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RESILIENCE OF YOUNG REFUGEES

Photographs tell a story

ABSTRACT

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World today is facing a refugee crisis never seen before. Millions of people are forcibly displaced due to persecution, conflict, generalized violence, or impossible conditions to live due to climate change. Migration, eighter voluntary or forced poses a potential threat to the mental health and overall well-being of a person. Legacy of war has been connected with a range of psychological, physiological and social problems, as well as medical conditions like cardiac diseases. However, according to studies only a small proportion of refugees receive appropriate help.

Despite vulnerabilities not all refugees develop mental health disorders but instead survive and cope without psychopathologies, remain functional and even bounce forward from the experience. This complex construct and a phenomenon of positive and successful adjustment and adaptation to adversity has been defined as resilience. Scientist from different disciplines have studied underlying factors, mediators and moderators of resilience for years, but still many questions remain on why some people come out better than expected from adverse experience.

Purpose of this study was to find out sources of resilience of young refugees, this way shed a light into how young refugees perceive their new surrounding society, and from where they seek and gain strength. Aim was to increase understanding of the situation of these young refugees and produce knowledge that can help build more holistic and sustainable programmes on integration and support the coping and resilience of young refugees settling into new country. Sources of resilience of participating young refugees was investigated by using autodriven photo elicitation interview (PEI) method, and an inductive content analysis was performed from the narratives produced by the participants.

The results of this study gave valuable insight to the time, context and culture specificity and the elasticity and diversity of resilience. Photographs and narratives revealed six (6) sources of resilience from individual, familial, and broad socio-ecological level. In this study the individual factors played the most significant role. It seems that although strongly connected to environmental and social resources, it was in the ability of the participants to utilize those resources to benefit their well-being.

Keywords: Resilience, sources of resilience, young refugees, photo elicitation

CONTENTS

FOREWORD

First, I would like to pay my up most respect and gratitude to those courageous young men participating to my research. I am so grateful that you shared your stories with me. Second, I want to thank my peer student and opponent, and most of all beloved friend Sanela. You light the room when you step in, and you have been such an inspiration to me. Thank you for your comfort and support. Finally, I would like to thank my family for endless support and believing in me throughout this long process. Working with this thesis has opened up a whole new world of theories, designs and methodologies for me, and confirmed my perception of the importance of the construct of resilience in everyday life.

1 INTRODUCTION

World today is witnessing the highest levels of displaced people on record. Over 70 million (70,8) people are forcibly displaced due to persecution, conflict, or generalized violence. 41,3 million are internally displaced and of those 25,9 million are refugees, over half of whom are children under 18. (United Nations High Commissioner for Refugees [UNHCR], 2019.) Needs in humanitarian field are growing in historical pace also because of climate change and increasing number of natural disasters.

According to 1951 Refugee Convention, refugees are defined as people that have been forced out of their homes and have well-founded fear for persecution in grounds of religion, race, nationality, membership of a particular social group, or political opinion. The definition is declaratory, and people are to be regarded as refugees until determined otherwise. In other words, prior to official legal status, if people are assumed to have crossed international borders to escape risk of serious harm, they are to be treated as refugees. (UNHCR n.d.) In legal terms refugee is someone that is granted an asylum within a State and is therefore entitled to certain rights and services (Silove, Ventevogel & Rees, 2017). In common parlance as in this thesis, a refugee is used as an umbrella term and refers to all people forced to leave their homes and migrate to somewhere else whether yet granted an asylum or not.

Refugees are considered a vulnerable group because of traumatic experiences they encounter in the country of origin, during the flight and after arriving and settling in a new country. However, refugees are not a uniform group, as reasons for becoming a refugee, and both internal and external resources and capacities varies a lot. (THL, 2019; WHO, 2018.) Research suggest that refugees have elevated rates of psychological distress and are at high risk of developing mental health disorders (Müller, Büter, Rosner & Unterhitzenberger, 2019). Some say that the global refugee crisis is a mental health catastrophe (Khan, 2019), posing a huge burden on communities, societies, and future generations. Yet according to studies, only a small proportion of refugees receive appropriate help (Silove, Ventevogel & Rees, 2017).

Despite of facing extreme stress, trauma, and adversities not all refugees develop mental health disorders but instead show remarkable resilience, adapt to the situation, and even bounce forward from the experience. By making effective use of individual capacities and outside resources provided by the socio-ecological surroundings, these individuals manage to survive and cope without psychopathologies, remaining functional and even thrive. This complex construct and a phenomenon of positive and successful adjustment and adaptation to adversity has been defined as resilience. It emerged to scientific discourse in the 1960s and 1970s in the aftermath of the World War II, when global attention acknowledged the plight of children exposed to extreme adversities (Masten, 2014), yet observed better than expected outcome of some individuals.

In history refugees have been greeted with sympathy and compassion or seen as a threat to peace, security, and culture identity of the recipient country. Specially in Europe the rate of incoming group and the ethnic differences have known to influence on the overall atmosphere and the willingness to accept refugees. (Silove, Ventevogel & Rees, 2017.) Overall political climate and public atmosphere on immigration effects on how refugees are seen. This effecting also on how refugees see themselves in a new country, culture, and society. (Patrikainen, 2017.) Successful integration to the new society is important not only for the health and well-being of the individual but also for the viability and performance of the whole society. Interventions to support mental health support also resilience and vice versa. These in turn supports positive adjustment and integration.

This thesis is build upon resilience framework with social-ecological lens. It is inspired by the unique strength and capacities of each and every human being, and it endeavours to shed a light into how young refugees perceive their new surrounding society, and from where they seek and gain strength. Purpose, of this study is to find out sources of resilience of young refugees using autodriven photo elicitation interviews (PEI). Aim is to increase understanding of the situation of these young refugees and produce knowledge that can help build more holistic and sustainable programmes on integration and support the coping and resilience of young refugees.

The paper is divided into nine sections. After the introduction in the second section the mental health challenges of refugees are discussed. Third section will open up the concept of resilience and special characteristics of young refugees as well as possibilities to

support resilience. In the fourth section the research question of this thesis is presented and justified and in the fifth section the methodological choices, data gathering, and analysis are described. Sixth section will present the results of this study after which they are discussed and reflect to previous studies in the seventh section. Finally, ethical considerations, reliability and trustworthiness of the study are discussed in the eight section, and a conclusion of the research is given along with proposal for future studies in the ninth section.

2 MENTAL HEALTH OF REFUGEES

Mental health is an integral part of health in general, and according to the World Health Organization (WHO) mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make contribution to his or her community" (WHO, 2004). This section will discuss the special characteristics, determinants, risk factors and long-term effects of refugee population's mental health challenges.

2.1 Mental health in the context of migration

International conflicts, wars, persecution, natural disasters, and poverty force people to migrate from their homes internally within country, into neighbouring countries or to another continent. Migration, either voluntary or forced poses a potential threat to the mental health of a person. (Castaneda et al. 2018; WHO, 2018.) Adapting to a different environment, language, culture and socio-economic life situation is very stressful and possibilities for integration in new societies varies between and within countries (WHO, 2018). One factor that has been reported to have an impact on mental health outcomes of refugees is the initial motivation for migration. Those forced from their homes have significantly worse mental health outcomes than those voluntary migrating (Castro & Murray 2010, 383; Kerkkänen & Säävälä 2015, 17.) The possibility to plan the migration ahead seems to reduce the negative effects (Castro & Murray 2010, 383).

Majority of refugees have been exposed to stressful and possibly traumatizing events either in their home country before departure, during the travel or when accessing and settling into new country. However, only a small proportion of them develops serious mental disorders. (Castaneda et al. 2018; THL, 2019; WHO, 2018.) Over the years there has been numerous studies assessing the determinants and prevalence of mental health disorders among refugees. Results have shown a great variation across studies depending on methodological choices, heterogenity of the refugee population, different diagnostical criterias, and differences in recipient countries. Most common mental health disorders among refugees are post-traumatic stress disorder (PTSD), depression and other anxiety

disorders (WHO, 2018). Some studies suggest that the prevalence of PTSD and depression is up to 30 per cent of refugees. Others have concluded only a moderately elevated risk. (Hynie, 2017; Kerkkänen & Säävälä 2015, 17; Silove, Ventevogel & Rees, 2017; WHO, 2018.) A factor that have been repeatedly connected to elevated risk for mental health challenges of refugees is the intensity and total number of traumatic experiences like torture (Castaneda et al. 2018; Hynie, 2017; Silove, Ventevogel & Rees, 2017).

In post-migration period refugees are exposed to a large set of new stressors, that can be equal determinants of mental health challenges and well-being in general as are experiences in pre-migration phase (Hynie, 2017; Vervliet, Lammertyn, Broekaert & Derluyn, 2014). Long asylum-seeking process and the uncertainty of getting the residence permit are two specific risk factors for mental health challenges in the post migration period. Poor social status and exclusion, lack of social support, loneliness, unemployment, inadequate language skills and challenges in practising religion are also connected in increased risk of PTSD, depression, and anxiety. (Hynie, 2017; Snellman et al., 2014.)

Automatically migration per se does not lead to mental health problems. In fact, migration can also remarkably increase individual´s health and well-being, for example with possibilities for better health care and social security system, education, or employment. (Kerkkänen & Säävälä 2015, 9-10; Snellman, Seikkula, Wahlström & Kurri, 2014). At the individual level migration is a complex process, were both protective factors and risk factors affect simultaneously, and work in both sides of the equation. Protecting factors strengthen and support mental health and resilience of refugees, and by increasing these factors it is possible to mitigate the effects of the risk factors. (Kerkkänen & Säävälä 2015, 9-10; Snellman et al., 2014.) For example, one of the most important protective factor is social support, lack of which can predispose to deterioration of mental health. (Snellman et al., 2014.) Autonomy and agency are important in coping and integration, both which deteriorate if a person is suffering from mental health problems (Kerkkänen & Säävälä 2015, 9-10). Therefore, holistic approach on both fostering the resources and resilience as well as treatment of pathologies is needed in support of mental health and successful integration of refugees.

2.2 Mental health of young refugees

Young refugees and unaccompanied refugee minors (URM) are as diverse group as are adult refugees. The reasons for leaving home and search for safety and better life are much of the same as for adults, but the decision to leave home is rarely done by them. (Björklund, 2015.) Some of the children travel with their parents, others alone. Some have been separated from their family members during the transit and enter new country and society without any safety nets. Under international human rights, children and especially URMs are entitled to special protection and cervices in every country regardless of the immigration policy of that particular country. In reality, whether the child is primarily seen as a child or an asylum seeker or perhaps as an "anchor child" has great importance on how the child settles in the system. (Björklund, 2015.)

Prevalence of mental health disorders of young refugees has been found to vary even more than of adults. Critical factor appears to be the level of exposure to extreme violence, especially before the migration (Miller & Rasco, 2004). Specifically, war related trauma experiences have been connected with higher rates of mental health problems (Kangaslampi, Garoff & Peltonen, 2015). Smith et al. (2002) found estimated 52% prevalence of PTSD in the study of Bosnian children from the devastated city of Mostar, whereas Miller (1996) found very little evidence of it in Guatemalan children, who had lived their childhood in refugee camps and had not been exposed to violence before exile (Miller & Rasco, 2004). Other studies have concluded numbers up to 47% of war exposed child refugees suffering from PTSD and 43% suffering from depression, while the prevalence of PTSD among all child refugees resettled in Western countries varies between 10 to 30 per cent (Kangaslampi, Garoff & Peltonen, 2015).

During the transit, children are exposed to numerous risks to both physical and psychological health, but the challenges don´t stop there. When entering the country young refugees have to go through certain procedures such as age assessment, family tracing and assignment of a legal guardian if traveling alone (Björklund, 2015). The process is multistage, stressful, and difficult to comprehend as it includes numerous authorities such as social workers, doctors, polices and immigration officers (Nahkiaisoja, Isokoski & Koivula, 2019), prior unknown or who have been taught to be afraid of. Prolonged asylum process, uncertainty of getting the residence permit and disappearance or death of

guardians are significant threat to mental health of young refugees (Castaneda et al. 2018). Also, the adaptation to another culture with or without parents is one known factor causing chronic stress to children and adolescents (Arafat et al., 2019).

The mental health situation of refugee children is significantly affected also by the situation of their parents (Kerkkänen & Säävälä 2015, 27). Proximity of caregiver is important factor and the response of the parents to stress and adversities can be both protective and deteriorating for the child (Masten, 2014). According to a study by Eruyar, Maltby & Vostanis (2018) parental psychopathology is a significant predictor of children´s general mental health as well as emotional and behavioral problems. Up to 25% of the parents of children referred to mental health clinics were having psychological difficulties and symptoms of depression and ADHD in a study by Middeldorp et al. (2016). Whereas Bryant et al. (2018) found clear association on parent´s PTSD and harsh parenting styles, and children´s conduct problems, hyperactivity, and emotional symptoms.

