42 international students and 41 asylum applicants).

### **3.5.2. Design and Procedure**

The study used a 2 group (international students vs. asylum seekers) x 2 conditions (stereotype threat vs. no threat) design. Participants were randomly assigned to either a stereotype-threat condition or no-threat (control) condition using a built-in randomisation process in the survey software. In the stereotype-threat condition, a subtle threat manipulation was used (Nguyen & Ryan, 2008), in which participants were informed that an upcoming task was diagnostic of their ability in the stereotyped domain. The outcome variable was participants' performance on a spatial span task, specifically, the average number of correct answers for each participant.

### **3.5.3. Materials**

The study materials were first developed in English, and then translated to Arabic (Simplified) and Chinese (Mandarin). The translation to Arabic and Chinese was carried out and proofread by a professional translator. The measures included in the study appear below in the order presented to the participants.

#### *Qualtrics survey*

Participants completed a survey which was conducted with Qualtrics software.

#### *Immigration status*

The first section of the survey asked participants to specify their immigration status in the U.K., and, for participants who selected asylum seeker or refugee, to state whether they had ever been denied asylum in the U.K.

#### *Threat manipulation*

In both the threat and no threat condition, the task description was displayed for a minimum of 30 seconds, and participants were asked to confirm that they had read and understood this information. Specifically, participants in the threat condition read that ‘Studies suggest that how well people process visual information is an indication of how honest, law-abiding, and trustworthy they are. You will now take a test that measures how you process visual information’. For asylum seekers, the expectation was that this information would make them feel at risk of confirming a negative stereotype about their legitimacy, whereas the expectation was that this information would be less threatening for international students who are not typically subject to negative stereotypes with respect to dishonesty. In the no-threat (control) condition, participants read that ‘studies suggest that visual information is processed differently by different people. You will now take a test that measures how you process visual information’.

#### *Spatial span task in Tatool*

The spatial span task was administered with Tatool Web (<https://www.tatool-web.com/#!/doc/lib-exp-corsi-block.html>; von Bastian, Locher & Ruflin, 2013). Participants were presented with a 3x3 grid of squares on a computer screen and

asked to memorise the sequence in which the squares were highlighted. Participants were then asked to recall the sequence, using their mouse to click on the grid to respond. After reading the task instructions, participants completed two practice trials (which were discounted in analysis), followed by 12 test trials. The set size (number of squares) ranged between 4 and 7. The grid was displayed for 1000 ms.

#### *Second Qualtrics survey*

On completion of the spatial span task, Tatoon automatically loaded a second Qualtrics survey.

#### *Attention check*

Participants were asked what the task had been designed to measure (response options: ‘how people process visual information’; ‘how honest, law abiding and trustworthy people are’; ‘other’; and ‘not sure’).

#### *Sociodemographic questions*

The final section of the survey included questions about age, gender, Nationality, education level, and the time that had elapsed since they first arrived in the UK.

#### **3.5.4. Procedure**

The participant information sheet introduced this study as an investigation into how migrants to the UK process information. Participants were assured that responses were anonymous and confidential, and that they had the right to withdraw their participation at any point. Once the participant provided informed consent, they were taken to a private room where they completed the study independently on a computer. Following completion of the study, participants read a debrief informing them of the true purpose of the study and providing an option to withdraw their data from the study.

### **3.6. Results**

Sixteen participants did not specify asylum seeker, refugee or student visa when asked about their immigration status and, thus, their data was not included in the analysis. For the dependent variable, performance in the spatial span, outlying values

(values of 3 or more *SDs* from the *M*) were removed ( $n = 1$ ). A histogram of spatial span performance suggests that a third of respondents scored 90 and above, which is close to the maximum score. This has led to negatively skewed data, which however was not significant ( $p < .001$ ). Therefore, the data were not transformed.

### 3.6.1. Descriptive statistics

As documented in Table 1, the modal age of the asylum seeking sample was 35-44 years, and 66% of participants were male. Over half the sample reported being in the UK for 4 or more years. Seventeen per cent reported having no formal education or having left school before age 13. The modal age of the student sample was 18 to 24 years, and 57% of participants were female. Over half the sample reported being in the UK for less than 1 year. 57% reported a postgraduate degree as their highest education level.

*Table 1: Sociodemographic Characteristics of Participants*

Baseline characteristic	Asylum applicants		Student visa	
	<i>n</i>	%	<i>n</i>	%
<b>Gender</b>				
Female	10	24.4	24	57.1
Male	27	65.9	17	40.5
Prefer not to say	1	2.4	0	0
<b>Age</b>				
18-24 years	10	24.4	21	50
25-34 years	8	19.5	18	42.9
35-44 years	11	26.8	1	2.4
45-54 years	4	9.8	0	0
55-64 years	4	9.8	0	0
65-74 years	3	7.3	0	0

Highest educational level

No schooling	6	14.6	0	0
Nursery school to age 13	1	2.4	0	0
Some secondary or high school, no qualification	1	2.4	0	0
GCSEs, High School diploma or equivalent	10	24.4	4	9.5
Some College or University, no degree	10	24.4	24	7.1
Undergraduate degree	4	9.8	11	26.2
Postgraduate degree	4	9.8	24	57.1
Not sure	5	12.2	0	0

Time in UK

Less than 1 year	4	9.8	28	66.7
1-3 years	16	39	5	11.9
4-6 years	6	14.6	9	21.4
More than 6 years	15	36.6	0	0
Denied asylum in the	21	51.2	0	0

Country of Origin

Côte d'Ivoire	1	2.4	0	0
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China	0	0	11	26.2
Congo, Republic of the	1	2.4	0	0
Democratic Republic of the Congo	1	2.4	0	0
Ecuador	0	0	1	2.4
Eritrea	1	2.4	0	0
Ethiopia	3	7.3	0	0
Ghana	1	2.4	0	0
Hong Kong (S.A.R.)	0	0	1	2.4
India	0	0	7	16.7
Indonesia	0	0	1	2.4
Iran	6	14.6	1	2.4
Iraq	4	9.8	0	0
Kuwait	1	2.4	0	0
Libyan Arab Jamahiriya	1	2.4	0	0
Malaysia	0	0	1	2.4
Mexico	0	0	1	2.4
Namibia	1	2.4	0	0
Nepal	0	0	1	2.4
Nigeria	2	4.9	3	7.1
Pakistan	3	7.3	1	2.4
Rwanda	2	4.9	0	0
Singapore	0	0	1	2.4

South Africa	1	2.4	0	0
Sri Lanka	0	0	1	2.4
Republic	2	4.9	0	0
Thailand	0	0	2	4.8
Trinidad and Tobago	0	0	1	2.4
Turkey	1	2.4	7	16.7
Yemen	1	2.4	0	0
Zimbabwe	1	2.4	0	0

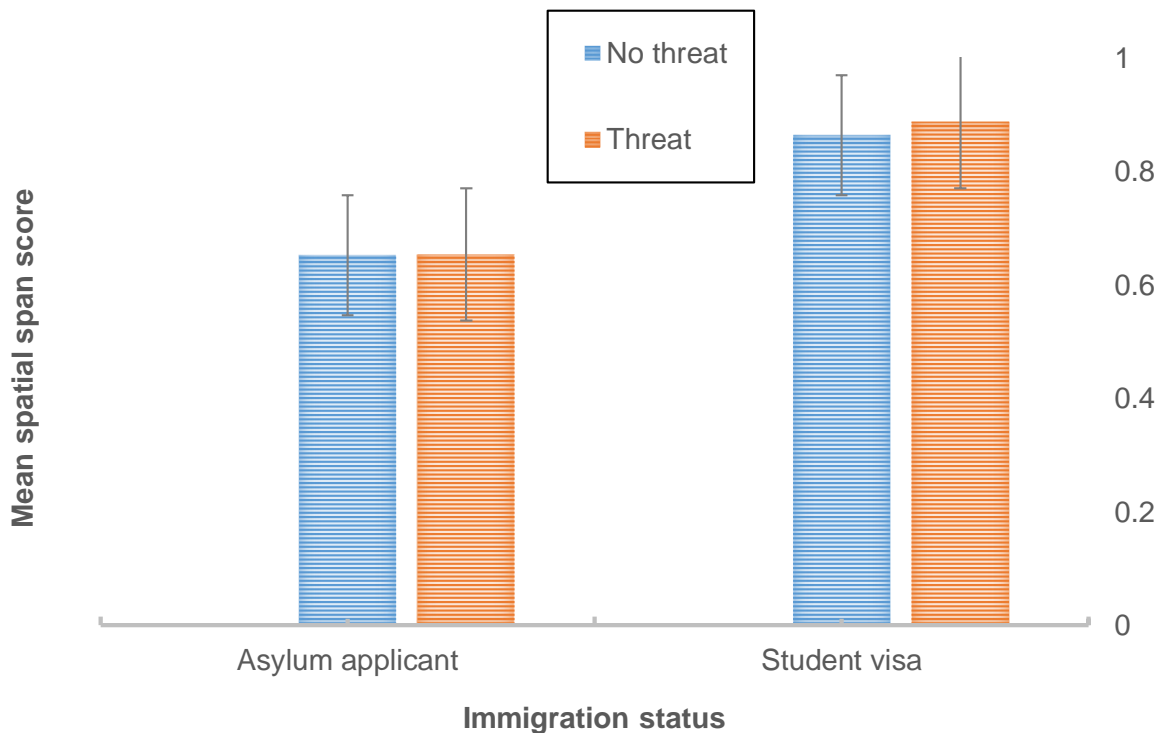
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*Note.*  $N = 83$

<sup>a</sup> Reflects the number and percentage of participants answering “yes” to this question.

### 3.6.2. Statistical analysis

A two-way between-participants ANOVA was carried out. The dependent variable was spatial span performance, and the other two variables (immigration status and stereotype threat condition) were between-participant factors. Normality checks and Levene's test were carried out and the assumptions were met. The main effect of immigration status was significant,  $F(1, 79) = 32.06, p < .001, \eta_p^2 = 0.29$ , with better spatial performance in international students ( $M = .88, SD = .09$ ) than in asylum applicants ( $M = .65, SD = .23$ ) (see figure 1). In contrast, there was no significant effect of experimental group,  $F(1, 79) = 0.11, p = 0.74, \eta_p^2 = 0.00$ . Finally, there was no statistically significant interaction between the effects of immigration status and stereotype threat condition on spatial span performance,  $F(1, 79) = 0.08, p = .781, \eta_p^2 < .01$ .



