Psychological Services
2014, Vol. 11, No. 3, 347–356

1541-1559/14/$12.00 DOI: 10.1037/a0035334

Reducing Mental Health Disparities Through Transformative Learning: A Social Change Model With Refugees and Students

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Distribution of power and resources greatly impacts the mental health of individuals and communities. Thus, to reduce mental health disparities, it is imperative to address these social determinants of mental health through social change. Engaging in social change efforts requires people to critically engage with present conditions on personal, local, national, and global levels and to develop knowledge, capacity, and experience with envisioning and creating more equitable conditions. This critical engagement can be fostered through a process of transformative learning. In this article, we examine the Refugee Well-being Project (RWP), a program that aims to improve the mental health of refugees in the United States. From 2007 to 2009, participants in the RWP in New Mexico were refugees from the Great Lakes region of Africa. The RWP paired undergraduate students with refugees to engage in mutual learning and advocacy. Data from in-depth qualitative interviews with 72 refugees and 53 undergraduate students suggest that participation in the RWP constituted a transformative learning experience through which refugees and students came to new understandings of the relationship between social inequities and well-being. For many, this provided an impetus to work toward change at multiple levels.

Keywords: intervention programs, qualitative analysis, qualitative interviews, refugees, social determinants of health, social support, transformative learning

Among scholars, clinicians, and researchers, there is growing recognition that social inequities in education, housing, employment, health care, safety, resources, money, and power contribute to increasing health disparities globally and within countries (Commission on Social Determinants of Health, 2008). These understandings of social determinants of health have been specifically applied to mental health, as explained in a World Health Organization report: "levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing" (Friedli, 2009, p. iii). Among the populations that bear the burden of social inequities and health disparities are refugees, who typically have higher rates of distress, limited material resources, lingering physical ailments, and loss of meaningful social roles and support, all of which are often compounded by poverty, racism, discrimination, and devaluation of their cultural practices (Edberg, Cleary, & Vyas, 2011).

This article was published Online First January 13, 2014.

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We thank all of the refugee family and undergraduate student participants; as well as acknowledge the invaluable contributions of Chao Sio, Brandon Baca, Michaela Brown, Julissa de la Torre, Tricia Gunther, Elisa Gutierrez, Madelyn Ikeda, Saher Lalani, Rosalinda Olivas, Rose Afandi, Patricia Amos, Corinna Hansen, Amelia Hays, Adeline Kisanga, Christy Mello, Jessica Meyer, Cyntia Mfurakazi, Eric Ndaheba, Martin Ndayisenga, Patrik Nkouaga, Liana Serna, Angela Speakman, Doris Benjamin, Aimee Bustos, Carmen Gonzalez, Katrice Grant, Dee Ivy, Irene Mwamikazi, Ngerina Nyankundwakazi, Janet Sairs, Babylove Tieh, Juliana Vadnais, Kim Vadnais, and Layla Wall. This study was funded by the University of New Mexico School of Medicine Research Allocation Committee, University of New Mexico Department of Pediatrics Research Committee, University of New Mexico Signature Program in Child Health Research, St. Joseph Community Health Services, NM Department of Health Office of School & Adolescent Health, and Con Alma Foundation, and involved partnership with the University of New Mexico Departments of Psychology, Anthropology, Africana Studies, and Research Service Learning Program.

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This article reports on one aspect of a larger study of the Refugee Well-being Project, a community-based intervention that aims to address social determinants of health in a holistic way in an attempt to reduce the burden of mental illness experienced by refugees (Goodkind, Githinji, & Isakson, 2011). In this article, we explore one mechanism within the intervention that may contribute to addressing these social determinants: pairing undergraduate students with recently arrived refugees to engage in mutual learning and advocacy to foster transformative learning among refugee and student participants. Just as a focus on social determinants of health entails a shift from individually focused health risk and protective factors, so does transformative learning build on the idea that learning can be a collective process that leads to empowerment, a greater understanding of the impact of social, political, and economic contexts in creating inequalities, and a desire to work toward changing these inequities.

At the end of 2010, there were 43.7 million forcibly displaced people worldwide, the highest reported number since the mid-1990s (United Nations High Commissioner for Refugees, 2011). Of that number, 15.4 million were refugees, a specific category of people who have been forcibly displaced outside of their country of nationality because of a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion" (United Nations High Commissioner for Refugees, 2010, p.14), and who are unable or unwilling to return to their home country because of this fear. Since 1975, the United States has resettled more than 3 million refugees (Refugee Council U.S.A., 2010b). In recent years, the number of refugee admissions to the U.S. has been set at 80,000 per year (Refugee Council U.S.A., 2010a).