2.3 Long-term effects of migration on mental health

Although the service field of mental health for refugees is shared by several actors, such as the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO), governments and different Nongovernmental organizations (NGOs), in reality only a small proportion of refugees receive appropriate services. The main reason for this is in the distribution of services but there are also barriers in accessing available care as people bear the stigma of being a refugee and mental ill. (Silove, Ventevogel & Rees, 2017.) Language barriers and cultural differences may affect the willingness to seek help and the services are designed for the refugees but not necessarily truly from their needs. Pre-migration experiences, education, social status, religiousness, familial and sociocultural values also shape adjustment strategies and help-seeking behaviour (Hebebrant et al., 2016).

As health in general, mental health is a subjective experience, and the determinants are not only biological but also social ones (Hynie, 2018). Psychological wellbeing is also a culture related issue and mental health disorders, their symptoms or their treatment are not perceived similarly in different cultures (Snellman et al., 2014). Severe symptoms

like anxiety, nightmares, weight loose, insomnia and aggressive behaviour are perhaps interpreted as act of spirits or witchcraft and not mental health problem that can be treated. (Kerkkäinen & Säävälä, 2015.) Concept of well-being and the level of it is also controversial, and a person´s perceived quality of life and agency may differ significantly from symptom-based study results (Snellman et al., 2014).

Not all refugees' mental health problems are related solely to migration or traumatic experiences (Kerkkäinen & Säävälä 2015, 27). Prolonged length of displacement is associated with poorer mental health outcomes, suggesting that the impact of social determinants on mental health may increase over time (Hynie, 2018). In a study of young refugees' resilience strategies, Sleijpen et al. (2017) found out that enduring uncertainty about residence permit lead to a fatigue and break down of previously well-functioning strategies of coping, and deterioration of mental well-being in long run. Unemployment, financial stress, and poor host country language proficiency have been suggested to have association with depression, although inconclusive whether poor socio-economic status after migration is mediator in occurrence or maintenance of mental health problems or consequence of pre-existing mental disorder (Bogic, Njoku & Priebe, 2015).

Effects of extreme traumas, and especially war traumas have been shown to be persistent and prominent even after several years (Bogic, Njoku & Priebe, 2015). It has also been recognized that the effects of previous traumas can be passed on, and thus shape the future of subsequent generations (Mangassarian, 2016). Studies conducted on former child soldiers have concluded that intergenerational trauma can have adverse effects on parent-child interaction on physical and emotional level as well as in community functioning (Song, Tol & Jong, 2014). Connection has also been found on mothers' depressive symptoms in both prenatal and postpartum and worse birth outcomes of the child, responsiveness, infant sleep, and later emotional and behavioural problems (McDonnel & Valentino, 2016). Impacts of extreme traumas can even pass on through several generations, as has been found in the case of Holodomor genocide in Ukraine. In a qualitative study of three generations, Bezo & Maggi (2015) concluded that traumas experienced by grandparents had enormous psychological, familial, social and cultural effects, such as risky health behaviour, anxiety and shame, authoritarian parenting style and low community thrust and cohesiveness in all subsequent generations.

3 RESILIENCE IN ADVERSITIES

Resilience has several different definitions, all with some similarities. Depending on the perspective, scientific approach and discipline, resilience can be seen as a capacity, a process or an outcome (Southwick et al., 2014; Zautra, Hall & Murray 2010, 4; Poijula, 2018). According to Brown (2016) resilience is a capacity of an individual, community or society to maintain identity and functioning, and adapting to change in challenging situations. The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threat or even significant sources of stress." Zautra, Hall & Murray (2010) emphasize the end of continuum, defining resilience as an outcome of successful adaptation to adversity. This study reflects Ann Masten´s (2018) definition of resilience as the capacity of a system to adapt successfully to challenges that threaten the function, survival, or future development of the system, understanding resilience as a phenomenon of positive adaptation in adversity, consisting of capacities (something we are), process (something we do) and result (something we become) in dynamic interaction with several variables within and surrounding individual. Following chapter will present the theoretical framework within which this thesis is constructed.

3.1 The locus of resilience

Roots of resilience research are in the pioneering research of schizophrenic people's children that managed extremely well and had healthy coping patterns despite of living in adverse circumstances with numerous vulnerabilities and high risk-psychopathologies. Effort at the time was to identify personal qualities of a resilient children (Luthar, Lyman, Crossman, 2014), thus find out ways to help children survive and develop normally in abnormal circumstances (Poijula 2018, 95). Over course of time resilience research has evolved and become more common, revealing new aspects of the phenomenon. Researchers have acknowledged that resilient adaptation may form from external factors besides the capacities of the child itself (Luthar, Lyman, Crossman, 2014). Roughly the development of resilience research can be divided in three phases. From the first phase of trying to identify resilience and the factors that were associated with positive outcomes, the

study shifted to ask questions of 'how', illustrating processes that led to resilience. The third and most recent phase is approaching the subject in multidimensional way, consisting genes, neurobehavioral development and neural plasticity, statistical analyses, and risk moderators. (Bonnanno & Diminich 2013.)

Determinants of resilience are biological, psychological, sociological, and cultural (Southwick et al., 2014). It is not a permanent state but fluctuating in time and context specific (Luthar, Lyman, Crossman, 2014), culture also influencing on how it is perceived (Ungar, 2008). Resilience is a complex construct consisting of both adversity and positive adaptation (Flecher & Sarkar, 2013) that emerges from the interaction among several different systems at different levels such as individual, family, school, and community level (Pieloch, McCullough & Marks, 2016). Resilience is not limited within the body and mind of the individual and development of resilience and the capacity to adapt is connected with individual characteristics, relationships to other people, used coping strategies as well as environmental factors, when both risk and protective factors occur simultaneously (Masten, 2018).

Most people do not develop lasting psychological problems after exposed to traumatizing events. There are however, different opinions about the prevalence of resilience among people. According to Poijula (2018, 66) up to 70 per cent of adults and 75 per cent of children have at least relevant resources to cope with most of the adversities and challenges in life. Predicting resilience or vulnerability is however difficult, as different people facing same stressors react differently (Arafat, Papadopoulos, Mullick & Uddin 2019). Level of resilience varies even within individual in time and space. A person may adapt well to stress in workplace but fail to do so in personal life. (Southwick et al., 2014.) Also, the definition of successful adaptation is controversial, as resilient outcome can be perceived and measured in different ways in different cultures (Castro & Murray 2010, 377).

With help of extensive research in the field of resilience some predictors of healthy adjustment and protective factors that promote resilience has been identified. Many researchers divide protective factors concerning children into three category of individual, familial and communal factors. Individual factors are among others, good problem solving and cognitive skills, easy temperament, adaptability, positive self-image, active

coping, optimistic outlook, healthy sense of humour, ability to control emotions and in-
dividual gift or talent that holds personal value and is also valued in the community and
culture (Masten & Reed 2002, 83). Religion and spirituality, strong commitment to school
and valuing education has also been identified as protective factors for children´s resili-
ence. In adulthood, autonomy and agency, thrust, generosity, religiousness and finding
meaning in life have been identified as individual protective factors for development of
resilience. (Poijula 2018, 117.) Family factors are crucial in healthy adjustment of a child.
Studies have concluded that loving and supporting relationship with at least one parent or
some other guardian or safe adult, family dynamic and interaction, clarified rules and
expectations, parental participation and interest in school and leisure activities as well as
emotional atmosphere in the family and parental mental health are significant protective
factors to child´s resilience. Social and community factors are considered to be a belong-
ing to a community or social system supporting healthy development, good school, safe
neighbourhood and efficient health and social care system. (Masten & Reed 2002, 83.)

Not one protective factor appears to more important than other. Risk factors however are
cumulative. Despite many similarities, risk factors for poor adjustment, vulnerability and
low resilience are not all bipolar with the protective factors. (Shean, 2015.) Higher level
of IQ and education are considered as protective factors promoting adjustment. However,
for example with refugee population, especially those forced to migrate, higher education
can predispose to depression if person encounters discrimination, experiences the loss of
prior social status, and integrates poorly. Similar effect can also be seen in linguistic ac-
culturation of children, where acquisition of new language skills expands child´s social
network but can create tension between family members when seen as a threat to culture
of origin. (Castro & Murray 2015, 384-385.)

3.2 Resilience of young refugees and children living in adverse situations

The amount and level of exposure to traumatic events matter. Enduring and cumulative
adversities are especially harmful when occurring during sensitive developmental phases
such as early childhood, adolescence and in emerging adulthood (Arafat et al., 2019).
Refugee children, young refugees and adolescents are extremely vulnerable because they
are exposed to stressors and displacement during important and significant physical,

mental, and emotional developmental phase (Earnest et al., 2015; Pieloch, McCullough & Marks, 2016). Yet for some reason some children come out from the experience better than expected or even thrive.

The socio-ecological environment in which children grow up is essential for healthy development. Transaction between risk and protective factors in family, peer, school, and community have great significance on developmental outcomes and mental health of the child. Low or compromised resources in one area may be successfully replaced with another well-functioning, resourceful area, but for example with war or armed conflict exposed children the impact of adverse events extends to entire socio-ecological surroundings of the child. (Bentacourt, Meyers-Ohki, Chrarrow & Tol, 2013.)

During the past few decades researchers from different disciplines have tried to find out factors, mediators and moderators that explain or predict successful adjustment and healthy development. Studies conducted on war or armed conflict affected children or children and adolescents facing extreme adversities have concluded that those children coping well have certain protective factors such as close relationship to some adult, expression of own opinion, ability to use problem solving skills and leisure activities (Fayyad et al., 2017). In literature review of qualitative studies of adolescent refugees that have settled in western countries Sleijpen et al. (2016) found six sources of resilience: social support, acculturation strategies, education, religion, avoidance, and hope. Apparently, although young refugee face different kind of challenges in different places the basic needs and coping strategies are in many ways the same (Sleijpen et al. 2016). Findings in research by Pieloch, McCullough & Marks (2016) are very similar, identifying several resilience promotive factors in refugee youth. According to the study for better adjustment to adversities certain features such as meeting basic needs and services, language proficiency, social activities, facilitating agency and autonomy, keeping a connection to home culture, religiosity and meaning making, family connectedness, maintaining a positive outlook, altruism and having prosocial behaviour, having a sense of belonging in the community, hopefulness and aspirations for the future must be met in order to adjust succefully.

External resources have significance and can be promotive in coping, but they are not absolute necessity. In a comparison study of youth resilience in South Africa Breda

(2017) found out that on a contrary to assumption, children from very poor conditions and children´s homes were more resilient than children with upper income families. Investments in psychosocial development in schools seem to have a significant impact on the children´s coping. Even more than of social surroundings. (Breda, 2017.) Observations by Björklund (2014) and Kohl (2006) were similar, stating that well-functioning integration systems and arrangements, for example by social workers, can make significant contribution to the well-being of children and adolescents from very disadvantageous backgrounds. Canadian study comparing pathways to resilience of at-risk youth suggested that access to material resources and supportive relationships, development of a desirable personal identity, experiences of power and control, adherence to cultural traditions, experiences of social justice, and experiences of a sense of cohesion with others are necessary mental health experiences, access of which reflects the youth´s capacity to cope (Ungar et al., 2008).

3.3 Supporting resilience

The Adverse Childhood Experience study by Vincent Felitti and Robert Anda in 1998 concluded that adverse childhood experiences and problematic home environment are connected to elevated risk of serious physical and psychological illnesses and of different social challenges in adulthood (Poijula 2018, 112). Especially war traumatized children are at increased risk of a range of medical conditions such as cardiac diseases in adulthood (Werner, 2012), which is why enhancing and supporting resilience in this population is important not only on individual level but also on family, community and society level.

In recent years resilience has gained more interest in academic researchers, policy makers and practitioners in mental health as a significant influencer to quality of life and wellbeing, and a wide range of interventions has been implemented and studied. According to psychologist Ann Masten resilience emerges from ordinary rather than extraordinary and efforts to promote resilience should focus on strategies that protect and restore basic systems for healthy development (Masten, 2001). Roster for different kind of programs and interventions from different scientific disciplines and approaches continues to grow as knowledge of the phenomenon of resilience increases. At the present time, based on the promising results of resilience studies on children, three strategies for interventions have

been suggested. Interventions that aim at preventing or mitigating the risks of adverse circumstances or experiences, such as prenatal care to prevent premature birth and treatment of depression of mothers to prevent maltreatment of a child. Asset-based interventions that focus on strengthening existing assets or improving access to promotive factors, thus increasing resources, and interventions that aim at supporting and restoring adaptive systems that generate capacity for resilience, such as programs to enhance self-regulation and self-efficacy and improving parent-child relationship. (Masten & Barnes, 2018.)