### 3.6.3. Exploratory tests

It is possible that sociodemographic factors could influence spatial span. To test this possibility, a two-way ANCOVA was conducted to compare the effect of stereotype threat on spatial span while accounting for age, education level, nationality and time in the UK. The results remained the same as for the main analysis (see Table 1 and 2). The main effect of immigration status was significant,  $F(1, 63) = 12.65, p < .001, \eta_p^2 = 0.17$ , with better spatial performance in international students ( $M = .88, SD = .09$ ) than in asylum applicants ( $M = .65, SD = .24$ ). There was no significant effect of experimental group,  $F(1, 63) = 0.19, p = 0.67, \eta_p^2 = 0.00$ . There was no significant interaction between immigration status and threat manipulation,  $F(1, 63) = 0.324, p = 0.571, \eta_p^2 = .005$ .

Table 2: Two Way Analyses of Covariance with spatial span performance as the dependent variable and immigration status and stereotype threat condition as between participant factors, accounting for age, education, origin country and time in U.K.

Effect	$\eta_p^2$	$F(1, 63)$	$p$
Age	.01	0.31	.591
Education	.10	7.30	.011
Time in U.K.	.01	0.46	.498
Origin country	< .01	0.06	.815
Immigration status	.17	12.65	< .001
Experimental group	< .01	0.19	.669
Immigration status * Experimental group	.01	0.32	.575

Furthermore, it is possible that the effect of stereotype threat on working memory would be present only in participants who paid sufficient attention to the information provided in the manipulation. To test this possibility, the main analyses were repeated, excluding participants who did not correctly recall the information in

the manipulation. After excluding participants who failed the attention check, there was still no significant difference in mean spatial span score between the no threat and threat conditions.

### **3.7. Discussion**

This study examined whether asylum applicants would perform worse on a spatial span test after being exposed to a stereotype threat activating cue. The performance of asylum applicants was compared to international students. The hypothesis of this study was that asylum seekers (but not international students) would perform worse on a working memory test under conditions of stereotype threat. Results showed no significant differences in working memory scores in participants based on the condition to which they were assigned. Therefore, this hypothesis was not supported.

In the following section, limitations of the study and possible explanations for the lack of significant association between stereotype threat and working memory are discussed. Factors associated with the dependent variable (spatial span), the stereotype threat activating cue used in the manipulation and the recruitment of asylum seekers and refugees will be discussed in turn.

#### ***3.7.1. Spatial working memory is untested in existing stereotype threat research***

The dependent variable (spatial span) has not been widely used in stereotype threat research. The majority of stereotype threat research investigates the effect of stereotype threat on a test of verbal working memory, such as the operation span task (Turner & Engle, 1989) and reading span task (Daneman & Carpenter, 1980). While verbal working memory tasks are appropriate for the samples in which they have been used (predominantly to study the effect of gender and racial stereotypes on educational achievement in samples of students studying at English speaking universities), the tasks present problems when participants are non-native speakers. This is because reading and operation span tasks advantage those taking the test in their native language (Berquist, 1997), and those with greater second-language proficiency (see Harrington & Sawyer, 1992; Walter, 2004). Whilst there are research studies that have applied stereotype threat to immigrants before, these studies are concerned with the effect of stereotype threat on exam performance, and as such have used non-verbal intelligence tests such as Raven's Progressive Matrices (Raven,

1958) and the Culture Fair Intelligence Test (Cattell, 1940) as the dependent variable, or have used verbal working memory tests despite the potential issues involved (see Appel et al., 2016 for a review of measures used with immigrant samples). Just one study identified in a search of the literature investigated the relationship between stereotype threat effects and spatial working memory (Allen & Friedman, 2015). The study found a significant association between stereotype threat and performance on a spatial n-back test, a test highly similar to the spatial span task used in this study. Further research is needed to confirm whether stereotype threat affects spatial working memory in the same way it affects verbal working memory. Critically, however, there is no theoretical reason to believe spatial working memory is less susceptible to stereotype threat than verbal working memory.

A potential limitation of this study was that there may have been a ceiling effect created by choosing set sizes that were too easy in the spatial span task, with 33% of participants right in at least 90% of the trials. It is possible that this undermined the effects of stereotype threat on working memory, since stereotype threat effects may only occur on tasks that are difficult (Pennington, Heim, Levy & Larkin, 2016). If this was the case, excluding all participants with perfect performance from the analysis might give a pointer that this was a major issue. This was not the case; further analysis reveals there was no difference in the main findings after excluding participants who were right in 90% of trials. Despite this, future studies should consider selecting the set sizes more carefully, for example, individuals' working memory capacity could be measured in pre-test procedures to establish a baseline working memory score and enable researchers to maximize task difficulty.

It is noteworthy that there was significant difference between the performance of asylum applicants and international students on the spatial span task, with a lower mean but greater standard deviation in the asylum sample ( $M = .65$ ,  $SD = .23$ ) than in the student sample ( $M = .88$ ,  $SD = .10$ ). Asylum seekers scores ranged from 0.06 to 0.99 (i.e. one participant was correct on less than 1% of trials, and another participant was correct 99% of the time). Future research should seek to achieve a larger sample with the aim of conducting sub-group analysis to compare groups based on performance.

### ***3.7.2. Recruitment procedures may have undermined the stereotype threat manipulation***

Recruiting asylum seeking populations poses significant challenges. There is not a list of individual asylum seekers and refugees from which a sampling frame can be drawn. The government does not count the number of asylum applicants and refugees who live in the UK, nor is this information included in the census. If there was a list of asylum seekers and refugees from which a sample could be drawn, a number of improvements could be made to the study design. The first compromise that had to be made due to a lack of sampling frame was to recruit participants from refugee third sector organisations and via word of mouth (snowball sampling). Recruiting participants via refugee third sector organisations and word of mouth helps provide assurance to prospective participants that the research and researcher can be trusted. Whilst this is helpful in convincing participants to take part, this may have reduced the effectiveness of the stereotype threat activating cues. Stereotype threat occurs when individuals feel their social identity will be a barrier to inclusion in a setting (Steele & Aaronson, 1997). The affiliation with trusted refugee third sector organisations may have led participants to assume that the experiment was a place they would not experience this threat of exclusion. This would have undermined the effectiveness of stereotype threat manipulation.

A related point is that, owing to the recruitment methods used, participants would often turn up to the test session accompanied by a friend, relative or colleague, who had either already taken part in the study or scheduled a session at the same time. Again, this provided reassurance and practical support (e.g. help finding the venue) but may have undermined the effectiveness of the stereotype threat activating cues. The presence of identity mates – people who share the stigmatised identity – has been shown to reduce the effect of stereotype threat by signalling that a setting is ‘identity safe’ (Inzlicht & Ben-Zeev, 2000). This effect can be so strong that even pictorial depictions of identity mates are effective in reducing stereotype threat (Muzzatti & Agnoli, 2007).

A further compromise in the analysis was to create one group containing all participants who identified as asylum seekers, refused asylum seekers and refugees. This decision was necessitated by the difficulties in obtaining a sample of people who

seek asylum. A power analysis had suggested that 42 participants in each group would provide the required power. If recruitment was less challenging, it would be preferential to recruit 42 participants from each refugee subgroup (asylum seekers, refused asylum seekers and refugees). This larger sample would allow sub-group analysis that may reveal important differences in how stereotype threat affects these distinct groups. As discussed in the introduction, some of the stereotypes that are directed towards asylum seekers and refugees are different. In one study, asylum seekers were more commonly associated with freeloading intentions, while refugees were associated with escaping from war and persecution (Kotzur, Forsbach & Wagner, 2017). Moreover, refugees have received a legal decision on their case that endorses their legitimate need for protection. Asylum seekers and refused asylum seekers have not. Taken together, it is plausible that refugees may be less susceptible to stereotype activating cues that centre on their legitimacy and the truthfulness of their asylum claim than asylum seekers. What this means for the current study, is that grouping together asylum seekers, refused asylum seekers and refugees may have obfuscated the results.

Finally, in the absence of a sampling frame from which to draw, it was necessary to discuss participant's immigration status during the sign-up process. Acknowledging that this may prime prospective participants to think about their social identity, to 'level the playing field' all participants were asked their immigration status at the start of the questionnaire. By doing so, it was possible to reduce variance occurring from sign-up processes. However, this prime may have induced stereotype threat in the participants in the control condition. Theoretically, this is unlikely to be the case as the task would not appear to be associated with a stereotyped domain unless primed (as in the threat manipulation). Studies in which a demographic cue alone have been shown to elicit stereotype threat tend to rely on the test being particularly strongly associated with the stereotyped domain (e.g. the SATs as a measure of math ability or intelligence tests as a measure of intelligence). Future research could attempt to ameliorate these issues by creating a sampling frame of asylum seekers and refugees, for example, by setting up a screener survey using AmazonTurk. However, this may prove difficult. The relatively small number of asylum seekers and refugees residing in host countries means a screener would need a

very large number of responses before an appropriate number of people who seek asylum are sampled.

### ***3.7.3 The manipulation may have failed***

Another issue with the stereotype threat activating cue is that it is not clear whether the participants believed that task performance was predictive of how honest and law-abiding a person is (i.e. predictive of ability in the stereotyped domain). If participants were not convinced this was the case, their performance would have been unaffected by stereotype threat (Picho & Brown, 2011). Again, this reflects a conflict between increasing the external validity of the task (e.g. making the task more closely resemble the asylum interview, by, for example, having participants recount their reasons for seeking asylum) and ethical practices.