Many studies have found that refugees in the United States experience higher rates of psychological distress than the general population (Rasmussen, Smith, & Keller, 2007). Exposure to premigration trauma, including experiencing war and conflict, the loss of home, family, and friends, flight from home under life-threatening conditions, as well as long stays in refugee camp, which are often crowded and unsafe, leaves refugees at high risk for mental health issues. In addition, research has also shown that postresettlement, refugees experience a wide range of stressors that negatively impact their mental health (Fazel, Wheeler, & Danesh, 2005; Lindert, von Ehrenstein, Priebe, Mielck, & Brahler, 2009).

Social determinants of mental health are particularly relevant for refugees who resettle in the United States and other countries because they are starting new lives, having been forced to leave behind their homes, savings, friends and extended family, and other resources. Refugees receive 3–6 months of financial assistance from the U.S. government. During this time, they are quickly trying to learn English and find employment, which is highly challenging for the many refugees with limited educational backgrounds or transferable job skills. Most refugees obtain low-wage employment with limited benefits or job security (e.g., janitorial services, hotel cleaning; Dawood, 2011). In 2007, the average household income for refugee families who had been resettled in the United States for two to seven years was $21,500 (Office of Refugee Resettlement, 2008).

Thus, we were interested in exploring how social determinants of health impact mental health and overall well-being. Kleinman, Das, and Lock's volume *Social Suffering* (1997) has provided an important framework for placing traditional understandings of mental health within the broader context of human experience. "Social suffering results from what political, economic, and institutional power does to people and, reciprocally, from how these forms of power themselves influence response to social problems. Included under the category of social suffering are conditions that are usually divided among separate fields, conditions that simultaneously involve health, welfare, legal, moral, and religious issues. . . . For example, the trauma pain, and disorders to which atrocity gives rise and health conditions; yet they are also political and cultural matters" (p. ix). This transdisciplinary ecological perspective underlies the structure of the Refugee Well-being Project intervention.

Refugee Well-Being Project (RWP)

From 2007 to 2009, the project focused on African refugees from Liberia, Eritrea, and the Great Lakes Region of Burundi, Democratic Republic of Congo, Republic of the Congo, and Rwanda who constituted more than 28% of refugees resettling in the United States and 40% of refugees resettling in New Mexico between 2008 and 2010 (U.S. Department of Health and Human Services Office of Refugee Resettlement, 2009; U.S. Department of Health & Human Services, 2010).

We designed the RWP with the aim of preventing further psychological distress and promoting refugee well-being by 1) increasing access to resources to address unmet needs and transferring advocacy skills to families, 2) creating a safe environment where refugees share common experiences with others, 3) reducing resettlement stressors through mutual learning, 4) increasing refugees' social support, and 5) encouraging refugees to recognize their strengths and abilities to handle challenges with both new and acquired skills. Another explicit goal of the RWP is to foster intercultural, transformative learning among both refugee and undergraduate participants. The emphasis is not solely on refugees' adjustment to life in the United States, but rather on mutual learning to reinforce to refugee participants that students have something to learn from their knowledge and experience gained in different contexts.

The structure of the program involved two components: learning circles and advocacy. Learning circles occurred twice a week, for two hours each, for six months and included cultural exchange and one-on-one learning. Cultural exchange consisted of group discussions on topics of interest identified by refugee participants and partners. Topics included legal issues, safety issues and emergency protocols, cultural topics such as gender roles, parent–child roles in the United States and in the refugees' home countries, and social norms concerning dress, holidays, public health, and accessing health care. The last hour was reserved for one-on-one learning between refugees and student partners. One-on-one sessions were devoted to English-as-a-Second-Language, homework assistance, or any area of learning identified by refugee partners.

For the advocacy component, students worked with refugee partners to identify unmet needs and helped mobilize community resources to meet those needs. Students and refugees spent two to four hours per week on advocacy. The goal was to pass on advocacy skills to refugee partners by the end of the program. Areas of advocacy included health (e.g., accessing health care and providing cultural interpretation), housing (e.g., find-

ing affordable, safe housing), school (e.g., applications, working with educators and refugee families to monitor student progress), and other resources (e.g., helping families access low cost or free clothing, assisting in immigration and residency issues).

Outcomes of the intervention include increased English proficiency, social support, access to resources, enculturation, and quality of life, and decreased psychological distress (see Goodkind, 2005; Goodkind et al., 2014, for a full description of the study and outcomes). Overall, accumulated effects illustrated in growth trajectory models and qualitative data suggest that the intervention had positive impacts on African participants' mental health and well-being.