Psychologists Mooli Lahad and Ofra Ayalon have developed a multi-channel approach on assessing and supporting of coping and resilience called Basic-Ph (Poijula 2018, 70). This model suggests that each individual has six interdependent dimensions of coping and that a combination of these resources creates the unique style of coping of each person. Everyone has the potential to use all six channels but usually, as a people react differently to stress at different times, a person creates his or her own preferred cluster of modes reflecting the way of viewing the world. (Lahad, 2016.)

The components of the model come from the letters formulating the word Basic-Ph. "B" representing belief, a spiritual channel containing religious and political beliefs and values, and the search for meaning. This channel also emphasizes hope and strong self- expression and the need for self-fulfilment. "A" stands for affective or emotional coping mode of verbal or non-verbal expression of emotions, such as crying, laughing, talking, drawing, reading or writing. The social channel "S" contains belonging to a group and being part of an organization, taking a role and giving and receiving support. "I" represents imagination, dreams and intuition, and enables coping by denial and fantasy, and unconventional, creative solutions to problems. The cognitive channel "C" include information gathering, problem solving, positive thinking and other cognitive processes, such as internal conversation. Physical coping mode "Ph" focuses on behavioral ways of handling stress, physical expression, and body movement. Method may include meditation or relaxation or excessive physical activity, such as sports or hikes. (Lahad, 2016; Ayalon 1998.)

Basic-Ph is not a clinical tool but a holistic model to help identify a person's strengths and preferred modalities of coping. With this model interventions can be built to support a person's dominant modes of coping and strengthen the latent modes. (Lahad, 2016;

Ayalon 1998.) This way less interfering with the natural course of healing but also recognizing the possible need to intervene with crisis interventions (Lahad, 2016). Dimensions of the model are presented in figure 1 below.
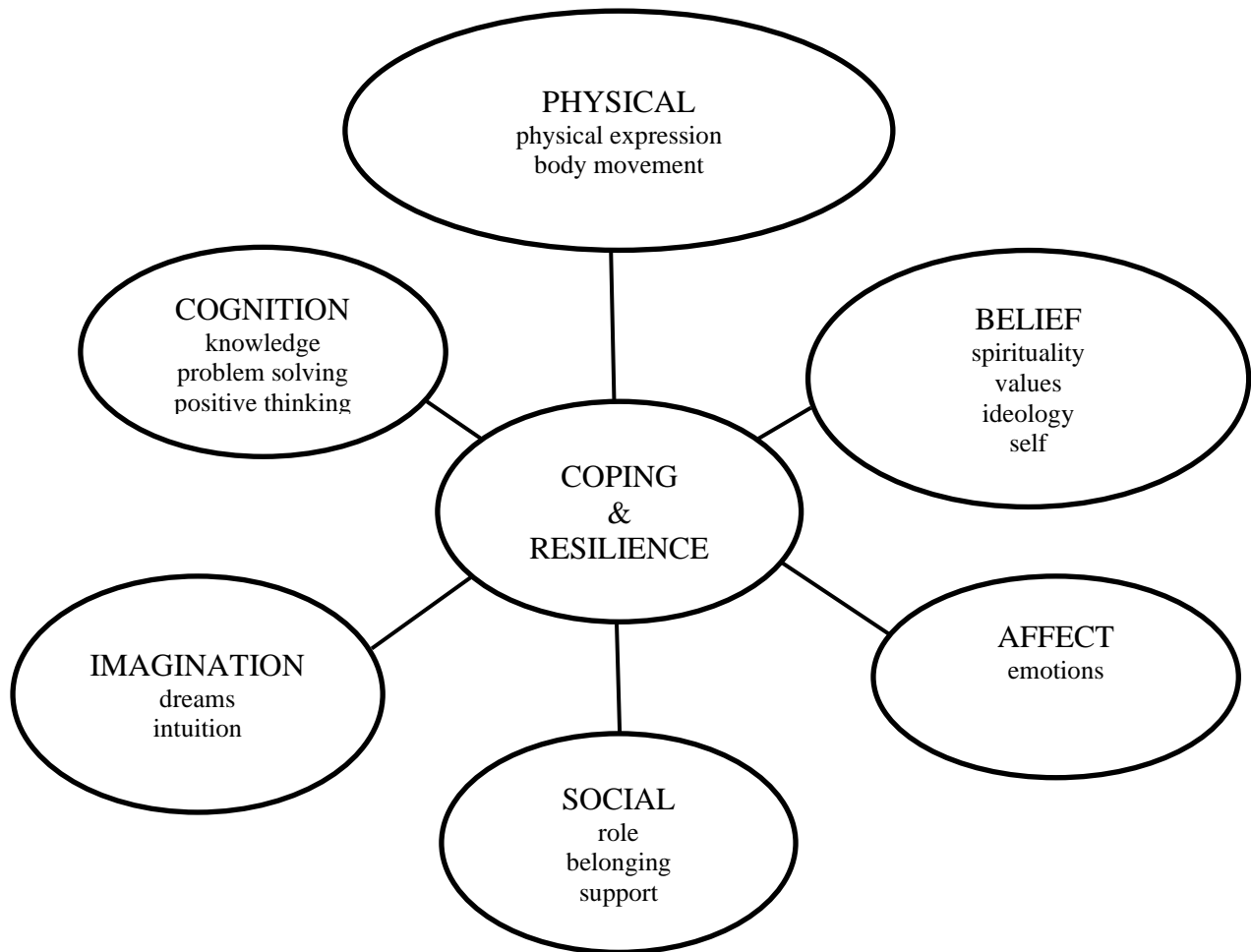

Figure 1: Dimensions of Basic-Ph model applied from Lahad, 2016; Ayalon, 1998

4 PURPOSE AND AIM OF THE STUDY

Purpose of the study is to find out sources of resilience of young refugees using autodriven photo elicitation interview (PEI). Aim is to increase understanding of the situation of these young refugees and produce knowledge that can help develop more holistic and sustainable programmes on integration and support the coping and resilience of young refugees. Research question is:

- How do young refugees describe their sources of resilience through photographs?

This study is concentrating on the perceptions of participating young refugees about their own sources of resilience. It does not measure or assess the level of resilience of these young people with any tool. By describing young refugee´s sources of strength and resilience supporting factors, it is possible to develop interventions that are better customized and truly from their user´s needs.

5 IMPLEMENTATION OF THE STUDY

Methodological choices are very important when constructing a study design. A research is always made to serve some purpose, and the way in which the subject is approached, and research questions are formulated, to some extent, inevitably influences the resulting data and findings made (Ronkainen, Pehkonen, Lindholm-Ylänne & Paavilainen 2014, 23, 109). This study persuades to increase understanding of the situation of young refugees and describe the sources of resilience from their perspective. Following chapter will present the implementation of the study, methods used as well as the data gathering procedures and the analysis of the data.

5.1 Methodology

This qualitative study is build upon resilience framework, and visual art-based study methods. It endeavours participating young refugees on the research process as the experts of their lives and unique experiences and doing research with them, not on them (Groundwater-Smith, Dockett & Bottrell 2015, 12). Therefore, adhering to the United Nations Convention on the Rights of the Child (1989) (United Nations Human rights, n.d.), stating that the views of the child shall be taken into account, and every child has the right to participate on the decision-making on matters concerning him or her, this study is involving young refugees, as they are the service users. Especially when there is a strong cultural difference between the service provider and user, it is beneficial to engage the users into the designing of the intervention, for it to be efficient and accessible (Björklund, 2015).

According to the Convention, a child is a person under the age of 18 years, youth is defined by the UN as those persons between the ages of 15 and 24 (UN, n.d). Competencies and particular needs are different in either end of the age spectrum, and the perception of maturity and the autonomy and agency of a child varies between different cultures and context (Groundwater-Smith, Dockett & Bottrell 2015, 5-11). Late adolescence and early adulthood are critical times in the development of a person´s social and cultural identity, even more in the context of migration and being a refugee. Leaving home may mean

leaving everything previously familiar. Young refugees may have lost their loved ones, their friends, social status, possibilities to provide for the family or study and overall knowledge on how to function in the society. After the journey to the new country young refugees may be deeply traumatized but can also show remarkable resilience and agency. This resourcefulness should be acknowledged and utilized and not merely rely on western conception of wellness, distress or healing, when constructing programmes for integration. (Björklund, 2015.)

Besides asking young refugees what they need, it is important to try to understand how they comprehend the new society they are living in. Visual methods offer multiple ways to study the cultural and social reality (Mustola, Mykkänen, Böök & Kärjä 2015, 13), and they can transcend language barriers and engage difficult subjects (Leavy 2015, 233). Images are very powerful tools as they evoke responses and are more likely to make a memorable impact or a statement. They can be used to communicate more holistically and enhance empathy as they can help us to see another´s point of view and a new way of looking at things. (Weber 2008, 41-47.) Each image is unique, and can both ask and answer questions, and the meaning of which is determined by the artist, the viewer and the context in which the image is viewed (Leavy 2015, 224; Weber 2008, 42). Each viewers personal, cultural and historical background also affect on the way the image is looked at and interpreted (Mustola et al. 2015, 13; Thompson 2008, 10). Therefore, visual methods can help produce rich data that can be used in designing better targeted interventions for integration of young refugees.

Data for this study was collected using auto driven photo elicitation interview (PEI) with open conversational formula. PEI is a visual qualitative study method traditionally used in anthropology and sociology (Harper, 2002). More recently it has been employed in various disciplines such as psychology, education and nursing (Epstein, Stevens, McKeever & Baruchel, 2006). PEI was first introduced to the scientific body in the mid-1950s by John Collier, who studied mental health in changing communities in Canada. Collier concluded that with photo elicitation the material obtained was more elucid and that pictures evoked deeper elements of human consciousness and latent memory than conventional interviews. (Harper, 2002.) In PEI photographs, that are the base of the interview, are taken by the researcher or the interviewee or they can be retrieved from some archive. When taken by the participants it is referred as native, reflexive or autodriven

photography. (Ford et al., 2017.) PEI was chosen as a method for this study because it gives children more control and power over the area of the study and enables them to participate more actively. Interviews are child-lead and based on the images they choose to talk about. Researcher can explore and find things that are important to the child but could be meaningless to adults. With pictures it is easier for children to express their feelings and perspectives even without words. Recognizing that there is always the possibility that the pictures are to some extent influenced and shaped by the adults, and in this case the fact that they are taken for the purpose of the study, children can use their power over deciding what to discuss about each picture. (Ford et al., 2017.) Another reason for choosing PEI as the research method, was the fact that with PEI it is possible to objectively, without pre-determined questions, shaped by presumptions, to find out new and different kind of information and meanings from the social and cultural context in which young people engage, and how they perceive the surrounding society.

5.2 Data collection and participants

Participants for this study were recruited through two large, international charity organizations working in southern part of Finland. For the protection of the privacy and anonymity of the young refugees participating in this study, these organizations will be referred as Organization A and Organization B in this thesis. The researcher contacted these organizations by email and arranged a meeting with a contact person. In these two separate meetings, that took place in March 2019, the researcher explained the purpose and aim of the study and inclusion criterias for the participants. The contact person in each organization were asked to invite young people involved in their activities and matching the inclusion criterias to take part in briefing about the research. Inclusion criterias for participation were being a refugee, between 15 and 21 years of age, arriving alone and stayed at least a year in Finland. After the meetings, the contact person from the Organization A informed that they would only help recruiting participants for this study but would not as an organization be involved in the research. Organization B considered this research to be supporting to one of their projects on integrating young refugees and was willing to be involved throughout the whole process and granted a research permit in April 2019.

After obtaining an ethical approval from the Ethics Committee of Universities of Applied Sciences, two separate briefings were held in May 2019 with all together 11 (5+6) participants, which at that point all wanted to participate in the study. In the briefing participants were told about the purpose and aim of the study and selection criterias of participation. Data gathering, management, protection, dissemination, and disposal of the data were explained. Information about the term resilience and instructions on taking the photographs were also given. In order to avoid influencing to the content of the pictures, instructions were given on a very general level. For example, it was advised that permission should always be obtained if photographing people. Participant were informed that they are participating as a private person and can withdraw from the study at any time they wish to do so, and it will have no impact on their position or cooperation in the charity organization. Information was given in both verbally and in written form in Finish (Annex 1) adhering to the instructions of "Informed Consent Form Template for Qualitative studies" by the World Health Organization (WHO n.d.) The used language was chosen based on a need assessment made by the contact person in the organizations. It was agreed that participants take the pictures with their own mobile phones for their convenience and that it would be as easy as possible to take the pictures anytime anywhere. It was also agreed that the five participants from the charity Organization A are in straight contact with the researcher when they are ready for the interviews. Communication with the remaining six participants from the charity Organization B was agreed to be handled through the contact person because all of their young refugees were minors at the time.