### ***3.7.4. Domain identification may be lacking among some people who seek asylum***

Another explanation for the null findings is that asylum-seeking participants may not strongly identify with the stereotyped domain, meaning they may not feel a strong desire to prove they are honest, law-abiding and trustworthy. Previous research suggests that asylum seekers care deeply about being perceived as honest and having legitimate claims (Griffiths, 2011), and the findings from Study 1 support this idea. However, there may be variation in how strongly participants in this study identified as an asylum seeker (for a discussion, see Section 2.2.6). As discussed, asylum seekers who have been in the UK for a long time and reached the end of the asylum process without being granted refugee status may not place the same value on proving their honesty and trustworthiness as those who are still actively pursuing their asylum claim. This may explain why some individuals may disengage from the domain of "refugee" entirely, particularly after prolonged uncertainty or rejection. This disengagement could lead them to no longer identify with the domain of asylum seekers and thus reduce susceptibility to stereotype threat. Such variations in domain identification within as well as between-people (i.e., over time and from situation to situation) could explain the lack of a clear association between stereotype threat and working memory performance. Since individual differences in group identification can moderate stereotype effects (Pennington et al., 2016), it would be helpful for future research to develop measures of group and domain identification in asylum populations that are sensitive to such variations.

### ***3.7.5. Implications for asylum policy***

The present study provides first evidence that some asylum seekers exhibit lower working memory relative to a control group of international students. This finding is particularly concerning because working memory plays a crucial role in organizing and articulating coherent narratives (Sörqvist & Rönnerberg, 2012), especially under high-pressure conditions (see Schmader & Johns, 2008) such as asylum interviews. The asylum interview is an asylum applicant's principal chance to demonstrate credibility and articulate their need for refugee status. Impaired working memory may hinder asylum seekers' ability to recall and communicate key details effectively, potentially compromising their chances of being granted protection.

For example, an asylum seeker with impaired working memory might struggle to accurately recount the sequence of events that led to their persecution, especially if these events were complex, or occurred over an extended period. They may also find it challenging to maintain focus on the interviewer's questions, particularly when the questions involve detailed timelines, names, or locations. Asylum seekers are expected to recall specific details of their experiences, such as the date and time of an event or the names of people involved, without inconsistencies. Accurately retaining and recalling the questions posed by an interviewer taxes working memory resources, reduced working memory capacity could lead to gaps or contradictions in an individual's testimony that could unjustly undermine their credibility.

To mitigate such issues, asylum procedures could be designed to reduce reliance on working memory. For instance, the asylum process could include alternative methods of information collection such as allowing asylum seekers to submit written testimony or pre-recorded narratives ahead of their interviews. This would help them to organize their thoughts and memories without the pressure of being interviewed. Interviewers or applicants could introduce prompts during interviews, such as creating timelines, or checklists, to help organise their responses. Additionally, splitting the interview into multiple shorter sessions might alleviate cognitive strain for applicants.

Another possibility to protect working memory would be to redesign asylum processes so they are less likely to trigger stereotype threat. Procedural changes could include training interviewers to adopt a non-judgmental questioning style and neutral

body language, thereby reducing cues that may trigger stereotype threat. Explicitly affirming that asylum seekers have a legal right to claim asylum may also reduce anxiety related to stereotypes about criminality. Structural changes could further reduce the likelihood of stereotype threat occurring. For example, if fingerprints must be taken, this could happen after the asylum interview, so applicants are not unsettled prior to giving testimony.

Such changes could positively impact the fairness and reliability of asylum procedures, especially for individuals facing cognitive challenges linked to trauma, stress, or stereotype threat.

## **CHAPTER 4 STUDY 3: THE IMPACT OF POST-MIGRATION STRESSORS ON REFUGEES' EMOTIONAL DISTRESS AND HEALTH**

In this third and final study of the thesis, the focus shifts from the process of applying for asylum to the next step in the resettlement journey: the longer term outcomes that successful refugees experience. Evidence indicates that refugees fare significantly worse after re-settlement than the general population, showing higher rates of psychological disorders and mental health problems (Li, Liddell, & Nickerson, 2016), worse general health (Cebulla, Daniel, Devine, & Tipping, 2010), and lower levels of life satisfaction (Noh et al., 2018). Historically, psychologists have sought to explain these problems by focusing on refugees' experiences of pre-migration trauma (Chantler, 2012). More recently, however, psychologists have started to consider the impact of the post-migration context (see Li et al., 2016). Owing in part to institutional and individual discrimination, the post-migration experience of people who seek asylum in the U.K. is typically characterized by extreme poverty, uncertainty around basic needs such as housing and employment, social and cultural isolation, and exclusion on the basis of immigration status, language ability, or race (Alemi et al., 2017; Allsopp, Sigona, & Phillimore, 2014; Bloch, 2008; Bloch & Schuster, 2005). Refugees' experience of such economic and social stressors in the post-migration context is now recognised as an important predictor of their health after re-settlement (Hynie, 2017; Li et al., 2016). However, little is known about the mechanisms by which these stressors impact on health, particularly over time. Understanding these mechanisms has the potential to inform theoretical frameworks outlining the determinants of minority groups' health and interventions designed to improve adjustment and health among refugees. The present study examines the longer-term impact of stressors on refugees' general health, exploring two psychological mechanisms—emotional distress and social support—that potentially underlie this relationship.

### **4.1. Economic and social stressors in the post-migration context**

The nature of forced migration typically does not allow refugees to plan for departure (Crawley, 2010). Refugees may have to leave behind sources of income (e.g., businesses, properties, savings) as well as their possessions, including evidence of professional qualifications (Hynie, 2017), without which they may be unable to continue their professional career in the resettlement country. On arrival in the UK,

refugees' financial disadvantage is compounded by three factors: (a) policies that deny them the right to work while their refugee status is under review (Allsopp et al., 2014), (b) inadequate state support to provide a foundation from which to develop economic self-sufficiency and social integration (Phillimore & Goodson, 2006), and (c) dispersal to deprived areas that offer limited opportunities for economic and social advancement (Cheung & Phillimore, 2014). In addition to these economic challenges, refugees also face considerable social stressors in the communities into which they migrate, including social isolation due to language and cultural barriers, and stigma due to their (often visible) minority group status. Perhaps as a consequence, discrimination (Alemi et al., 2017) and victimization (Cheung & Phillimore, 2013) are commonly reported.

#### **4.2. The influence of post-migration stressors on health**

Empirical evidence has started to document the impact of economic and social stressors in the resettlement environment on refugees' mental health outcomes (for a review, see Li et al., 2016). For example, psychopathology among refugees has been linked to their experience of post-migration unemployment and underemployment (Kim, 2016), housing (in)security (Bogic et al., 2012), lack of safety (Ager & Strang, 2008), and perceived discrimination (Alemi et al., 2017). However, relatively little is known about how or why post-migration stressors affect longer-term health outcomes among refugees. This is because of three gaps in the existing evidence base. First, the outcome variable of interest has tended to be mental illness, rather than a measure of general health that includes physical, mental, and social well-being. Refugees in the UK report lower levels of general health than the general population (Cebulla et al., 2010), but the extent to which this is due to their experience of post-migration stressors is unknown. Second, empirical studies typically employ cross-sectional designs and have only documented the short-term impact of post-migration stressors, rather than their longer-term implications for health. Third, research to date has tended to focus on identifying specific factors that are associated with mental health (e.g., poor housing, Porter & Haslam, 2005; Bogic et al., 2012), rather than the psychological processes and mechanisms underlying such associations (Li et al., 2016).

The present research seeks to identify how or why post-migration stressors affect health outcomes among refugees by investigating the extent to which economic and social stressors experienced following migration have a lasting impact on refugees' general health. To identify the processes that might explain this relationship, the study draws on the Social Determinants of Health framework (Marmot, 2005), which posits that disparities in physical and mental health between groups are determined (in part) by the unequal distribution of material and social resources such as education, income, employment, and housing. The framework proposes two pathways through which the broader economic, social, and political context can shape individuals' health: Exposure to adverse conditions may undermine health directly by causing physical and psychological harm. Alternatively (or in addition), individuals' reactions to these conditions and the resources that they have to deal with them may have an indirect effect on outcomes. This second, psychosocial pathway thus represents a 'gateway' through which material conditions can affect health (Health England, 2017). The present research focuses on two factors in particular that are likely to shape refugees' experience of post-migration stressors: Emotional distress and social support.<sup>2</sup>

### **4.3. How might emotional distress and social support explain the relationship between post-migration stressors and health?**

One way that economic and social stressors might affect refugees' health is through emotional distress, which reflects individuals' experiences of stress, anxiety, and depression over time (Marmot, 2005). Such distress can have negative physiological effects and thus can directly contribute to health problems such as coronary heart disease, hypertension, autoimmune disease, and respiratory disease (see Schneiderman, Ironson, & Siegel, 2008). Furthermore, emotional distress can promote unhealthy behaviours such as overeating and smoking (Park & Iacocca, 2014) that themselves undermine health. Indirect evidence for the role of emotional distress in shaping refugees' health comes from work showing that stress predicts mental health outcomes among refugees (Baranik, Hurst, & Eby, 2018; Noh et al., 2018; Lindencrona, Ekblad, & Hauff, 2008). However, no study has examined the role of broader emotional distress (i.e., anxiety and depression in addition to stress). The present research therefore investigates the extent to which emotional distress

mediates the effect of post-migration stressors on the longitudinal general health of refugees (Research Question 1).

A second way that economic and social stressors might affect refugees' health is via (a lack of) social support (Kaplan, 2006), which refers to the actual or perceived resources that can be accessed from a person's social network, such as friends and family. Social support has been shown to affect health in one of two ways. First, support can mediate or explain the relationship between the experience of stressors and health. Specifically, research indicates that exposure to extreme stressors such as resettlement (Dumper, 2008) or natural disasters (Banks & Weems, 2014) can weaken support networks and thus result in lower levels of perceived (and actual) social support from family and friends. In addition, the anticipated stigma of appearing to be weak and vulnerable can discourage individuals from seeking help, even after experiences of trauma and danger (Blais, Renshaw, & Jakupcak, 2014). Taken together, this work suggests that (a lack of) social support might explain the negative impact of stressors on health (Research Question 2).