Transformative Learning

The RWP was designed to use learning as a mechanism of empowerment. Although this emphasis includes instrumental learning (e.g., learning concrete skills and knowledge such as English proficiency or how to complete a job application) that can empower individuals by enabling them to pursue their chosen goals, access resources, and participate in their communities (Zimmerman, 1995), the primary type of learning fostered in the RWP is transformative. Freire's critical pedagogy (2006 [1970]) argues that the purpose of literacy is not to enable entry as a worker into the capitalist system, "but a political and moral practice that provides the knowledge, skills and social relations that enable students to expand the possibilities of what it means to be critical citizens, while expanding and deepening their participation in the promise of a substantive democracy" (Giroux, 2010). Transformative learning is based on the idea that learning can empower individuals and communities by raising their consciousness, increasing their understanding of structural forces affecting them, and providing mechanisms through which to work collectively for social change (Cunningham, 1998; Freire, 2006 [1970]). This type of learning is also referred to as popular education and places individuals and their experiences at the center of their own learning, as subjects (rather than objects) of their learning

Transformative Learning and Mental Health

The relationship between mental health outcomes and transformative learning can be described in terms of four interrelated processes. First, as refugees and students get to know each other, they learn to question the universalizing aspects of discourses about refugees and mental health—the idea that refugees are powerless victims and thus are unable to move through these experience and build a new life. Second, through the process of attempting to increase access to resources, students and refugees are able to better understand the relationship between poverty, access to resources and mental health. Third, developing cross-cultural relationships results in a process of humanization. Refugees and students gain the realization that they share many fundamental needs and desires. Finally, by transforming refugees' and students' understandings of all of these relationships, including the stressors they face, their root causes, and the possibilities for working together to reduce or eliminate them, refugees and students are able to work toward addressing refugees' stressors and improving their mental health. See Goodkind et al. (2014) for presentation and discussion of the observed changes in refugee participants' mental health.

Our goal in this article was to explore two main research questions related to these processes:

1. How was transformative learning experienced (or not experienced) among refugee and student participants in the RWP? What transformations occurred or did not occur?

2. In what ways was the process of transformative learning similar and different for refugee and student participants? Why did these similarities and differences occur?

Method

Setting

The RWP is a 6-month intervention that uses a mixed-method, within-group longitudinal design to assess the intervention's impacts on refugees' English proficiency, enculturation, quality of life, social support, access to resources, and mental health. The data we are presenting in this article are from an embedded qualitative research component (Creswell, Klassen, Plano Clark, & Smith, 2011) that used a structured interview with student and refugee partners and a paired student-student interview postintervention to gather information about experiences in the intervention. Through these qualitative interviews, we gained preliminary evidence that creating space for mutual learning, the development of reciprocal relationships, and valuing of refugees' strengths, concurrent with the mobilization of needed resources, may be important to improve quality of life and psychological well-being of refugees. Moreover, we observed the effects of the project on student participants.

Participants

The intervention ran for three consecutive years, from 2006 to 2009 In all, 53 undergraduate students implemented the intervention with 36 African adults (19 women, 17 men, ages 18–71) and 36 children (20 girls, 16 boys, ages 7–17). Each October, all African refugees who had arrived within the previous 12 months were identified through the local refugee resettlement organization and were contacted by an African research team member who spoke their language to briefly describe the RWP and ask whether we could come to their house to meet them and tell them more about the project. If they agreed, an in-person meeting with a RWP staff and an interpreter was scheduled. During this meeting, the RWP was explained in detail and the refugee family was invited to participate. Ninety percent of African refugee families who arrived during the three years of the study agreed to participate.

The advocates were predominately Latina/o (45%) and non-Hispanic White (43%), with 6% identifying as Native American, 4% as African American, and 2% as Asian American. They ranged in age from 20 to 51 years; all were juniors and seniors in college except for one sophomore. Students made a two-semester commitment, earned eight course credits, and received

48 hours of training over a period of 12 weeks. Students were a self-selected group who learned about the course through flyers and/or a description in the university course catalog and who attended a required orientation in which the course requirements were described and students were asked to complete a short application describing their interest in the course and relevant experiences. Most students were psychology or anthropology majors with established interests in mental health and cross-cultural experiences.

Training was based on a manualized curriculum that included units on refugees and the refugee experience, particular cultural backgrounds of refugee participants, policy issues impacting refugees and immigrants, multiple perspectives on mental health, adult learning and social change, empathy/values clarification, oppression and diversity, and advocacy (Goodkind, 2000) and continued during the first month of the Learning Circles. Students were paired with refugees after the first month of Learning Circles was complete to allow for the natural affinities and relationships to develop. For a full description of Learning Circles, please see Goodkind et al. (2014). In each family adults and children received their own student advocates. However, one advocate was sometimes paired with two children in a family. For the final five months of the intervention, 90 minutes of weekly supervision replaced training. Undergraduates met for weekly supervision in small groups (6–8 students). Supervision consisted of students outlining their goals for the previous week, what actions they and their refugee partners undertook toward meeting the goals, assessing progress, soliciting recommendations from supervisors and fellow advocates, and setting new goals for the coming week.