The participants were instructed to take the pictures within two weeks of time but taking the photographs took longer than anticipated. It was to be expected that the summer holidays might have an impact on enthusiasm on taking the pictures and participating the research. This was mitigated by sending a reminder text-message every once in a while, to those participants whose contact information was known to researcher. Eventually only three people contacted the researcher and participated in an interview during the summer 2019. The charity Organization B was unable to contact their young refugees that originally were willing to participate to the study and withdraw from the study completely by fall 2019.
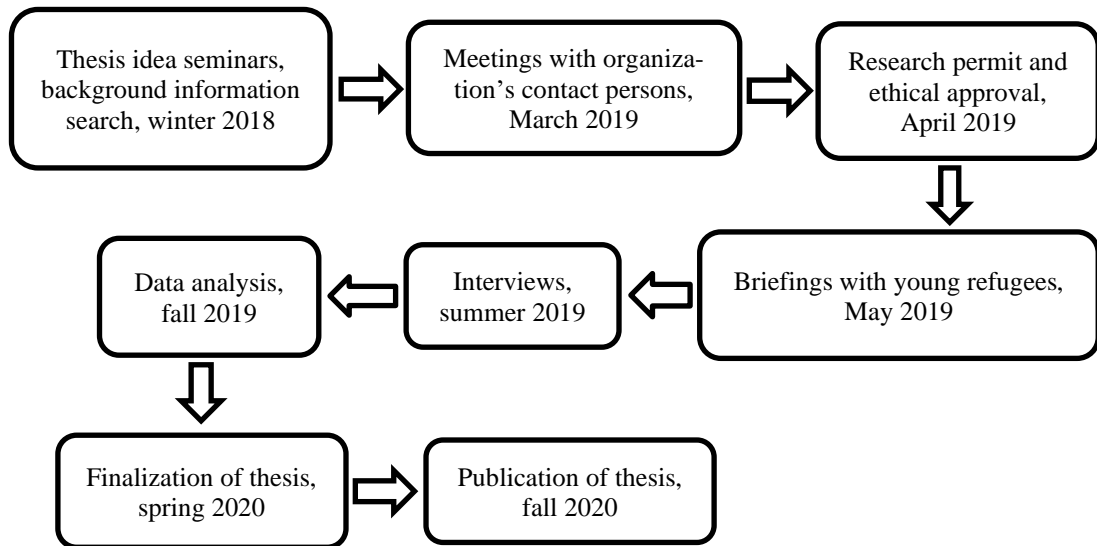
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┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│  Thesis idea seminars,│ ──▶ │  Meetings with organiza-│ ──▶ │  Research permit and │
│  background information│      │  tion's contact persons,│      │  ethical approval,   │
│  search, winter 2018  │      │  March 2019          │      │  April 2019          │
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│  Data analysis,     │ ◀── │  Interviews,        │ ◀── │  Briefings with young refugees,│
│  fall 2019          │      │  summer 2019        │      │  May 2019            │
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┌─────────────────────┐      ┌─────────────────────┐
│  Finalization of thesis,│ ──▶ │  Publication of thesis,│
│  spring 2020        │      │  fall 2020          │
└─────────────────────┘      └─────────────────────┘
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Figure2: Timeline of thesis process.

The three participants who attended to the interviews were all male, age of 20 and 21 years. They had all came as under aged, without parents to Finland in 2015 from different countries from the same region of the world. At the time of the interview they had all obtained a residence permit. The interviews were face-to-face interactive discussions based on the pictures chosen by the participants. The course of the interviews was not structured, and the discussion was allowed freely to follow its natural course. Interview guide (Annex 3) was used only as a supportive tool for the facilitator to cover the main topic. Possibility to have an interpreter present at the interview was offered but none of the participants wanted to use one. All the interviews were held in Finish. In the beginning of every interview both verbal assent and written informed consent (Annex 2) were obtained from the participants and privacy policy of the data and purpose and aim of the study as well as dissemination of the results was once again explained. Participants showed the pictures they had chosen for the interview from their phones. This way they could decide the order of the photos discussed and the subjects. Duration of the interviews was approximately one hour, and they took place at the charity organization´s office in a private meeting room. Location of the interviews was important and carefully considered for the feeling of safety and security of the participants and because it was agreed with the contact person that the participants could stay and talk to some familiar worker in the organization after the interviews, if feeling distressed. The interviews were audio-recorded and transcribed by the researcher immediately after the interviews after which the

recordings were erased. The confidentiality and anonymity of the participants was maintained with coding of the interviews and pictures. Age was the only background information asked besides the information concerning arrival time to Finland.

5.3 Data analysis

Analytical methods are always linked to the data collection methods and the research approach (Kananen 2014, 42). Finding the right analysing method for visual data depends on the character and the aim of the study and the data itself (Mustola et al. 2015, 17). In this study, the purpose of the visual material was to elicit conversation in the interviews and produce stories that served as the data for this research. The interviews were transcribed word for word in general way, except for names and specific countries and locations mentioned, which were coded to ensure confidentiality with terms like "hometown" and "home country". Tones and pauses were not transcribed, as according to Kananen (2014, 102) using these in interpretation of the data requires advanced professional skills, and it was not considered to add value in answering to research question of the sources of resilience. Approximately three and a half hour interviews produced 57 pages of written material (font Times New Roman, line space 1,5). After this an inductive content analysis was conducted and the data was translated from Finish to English as accurately and to the best abilities of the researcher.

Qualitative content analysis is a systematic way to examine and describe the meaning of qualitative data, such as transcription from interview. It can be done either data-driven (inductively), concept-driven (deductively) or in combination of these two, guided by the theory (abductively). (Tuomi & Sarajärvi 2009, 91-97.) Data in this thesis was analysed using inductive method, because it allows flexibility in the process and aims at finding deeper meanings that will emerge from the data (Schreier 2012, 1-9). Giving the voice to the young refugees was a number one priority, and the researcher wanted to respect this voice by looking at the data as it was, without presumptions. Qualitative content analysis is systematic in a way that it progresses following certain sequences (Schreier 2012, 1-2). According to Miles and Huberman (1994) inductive content analyse is roughly three step process, starting from reduction of the data, then clustering the data and finally

abstraction or synthesis of the data (Tuomi & Sarajärvi 2009, 108). The content analysing process in this study adhered to all the steps, although not in a linear order.

Initial step of the analysing process was to familiarize with the interview transcribs one by one and gain general impression on what was said (Erlingsson & Brysiewicz, 2017). After this, the data was read over several times again, and looked for factors promoting and supporting the participant´s resilience and coping. Traditionally the analysis process proceeds from finding a meaning unit, condensing and coding them to creating categories and themes (Erlingsson & Brysiewicz, 2017). In this study as in inductive content analysis generally, the codes are not predetermined, but instead they arise from the data and evolve as the analysis proceeds. (Tuomi & Sarajärvi 2009,) At the first round of open coding, each evident and visible factor mentioned by the participant was highlighted, and preliminary subcategory headings were written in the margins of the paper (Tuomi & Sarajärvi 2009, 109; Erlingsson & Brysiewicz, 2017). In the next round, it was identified what was said about these factors, underlining full sentences from the transcript that served as the meaning units, and writing condensed phrases from these, under appropriate category. Main categories were then generated by condensing these phrases even further into headings. (Schreier 2012, 58-61.) Finally, the data was once again studied as a whole, and the six main categories of religion, social support, activities, nature, goals in life and hope for the future, were placed under three themes of supportive factor categories derived from resilience theory. This was done to emphasize the interrelated and diverse construct of resilience and the interaction between individual and his or her social ecology, and to display this knowledge on a practical level. Below table 1 showing example of the content analysis.

TABLE 1. Example from the content analysis

Meaning unit	Condensed phrase	Subcategory	Main category	Theme
If I get a really bad feeling, and a rough feeling, I go and pray. Then I calm down and it helps me a lot.	When feeling bad, praying helps to calm down.	Praying	Religion	Individual factor
It is a conversation, like I´m speaking with god.	Speaking with god.			
Friends give me strength. If I am feeling bad or have some problems, I go and see my friends.	Advice and support from a friend.	Friends	Social support	Family factor
Family is important. Best friends are like family. I don't have any family in Finland.	Friends are like family			
That I am here, and I have survived from that difficult situation with the help of people.	Help and support from other people.	Other people		Community factor

6 SOURCES OF RESILIENCE

The participants had three to four pictures that they wanted to talk about. Additionally, two participants had also one thing they thought as a source of their resilience but could not take picture from it as it was more an abstract factor. The same two participants experienced taking the pictures as a difficult task, but found it also rewarding as they realized the supporting factors surrounding them. During every interview some supporting factors that were not photographed were also brought up by the participants. Focus of the interviews was on current sources of resilience as the researcher wanted to respect and mitigate the possibility of traumatic memories arising if asked about the life in the country of origin. However, participants were not prohibited from speaking about their past. When doing so, the researcher refrained from further questions. Overall, participants talked very openly about their life before coming to Finland and explained in details reasons for choosing each picture. In this section, the six (6) main categories that arouse from the analysis (1) religion, (2) social support, (3), activities, (4) nature, (5) goals in life, (6) hope for the future, and the subcategories of the sources of the resilience of these young refugees are described. The synthesis of the results in theme, main category and subcategory levels is seen in figure 3 below.
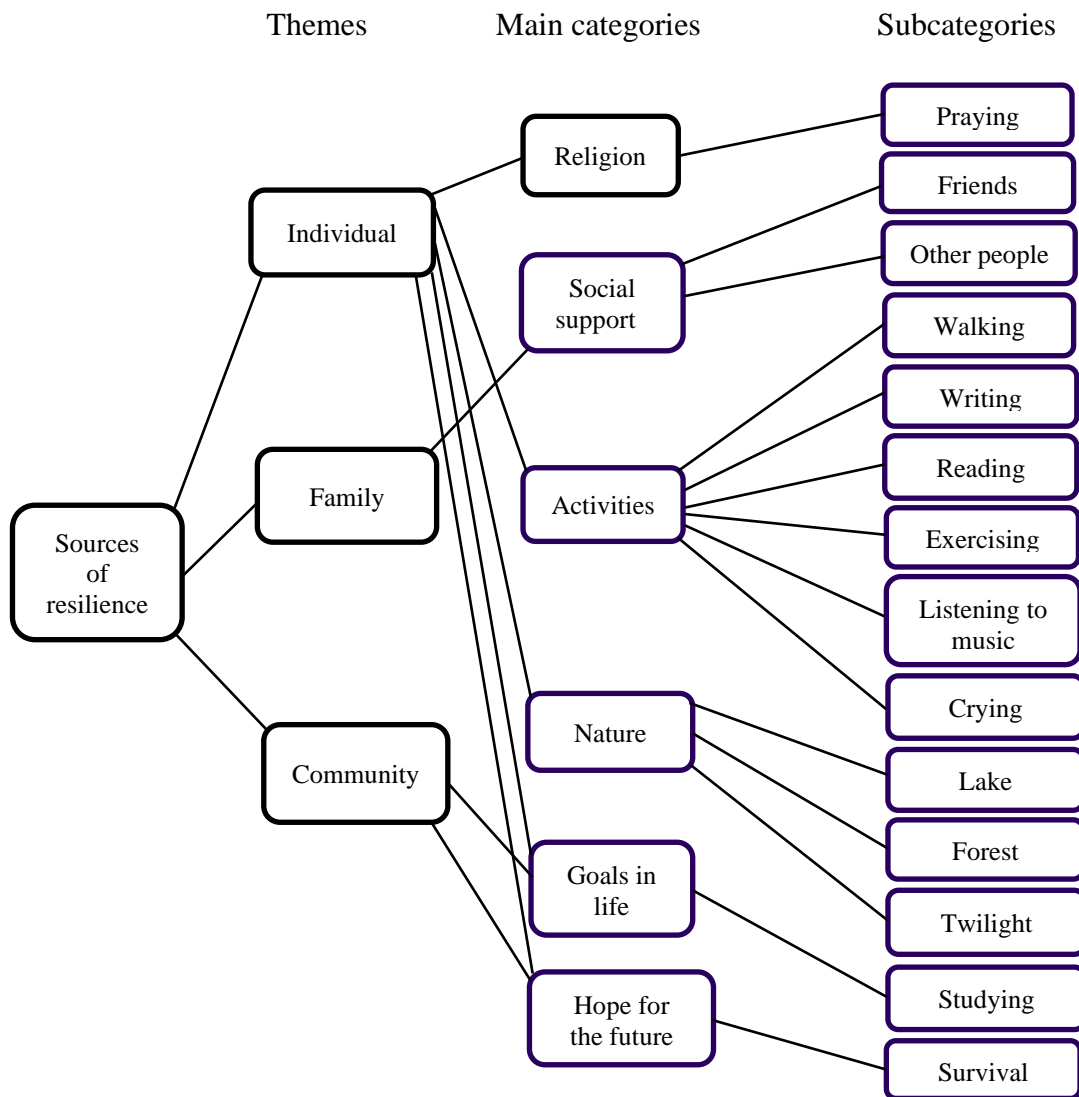
Themes   Main categories   Subcategories

Figure 3: Synthesis of the results in theme, main category, and subcategory levels

6.1 Religion

Religion had different roles in the participants lives. For some it played a central part in everyday living, others saw it more as a guide on good behaviour. As such religion was not mentioned especially important factor supporting coping. Praying however, was considered as a significant source of strength. Two of the participants had used praying as an empowering strategy and as a way to calm down and clear the mind already at home country, but one had started to use it after arriving to Finland, advised by a friend. Praying was referred as speaking to a god or a friend and it had features from meditation as well

as exercising, taking the whole body into the act of praying and calming down and connecting to a higher power.