An alternative conceptualization - the stress buffering hypothesis - proposes that social support can have a positive impact on health because support improves individuals' ability to cope with adverse conditions (Uphoff, Pickett, Cabieses, Small, & Wright, 2013). As such, support might moderate the extent to which the experience of stressors elicits emotional distress or poor health. There is some evidence for the stress-buffering hypothesis (see Uphoff et al., 2013), but it has not been directly tested in the context of refugees' experiences of resettlement. The present research therefore investigates the extent to which social support moderates the effect of (a) post-migration stressors on emotional distress, (b) the maintenance of emotional distress over time, and (c) the effect of emotional distress on the longitudinal health of refugees (Research Question 3).

#### **4.4. The Present Study**

To investigate the three research questions described above, a secondary analysis of the Survey of New Refugees<sup>3</sup> (SNR) was conducted. The SNR is the UK's only source of quantitative longitudinal data on refugee integration (EASO, 2018). The study was commissioned by the UK Home Office in 2005 with data collected at four time points spanning 21 months. The surveys included measures of post-

migration stressors, social support, emotional distress (including anxiety, depression, and stress), and general health. In the present study, the dataset was used to explore (a) whether emotional distress and social support mediate the relationship between post-migration stressors and refugee health over time, and (b) whether social support moderates the relationship between post-migration stressors, emotional distress and general health over time.

## **4.5. Method**

### ***4.5.1. Participants and Procedure***

The UK Home Office distributed the SNR to all refugees who were granted a positive decision of asylum, humanitarian protection, or discretionary leave to remain in the UK between 1 December 2005 and 25 March 2007. Respondents over the age of 18 years with a verifiable address were identified from the UK Border Agency Caseworker Information Database. Baseline surveys were posted within 1 week of the grant of refugee status, with follow-up surveys 8 months (Time 1), 15 months (Time 2) and 21 months (Time 3) after the grant. The response rate at baseline was 70% (5,678 out of 8,254), with 869 refugees (11% of the original sample) completing all four surveys over a period of 21 months. The current study includes only those respondents that completed all four surveys. The data were weighted to adjust for non-response and attrition, ensuring the sample is representative of the population of refugees entering the UK during the study period (for details see Cebulla et al., 2010)<sup>4</sup>. The majority of the final sample was male (n = 523, 63%), aged between 25 and 34 years (n = 361, 47%), and from Africa (56%). A substantial proportion of the sample were from the Middle East (20%) and Asia (11%).

### ***4.5.2. Measures***

The questionnaire was developed in English and translated into 10 languages commonly spoken by refugees. An interpreter was available on request (for details see Cebulla et al., 2010). A range of variables was assessed at each time point (see Cebulla et al., 2010), and those relevant to the present research are described below.

#### *Post-migration stressors (Time 1)*

Respondents' experience with five specific stressors – unemployment, perceived underemployment, inadequate housing, homelessness, and victimization – were measured at baseline. Unemployment was assessed with the following question: 'How many jobs have you had here, in the UK, in the past six months?' Participants provided their responses into an open response text box; these were recoded into a binary score (1 = one or more jobs, 0 = no jobs in last six months). At Time 1, 350 (40%) of respondents had not had a job in the last six months. Perceived underemployment was measured with the following question: 'Do you think that your current main job is appropriate for your skills and qualifications?' Respondents chose one of three response options: (a) Job is at a lower level than skills and qualifications; (b) job matches skills and qualifications; or (c) job is at a higher level than skills and qualifications. These responses were recoded into a binary score (1 = job is at a lower level than skills and qualifications, 0 = job matches or is at a higher level than skills and qualifications). Of the 282 refugees who were employed at Time 1, 149 (53%) reported being underemployed. Inadequate housing was assessed by summing the number of the following problems that respondents indicated that they had with their housing: Too small, too dark, limited heating facilities, leaky roof, mould/damp, rot in windows / floor, too noisy, inadequately furnished, lack of facilities for disabled people. Respondents who reported having two or more of these problems were coded as having inadequate housing (1), and those with one or no issues were coded as having adequate housing (0). According to this classification, 362 (42%) of respondents at Time 1 had inadequate housing. Victimization was measured with the following question: 'Have you been the victim of a verbal or physical attack in the past six months? (1 = yes, 0 = no). At Time 1, 142 (16%) of respondents in the sample had been a victim of an attack. Finally, homelessness was operationalised as having lived on the street or in temporary/unstable accommodation (homeless shelter or hostels) in the past 6 months. At Time 1, 213 (25%) of respondents met this criterion. Responses were coded into a binary variable (1 = homeless, 0 = not homeless). Previous work with this dataset has shown that each of these stressors predicts general health (Cheung & Phillimore, 2013) and so the models were simplified by creating a composite index of post-migration stressors.<sup>5</sup> Scores on the composite index indicate the number of stressors that respondents reported experiencing. The maximum score on the index was 4, because two of the five stressors (unemployment and perceived underemployment) are mutually exclusive.

### *Social support (Time 1, Time 2, and Time 3)*

All three surveys asked respondents whether they had received support from various organisations or people in the last six months. A list of sources was then provided, including friends and family. At Time 1, the response scale was categorical (1 = yes, 0 = no). At Times 2 and 3, the frequency of support was assessed using a four-point response scale ranging from “never” to “once a week.” In order to measure support on the same scale across the three time points, responses from Times 2 and 3 were recoded into a categorical variable using the two response options provided at Time 1. Support from friends and relatives was combined into a composite variable representing social support that counted the number of sources of support available to respondents (0 = no support from friends or family, 1 = one source of support, either friends or family, 2 = two sources of support, both friends and family).

### *Emotional distress (Time 1, Time 2, and Time 3)*

At each time-point, respondents were asked ‘During the past 4 weeks, how much have you been bothered by emotional problems? (such as feeling worried, depressed or stressed)’. Participants were asked to respond on a five-point scale (1 = not at all, 5 = extremely).

### *General health (Time 3)*

Respondents were asked to rate their ‘health in general’ on a five-point scale (1 = very good, 5 = very bad). The question forms part of the general health dimension in the widely used 36-item Short Form Health Survey questionnaire (SF-36) (Ware, 1998), which has been validated with refugee populations (Hinton, Sinclair, Chung & Pollack, 2007).

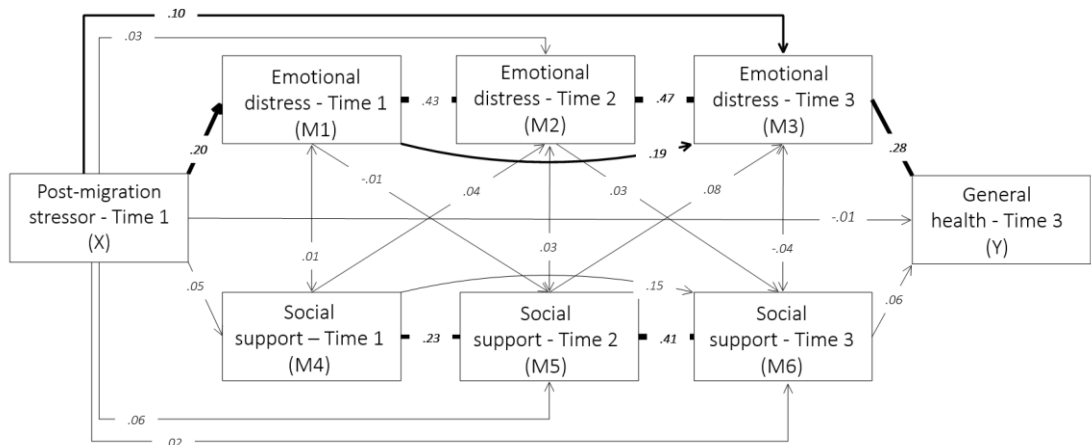
## **4.5.3. Results**

### *Research Questions 1 and 2: Do Emotional Distress and Social Support Mediate the Relationship Between Stressors and Health?*

A custom mediation model was designed using the PROCESS macro add-on for SPSS (Hayes, 2018), which specified the post-migration stressors (measured at Time 1) as the exogenous predictor and general health (at Time 3) as the outcome.

Serial mediation was specified across three time points via two parallel pathways reflecting emotional distress and social support. All direct and indirect effects were tested, but two pathways in particular addressed Research Question 1 (the indirect effects of stressors at Time 1 on health at Time 3 via distress at each time point) and Research Question 2 (the indirect effects of stressors at Time 1 on health at Time 3 via support at each time point). The effect of general health at baseline, age, place of origin, and gender were controlled for<sup>6</sup>. The model was tested using ordinary least squares path analysis, with all indirect effects subjected to bootstrap analyses with 10,000 bootstrap samples and 95% confidence intervals. Figure 1 displays the coefficients for the focal direct effects relevant to the research questions and Table 1 presents the full statistics for all direct effects.

*Figure 1 Path model assessing the effects of post-migration stressors (Time 1), emotional distress (Time 1, 2, 3) and social support (Time 1, 2, 3) on general health (Time 3). Standardized beta coefficients shown. Grey lines indicate paths that are not statistically significant at  $p < .05$ .*



There was no evidence that exposure to stressors at Time 1 directly predicted health at Time 3. However, exposure to stressors at Time 1 did indirectly predict health at Time 3 via distress measured at each time point (see Figure 1). Thus, respondents who were exposed to a greater number of stressors at Time 1 experienced greater distress at each time point, and distress at Times 2 and 3 was related to health at Time 3. The bootstrap confidence interval for this indirect effect [i.e., Time 1 Stressor → Time 1 Distress → Time 2 Distress → Time 3 Distress → Time 3 Health] based on 10,000

bootstrap samples did not contain zero (0.0051 to 0.0177), but the effect was small ( $ab1 = 0.011$ ). In other words, distress mediated the effect of stressors on health in support of Research Question 1. In contrast, there was no evidence that exposure to stressors at Time 1 indirectly influenced health at Time 3 via social support. Specifically, stressors at Time 1 did not predict support at any time point, and there was no relationship between any of the measures of support and health at Time 3 (see Figure 1 and Table 1). With respect to Research Question 2, then, social support did not mediate the effect of stressors on health. Finally, there was no evidence that the two mediators were related over time – level of support was not associated with distress at a later time-point, and distress was not associated with support at a later time-point (see Figure 1 and Table 1).