Interview Procedure

The data included in this article are from 53 student-refugee paired interviews and 24 student-student paired interviews (some interviews included three partners and we were missing interviews from two partner pairs) conducted with all refugee and student participants between 2007 and 2009. Interviewers completed interviews with student participants and their refugee partners at the end of the 6-month intervention (May 2007, 2008, and 2009). The same questions were asked in each of the three years. Interviewers conducted student–partner interviews in English with the aid of one of nine trained project interpreters who spoke both English and one of the participant languages: Kirundi, Kiswahili, French, or Amharic. Interpreter training consisted of involvement creating standardized verbal translations of the interview questions for each language, instructions on speaking in the first person when relaying speech of participants, and using their cultural and linguistic knowledge of both English and participant languages to clarify participant ideas so that they would be readily understood by interviewers (Kirmayer et al., 2011). Although interpreters were key in facilitating student-refugee communication during paired interviews, most interaction and communication between student–refugee pairs during the course of the intervention occurred without interpretation.

Interviewers were trained research team members. The training for conducting qualitative interviews included how to work with an interpreter, asking open-ended questions and using follow-up and probing techniques, and issues of confidentiality. Students themselves completed the student–student interviews, which also occurred at the end of the 6-month intervention, using a structured interview guide, with no research team member present. The interview schedule for each type of interview consisted of 10 open-ended qualitative questions. Questions focused on expectations participants had of the project, whether or not these expectations were met, what participants learned and taught each other in the project, the relationship between partners, and recommendations for the program in the future. This research was approved by the University of New Mexico Human Research Review Committee, and all participants provided informed consent and/or assent. Interviewers recorded the interviews with the consent of the interviewees.

Data Analysis

The interviews were transcribed by a transcription service or research team member and checked for accuracy by a research team member. Data analysis was conducted in NVivo 8, a qualitative data analysis software program by a team that included all the authors. Our team coded interviews according to a structure built from themes we found in the interviews, as well as based on the questions and hypotheses we were tracking as part of the intervention. The software allowed analysis of the prevalence of each theme and analysis of content according to age, gender, countries of origin and residence, time in the United States, and educational level.

The first step in the analysis process was for each coder (all authors participated in coding) to read 3–5 transcripts to identify themes. Next, coders met to standardize the themes and their definitions, agree on a structural framework to elucidate the relationship of themes to one another, and determine how they should be applied to the data. We then coded all interviews using the same framework. To enhance the authenticity and trustworthiness of the coding and coding framework, the research team had weekly meetings to discuss the coding process and agree upon any necessary adjustments to the coding framework and to resolve questions about how certain responses should be coded. We only analyzed the English portions of the interviews; thus we relied on the ability and accuracy of the interpreters. However, between two key members of our research team (first and sixth authors), all of the languages in which interviews were conducted except for Amharic (two interviews only) were understood. Thus, we were able to verify that participants' responses were interpreted accurately.

Our research questions (*How was transformative learning experienced [or not experienced] among refugee and student participants in the RWP? What transformations occurred or did not occur? In what ways was the process of transformative learning similar and different for refugee and student participants? Why did these similarities and differences occur?*) guided us to examine themes that included "Future Goals," "Self-Efficacy," "Self-knowledge, Transformation," "Social Consciousness," "Students Teaching Participants," and "Participants Teaching Students," as well as themes that emerged from the data. For instance, no direct questions about gender roles were asked during the interviews, but we created a thematic category "Gender Roles" to capture participants' discussion of the realization of different or changing of gender roles as a result of resettlement in the United States. To

analyze the relevant themes, we queried the data to isolate text coded at these themes and analyzed the content for patterns and meaning according to various categories, most prominently, refugee and student participants (Richards, 2005). All authors participated in writing memos to analyze the predominant subthemes, patterns, and meanings for each theme.

Results

Experiences of Transformative Learning

Fostering transformative learning among students and refugee participants was an important goal of the RWP. In examining student and refugee descriptions of their experiences, we found an arc of transformation that exemplified this kind of learning. This process was not the same for everyone, nor did it occur for all students or refugees. When this kind of learning was described, it was categorizable in three distinct but interrelated transformations: 1) awareness of one's individual privilege and humanization of the "other," 2) recognition of social inequities and their relationship to health disparities and other inequities, and 3) stating a desire to effect structural level change to address inequality or disparities. For refugees, the process of transformation tended to follow a similar arc, but focused more on recognizing their own knowledge and contributions, finding their voice in a new society, empowering them to see beyond racism, and recognizing that there are ways to address health and social disparities through education, improved social support, and access to resources.

Transformations of self, humanizing the "other." The first phase for students was characterized by an awakening, or a realization of their privilege, generally related to their citizenship, educational opportunities, and the standard of living in the United States. When asked, "What is the most important thing you learned from [your partner]?," Christie[1] responded with the following:

> Not to take things for granted as much as I did. I think coming from a culture where things are so readily given to us, we take them for granted when we see people who maybe appreciate the smaller things and don't achieve things so easily. I think just a view of my life in general is not to take things as for granted as I did.