> *Because when I am angry or sad or something like*
> *that, feeling bad, then I pray. It helps, it gives me a good feeling.*
>
> *Praying is like exercising and stretching at the same time. If I get a really*
> *bad feeling and a rough feeling I go and pray. Then I calm down and it*
> *helps me a lot.*
>
> *I think praying helps, you´ll have calm and good feeling.*

The participants described the time in reception centre very difficult, and mentally challenging. Insecurity of whether allowed to stay in the country or not was extremely stressful, and inability to communicate with people made things worse. With God it was possible to talk about everything and have a connection to something or somebody.
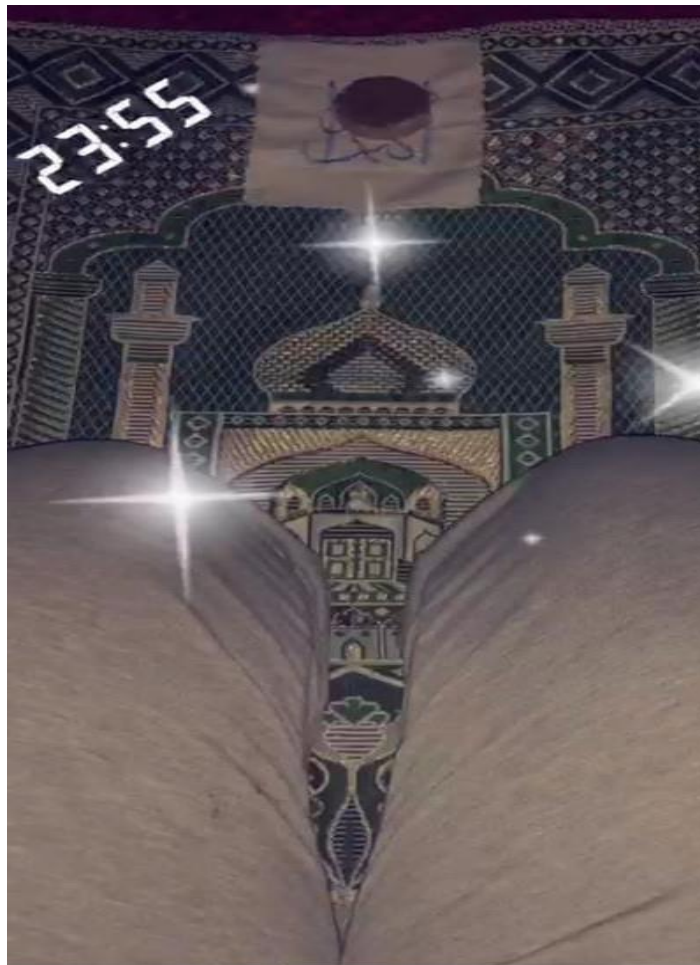
Picture: Participant nro.1

6.2 Social support

Social support is a substantial factor promoting young refugee´s resilience (see for ex. Sleijpen et al. 2016). In this study the most emphasized source of support was friends. Different people from different phases of the migration process, the professionals and volunteers in the reception center and teachers as well as peers in schools were also mentioned as important. One participant had found a loved one and described her as "a superpower" and a significant source of strength. The source of social support was strongly associated with the particular community, in which the young refugees were at the time.

Friends

Friends were extremely important to every participant. They were referred as a family. Connections to other adolescents, that had come at the same time to Finland, were very important and strong. Participant described talking to someone that have had the same kind of experiences helpful and supportive when feeling bad. However, having also Finish friends was said to be important in adjusting to the new culture and society and learning the language and habits.

> *My best friends are my family. When I came I was a minor. I have grown up with them. When I have a bad feeling, I go to see my friends. Talking to a friend helps.*
>
> *Friends give me strength. If I am feeling bad or have some problems, I go and see my friends.*
>
> *Then I spoke with my friend, and he advised to me that I can speak to god about anything.*

Other people

Different types of relationships with different people in different phases of the migration process were very meaningful. Encounters and interaction with other people were very important and the support received was emphasized, especially in survival, coping,

adjustment to new society and learning the language. Experience of compassion also generated a desire to help others.

> *That I am here, and I have survived from that difficult situation with the help of people.*

> *But when I was at the reception centre, we had a counsellor, like a family. She was always with us. A really nice person.*

> *I got help from other people and I learned it is important to help others.*

6.3 Activities

From the main category of activities, six (6) subcategories emerged: (1) walking, (2) writing, (3) reading), (4) exercising, (5) listening to music and (6) crying. These activities worked as an empowering act, a distraction, a way to channel emotions or as means to calm down. They were done consciously when feeling bad. One participant talked about the importance of having something to do in general, so that one would not be stuck in thinking bad thoughts.

Picture: Participant nro.1

Walking

Walking was a way to calm the body and clear the mind. It was used already before immigration by one participant but served also as a new form of act in conscious way of relieving stress and bad feelings. The ability to walk was especially important to one participant, as it had made possible to pursue and achieve better education and other goals and needs back in home country.

> *I like walking, because it has helped me a lot in many case. Back then, if I got really angry, I just went for a walk. And now, this moment, if I have some problems or something is bothering me, I go for a walk.*

> *I know that if I go for a walk it helps.*

Writing

Writing served as a channel to express emotions and tell other people about life as a young refugee. It was also a way to express gratitude to people that have helped. Writing was a way to communicate with society and about society when there were no words to speak or common language.

> *I like writing a lot. If something is funny, if something is bad, then I write. It doesn´t matter what I write, it can be a poem it can be about my life, about anything. I am going to write a book, then you can all read it.*
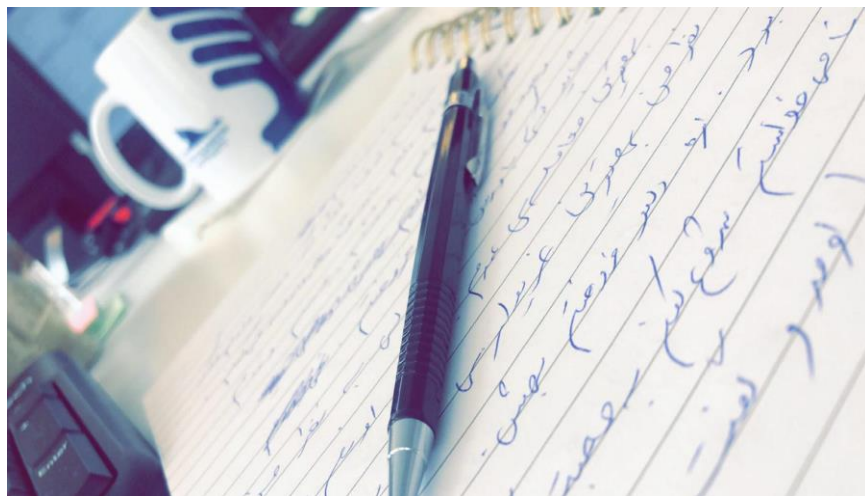
Picture: Participant nro.1

Reading

Reading different kind of books gave possibility to escape from presence, and stories in the books provided hope and comfort. From books, it was also possible to learn the language and thigs from the new society and culture. Knowledge from books was thought to be very important in order to make informed decisions in life.

> *I like reading. If I´m feeling bad I get a book and just read it. It takes my mind of bad things and gives me new thoughts. I go to the book´s world and it helps me.*

Exercising

Exercising was a way to relieve stress and sorrows. It was separated from walking by the participants in a way that walking is clearing the mind and exercising is clearing the body from the bad feelings and thoughts.

> *Exercising helps a lot. I cycle a lot and go to the gym. If I am sad, I go to gym. Exercising helps, and praying is also exercising. Same time when you are praying, you are exercising and stretching.*
>
> *I do boxing. That too gives me good feelings.*

Listening to music

Music was used as an empowering method as well as for comforting. Different kind of music was listened in different situations. With music it was possible to channel emotions, like sorrow, and get them off from the chest. Music was also connected with spending time with friends.

> *And music, that´s what I wanted to say. Music really helps a lot.*
>
> *Sometimes music helps. Listening to music helps. Something calm.*

Crying

Crying was mentioned as a new way to relieve bad feelings, sorrows and restore strength. Back in home country, life was hard and crying was uncommon thing to do, especially for men, but in Finland it was safe to cry.

> *Crying helps. Once I got really sad and a bad feeling in my chest, I cried, and it went away. I understood that if I cry, the bad feeling goes away.*

Picture: Participant nro.3

6.4 Nature

Nature was a supporting factor mentioned by every participant. Water, and especially lake was brought up in two of the interviews and forest in one. Twilight was also mentioned as a moment of finding good thoughts and thinking positively. Presence of nature and its healing abilities was used consciously when feeling bad. Sometimes seeing water in the

lake evoked memories and was connected to the sky at home. Every participant described nature as a new source of strength compared to life before as they didn´t have such nature in their home country.

> *When something happens, I go alone to the lake and just sit there and look at the water and the nature.*
>
> *I get good feeling when I´m by the lake, it gives me strength.*
>
> *I like forest a lot. I go alone to the forest, listen to the silence or bird singing and it gives me really good feeling.*

Picture: Participant nro.2

6.5 Goals in life

Goals in life were said to be very important for keeping up the good spirit and carrying on. Goals for the future, some made already earlier in life, were important in supporting also integration to the new country as they would guide the path and action that needed

to be taken so that one would reach those goals. Studying was important to be able to be functional in the society, have a profession, reach out for better life and interact with native people.

> *Important thing that has helped me is my goals in life.*
>
> *Studying is very important to me. It gives me strength and hope that I get to my goals.*
>
> *I have many goals in my life. Studying is important. In my opinion, if you don´t study and you can´t read, it's the same if you are blind.*

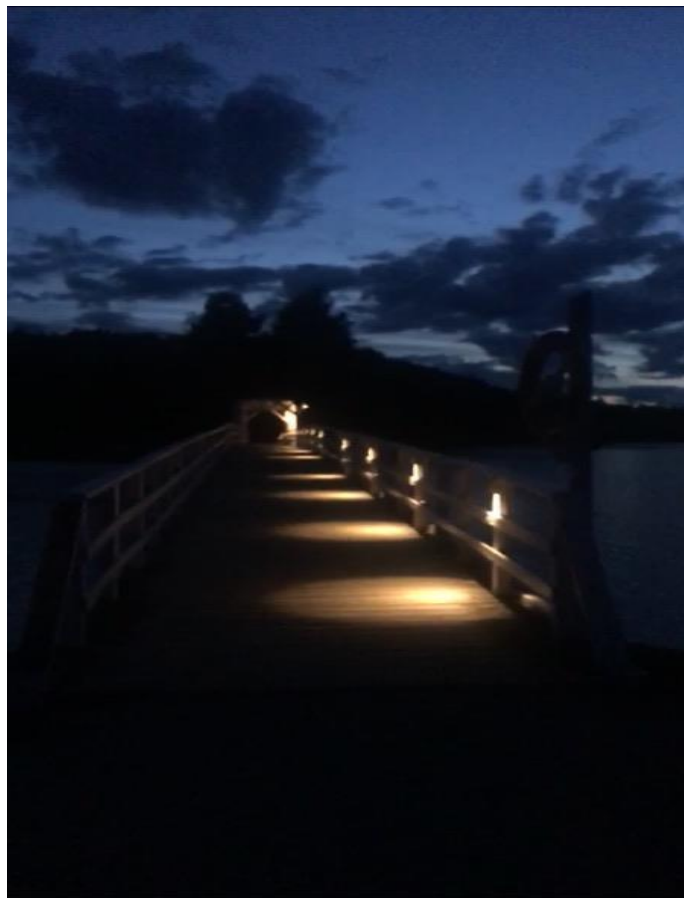Picture: Participant nro.3

6.6 Hope for the future

Despite all the participants have had possibly traumatising experiences in country of origin and on the way to Finland, they all had very positive attitude towards future.