*Table 1 Pathway coefficients for the relationships specified in Model 1 (serial mediation)*

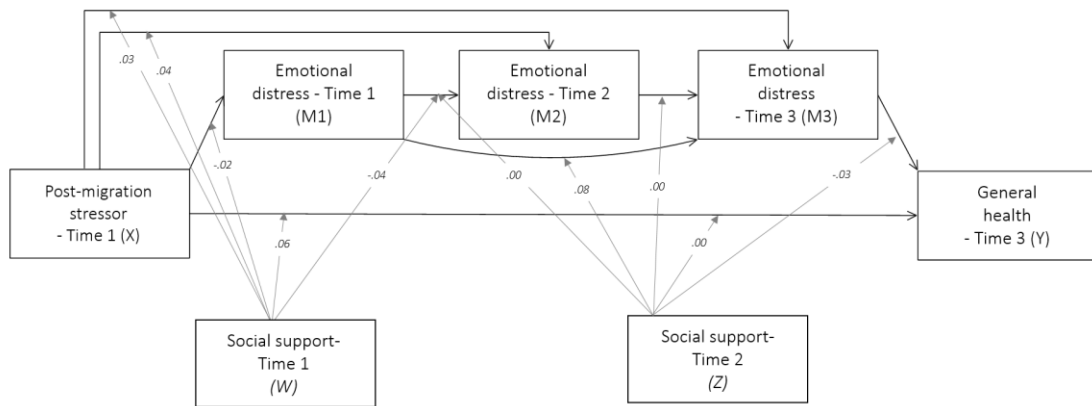
Relationship	Coeff	se	<i>t</i>	<i>P</i>
Stressors (t1) predicting distress (t1)	0.19	0.05	3.98	0.001
Stressors (t1) predicting support (t1)	0.06	0.03	2.10	0.036
Distress (t1) predicting support (t1)	0.01	0.02	0.17	0.865
Stressors (t1) predicting distress (t2)	0.03	0.04	0.89	0.373
Distress (t1) predicting distress (t2)	0.45	0.04	13.12	0.000
Support (t1) predicting distress (t2)	-0.01	0.05	-0.15	0.88
Stressor (t1) predicting support (t2)	0.05	0.03	1.64	0.101
Distress (t1) predicting support (t2)	-0.02	0.03	-0.62	0.535
Support (t1) predicting support (t2)	0.22	0.04	5.86	0.000
Distress (t2) predicting support (t2)	0.03	0.03	1.21	0.224
Stressor (t1) predicting distress (t3)	0.08	0.04	2.20	0.028
Distress (t1) predicting distress (t3)	0.20	0.03	5.88	0.000
Support (t1) predicting distress (t3)	-0.09	0.05	-1.85	0.065
Distress (t2) predicting distress (t3)	0.47	0.03	14.05	0.000
Support (t2) predicting distress (t3)	0.09	0.05	1.86	0.063
Distress (t3) predicting support (t3)	0.03	0.03	.974	0.330
Stressors (t1) predicting health (t3)	-0.02	0.03	-0.591	0.551
Distress (t1) predicting health (t3)	0.05	0.03	1.66	0.095
Support (t1) predicting health (t3)	0.03	0.04	0.64	0.520
Distress (t2) predicting health (t3)	-0.02	0.03	-0.63	0.526
Support (t2) predicting health (t3)	-0.03	0.04	-0.85	0.394
Distress (t3) predicting health (t3)	0.28	0.03	9.56	0.000
Support (t3) predicting health (t3)	0.05	0.04	1.30	0.19

*Research Question 3: Does Social Support Moderate the Relationships Between Post-Migration Stressors, Emotional Distress, and Health?*

A second custom model was designed to test whether social support at Time 1 or Time 2 moderated the effect of (a) post-migration stressors (at Time 1) on emotional distress at each time point, (b) the maintenance of emotional distress over time, and (c) post-migration stressors or emotional distress on general health (at Time

3). The control variables in Model 1 were again included here. This model was tested using ordinary least squares path analysis. Figure 2 shows the coefficients for the focal direct and interactive effects and Table 2 presents full statistics for all direct effects. There was no evidence that social support moderated any of the relationships in the model, including the relationship between stressors at Time 1 and distress at Time 1; the relationship between stressors at Time 1 and health at Time 3; or the relationships between the distress at each time point.

*Figure 2 Path model assessing the conditional effects of social support on post-migration stressors (Time 1), emotional distress (Time 1, 2, 3) and general health (Time 3). Standardized beta coefficients shown. Grey lines indicate paths that are not statistically significant at  $p < .05$ .*



*Table 2 Pathway coefficients for the relationships specified by Model 2 (conditional effects)*

Relationship	Coeff	se	<i>T</i>	<i>p</i>
<b>Support (t1) moderating:</b>				
Stressors (t1) x distress (t1)	-.02	.06	-.42	.674
Stressors (t1) x distress (t2)	.04	.06	.66	.507
Distress (t1) x distress (t2)	-.04	.04	-.82	.415
Stressors (t1) x distress (t3)	.03	.05	.59	.557
Stressors (t1) x health (t3)	.06	.042	1.48	.140
<b>Support (t2) moderating:</b>				
Distress (t1) x distress (t2)	.08	.04	1.99	.047
Distress (t2) x distress (t3)	.00	.04	.04	.970
Distress (t1) x distress (t3)	.08	.04	1.90	.058
Stressors (t1) x health (t3)	.00	.04	.27	.978
Distress (t1) x health (t3)	.00	.03	-.27	.788
Distress (t3) x health (t3)	-.03	.03	-.89	.376

## 4.6. Discussion

The present analysis is the first to demonstrate that the relationship between certain post-migration stressors and the longitudinal health of refugees is fully mediated by emotional distress. As such, the findings extend the current understanding of refugees' experiences following migration by focusing on general health (rather than just mental health) as an outcome variable; employing a longitudinal design to examine the longitudinal impact of post-migration stressors on health; and provides evidence of the psychological process – emotional distress – that might underpin this relationship. The study's focus on emotional distress also extends previous research showing that stress is an important psychosocial pathway through which economic and social disadvantage relates to the health of marginalised groups (see Schneiderman et al., 2008) and supports research showing that emotion dysregulation is linked to specific psychological disorders in refugees (Nickerson et al., 2015).

Having demonstrated the importance of general emotional distress using the measures available in the SNR, further research is now needed to investigate whether different forms of distress are elicited by different specific stressors (including additional post-migration stressors not measured in the SNR) that, in turn, predict health. The SNR uses a single-item measure to assess the extent to which participants experience emotional distress. Such short measures are typically used in order to minimise the length of a questionnaire, to reduce confusion and/or boredom and increase the validity of responses. Research has shown that single-item measures can be no less valid and reliable as longer measures (for a review and meta-analysis, see Postmes, Haslam, & Jans, 2013) and the SNR's operationalisation of emotional distress is a useful first step, though future surveys of refugees should consider using multiple-item measures of this construct.

Our analysis did not find evidence that perceived social support from friends and family mediates or moderates the relationship between post-migration stressors, emotional distress and longitudinal health in refugees. This stands in contrast to previous research in the general population, which has shown a direct relationship between social support and health, as well as a stress-buffering effect (Uphoff et al.,

2013). There are two possible explanations for this inconsistency. First, the assessment of social support in the SNR simply focused on whether support was provided or not. It is possible that additional aspects of support may be more important, such as frequency or quality of support. Second, whilst some studies support the link between social support and mental health amongst refugees (Schweitzer, Melville, Steel, & Lacherez, 2006), others do not (Alemi et al., 2017). One way to reconcile these different findings might be to consider the social and policy contexts that could moderate the way that social support develops and operates. For example, refugees' ability to develop relationships that offer social support may be limited by factors such as an absence of co-ethnic groups in their local community, policies of dispersal that separate refugees from developed friendship networks, and general levels of social cohesion in their local community. Future work should investigate these issues further.

The SNR is the only national survey of refugees' experience in the UK that has been conducted in the past 15 years. The sampling frame included every main refugee applicant granted protection in the UK between December 2005 and March 2007; respondents were then followed for 21 months. As such, this project sought to recruit a heterogeneous sample of refugees representing various countries of origin as well as a range of demographic characteristics (e.g., gender, religion, age). Although the data is now over a decade old, it seems likely that the findings are still applicable to more recent refugee populations in the UK and other European countries. This is because current legislation and policies regarding refugees in the UK and most other European countries are broadly similar to that of the UK at the time of the SNR (Hatton, 2015). Thus, the questions in the SNR address the broad structural factors (i.e., different types of stressors), social processes (i.e., support from friends and family) and psychological factors (i.e., emotional distress) that are likely to be experienced by contemporary refugees. Of course, technological advances and the development of social media now offer additional sources of support and information, which can affect refugees' experiences (Emmer, Richter, & Kunst, 2016). Thus, additional research is needed to document the particular nuances of contemporary refugees' experiences in the UK and other European countries; it can be assumed the broad processes and experiences that have been identified within SNR are likely to be

applicable to more recent refugee populations in the UK and other European countries.

The SNR only sampled refugees. Thus, it is not possible to use the data to directly compare the experiences of refugees to other marginalised groups (e.g., gender, racial, or sexual minorities). It is also difficult to speculate on the extent to which the results from this study are applicable to other immigrant groups. A survey on the living conditions of non-Western immigrants in Norway (Henriksen & Blom, 2016) found that, like the refugees in the current study's sample, non-Western immigrants in Norway experience structural obstacles – including low income, insecure housing and violence – and are less likely than the general population to consider their health to be good or very good, though Henriksen and Blom do not identify psychological mechanisms that might underlie this relationship. Pre-migration stressors and the experience of being forced to migrate are – by definition – more pronounced in refugees than in other migrant groups, which likely have an influence on experiencing post-migration stressors and their relationship to emotional distress in the host country. Thus, additional research is needed to demonstrate the ways in which the experiences of refugees may be similar to, or different from, those of other immigrant groups.