Beyond individual-level realizations, students also articulated a growing awareness of the broader sociopolitical, economic context in which the United States is situated. In 2007, Jason responded as follows to the question, *What did you learn about what it's like to live in America?*:

> I learned that we take a lot for granted. That being born in America entitles you to so much . . .. If you're coming from outside of the country you've got . . . so much to do to just be able to begin to adapt to life here, and so . . . I've learned to see more often the privileges that we have.

Students also discussed their heightened awareness of the presence of refugees in their community. As Emmeline explained,

> Before this I'd never even known that we resettled refugees in [our city]. I know we've got some from Cuba and from Spanish speaking areas and Latin areas but I had no idea from Africa. I know there's some in the [housing] complex from other areas like Afghanistan and Iraq. But this is an amazing project and it teaches you a lot about other people and a lot about America and American culture versus other cultures.

Moreover, for the students, developing a relationship with an individual put a human face on problems too readily applied to an entire continent. This humanization process opened their eyes not only to the traumatic effects of war and genocide, but also to the resilience people demonstrate after having experienced trauma. Carissa explained:

> Because I knew there's this whole war in Africa . . . and you just kind of look at it and you're like, "Oh, there's war, oh, there's a genocide." But it's real and [my partner's] a living example of it, there are people who get through it.

Recognition of the personal strengths of their refugee partners also enabled students to extrapolate these ideas to refugees as a group of people, thus transforming their initial ideas of refugees as victims or people without agency, into people with a strong desire to make changes in their lives (see also Malkki, 1992, 1995). Van explained his learning around the term refugee and how it changed over the course of the project:

> In the beginning, I had no idea what a refugee was, so when you had the quiz about the differences between refugees [and immigrants] that kind of opened my eyes to notice the differences between the two. After learning about them, I know now that they're forced to flee their—they don't just flee because they want to, but they're forced to flee, whether that's because of political conflict or other things of that nature . . . after working with them, I don't really consider them refugees because I feel like that term makes people feel sorry for them more, feel sympathetic toward them when—I mean, they're probably some of the most hardworking people I've ever met. They're more dedicated than I am. I mean they're always pushing me to get things done and rather than the opposite way around. So I think it's just opened my eyes to what it really means to be a refugee.

Likewise, refugee participants described how recognizing the common humanity in the students worked to transform their view of White people at whose hands they had formerly suffered oppression and thus feared. Gabriel, an adult from Burundi recounted:

> When I was little and back in Africa, when we'd see a white person we would run away because we'd think that the white person would beat us. Now I see that a white person is like a human being just like anybody else.

In this way, the development of the student-refugee relationship opened a broader world of potential relationships with Americans in their new home. Refugee participants were assured that positive relationships with Americans were possible. Charlie, a man from Burundi, described how his experiences with people in the United States differed from the expectations he had formed prior to resettlement:

> When I was in Africa people were telling me, "Oh, there is no one who can speak your language. You [will] have no friends." But I have come to find that life is really good. I've got a lot of friends who are American

[1] To protect the anonymity of all participants, refugees and students are referred to by pseudonyms throughout this article.

> people. They are people who are really willing to help me out. I have had a really positive experience.

Refugees also took on the role of teacher as they taught students explicit antiracism and antidiscrimination values and practices. In dialogue with her student, a refugee stated: "I shared with you how people ought to love each other and not to discriminate based on whether people have gone to school or not or based on skin color and I remember having conversations with you about that." Another refugee spoke to her student about how she taught her to treat and interact with the "other": "The thing that I think—one thing I think that I've taught you is how to greet people who you don't see as the same, especially people from Africa. Mainly it's how to approach them and how to greet them." Thus, one of the most profound outcomes of the RWP is the recognition of the common humanity on the part of everyone involved in the project, both refugee and student participants.

Recognition of social inequities and relationship to disparities. Awakening to their own privilege and a broadened understanding of the category "refugee" and of the United States in relation to the rest of the world prompted students to recognize social inequities and the way interrelated processes of inclusion and exclusion work to produce and maintain these differences, contributing to health disparities. A student named Elizabeth described her changing views:

> Taking this class has shown me that not everybody has the opportunities that I have so when I hear another person's story, I can't be so quick to say, "Why are these people like that?" I can easily stop and think, take into consideration things such as colonialism, class, gender, things like that.

These processes arise not just through didactic learning—the fact that the instructor tells students that classism, racism, and gender inequality exist—but through experiencing them, for example, when accompanying a refugee as they attempt to accomplish everyday tasks, that an understanding of these processes takes root. A student named Lily described this phenomenon:

> A lot of American people are very rude, and I wasn't really aware of all the racism and the difficult times that people give you over a lot of stuff. . . . I experienced a lot of racism when I was with them going places, and just seeing how people's attitudes were, it taught me how to be better to the people around me.