Finland represented peace and safety and a new home country where anything is possible. Hope meant being alive and staying alive.

> *Most important thing is that I´m safe and anything is possible, I can study and I can go forward.*
>
> *If you don´t have hope you don´t need to come out from home. If you have hope you are strong.*
>
> *Hope gives me strength. Hope is a good thing. If I´m feeling bad but there is hope, this gives me strength.*

Picture: Participant nro.3

7 DISCUSSION

Resilience is the ability or sum of responses to successfully adapt to adversity and cope. It is not a personal trait that a one either has or not (Southwick et al., 2014), but a complex construct of capacities in processes and a positive outcome despite challenges. Participants in this study can be considered well adjusted, showing remarkable resilience in several areas of life. They were very well integrated, had learned the language, attended schooling, were active in the society, and had hopes, goals, and dreams for the future. Results in this study show that these young refugees had abilities to find and use their individual inner capacities as well as utilize resources from social, community and ecological surroundings to support their physical and psychological health and well-being. Below, to emphasize the holistic nature of the subject and the efforts to provide knowledge on a practical level, findings of this study are discussed divided in three thematic areas of individual, familial and communal factors, although with these participating young refugees all three areas were interconnected and overlapping, as their description of resilience supporting factors was overall very intrinsic.

7.1 Individual factors

Different studies on resilience have concluded certain characteristics features of a resilient person. This does not however mean that someone is inevitably resilient or not. Environment and context matter but the ability to utilize resources is crucial. (Breda, 2017.) Zautra, Hall & Murray (2010) propose that human life has a natural forward lean, toward engagement, purpose, and perseverance. Balance between mind and body is not maintained by emotional neutrality but by ongoing purposeful, affective engagement. Social world provides structures and supportive resources that enables a person to meet adaptation challenges. Individual resilience is therefore constructed from the ability to maintain capacities to pursue aims that give life a meaning (Zautra, Hall & Murray 2010, 6, 12).

Apart from friends and other people, every source mentioned in this study was somehow endogenous, generated by the participants, although strongly connected to social surroundings and environment. This could result from the fact that all the participants had

come alone without any support net and with little or no commodities or resources. One participant highlighted that he didn´t mention family or friends because they were not permanent, although he thought they were very important. He had found strength in things he could be in control of and not be dependant of others. Seeing oneself as survivor and well-adjusted gave feelings of pride and affirmed self-esteem. Sense of coherence, that impulses are comprehensible, manageable, and meaningful, have been connected to development of resilience and having buffering effect to psychological health and well-being in adversities and chronic stress (McGee, Höltge, Maercker & Thoma, 2018). According to Prince-Embury (2014, 27) sense of coherence and self-confidence have repeatedly been associated with resilience, perhaps also explaining coping strategies used by the participants in this study.

All the participants seemed to reflect several resilient characteristics, such as positive outlook and using active coping skills instead of passive coping. They utilized efficiently external environmental factors and resources, which role however, in individual attributes on resilience is still relatively little studied (Sleijpen et al., 2013). Nature and some of the activities had obvious connection to safe, resourceful environment and perceived sense of security. Also, goals in life and hopes for the future were connected to opportunities made possible by the environment and context. Praying, reading, writing, crying, and listening to music were all private actions and individual level supporting factors, with less association to outside resources.

In early days of psychology, religion was considered as an important factor and source of pathology in human behaviour. However, research during the past 20 years have concluded that religion can serve different functioning for people and can in fact play a significant role in response to crises. Religion can be linked to the search for meaning or for emotional comfort in times of sorrow. For some, the search is spiritual, for relationship with the sacred itself (Pargament & Cummings 2010, 193-195.) In this study the participating young refugees considered religion as a moral compass, guiding in good behaviour, but the empowerment came from the relaxing physical act of praying and spiritual connection to something bigger, familiar, and safe. Religion was, with no doubt, an important factor in the lives of these young refugees, but they did also acknowledge it to be one factor causing prejudice against them. This could be the reason for them not to mention the phenomenon of religion as a source of strength.

Religion can promote the sense of social cohesion, connecting individuals with the same beliefs, values, and practices (Pargament & Cummings 2010, 195), but at the same time it can cause feelings of misfit and discrimination. For the participants in this study, religiousness was a private matter, although they considered connections to other people with the same kind of background very important. By this they referred more to the experience of being an unaccompanied young refugee, than to the same religious orientation. Connections to native people were as much important but from the reason of integration. Telling about background seemed to be important for the participants. They were proud of their roots but wanted to be recognized as individuals. Every participant had encountered prejudices, which is why they had a great desire to be part of the new society and tell people about their culture and religion, and that they were not bad people.

The role of different activities on mental health and well-being have gain more and more attention in research during recent years. Interesting is whether some of the functions are done because they have been noticed to generate good feelings or is it endogenous in human nature and genotype to do something healing for survival. In this study the participating young refugees found strength and spontaneously used activities that have been associated in many studies with increased well-being and buffer against or mitigate the effects of adversities. Different activities had different functions for the participants. Some of the activities worked as an empowering act, others as a distraction, a way to channel and express emotions or as means to calm down. All the functions were done consciously, and brought a good feeling, strength, or serenity. Most of the activities were new, although some had been used already before coming to Finland.

Narratives have important role in children's social, emotional, and cognitive development, and stories learned in childhood mould perception and conceptualization about the world (Campbell, 2007). Books provide a safe place to process fears and traumas, and reading has been successfully used as a therapeutic intervention for treating anxiety (DeVries et al., 2019), and depression (Songprakun & McCann, 2015), bereavement (Koopman, 2014), and for mitigating prejudices toward minority groups (Vezzalli et al., 2015). Two participant who mentioned reading as important for both gaining knowledge and as a distraction, also talked a lot about the meaning of different culture related stories told by their parents earlier in childhood. Narratives reflect possibilities and opportunities and provide concrete behavioral examples and survival strategies. The crucial supportive

attachment figure can even be found from a narrative, and the act of reading can thus be a recovery response to stressful situation. (Brockerhoff-Macdonald, 2017.)

Several studies, made during the past few decades, have shown that expressive writing can result in health improvements in social, psychological, behavioural, and biological measures (Kupeli et al. 2019). This was also prominent in this study, as one of the participants described many different functions for his writing. Writing about traumatic events have been linked with increased resilience (Glass et al. 2019; Greenbaum & Javdani, 2016), and in research made in Mexico, expressive writing workshops were found to have significant contributions in integration and overall well-being of migrant women (Chibili-Revneanu, 2016). For the participant in this study writing was a way to speak the most-deepest feelings and thoughts, and channel emotions. Share the good and suppress the bad. Writing was a strategy to reach out to other people and build a connection.

Two of the participants mentioned using music as a source of strength and comfort, which is very interesting, because listening to music is one of the most mysterious human behaviour yet to resolve (Schäfer, Sedlmeier, Städtler & Huron, 2013). A review of numerous studies of functions of music, concluded that music can influence mood and emotions, help achieving better self-awareness and expression of social relatedness. Music can serve as an entertainment and as a mean to get into positive mood or regulate physiological arousal, relaxation, or alertness. Music can give comfort and a retreat from reality, and team songs and national anthems can contribute to social cohesion and communication between people. (Schäfer et al., 2013.) Benefits of music has been recognised also in clinical settings. Music has been shown to alleviate anxiety and pain before and after surgical procedures (Hole, Hirsch, Ball & Meads, 2015) and music therapy has been successfully applied to war veterans and patients with PTSD (Beck et al. 2016; Felsenstein, 2011). Children connect naturally with music due to its non-verbal character, which makes it also very useful tool for children of all ages. In a study of forcibly displaced preschoolers, Felsenstein found elevated frustration tolerance, as participating children learned to better express themselves and channel their emotions and feelings. (Felsenstein, 2011.) Listening to music is one of the most mysterious human behaviour with no previously known connections to survival (Schäfer et al., 2013). However, results in this study implies that music can in fact contribute significantly to restoration of balance and agency, that play important role in human endurance and resilience.

Emotional crying is a unique behaviour and response for a range of emotions, used only by humans. Besides the physical benefits of moisturizing, cleaning, and protecting the surface of the eye, crying has several other health benefits. (Burgess, 2017.) One participant described that he had notices crying to alleviate oppressive bad feelings and sorrows. Range of different, yet scarce studies have found crying to have self-shooting and mood lifting effect on people. Oxytocin and endorphins secreted when crying ease both physical and emotional pain, and stress hormones, toxins and other chemicals releasing with tears purify the body and promote the sense of well-being. (Gracanin, Bylsma & Vingerhoets, 2014.) Crying can also have social benefits, as it enhances empathy and social support (Van Roeyen, Riem, Toncic, & Vingerhoets, 2020). Same participant also brought up that earlier in life he had not cried because life was very hard. Now as the environment was peaceful it was safe to cry and utilize this unique behaviour to support well-being and coping. This supports the assumption of resilience being elastic and adaptable between contexts, and within everybody.

Physical activity has many obvious health benefits. Exercising has been shown to reduce risk factors for cardiovascular and metabolic diseases, type two diabetes, breast, colon, and uterus cancer (Vuori, 2018) and even degeneration of brains (Strandberg & Pitkälä, 2011). Scientific evidence for psychological benefits is still inadequate but there are indications that walking can reduce symptoms of depression (Bernard et al., 2015), and increase cognitive abilities (Smith et al., 2010). In this study participants separated walking from other kind of exercising. Walking was distinctively mentioned as an action for calming down and remedy, whereas other exercising was more for unloading stress and bad feelings from the body. Peaceful and safe environment had significant role in enabling the act of walking being used as a source of strength, but it was ability and a choice of the participants to use it. In intervention study by Marselle, Warber & Irvine (2019) walking in nature did not work as a buffer but did in fact increase mental well-being and mitigated the effects of adverse life events.

Over the past decade, health benefits of nature have been recognised in several studies (see for ex. Frumkin et al., 2017; Ernst, Johnson & Burcak, 2018 and Seymour, 2016). Nature contact has been found to have many, both physical and psychological benefits such as reduced stress, anxiety, depression and aggression, increased social behaviour and social connectedness, greater happiness and life satisfaction, lower blood pressure,

reduced obesity, improved immune function and pain control (Frumkin et al., 2017; James et al., 2015; Seymour, 2016). Connection to nature is also one known resilience factor (Poijula 2018, 138). In this study nature was a new source of strength mentioned by every participant, which is interesting since the young refugees in this study were all from completely different environment with no prior experience of natural sceneries like Finnish forest. The mechanism and pathways of nature connection to health are yet to fully resolve. Biologists suggests it is in the human nature to have an affection to all living things, which according to psychoevolutionary theory results in restoration of concentration, data processing and thinking when in connection to nature. A link between nature and health has also been found in form of social cohesion and physical activity as well as in biological factors like air pollution. (James et al., 2015.) All of which apply also in this study. It is especially interesting and reinforces the perception of plasticity of brains and resilience, that it has been found to be, to some extent, cultural related and from personal background, what kind of nature scenery works best (Ojala & Tyrväinen, 2015). Finns consider their forests as sacred place, like a church. One could argue that nature contact in this study contributed also integration and acculturation of the participants, as well as build social cohesion and connectedness, thus fostered psychological well-being of the participants.

Considering possibly very traumatizing journey across the ocean, it was interesting that the participants considered lake as a calming and empowering thing. At times watching the lake aroused also sad feelings and feeling of loneliness. Still it was a place to go for restoration of strength and serenity. According to eco-psychologist Riitta Wahlström the essence and sounds of water are familiar to us from mother´s womb and amniotic fluid, and human brains relaxes naturally, when watching ocean or lake (Mustavuori n.d.). Scientist have also found correlation between close proximity to body of water and better psychological and overall health outcomes (Alini, 2018). Findings in this study therefore confirm the hypothesis that humans have very strong, primitive and unconscious connection to water, as especially lake was something that the participants didn´t have in their lives before, yet they all experienced it extremely important and safe in this new situation.

7.2 Family factors

None of the participants mentioned family as a supporting factor, although this has been suggested in many studies before to be one of the most important factor for children and adolescents when dealing with adversities (see for ex. Luthar, Lyman & Crossman, 2014 and Fayyad et al., 2017). Every participant in this study had come alone, without their parents and didn´t have any family to rely on, which could explain why they did not, on a conscious level, consider family as supporting. Each participant did however emphasize the importance of a family in their culture. Two of the participants talked a lot about their families and lessons learned from parents, and remembering the past gave them comfort, joy, and reassurance of culture identity. Indirectly and in wider context, family factors were also prominent in the lives of these young refugees.