#### ***4.6.1. Policy Implications***

Despite gaining access to mainstream benefits and employment after a grant of protection has been obtained, the present findings indicate that refugees continue to experience material deprivation and/or social exclusion at least up to 8 months after this point (Time 1). Furthermore, this experience is associated with emotional distress that predicts worse health; a relationship that does not seem to be ameliorated by social support. As noted above, these findings are preliminary and require further empirical work to specify further the underlying processes involved. However, the findings do suggest that refugees cannot necessarily rely on social support to help cope with post-migration stressors or emotional distress. Rather, it is likely that more proactive interventions are needed to address the issues around emotional distress and poor health outcomes. One such approach might focus on improving service provision to offer more resources to refugees; examples include extending the 28 day

‘moving on’ period for new refugees to leave asylum accommodation, fast-tracking refugees’ access to mainstream employment and welfare services, as well as introducing a national refugee integration strategy. Another approach might involve policy-makers and third sector organisations offering psychological interventions that build refugees’ resilience to stress and emotional distress in an effort to mitigate the association between poor resettlement conditions and health. For example, exploratory research has identified emotion regulation strategies that refugees use to cope with emotional distress – including avoidance, reappraisal, resignation, and distraction through exercise or religious involvement (Sulaiman-Hill & Thompson, 2012). Further work is, however, needed to identify which of these strategies would be most effective in reducing distress in order to develop and evaluate interventions that can promote resilience (for a review see Chmitorz et al., 2018). More broadly, research could also evaluate the extent to which interventions are successful in improving refugees’ economic, social, and health outcomes.

## **CHAPTER 5: GENERAL DISCUSSION AND CONCLUSION**

This final chapter offers a summary of the results and conclusions from the three studies presented in this thesis. Overall, the findings of the three studies demonstrate that how asylum seekers respond to stigma can shape important outcomes in the resettlement environment. A summary of each of the three studies are reported below. This summary includes the study rationale, design and main findings. The next section describes the key contributions and implications of the studies, and provides recommendations for future research, addressing ongoing challenges in the field. The chapter concludes with a reflection on the role of stigma as a factor influencing key outcomes in the resettlement process.

### **5.1 Summary of research and findings**

The studies in this thesis examine how asylum seekers experience and respond to ‘stigma’, that is, stereotypes, prejudice and discrimination. The dominant cultural stereotype is that many asylum seekers come to Western states in search of economic gain, rather than to escape persecution (Esses et al., 2017), and asylum stereotypes are endorsed by officials involved in all stages of asylum determination procedures (Asylum Aid, 1995; Amnesty International UK, 2004; Pettitt, 2009; Trueman, 2009; Jubany, 2011; Anderson, Hollaus, Lindsay & Williamson, 2014). During institutional interactions, asylum applicants feel they are pre-judged and treated with suspicion and hostility (The Children’s Society, 2012; Refugee Action, 2014; Griffiths, 2012). The studies in this thesis examine how asylum seekers experience and respond to perceived institutional discrimination.

Study 1 drew on the theory of stereotype threat (Steele, 1997) to examine whether people who apply for asylum experience stereotype threat during their asylum interview. According to stereotype threat theory and research, if asylum seekers are aware of asylum stereotypes, and if situational cues are present in the asylum interview that make these stereotypes salient, they may experience stereotype threat (Major and O’Brien, 2005). Since these concepts - in the context of the asylum interview - had eluded academic enquiry to date, Study 1 (Chapter 2) sought to answer the following research questions: (1) Are asylum applicants aware of dominant cultural stereotypes of their group? (2) do asylum seekers feel these stereotypes are relevant to how they are treated in their asylum interview? (3) If so,

what situational cues make stereotypes salient in this context? The study used qualitative data from 26 interviews with people who had claimed asylum. Findings from a deductive thematic analysis of the interview data suggested that applicants are aware of asylum stereotypes regarding asylum seekers legitimacy and honesty, and situational cues – such as interviewers’ body language – present in the asylum interview make applicants feel they are being judged in accordance with asylum stereotypes. Study 1 therefore concluded that asylum seekers may experience stereotype threat in the setting of the asylum interview.

Study 2 built upon the findings of Study 1 by examining the impact stereotype threat on people applying for asylum. Responding to stereotype threat (e.g. by actively monitoring performance or suppressing negative thoughts) draws on working memory capacity, which results in poorer performance on concurrent complex cognitive tasks. There is evidence that stereotype threat reduces working memory capacity in women (e.g., Beilock, Rydell, & McConnell, 2007; Rydell, McConnell, & Beilock, 2009; Schmader & Johns, 2003), older adults (Armstrong, Gallant, Li, Patel & Wong, 2017) and immigrants (Appel, Weber & Kronberger, 2015). Study 3 is the first to investigate the effect in asylum applicants.

Investigating the effect of stereotype threat on working memory in asylum applicants is important, as there are credible reasons to expect a link between working memory and asylum case outcome. Working memory is related to asylum case outcome, because people with a high working memory would be better equipped to respond to questions and recount events in a way that is consistent and complete as they are better able to comprehend questions and rehearse their answers (Sörqvist, & Rönnerberg, 2012), regulate their emotions and resist misinformation and false memories (Leding, 2012). The Home Office instructs decision makers to discount an applicant’s testimony if they give inconsistent or incomplete details of an event (Home Office, 2022), and these testimonial features are frequently given in reason for refusal letters (Asylum Aid, 1995; Amnesty International UK, 2004, Trueman, 2009). Hence, people with reduced working memory may be more likely to be refused because they may struggle to provide testimony in a way that is deemed credible by the Home Office

Therefore, Study 2 examined how exposure to stereotype threat activating cues affects working memory in asylum applicants in comparison to a control group of international students. The hypothesis of Study 2 was that asylum seekers (but not international students) perform worse on a working memory test under conditions of stereotype threat. Forty-two asylum applicants and 41 international students took part in this study. Participants in the threat condition read that ‘studies suggest that how well people process visual information is an indication of how honest, law-abiding, and trustworthy they are. You will now take a test that measures how you process visual information’. For asylum seekers, the expectation was that this information would make them feel at risk of confirming a negative stereotype about their legitimacy, whereas the expectation was that this information would be less threatening for international students who are not typically subject to negative stereotypes with respect to dishonesty. In the no-threat (control) condition, participants read that ‘studies suggest that visual information is processed differently by different people. You will now take a test that measures how you process visual information’). Priming participants to think of their social identity in this way is considered a subtle stereotype threat activating cue (Nguyen and Ryan, 2008). The use of more blatant stereotype threat activating cues (i.e. procedures that directly inform participants of negative stereotypes associated with their group) were rejected on the basis of posing a risk of harm to participants (see Chapter 3). The results of Study 2 showed no significant differences in working memory scores between participants exposed to the stereotype threat cue and those who were not. Therefore, the experimental hypothesis was not supported. Taken together, the findings of Studies 1 and 2, suggest that stereotype threat may be experienced as a result of the conditions experienced during the asylum interview, but not the laboratory conditions created in Study 2.

Notably, Study 2 also demonstrated for the first time that working memory scores were significantly lower among asylum seekers than a comparison group of international students, even after taking into account age, gender and education. This finding suggests working memory impairment may in part be due to the cognitive strain experienced by asylum seekers as they resettle in a host country.

In addition to interpersonal discrimination, asylum seekers are subject to institutional discrimination (i.e. policies and practices that result in unfair or harmful treatment of a group). On arrival in the UK, refugees' socio-economic disadvantage is compounded by three factors: (i) policies that deny them the right to work while their refugee status is under review (Allsopp et al., 2014), (ii) inadequate state support to provide a foundation from which to develop economic self-sufficiency and social integration (Phillimore & Goodson, 2006), and (iii) dispersal to deprived areas that offer limited opportunities for economic and social advancement (Cheung & Phillimore, 2014). Study 3 investigated the physical and mental health outcomes that refugees experience in the resettlement environment. These outcomes have been linked to the conditions in the post-migration context. For example, psychopathology among refugees has been linked to their experience of post-migration unemployment and underemployment (Kim, 2016), housing (in)security (Bogic et al., 2012), and lack of safety (Ager & Strang, 2008). Building on these findings, Study 3 sought to identify the mechanisms by which these conditions influence health by analysing existing data from the Survey of New Refugees, a large (N= 1,773) longitudinal study commissioned by the UK Home Office with data collected at four time points spanning 21 months. The findings of Study 3 suggest that emotional distress mediates the relationship between post-migration stress and poor health outcomes among refugees. However, there was no evidence that perceived social support influenced this relationship.

## **5.2. Contributions and implications of this thesis**

Studies 1 and 2 make a significant and original theoretical contribution by suggesting that stereotype threat theory may extend to asylum seekers navigating the asylum system. Although applying stereotype threat theory in this novel context presents challenges, which are discussed further below, this thesis illustrates the value of broadening the application of stereotype threat beyond the gender and sexual minority groups that have predominantly been the focus of research to date. This work also underscores the importance of considering stereotype threat in the design of services that serve other stigmatized groups, such as welfare programs, addiction treatment, and weight management services—areas that remain largely unexplored in stereotype threat research. By integrating stereotype threat theory into service design, these programs could be improved by eliminating cues that trigger negative

stereotypes, creating environments where individuals feel more at ease. Such changes could increase engagement and, ultimately, improve the effectiveness of programs.

Study 1 also offers new insights into research on perceived discrimination. While much of the existing literature focuses on discrimination in everyday interactions with the general public (e.g., Beiser & Hou, 2017; Alemi, 2017; Ellis, 2010), Study 1 reveals that institutional encounters can also be a significant source of perceived discrimination—an area that has been largely overlooked.

While much of the existing literature focuses on discrimination in everyday interactions with the general public (e.g., Beiser & Hou, 2017; Alemi, 2017; Ellis, 2010), Study 1 demonstrates that institutional settings—such as asylum interviews, legal processes, and public services—can also be influential in shaping perceptions of bias. Therefore, the findings from Study 1 add an important layer to the understanding of how marginalized groups, like asylum seekers, experience discrimination in their everyday lives - ultimately impacting their health and wellbeing (Hatzenbuehler, 2016).