Similarly, refugee participants commented on how even basic recognition of common humanity can be transformative. Rick, a Burundian man in his 30s, spoke about how the project compelled him to help others and broadened his empathy and his notion of community:

> Now I can empathize with people. When I see someone who needs help, I can help that person. If you [addressing his student partner] see someone who needs help, you can continue to help more people. I also want our friendship and our love for each other to grow so that you know his whole family very well and I want to know your whole family, visit their home . . .. Our love for each other to grow beyond just what it's been through the project.

Thus, like the students, refugees also showed how their raised critical consciousness and appreciation for the common humanity shared by students and refugee participants, was applied to others in their new society.

Students also developed a new appreciation of human resilience and the ability to recover from acts of trauma. For example, Ava talked about what she learned from her refugee partners:

> I think I just learned that people are still amazing. Like our family just all of them are so great and I always said if I had to do, like if I had to move to a different country just, you know, all of a sudden without any resources, I would never be able to do it. I would just completely fall apart, and they have not and they just wonderful and they're so amazing. They're such a good example of being able to survive and succeed anywhere.

For students, witnessing this determination and motivation compelled them to face their own challenges with greater equanimity. Madison, a student paired with a 14-year old girl, explained, "And I also learned a little bit more about being an adult. I guess, having to talk to people, having to assert myself to get things done." One Rwandan man's comments affirm this idea that students and others can learn something from their life experiences. Reflecting on what he taught others, he said, "How to live your life. I taught others how I live my life and hopefully, you'll take that as an example."

There was also broad recognition among refugees that they taught students about their cultures. Refugees recounted teaching students language, Swahili and Kinyarwanda words, specific vocabulary around greetings and food, music, social roles, and educational and economic systems in various African countries. One refugee woman said that it gave her "satisfaction" to share her culture and know that the learning was mutual.

Among students, many discussed their growing recognition of how social inequities lead to health disparities in the United States. One student's visit to the hospital with her partner and her partner's children demonstrated how the language barrier shaped her partner's experience:

> My most memorable experience was probably from a negative experience that we had. I had to take Louise and Louise's son and Olivie to the doctor just to get the baby checked out. I could tell Louise was really, really worried about the baby. When we got there, they did a couple of tests, and they found out that the baby had RSV [respiratory syncytial virus]. . . . For the treatment, we had to wait for a while and put a mask over his face. The medicine would go through the mask. We did that a couple of times. It was just hard, because I was the only one there with them. I couldn't really communicate what was wrong. She was extremely worried about the baby. The nurses even looked up the word for RSV in Swahili. They gave me the word. I tried to explain to them. . . . I called Olivie's boyfriend and tried to explain that the baby would be all right, but I still don't think she understood. . . . She was just breaking down so bad. She was crying the whole time. . . . I felt she—I could just imagine not having—just the language barrier would be really hard, and not really knowing what was going on with your baby would be extremely hard.

Many other students described how accompanying their refugee partners as they negotiated health care institutions, schools, and government agencies opened their eyes about how language and race served as barriers to access resources.

Refugees described how their experiences with advocates raised their consciousness about certain kinds of inequities they had formerly taken for granted, especially gender inequities. For ex-

ample, Ashanti spoke about seeing gender role differences in the family of her student partner:

> I've learned a lot of things, I don't know if I can say it all. But one of the things I've learned is that in America, the gender roles are really different. They are very different, they don't seem to be so strict like in Africa, where a man just comes and you see how I say he just sits there, crosses his legs, and then asks, "Give me something to drink, fix me a bath," and I was surprised the one time we went to go to your [student partner's] house, and they made all this wonderful food and you told us that your dad did it, and we were like, "Really? Did really your dad do this?" This whole display of your dad cooking and your mom sitting at the table and eating and sharing with everybody else. In Africa it's a very rare thing that a man would help cook, maybe one or two people, very few would really do it. We've learned a lot from just observing and seeing.

Ashanti's student advocate, Carissa, also described the development of new gender norms reflected in her partners' spousal relationship and child rearing practices:

> Maybe even just the gender equality. Many of our conversations driving home on Sundays from [work] would be our culture talks and they were always, always, always—Charlie would tell me different things, "Wife, give me a bath, wife do this, wife do that," and he would just sit around and drink beer. And now he says that, and Ashanti says it too, that now in America it's more equal, and I've said we're more gender equal here. It's more—the roles are divided equally. And so I think that if I didn't teach them anything else, I think that's the best thing that I could have done because now they're a team and it's not just Ashanti raising the kids and they're a team, I think that's really essential to having a functional family.