Culture related values and rituals learned at home have been shown to have a significant role in resilience. For example, human interdependence and connection to community support systems in some African cultures, and faith, honor, effort and morals in Afghan culture, provide sense of cohesion and meaning to life, which are essential features in resilience. (Masten, 2014.) Manifestation and usefulness of culture related resilience promoting factors can however be dependent on the culture and the context. Some beneficial feature in individualistic society may not be so in collectivistic society. (Luecken & Gress 2010, 252.) In a study on resilience in a cross-cultural perspective it was found that resilience is generated in different ways and from different sources in different contexts. For example, it seems that where religion is part of life and culture it also generates resilience and that the resilience from different cultures develops according to the needs in that particular society. (Gunnstad, 2006.) Therefore, it is interesting that despite of their background, adversities and lack of family presence, the young refugees in this study had somehow managed to combine and make use of both cultural and contextual resilience promoting factors efficiently and independently.

Many previous researches have concluded that unaccompanied refugee minors experience deprivation of support (Sleijpen, Mooren, Kleber & Boeije, 2017). This study did not confirm this notion, as the participants described receiving support from various sources, and didn´t consider availability of support as a challenge. Certain individual characteristics, such as outgoing temperament, good self-esteem, social skills, and ability

to ask for help have been associated with good resilience (Poijula, 2018), and were all observed in the participants of this study, which could explain the result. The results are however, consistent in that the network of friends has major significance. Friend from the same background were referred as a family and provided sense of cohesion, compassion, and support. Friends from native population were also important and played significant role in integration to new society. Extended family can be as much of support as family itself, and in some cases even more so, as Breda (2017) found out in his comparison study of African foster care children and children living with their parents. Extensive efforts made in enhancing good relationships and psychosocial development of a child in a foster care facility can be significantly restorative (Breda, 2017).

7.3 Communal factors

Community is a wide concept meaning a social unit or a group of living things, who share the same norms, religion, values, or identity. Community can also be defined as a group of people with same characteristics such as age, gender or ethnicity living in the same environment. Different communities can overlap each other, and one geographic community can contain several other identity-based or organizationally based communities. (Arunotai, 2008.) In this study communal factors are much of connected to the social and ecological surroundings of the participants. Physical context and environment and psychological and behavioural background can influence to the resources that are available but also to which are mobilized in the process of adjusting (Breda, 2017; Sleijpen et al., 2017). Social world provides structures and supportive resources that enables a person to meet adaptation challenges (Zautra, Hall & Murray 2010, 12), but it is a choice of a person which and how those resources are used.

Every participant in this study had to leave behind everything familiar to them in a very fragile time in human development, which made them vulnerable but perhaps also adjustable. Despite or because of their background, every participant showed strong autonomy and agency but were also responsive to help, assistance and resources offered to them. All the participants came from culture that places high value on community, solidarity, harmony and needs of others to one with more emphasis on individualistic growth. Interestingly, like Buckingham et al. (2018) found out in their study of psychological sense of

community with first- and second-generation immigrants and more established community members, every participant in this study described experiences of being part of several communities on both micro level (relational communities such as neighbourhoods and intra- as well as inter-ethnic group) and macro level (territorial communities such as country, nation, city or school). (Buckingham et al., 2018.) Besides having a strong sense of self, participants in this study were combining features from familiar cultural community behaviour and from post migration society´s more individualistic behaviour, to support their adjustment and survival.

All the participants placed high value on education, and considered it as a pathway achieving personal goals, have a profession and go forward in life. Actual school engagement was important for getting new friends, learn the new language and be part of the new community and society. Positive relationships with peers and school engagement have been found to mitigate harmful effects of maltreatment (Luthar, Lyman & Crossman, 2014), and strong commitment and valuing education have been associated with better resilience (Poijula 2018, 117). Desire to be part of the society, influence and leave some mark was very strong in all three participants, and it rose from the high appreciation for survival, peace, safety and new possibilities they had in this new country. Safe and resourceful environment provided opportunity to use familiar sources of strength but offered also new ones.

Experience and feeling of compassion have been reported to support resilience (Sillanpää, 2015). Participants in this study expressed having had help from many different people in different phases of their migration process. Volunteers along the transit, counsellors at the reception centres, teachers and employers all had strong impact on the participants, and the realization of the meaning of giving and receiving help. In their narratives, the participants showed concerns for others and described desire, positive obligation, and intention of helping, confirming study results of active caring for others and voluntary work reinforcing resilience (Poijula, 2018).

Resilience is fluctuating in time and space because humans are evolving living beings (Poijula, 2018). It can be learned throughout life (Southwick et al., 2014), and different interventions aiming to foster it combine body and mind, movement and relaxation, imagination, art therapy and healing touch (Poijula, 2018). Results in this study suggest that

resilience is combination of individual capacities, some born with, others learned, and the ability to use different familial and communal resources that are available efficiently to both survive and maintain and foster well-being. Resilience is also the ability to adjust to environment and integrate to the new without forsaking meaningful old. Participants in this study had spontaneously utilized several activities prior used in psychological interventions to support resilience, implicating that as for some it is intrinsic, others could benefit from it. Result of this study also reflect the Basic-Ph model on a practical level. The participants in this study utilized all six dimensions of the model in their lives, confirming usefulness of the model in intervention design.

8 ETHICAL CONSIDERATIONS AND TRUSTWORTHINESS

When deciding on a research subject it is important to think why am I doing this research, who will benefit from making this research and are there any risks on doing this research (Tuomi & Sarajärvi 2018, 154)? Every research should also have a value or meaning to somebody for it to be worth doing (Kananen 2014, 41). Ethically responsible research acknowledges that, especially in research involving humans, the research can produce only limited understanding of a phenomenon, but it also can and should generate new knowledge that can transform political discourse and practise (Pascal & Bertram 2014, 274; Ronkainen, Pehkonen, Lindblon-Ylänne & Paavilainen 2014, 153). Aim of this study was to increase understanding of the situation of young refugees and produce knowledge that can help develop more holistic and sustainable programmes on integration and support the coping and resilience of young refugees. Below ethical consideration of this thesis and trustworthiness of the study are discoursed more thoroughly.

8.1 Ethical aspects of the study

This study has sought to follow the guidelines of the Responsible Conduct of Research (2012) by the Finnish Advisory Board on Research Integrity throughout the process with the best of abilities (TENK, 2012). Participants' sovereignty, privacy, confidentiality, and safety has been respected and protected and efforts was made to avoid causing any harm during the research process as well as in disseminating the result. Given the strong impact that pictures tend to have, profound ethical consideration should be taken when using PEI (Bugos et al., 2014). In this study, although the subject was approached from positive aspect, it was acknowledged that vulnerabilities connect to it, and the study design was very carefully thought.

A central feature of research ethics is the principle that participants should be fully informed about the research project before agreeing to taking part (Oliver 2003, 28; Nijhawan et al. 2013). In this study participants were encouraged to ask questions from the researcher, the contact person in the charity organization or whoever they want, if there was something, they didn´t understand in the information letter or concerning the research

in general. It was also emphasized in the briefing and in the beginning of every interview, that the participation is voluntary and detached from the charity organizations work. The participants were informed that the researcher had no ties to the charity organizations and that neither the researcher nor the organization would get any financial benefit from the research. The purpose and aim of the research, data management, disposal, dissemination and the risks and benefits for participating this research were explained with the best of abilities, using as simplified language as possible. Also, the possibility to suspend participation was explained. No incentive bonuses were given to participants.

In the beginning and end of every interview it was discussed that giving the pictures to be published in the final study report is voluntary. Waiver of copyrights was explained as profoundly as possible. It was also discussed that there would be no identification in the pictures and that the researcher would not present the pictures as taken by her. Every participant brought up that they didn´t mind if their names were on the pictures but it was explained that this was not to be done for protection of their anonymity in the final report. Although it is recommendable to discuss and respect the opinion of the research subject, and take into account different understandings of privacy in different cultures, it was decided by the researcher that the names of the participants would not be included as it would not add any value to the study (Banks & Zeitlyn 2015, 124-125). The participants send the pictures they chose to be attached to the study report by email, SMS or Whatsup on a separate occasion. Immediately after the researcher received the pictures, they were coded and loaded from the message to separate private file into the researcher´s private, password protected computer, and the original message was deleted. This was done to protect the anonymity of the participants and so that it was not possible to connect the participants sending the email or SMS to the picture.

All the interviews were audio-recorded because recollections of conversations can be unreliable (Silverman, 2005) and because the researcher wanted to focus on the discussion instead of writing notes. After the interviews, the audio-recordings were transcribed into written form immediately and deleted from the recorder. All the written material was kept safe, unattainable by other people and destroyed shredding after the study was finalized. The anonymity of the participants was guaranteed by not having any identity information in the data. The transcriptions were coded with numbers, so that it was not possible to identify the participant. In the final thesis, the direct quotes are not referenced because

the size of the data. By combining several quotes, it could be possible to make a profile of a person and this was to be avoided.

It was discussed with the participants in the end of the interview, that the results of this study would be presented in a meeting in the charity organization and that they would have the final report sent to them if they want it. However, because there was only three interviews and they all were from the same charity Organization A, to protect the privacy and anonymity of the participants there was no presentation, and the written report was sent to every informant.

8.2 Reflection of trustworthiness and reliability

Justifiability of the subject and methods, along with objectivity and communication is one of the criteria to scientific research. (Ronkainen et al. 2014, 11, 35.) The subject of this study came from both academic and personal connection and interest of the researcher. It is motivated by involving and giving voice to the most vulnerable and the interest in human endurance and growth in adversities. Fostering resilience, supporting capacities, and empowering people are key interventions for sustainable future for the world today, facing climate change, globalization, and complex crises around the globe. The subject is important and relevant in global level, as there is no social issue more challenging than migration which continues to be the subject of political and social debate around the world (Pascal & Bertram 2014, 274).

Although, the subject of the study is chosen by the researcher and from personal interest to the subject, this thesis pursued objectivity and truthfulness. By studying the literature about resilience and different theories of it, and reading previous studies from different disciplines, the researcher has aimed at acknowledging all the standpoints, though choosing one for this study. The study method has been used systematically throughout the research and all the choices made have been argued with the best of abilities (Ronkainen et al. 2014, 11).

Qualitative research aims at describing and understanding a phenomenon and the representativeness and the quality of the data are more important criterias than the size of the

data (Ronkainen et al., 2014, 83, 146; Tuomi & Sarajärvi 2009, 85). The wright amount of informants cannot be pre-determined and focus can be even on choosing the best participants over the number of participants. Essential is to choose those with the most information about the subject of matter. (Kananen 2014, 95-97.) Although it was not measured in any way, there was a presumption that participating young refugees in this study were all well-adjusted and resilient and could produce practical level information because they were all very active members of society. For the diversity it would have been beneficial to have participants from the other organization as well because they would have been younger, and it could have brought variation to the focus of the pictures. However, this was not possible for unknown reasons to the researcher, and the data was left quite small. Despite the number of interviews, there was enough information to be able to respond to the research question, which by Ronkainen et al. (2014) siting Jorma Kakla (2000) is a prove of satisfactory data. The conversation in every interview was very profound and diverse and repeated the same themes, reaching the saturation point, that according to Daniel Bertanx (1981) is the mark of adequate data.

In qualitative research, it is inevitable that the personal and professional background and knowledge of the researcher affect to the interpretation, evaluation and analysis of the findings, regardless that the results emerge from the data collected (Grove et al. 2013, 280). However, findings of this research support previous studies, which indicate their validity. The process of the content analysis is described to the best abilities of the researcher, by giving examples in the report, so that the reader can have perception of the process and how the themes have been created (Kyngäs et al., 2011). From the same reason and for credibility there is many quotations in the report (Saldana 2011, 136). Some of the pictures taken by the participants are attached to the report to increase transparency and reliability. This was done bearing in mind that an image can be very powerful, and although "a picture never lies", an image is not neutral or the ultimate truth, but a human construct (Thompson 2008, 10). Therefore, the pictures are not explained in any way, and there is space for individual reflection and response.

All three participant spoke language other than Finnis as their native language. The interviews were held in Finnis on request of the participants without an interpreter present. Although this could have affected to the versatility of the verbal expression the researcher wanted to respect the privacy of the participants. It was acknowledged that presence of a

translator could also affect to the free expression of the participants. There is always a risk of losing or dispelling a meaning when translating and analysing written or spoken text. To avoid unintentionally changing the meaning of some expression, and therefore interfering to the result, all the data was analysed as it was produced in Finnis and translated into English by the researcher after content analysis was conducted.

8.3 Evaluation criterias for art-based research

There are distinct criterias on evaluating art-based research (ABR), some adapted from traditional qualitative research. According to Leavy (2015) the criterias for evaluating an ABR are: methodology, usefulness, significance or substantive contribution, public scholarship, audience response, aesthetics or artfulness, personal fingerprint or creativity and ethical practise. Except for ethical practise, which is discussed earlier, criterias applicable to this thesis are discoursed below.