The research conducted in the present thesis suggests that negative experiences with one public service may foster mistrust and discourage individuals from engaging with other services, highlighting another dynamic of institutional discrimination. This corroborates the findings of previous work in the field of policy design, which identifies a process by which the value judgements contained in the formation and delivery of policy can have an enduring impact on target populations. According to Schneider and Ingram's (1997) social construction of target populations theory, policy makers express value judgments about which groups are deserving of benefits and sanctions. These value judgments 'feed forward' into institutions, influencing resource allocation and organisational cultures. Value judgements also influence the behaviour of target populations by signalling how they will be treated when interacting with the state; when people feel they have been treated with hostility or contempt because of the group they belong to, they can feel the state is not for people like them and turn away from engaging with or trying to reform institutions (see Schneider and Ingram, 1997).

Study 2 provides first evidence that some asylum seekers exhibit lower working memory relative to a control group of international students. Working memory is a cognitive function critical for organizing thoughts, retaining information, and presenting coherent and credible testimonies during asylum proceedings. Given the significant role that clear, consistent narratives play in determining refugee status, this finding raises potential concerns. Lower working memory may hinder asylum seekers' ability to recall key details or respond effectively to interview questions, putting them at a cognitive disadvantage that could not only compromise their credibility and limit their access to the protections they need, but also undermine the fairness of the asylum process. The need for future research that examines the association between working memory and asylum case outcome is discussed below.

Study 3 is the first to show that emotional distress fully mediates the relationship between specific post-migration stressors and the long-term health outcomes of refugees. These findings expand the current understanding of refugees' experiences after migration by examining general health outcomes, rather than focusing exclusively on mental health. The use of a longitudinal design to assess the impact of post-migration stressors over time further strengthens the contribution. Additionally, this study identifies emotional distress as the psychological mechanism driving the relationship between stressors and health, providing crucial evidence of the underlying processes at play. This focus on emotional distress builds on previous research demonstrating that stress is a key psychosocial pathway through which economic and social disadvantage affects the health of marginalized groups (Schneiderman et al., 2008) and supports findings linking emotion dysregulation to specific psychological disorders in refugees (Nickerson et al., 2015).

### **5.3. Challenges for the field and future research**

Overall, this thesis provides valuable insights into both the theoretical and practical applications of stereotype threat and emotional distress, offering new directions for research and service design for vulnerable, stigmatized populations. Despite these promising results, some open questions remain. Specifically, the findings of Study 2 did not support the hypothesis that a subtle stereotype activating cue depresses asylum seekers' working memory performance. The reason for this is not clear but it may have something to do with the cue that was used to activate

stereotype threat – namely, a subtle cue that equated task performance with the qualities of being honest, law-abiding, and trustworthy. This is the first experimental application of stereotype threat in the field of forced migration, and therefore is the first attempt to operationalise and manipulate the social identity threat experienced by this population. The process of operationalising the concept of social identity threat involved selecting a specific stereotype to be invoked, as well as the cues used to make the stereotype salient to participants. The operationalisation used in Study 2 is one of countless ways that this could have been done, and represents a best guess based on the limited literature available in this nascent field. While this specific operationalisation did not yield the expected result, that does not mean that no cue will work, or that the effect does not exist. Indeed, meta-analyses suggest there is often a study that does not show an effect, but the general pattern of results is supportive of an effect. For example, there is one study that does not show an effect in Appel's (2015) meta-analysis of studies that apply the theory of stereotype threat to the immigrant context. Future research with people who seek asylum needs to explore and identify moderators that might influence whether stereotype threat effects occur or not. These moderators might include the specific stereotype invoked, the cues used to invoke stereotypes, as well as the immigration status of participants, and the conditions in which the manipulation is presented. For example, future studies might include only asylum seekers who are at the beginning of the asylum process, and use a stereotype activating cue that invokes the stereotype of lying by stating that 'this experiment is being repeated because a group of participants in the previous study were found to be lying about their responses'.

The replication crisis in psychology refers to concerns about the reliability and reproducibility of research findings (Diener & Biswas-Diener, 2020). Research on stereotype threat has not been immune to such concerns and several studies have failed to replicate the results of some of the original experiments on stereotype threat. For example, Stricker and Ward (2004) conducted field experiments with large samples and found that asking about ethnicity or gender had no significant effect on test performance, failing to replicate Steele and Aronson's seminal study (1995). This demonstrates is that, even if stereotype threat can occur in some settings, it might not occur for all groups or in all situations – that is factors such as the specific conditions under which stereotype threat is studied, the characteristics of the participants, and the

nature of the task can all influence (or moderate) whether or not a stereotype threat effect is observed. The conclusion that stereotype threat may not be universal, and is instead dependant on the specific conditions and characteristics of the participants, is consistent with the failure of Study 2 to find an effect. Given concerns about the replicability of findings, a good deal of thinking and research has been dedicated to identifying potential strategies for addressing the problem (Diener & Biswas-Diener, 2020). One approach is a move toward more open, transparent science, such as pre-registration and sharing data and code, to ensure findings are reliable and replicable (e.g. Munafò, Nosek, & Bishop, 2017). The research presented in this thesis took steps to promote reproducibility. For example, in Study 1, detailed methodological descriptions are provided and intercoder reliability procedures were applied to ensure consistent analysis and support the study's reproducibility. In Study 2, the study design, hypotheses, procedures, and analysis plan were pre-registered on the Open Science Framework prior to data collection to minimize bias. And for Study 3, the data, SPSS code and full results have been shared on the Open Science Framework.

In light of the findings of Study 2, it is important to investigate asylum seekers working memory function, as well as any factors that might depress performance. There is robust evidence that factors such as stereotype threat (Schmader & Johns, 2003), depression, and sleep quality (Frenda & Fenn, 2016) deplete working memory. The findings of Study 1 and Study 3 suggest that, at present, asylum seekers' living conditions as well as the circumstances of the asylum interview are likely to negatively affect working memory performance. Future research should examine these associations in more detail, for example, measuring working memory longitudinally at different time points as people move through the asylum process to examine how the experience of post-migration stressors and the circumstances of the asylum interview impact working memory performance, as well as investigating whether success in the asylum interview correlates with working memory performance. If so, interventions targeting working memory performance could support asylum seekers. While there is a lack of empirical support for the idea that cognitive training (i.e. the mere repetitive practice of cognitive tasks) can lead to improved performance on tasks other than the trained tasks (von Bastian, Belleville, Udale, Reinhartz, Essounni, Strobach, 2021), psycho-education about factors affecting cognitive performance and instruction of metacognitive strategies to

optimise cognitive performance may be promising avenues for supporting asylum seekers.

The Psychological Antecedents of Refugee Integration (PARI) model (Echterhoff, Hellmann, Back, Kärtner, Morina & Hertel, 2020), was not available as a theoretical framework when Study 3 was planned, conducted, and published in 2019. However, in retrospect, it offers a valuable opportunity to build upon Study 3's findings. Unlike the Social Determinants of Health model, which concerns broad socio-economic stressors that any person may experience, the PARI model focuses on stressors that are specific to refugees, such as immigration procedures, cultural differences, language barriers, and the loss of social status. It also emphasizes the importance of refugees' perception of forced migration in shaping resettlement outcomes, a mediating factor that has parallels with emotional distress, as elucidated in the Social Determinants of Health model. These refugee specific factors were not measured in the Survey of New Refugees. However, future researchers involved in survey design should aim to include these factors and learn more about their relative significance as compared to the broader socio-economic stressors defined in the social determinants of health framework.

Research of this nature is difficult to conduct because of the challenges associated with conducting primary research with people who seek asylum. For example, a significant challenge when conducting primary research with refugees and asylum seekers is recruiting participants to take part in studies. Gaining access to potential participants is the first issue. As mentioned in Chapter 3, there is no comprehensive list or database of asylum seekers and refugees in the U.K. from which a sample can be drawn. The Home Office, local authorities and healthcare and housing services do have some records of asylum seekers, but access to this data is restricted to protect confidentiality and comply with data protection regulations. Researchers may independently identify and approach asylum seekers and refugees, but this is not straightforward - asylum seekers and refugees are indistinguishable from other migrants and may live in marginalised communities or move from one area to another frequently. Hence, identifying and establishing contact with potential participants is substantially more difficult than for other, more highly visible participant groups.

Researchers therefore often work with organizations who have access to asylum seekers and refugees. Notwithstanding some notable exceptions (e.g. Griffiths, 2012), few researchers gain permission to recruit in restricted settings like the Home Office or detention centres. Most frequently, researchers collaborate with refugee third sector organisations and community groups, and/or use snowball sampling where participants are asked to identify others who may be suitable and willing to take part in the research. Both snowball sampling and collaborating with organisations and groups that serve the refugee community can foster trust in the research aims and team, since the research is endorsed by a person or organisation that is known to the participant. Where studies rely on participants being open and honest about their experiences, such as Study 1 of this thesis, this is a benefit. However, where studies rely on participants responding in a natural and unaffected way, as in Study 2 of this thesis, inflated trust can be a hindrance. One of the challenges for the field, therefore, is to identify ways to recruit asylum seekers and refugees without the involvement of refugee third sector organisations or community groups, and some ideas for how to achieve this are discussed later in the chapter.

Once access to participants has been secured, the next challenge for researchers in this field involves making the research accessible to asylum seekers and refugees, who may have characteristics that present barriers to participation. One of the most significant barriers is that asylum seekers and refugees are unlikely to be native English speakers. Finding qualified interpreters and translating research materials into multiple languages is a resource-intensive but necessary step in making research accessible to people who seek asylum. For example, translating Study 2 of this thesis into Arabic was a challenge, but one that paid off in terms of accessing a sufficient number of participants and more comprehensively representing the local population's experiences. In terms of the specific aims of Study 2, the fact that refugees are non-native speakers presented an additional challenge that the translation of materials could not solve. The majority of stereotype threat research investigates the effect of stereotype threat on a test of verbal working memory, such as the operation span task (Turner & Engle, 1989) and reading span task (Daneman & Carpenter, 1980). However, reading and operation span tasks advantage those taking the test in their native language (Berquist, 1997), and those with greater second-language proficiency (see Harrington & Sawyer, 1992; Walter, 2004). For this reason,

a spatial span task was the preferred measure of working memory. While there is no theoretical reason to believe that stereotype threat is specific to verbal-numeric materials, it cannot be ruled out that using different materials than in previous research led to the absence of an effect in Study 2.