Participating in the RWP exposed refugees to U.S. cultural values, but in a context of respect for their own values and the expectation that participants and students would learn from one another. Additionally, by creating a context of shared learning, the RWP was intentionally designed to counter the relative powerlessness of refugees by encouraging the idea that they can fruitfully engage and participate in civic programs and express their opinions on topics that impact their everyday lives. As Macy, a Congolese woman explained, "This program was important for me because we needed to be part of this society, so we thought it was important to be part of it, to learn more about the customs and learn more about being part of this state."

The desire to effect structural change and reorienting of future goals. Transformation at individual and group levels often exposes the need for and desire to contribute to systematic change. We have seen how the RWP built capacity and effected change in the participants' lives. Here, however, we want to address the capacity to create systemic or institutional change in United States society. A few students mentioned the need for this kind of change, and articulated the desire to create it. Notably, however, the desire to create systemic change was not mentioned by any refugees. One possible reason for this was articulated in this exchange between Helen, a woman from Liberia, and her student partner, Sean. Helen explained how so much of her life was consumed with survival and attempting to meet basic needs:

> Helen: Yeah, it's okay, it's better to be here. I live in good conditions today. All of the time I was in Africa. Before Africa, every day you worry about your life. In the night, you can't sleep. In the daytime, you can't sleep, you're thinking about your life, if you will survive. . . . [Now] I sleep good. I eat good food. I lay down, go places.
>
> Sean: What do you think about the treatment of the people did to you?
>
> Helen: It's better.
>
> Sean: It's better? You don't feel a strain being a black person here when most of the people is white?
>
> Helen: Nobody's chasing me. I'm free. I'm free here.

Even when the student pressed the participant about experiences related to racial differences, the refugee's comments highlighted the relief of physical safety trumping any negative experiences with racial discrimination, at least in the initial phases of resettlement.

Students described their motivations for creating change as linked to the transformative learning that occurred through working with their partners. One student explained: "I just think that everyone should have access to health care, stuff like that, but I think we have a long ways to go." Lily, a student in 2008, framed her desire to effect change as intrinsically bound up with her privilege:

> I used to think of freedom as—I'd never think about it. I was just like, "I live in America. I can do anything I want." . . . Then meeting Pauline and seeing she didn't tell me everything about her past, but she's told me a few things, and just talking about how things are in Africa and how they are here, it's taught me that people are much worse off other places. If we can't help them and we can't extend that helping hand, like, we're just as guilty of making the world a bad place. . . . People are going through hard things, and they are so intelligent. They may not have an educational background that's like university, but they speak six, seven languages. Americans speak one? It's just taught me that I'm very lucky, and that I should share my wealth with anybody, whether it's encouragement, or helping them learn English, or just taking them to the store.

Lily's comment makes it clear that she recognized her privilege in terms of opportunity and her concomitant obligation to allow other people—whom she recognizes as capable and intelligent—to explore these same opportunities. Significant also, is her awareness that her "wealth" includes cultural capital, her knowledge and her ability to share it with others.

Another student, Michelle, described how her RWP experience motivated dramatic personal changes:

> I've learned more about the value about money and my own personal spending habits. Like I quit my job halfway through the semester to have more time to devote to this project and to my schoolwork because I really realized that I don't need to spend as much as I normally do and I can live with a lot less and I take the bus and stuff.

Michelle's statement shows how the process of change—helping people—is interconnected with multiple areas of her life: finances, time management, and adjusting her conception of what she needs and wants. Jason, a student who worked with a Burundian man and his family, articulated the relationship between personal and systemic change:

> I came to learn that this program is a prime example of active nonviolence. We the students are engaged in a battle against structural violence. Refugees in this country are often ignored, neglected, or

> abused by people who do not want them here. This is one of the most heartbreaking forms of structural violence. Refugees have been through a great deal of trauma. When they finally reach a destination that can be construed as safe, they are still victimized. This has been the most amazing thing I've done academically at the University of New Mexico. . . . At the beginning of the program, I was so unsure of my own abilities. Within the first night of meeting the African families, my apprehension greatly subsided. Now I perform tasks that I thought I was incapable of performing. I face challenges as they come and take it all in stride. The rewards that I've garnered from this experience have been great. I've learned a great deal about myself, and about what refugees must face.

As Jason's statement illustrates, many students and refugees planned to continue on a path of transformation that included changing their future goals and plans. Future goals mentioned by refugees reflected primarily instrumental learning, in particular learning English.