Visual methods generate rich data by discovering multiple layers of meanings, adding validity and depth in knowledge (Glaw, Inder, Kable & Hazelton, 2017). Visual methods can help on engaging difficult subjects, and through photograph it is possible to reach different populations and surpass language barriers. (Leavy 2015, 233.) Going beyond words and verbal responses, photo elicitation can be used with almost any population, from fairly young children to illiterate, socially challenged adults (Glaw et al., 2017). Looking at photographs activate different parts of brains and thinking, making it possible to find out new previously unnamed information (Harper, 2002), which was aim of this study. Using photo elicitation method also allowed diversity and individuality, as it was emphasized to the participants that they could perceive the task however they wanted. The quality of the pictures was not first priority, and the participants were free to decide what to photograph. By choosing beforehand the pictures revealed to the researcher, the participants could prepare for the interview as they knew the topics of the discussion. This way they had more control over the research process. In interviews the quality of the relationship of the researcher and the participant influences on what can be found out (Flewith 2014, 136). Advantage of PEI is that the focus is on the image that is understood, at least in part, by both parties (Harper, 2002), disregarding racial, ethnical or gender differences.

Usefulness is a central criteria in ABR (Leavy 2015, 273). Strength of this study is that it showed that photo elicitation is valid research method to use with young refugees, and it can produce interesting and new knowledge to the body of resilience science. This study also produced practical level information that can be transferred into designing of services and intervention to support of young refugees. It is believed that this study brought the subject to more to general knowledge, and that way enhanced science as well as participatory research methods. Besides confirming results from previous research, this study also produced new information and subjects for future research.

According to Leavy (2015) accessibility to diverse audience is one important criteria to good ABR. Audience response, whatever it may be, is also important marker of success. (Leavy 2015, 274-276.) A photograph can be evocative and educational, and therefore original idea in this thesis was to arrange an exhibition of the photographs together with the charity organization B after the study is finished. Aim was to disseminate information about the research and the results as well as endorse the voice of these young refugees and elicit conversation about the sources of resilience made concrete in the pictures. Thus, encourage others to discover supporting and empowering things around them. One of the advantages of ABR is that it has the ability to make research accessible to different type of audience, also non-academic, and exhibition would lure the varied audience to the topic. This would also allow multiple meanings from the study to emerge, which is also unique strength of visual art-based research. (Leavy 2015, 276-277.) However, due to low number of participants and photos and withdrawal of the Organization B, the exhibition was cancelled. Because reaching relevant audience and stakeholders is essential and it is the researcher´s obligation, according to good scientific behaviour, to display the study design and results for public evaluation, results of this study were sent to both organizations as well as to the participants (Ronkainen et al. 2014, 12).

Art-based research can generate artistic merit. This, however, is not an intrinsic value or criteria. (Leavy 2015, 277.) Objective of this study was not to create stand-alone peace of art, but merely utilise pictures to elicit thoughts and conversation in order to gather data. The researcher did not have any background in art, and in order to appreciate the authenticity of the pictures and the voice of the participating refugees, it was decided that the photographs per se would not be interpreted by anyone else. Data for this study consist of the stories of the participating young refugees from their own pictures in their own

words. Although it was instructed in the briefing that the quality of the picture is not that important, there was very strong artistic composition in every picture that were shown to the researcher. This may of course be purely coincidence but as the participants felt pride of their background, they seemed proud of their photos. This supported the decision to attach some of the photographs to the study report.

Each particular art-based researcher brings his or her own vision, approach and perspective to the work. Choice of used materials, formats, styles and themes may all reflect a unique fingerprint of a researcher. (Leavy 2015, 280.) In this study the researcher´s object was to work as a channel for the participants voices, not per se as a creator of a piece of art. The resilience framework and the ideology of seeing young refugees as an asset to society and doing research with them, is the unique style of the researcher which was hoped to be seen in the research process and in the resulting work.

9 CONCLUSION

Purpose of this thesis was to find out sources of resilience of young refugees settled in Finland by using autodriven photo elicitation. Aim was to increase understanding of the situation of these young refugees and produce knowledge for developing interventions to support young refugees' coping, resilience, and integration to society. Three young refugees were interviewed, and an inductive content analysis was performed from the narratives produced by the participants from the pictures they had taken and chosen for the interview.

Photographs and the narratives generated from them revealed six sources of strength supporting the resilience of participating young refugees: religion, social support, activities, nature, goals in life and hope for the future. To highlight the holistic and complex nature of the subject and the need to approach the subject in multi-level and practical manner, especially with young refugees, the results were sorted into individual, familial, and communal level factors. In this study, with these young refugees the individual factors played most significant role. It seems that although strongly connected to environmental and social resources, it was in the ability of the participants to utilize those resources to benefit their well-being.

Even though the data of this study was small, it was very representative and gave valuable insight to the time, context and culture specificity and the elasticity and diversity of resilience. This study supports findings from previous studies but found also new information, promote science, and brought a practical contribution on holistic approach on service design for integrating and helping young refugees to cope. For long it has been widely discussed that resilience is a vague term and difficult to operationalise. (Brown, 2016). However, this study showed that not only did participating young refugees utilized efficiently abilities, capacities, and resources familiar to them but also that they found new sources of strength in totally new and different environment and context. As such, this new knowledge is valuable, and it confirms notion that PEI can produce different kind of information and discover previously unnamed sources of resilience relevant to this specific group. Results from this study also reflect the Basic-Ph-model on a practical level. The

participants in this study utilized all six dimensions of the model in their lives, confirming usefulness of the model in intervention design.

9.1 Limitations

In addition to research methods used, it also depends on the abilities of the researcher, what he or she is able to find out about the phenomenon at hand (Kananen 2014, 72). Photo elicitation interview is efficient yet challenging form of interview. Researcher can guide the conversation with the pictures if necessary but should also be prepared to respond flexibly in images and stories told. (Bugos et al., 2014.) It was determined in the study design that in order to avoid causing any harm to participating young refugees by evoking traumatic memories, the researcher will refrain from asking questions from participants' past. For this reason, it is possible that the description of the phenomenon of resilience that arouse from the results of this study is not in all its potential. Another limitation in this study, as in qualitative studies in general is that findings in this group may not be generalized to another group. As in most resilience studies, samples in this study are not random but few well-chosen convenience samples without a comparison group. However, this study aims not to generalize but to shed a light and understand the complex phenomenon of resilience and to the possibilities to foster it. Finally, although all the participants spoke quite fluent Finnish, it is possible that they were not able to explain in detail all that they wished for. Pictures showed in the interviews, some of which are attached to the study report, were however very informative and illustrative, and do in away speak for themselves.

9.2 Implications and future research

Although resilience is more and more common subject for studies in different disciplines, there is still a need for more detailed, individualized, culturally and location specific research on resilience. Gender, social class, age and ethnicity effect greatly in the way in which world is viewed and perceived (Oliver 2003, 96), therefore these variables should be mixed to be able to understand all aspects, determinants and manifestations of resilience, and to be able to utilize this knowledge in intervention and service design for

refugees. There is also a need for longitudal studies, that could help understanding the elasticity and adaptability of resilience in course of time with different variables influencing. In this research the participants had come from low resource settings to one with plenty, yet most of the factors mentioned were somehow endogenous and intrinsic. It would be interesting to study the influence of external resources to perceived sources of resilience in follow up study to see if there were changes in coping strategies or sources of resilience. Also, longitudal study could provide information on the influence of proximity of adversity and successful integration and perceived resilience.

Because there is no consensus on the term resilience, nor its prevalence in the population, there is no congruent opinion about the need for interventions to promote resilience. According to some, interventions can lead to overestimating one´s own resources and ability to survive, while other consider interventions necessary and effective. (Poijula, 2018.) This study showed that there is tremendous perseverance, elasticity, hardiness, and resilience even in those most vulnerable. The young refugees participating in this study had mobilized spontaneously several individual, familial, and communal resources to support their resilience. This is implicating that some of already existing interventions, such as music therapy or expressive writing can be efficient in fostering and supporting resilience, and that by participating those using the services into the design of services can provide totally new aspects and functions like walks in nature.

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APPENDIX 1. Informed Consent Form

Informed Consent Form

This informed consent form is for young refugees settled in Finland and who are invited to participate in research about sources of resilience of young refugees, titled: "Sources of resilience of young refugees settled in Finland. A photo elicitation study".

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This informed consent form has two part:
* Information Sheet (to share information about the study with you)
* Certificate of the consent (for signatures if you choose to participate)

You will be given copy of the full Informed Consent Form

Introduction
I am a student in Master´s Degree Program in Global Health Care in Diaconia University of Applied Sciences. For my thesis I am doing research on sources of resilience of young refugees. In this Informed Consent Letter, I am going to give you information about the study and invite you to be part of this research.

This consent form may contain words that are difficult to understand. Please ask me to stop as we go through the information and I will explain. If you have questions, you can ask them any time.

Purpose of the research
Resilience is a capacity of an individual, community or society to maintain identity and functioning, and adapting to change in challenging situations. Purpose of this study is to learn about the sources and determinants of resilience. This information can help different organizations develop new interventions and services for young refugees settling in new locations.

Type of Research Intervention
This research will involve your participation in a group meeting that will take about forty five minutes and approximately one hour individual interview. In addition, I ask you to take photographs from your resilience supporting factors that give you strength and hope. You will have two weeks to take as many pictures as you like. After the two weeks I ask you to choose five to ten pictures that you will present to me in the interview.

Participant selection
You are invited to take part in this research because your experience can contribute much to understanding and knowledge of the sources of resilience of young refugees.

Voluntary Participation

Your participation to this research is completely voluntary. It is your choice whether you participate or not. If you choose to participate you have the right to depart from the research at any time and prohibit the use of your research material. However, if the analysis of the material is already started, use of it as part of the research material can no longer be prohibited.

Procedures

I am inviting you to take part in this research and share your perception of your resilience supporting factors. If you accept, I ask you to participate in an interview with me.
During the interview I will sit down with you and if you wish an interpreter who knows dari and finnish. If you do not want to answer any of the questions during the interview, you may say so and we will move on to the next question.

The interview will be audio-recorded. I will also make additional notes on paper. All the information you give is confidential, and no one else except me will have access to the information documented during the interview. After the interviews the audiotapes will be moved to my personal password protected computer and deleted from the recorder. All the recordings will be destroyed after I have made them in written form. These written documents will be used only for this research and will be destroyed after the final report is finished.

All the information documented will be number coded, you will not be identified in any of the materials.

Duration

The research takes place approximately nine months in total from now. Your participation applies only for this interview.

Risk

I am asking you to share some personal and confidential information. You do not have to answer any questions if you don´t want to do so and you do not have to give any reason for not answering.

Benefits

There will be no direct benefit to you, but your participation will help understand better the sources of resilience and the findings may help develop new interventions and services for young refugees.

Confidentiality

Me or the interpreter will not be sharing information about you to anyone else. All the information collected for this research will be kept private. Any information about you will have a number on it instead of your name. Only I will know what your number is, and it will not be given to anyone.

Sharing the results

Nothing you tell me today will be shared with anybody else. The knowledge I get from this research will be shared with the co-operating organisations and published in my thesis. With your permission photographs chosen by you will be published as part of my

research report and in photo exhibition later this year. Your name will not be mentioned in the report or in the pictures.

Who to Contact
If you have any questions you can ask them now or later. If you wish to ask questions later, you can contact me Miia Siurola (email address of the researcher) or my supervisors Eija Kattainen (email address of the supervisor) or Jaana Tilli (email address of the supervisor).

APPENDIX 2. Certificate of Consent

Certificate of Consent

I have been invited to participate in research about sources of resilience of young refugees.

I have read the above-mentioned information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked, have been answered to my satisfaction.

I consent voluntary to be a participant in this study.   yes___   no____

I give permission to publish pictures chosen by me in the study report and I waive all copyrights to them: yes____   no____

Name of the Participant: _____
Signature of Participant: _____
Date: _____

Statement by the researcher
I have accurately read the information sheet to the potential participant, and to best of my ability made sure that the participant understands it.

I confirm that the participant was given an opportunity to ask questions about the research, and all the questions have been answered to the best of my ability. I confirm that the individual has not been pressured into giving consent, and the consent has been given freely and voluntary.

A copy of this Informed Consent has been provided to the participant.

Name of the researcher: _____
Signature of the researcher: _____
Date: _____

APPENDIX 3. Interview guide

Interview guide

Background:

- how old are you?
- when did you come to Finland?

Photographs:

- was it difficult to take pictures?
- would you tell me something more about this picture?
- have you done that/ used that before, or is it a new thing?
- is it conscious, do you do it on a conscious level?

Coping:

- what other things helped you to cope?
- what does hope mean to you?

- was there something you would have wanted to take picture of but couldn't?
- is there something else you would want to tell me?