There are also logistical constraints that may present a barrier to participation for some refugees and asylum seekers. For example, not all people in this population have access to communication tools, like smartphones or the internet, which can constrain recruitment and data collection methods. Indeed, very few of the asylum seeker and refugee participants who took part in studies 1 and 2 made contact via email. In contrast, most of the international students who took part in Study 2 made contact via email. Recognising that access to internet enabled devices might be an issue, Study 2 was conducted in the laboratory as opposed to sending participants a link to the study to be completed remotely. This accommodation made data collection more resource intensive as each of the 84 sessions had to be scheduled and attended by both participant and researcher.

Financial constraints might also limit the ability of asylum seekers or refugees to participate, particularly if the research requires travel or time away from income-generating activities. As an example of how access to finance can present a barrier to participation, when ringing to enquire about taking part in a study, asylum seekers and refugees would occasionally call and immediately hang up the phone, presumably because they had no phone credit and hoped that their missed call would be returned. None of the international student participants communicated in this way. Steps were taken to ensure that travel and subsistence costs and lost earnings were not a barrier to participation, primarily through offering to financially compensate all people who took part in the primary research studies conducted as part of this thesis. In total, £2,100 of Tesco's vouchers were distributed to participants who took part in Studies 1 and 2. Transferring this money was only possible due to a successful application to the Society for Psychological Studies of Social Issues (SPSSI) 'Grants in Aid' scheme, which funded both participant incentives and the translation of study materials into Arabic. Finding revenue streams to cover the additional costs associated with primary research with forced migrants is, therefore, a further challenge for researchers in this field to navigate.

Finally, many asylum seekers and refugees have experienced significant trauma (Li et al., 2016), which can make participating in research distressing or re-traumatizing (Newman and Kaloupek, 2004). Researchers must carefully consider whether the research is in the best interests of the participants and population, and have protocols in place for offering support or referrals to mental health services that participants can access. Furthermore, participants may fear that disclosing certain information could lead to negative repercussions, or worry that their participation or non-participation might be used against them or affect their asylum claims. In order for participants to provide informed consent then, sign up procedures must clearly explicate the independence of the research from status determination procedures.

A further challenge in the study of forced migration is the heterogeneity of the refugee and asylum seeker population. Asylum seekers come from many different countries, with distinct cultures, religions and social norms. Even those who come from the same country will differ in terms of age, gender, socio-economic status and health. Finally, pre-migration (i.e. the circumstances that caused a person to flee), peri-migration (i.e. their journey to a safe country), and post-migration experiences may be very different. These differences significantly affect how refugees experience forced migration and resettlement (Li et al., 2016). Studies might try to define a relatively homogeneous group of participants (e.g. adult male refugees from Ukraine who travelled to the U.K. via a Resettlement Scheme), but this makes it difficult to generalize the findings of one study to other groups. Studies that are representative of the population of people who seek asylum are hard to execute. The Survey of New Refugees (analysed in Study 3 of this thesis) is unique in that it was sent to all new refugees aged 18 or over who were granted asylum within a defined time period. This feat was possible because the survey was commissioned by the Home Office, but unfortunately this appears to be a one-off – the Home Office have not conducted another census or survey of a representative sample of asylum seekers or refugees since the Survey of New Refugees was completed. Study 2 of this thesis is an example of what can happen when studies are unable to take the heterogeneity of people who seek asylum into account. In Study 2, recruitment constraints necessitated grouping together all participants who have applied for asylum, including asylum seekers, refused asylum seekers and refugees, of all ages, genders, socio-economic and education backgrounds. This may have compromised the results – it may be that a

true effect of stereotype threat on working memory exists for a specific subset of people who seek asylum, but the study was not able to detect it within this heterogeneous group. For these reasons, the future success of research into forced migration depends on developing tailored and innovative ways to overcome sampling difficulties.

#### **5.4. The impact of the COVID-19 pandemic**

Finally, this section offers a reflection on the impact of the COVID-19 pandemic on the trajectory of the PhD research. The onset of the pandemic and the resulting restrictions in early 2020 significantly disrupted the planned progression of the project. Before these restrictions were implemented, plans were progressing for what would have been the second study of the thesis, designed specifically to address some of the limitations of Study 1. One issue in Study 1 was that interviews were conducted in English, which excluded individuals with limited English proficiency and required participants to communicate sensitive experiences in their non-native language with a researcher from the host country. This methodological choice potentially limited the depth and richness of the data, as participants may not have felt entirely comfortable or able to fully express themselves. To address this limitation, Study 2 planned to adopt a participatory research design, involving the recruitment and training of refugee researchers. These researchers, sharing similar backgrounds and native languages with participants, would have conducted the data collection and reviewed the analysis. This approach was intended to foster greater openness and more nuanced accounts, ultimately producing richer data. Ethical approval had been secured for this complex study, and a small SPSSI grant had been successfully obtained to cover the travel and subsistence costs of the refugee researchers, as well as provide incentives for interviewees. Additionally, the curriculum for training the refugee researchers in data collection and ethics had been planned, and an application to supervise an undergraduate research student through the TA SURE Scheme (contingent on a BPS grant application) had also been submitted, with the plan being for them to assist with the training and project management.

However, with the announcement of COVID-19 restrictions, this planned study, which relied heavily on in-person recruitment, training, data collection, and collaborative analysis, was initially postponed and later abandoned, as it could not

feasibly be conducted without face-to-face interaction. The TA SURE Scheme was also cancelled due to the restrictions. As a result of these developments, a new study that could be carried out remotely had to be designed. This led to the creation of experimental Study 2, which allowed participants to take part in isolation, in separate computer rooms in the Psychology laboratories. The SPSSI grant funds were used to translate the study materials into Arabic, in an effort to widen participation and be more inclusive of non-English-speaking participants, although unfortunately, it was too costly to translate the materials into more than one refugee language. This context is essential for understanding the direction this PhD research took and highlights the broader impact of the COVID-19 pandemic on research activities.

## **5.5. Conclusions**

In conclusion, this thesis highlights the influence of stigma on the experiences and outcomes experienced by asylum seekers and refugees. By exploring the psychological processes triggered by stigma, particularly emotional distress and stereotype threat, it sheds light on how these dynamics affect both the testimony provided during asylum interviews and long-term health outcomes following resettlement. While stereotype threat appears to be a potential concern in real-world asylum interview contexts, its effects were not replicated under controlled laboratory conditions, suggesting the importance of situational and contextual factors. Secondary analysis of robust longitudinal data collected by the Home Office underscores the critical role of emotional distress in shaping refugees' health and well-being, pointing to the need for targeted interventions. Together, these insights suggest a need for a more comprehensive understanding of stigma's impact and for an awareness of stigma to be integrated into the work of policymakers and organizations supporting asylum seekers and refugees, as well as other stigmatized groups.

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## FOOTNOTES

1. This chapter refers uses the general term ‘refugees’ throughout as the secondary dataset analysed in this study samples only refugees
2. The Survey of New Refugees does not include variables that correspond to any other psychosocial pathways specified in the Social Determinants of Health framework.
3. Five published studies have analysed the Survey of New Refugees to examine the role of post-migration stressors in predicting employment and integration outcomes (Cebulla et al., 2010; Cambell, 2012; Cheung & Phillimore, 2014, 2017; Ruiz & Vargas-silva, 2017). However, none of these studies examine the psychological processes that underlie these relationships over time.
4. Analyses revealed no significant differences on the variables included in the baseline survey between the original full sample and the final sample (all ps > .05). Full results are available from the first author.
5. Analyses conducted separately with each stressor revealed the same general pattern of results shown with the composite index. Full results been uploaded to osf.io: <https://osf.io/g5nk2/>
6. Previous analysis of the SNR found that three demographic variables (namely, age, gender, location of origin) predict employment and social capital (Cheung & Phillimore, 2014). Two other background variables that were measured in the SNR— socio-economic status and household size—were not included in the analyses as control variables because of their conceptual similarity to the post-migration stressors. Analyses conducted without controlling for demographic variables revealed no change in the pattern of effects. All effects that were significant with the demographic variables excluded were also significant in the models that included demographic variables.

## APPENDIX A

### Study 1: Interview schedule

1. Could you tell me a little bit about what happened during your first asylum interview (this is sometimes called the substantive interview)?
  - a. Do you recall how you felt during that interview?
2. Thinking back to when you applied, how were the immigration officers you dealt with? How did they treat you?
3. Did that first experience leave you with any image of what it would be like for you as an applicant? Did you come away with any thoughts about how you would be expected to act as an applicant or how you would be treated?
4. Did you feel basically the same about applying for asylum before and after your interview? Or did the experience of applying change how you felt about it?
5. Could you tell me in general what the experience has been like since you submitted your application? What contact have you had with the government?
6. Do you think people view you differently if they know that you've applied for asylum? Is there a stigma associated with applying for asylum?
  - a. How do you think most people view people who have applied for asylum?
  - b. Is that how immigration officers view asylum seekers?
7. Have you ever felt embarrassed or ashamed because you claimed asylum?
8. Would you say your reasons for applying for asylum are typical or not typical of the reasons why most other people who apply for asylum? In what ways? You do not need to describe your case, just the general similarities or differences with others.
9. Do you feel you were able to get your case worker to listen to your concerns?
10. If you ever had a complaint about dealing with immigration officers, do you think you would feel comfortable bringing it up?
11. Have you experienced problems with your application or has anything unexpected happened? Do you generally feel you are able to find a solution to problems you have with your application?
12. How do you feel when you have difficulties with your application? Do you feel you can cope?
13. What sort of things would you say are important in determining the kinds of government policies we get in the U.K.?
14. In your opinion, is there any group that is especially likely to get what they want from government?
15. Do you feel like public officials care much what people like you think? Do you feel government officials listen to people like you?
16. If a group of asylum seekers and refugees got together and formed a collective movement, do you think it could influence the kinds of policies we get from government? Why?
17. Would you say that you and other people who apply for asylum share anything in common in terms of what you might want government to do? Do you share any political interests as a group?