Similarities and Differences in Transformative Learning Among Refugee and Students

We have noted that the transformational arc experienced by refugees and students is similar, but somewhat different in the last phase because refugees did not discuss the need for structural change. There are a number of possible explanations. First, at early points in the resettlement process, refugees are experiencing profound relief at the relative level of comfort and safety United States resettlement provides. Second, instrumental learning (English language, as well as negotiating institutions such as health care providers and schools) is so essential to everyday life that achieving a level of comfort in everyday interactions must reasonably precede the idea that one can change them. Third, it is likely that refugee participants lump the RWP with other kinds of federal, state, and local institutions that serve to orient, instruct and generally accomplish their transformation as subjects of a new set of institutions and practices (Ong, 2003). As such, refugee participants might not be as comfortable in criticizing these institutions openly. Fourth, we do see evidence that participation in the RWP provides a foundation of learning and experience that encourages emerging refugee leaders to develop their own organizations to directly address inequities that affect health and well-being. For example, former RWP participants formed the American-Burundian Association of New Mexico to address some of the social service gaps affecting the community. This mutual aid organization has a broad base of community support, in part because of connections Burundian participants made with Americans during the RWP, which has helped them to obtain nonprofit 501(c)(3) status, submit grants for independent funding, and provide culturally based services to Burundians and other Africans in the community.

Discussion

The U.S. Refugee Resettlement Program provides people who have suffered from tremendous loss and trauma with the chance to rebuild their lives in the United States. However, limits on federal support often leave recently resettled refugees with difficulties accessing basic resources, including food, housing, and health care. A growing focus on health disparities has guided many researchers to examine how social and structural factors impact health and well-being. The RWP is built on the idea that improving refugees' health and well-being requires a comprehensive approach that includes increasing access to resources, building and expanding social networks, and learning new institutional and social systems and how to navigate them. Therefore, one important aspect of the RWP model is to connect refugee participants with resources to meet their needs.

At the same time, a key component of the RWP is the refugee partner-student advocate relationship. As Wilkinson and Pickett (2009) have argued, broadening social networks, decreasing social isolation, and building community alliances are key to creating social change that addresses health disparities. We were intrigued by our qualitative findings that underscored the importance of the refugee-student partnership and the transformative nature of this relationship for both refugees and students. Our analyses demonstrate that while access to resources is important, the processes of building relationships, navigating institutions, and gaining a sense of community belonging, are also key to improving refugee well-being. As students accompanied refugees through these processes, they were also made aware of their own cultural values, as well as institutional and structural systems, and how these contribute to health disparities and social inequality. The perspective and empathy that the students in the RWP gained from working alongside refugees as mutual learners enabled them to see these systems and cultural processes in a new way, often opening their eyes about how these might be changed, and providing the impetus to serve as change agents. For both refugees and students, it was not only exposure to cultural difference that was transformative, but also exposure to difference while at the same time building a relationship with each other that was characterized by mutuality, support, and working together toward goals.

These findings suggest that considering mechanisms through which to create opportunities for mutual learning among newcomers and Americans may be important for individual and social change and well-being. Mutual learning can be difficult within the context of providing psychological services in organized care settings, particularly given the ways in which treatment systems are structured and the inherent tension between treatment and social control (Foucault, 1977; Goodkind & Miller, 2006). However, creating spaces in which mental health service providers have the opportunity to learn from and value the backgrounds, cultures, and everyday lived experiences of refugees may be transformative at many levels (individual, community, systemic).

Although aspects of the RWP model (e.g., mutual learning) could be adopted or adapted for different organized care settings, the RWP model could also be implemented as a fairly intact program through a partnership between a service system and university. A manualized curriculum is available for such use. It may also be possible to implement the RWP model with community volunteers willing to make a 6-month commitment and devote approximately 4–6 hours per week to the program. These volunteers could be trained and supervised by one .50–.75 FTE staff member for the six month period. Similar to the RWP model with students, volunteers could be assigned with one or two refugee partners, thus expanding the impact of the effort. The challenge with volunteers is to ensure commitment to the 6-month program and openness to the mutual learning

perspective. Although commitment and responsiveness to feedback are more easily achieved through a course structure, it would be important to examine the potential feasibility of the RWP model with volunteers.

Although we observed and have described important processes of change among refugee and student participants, we did not collect quantitative data that would have allowed us to look more systematically at transformative learning across all participants. In addition, we did not collect qualitative or quantitative data prior to the intervention to obtain baseline assessments of student and refugee beliefs and attitudes about refugees, social determinants of health, and the need for social change. Although our findings replicate transformations observed among Hmong refugee and undergraduate students who participated in the first implementation of the RWP (Goodkind, 2006), it remains important to explore whether the transformation processes we observed can be replicated among other groups of refugees and students. It would also be important to examine to what extent changes in attitudes led to changes in behaviors and whether these changes were sustained long-term. Based on these limitations, we see our study as contributing important, in-depth preliminary data that can be further explored and validated using diverse methods.

In conclusion, through an exploration of the processes of transformative learning that occurred among refugees and paraprofessional service providers (students), we have aimed to broaden conceptualizations of psychological services for newcomers to include mechanisms through which well-being can be promoted at multiple levels through relationship development and attention to the social determinants of health, including access to resources, power, and structural violence.

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Received March 28, 2012
Revision received June 19, 2013
Accepted September 30, 2013 ■