


Migration experience and mental health: A qualitative study in France and Brazil

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Abstract

Background: The relationship between migration and mental health is complex and involves factors at different levels, as the individual history of the migrant, the collective history of their home country, the host society's and their mutual past history. Even though the migratory scenario of France and Brazil has changed over the years, both countries currently host an important number of immigrants.

Aim: The main objective of the present study was to describe and analyze the impacts of the migratory experience on mental health of migrants with different migration experiences and living in two countries: France and Brazil.

Method: Semi-structured interviews were conducted with 13 participants, six in France and seven in Brazil. A thematic qualitative analysis of the data was performed using the ATLAS.TI software. Three themes were created based on the different times of the migration experience: before migration, during migration and after migration. All codes of these three bigger themes were organized in sub-themes for the samples in France and Brazil.

Results: Participants in France described an important exposure to traumatic events before and during migration. In Brazil, the migration experiences were multiple, in some cases presenting a traumatic history, but in most cases migration was seen as an opportunity to have access to better life conditions. In both countries, participants reported a great level of psychological distress associated to post-migratory difficulties (e.g. unemployment, learning a new language, or facing a new cultural environment).

Conclusions: Our results suggest that multidisciplinary interventions, with focus on skills development, such as language and work-related skills, and on access to basic needs may be essential for both voluntary and involuntary migrants. In addition to these interventions, some individuals may need specialized mental health intervention, focusing in past traumatic exposure and in the current acculturation process.

Keywords

Migrant, refugee, mental health, migration experience, France, Brazil

Introduction

France and Brazil are historically countries of immigration. Brazil was mostly a host country for European immigrants until the 1930s, as well as Japanese immigrants until the 1950s. However, in the 1980s an inversion of the migratory flow took place, and the emigration of Brazilian citizens became greater than the immigration flux (Rocha & Ribeiro, 2018; Wihtol de Wenden, 2016). For the past 10 years, Brazil has experienced a new migratory scenario, and according to the United Nations High Commissioner for Refugees (UNHCR, 2018a), Brazil became the sixth country in 2018 in terms of the highest number of asylum applications, mainly due to the large number of requests by Venezuelans (80,000) and Haitians (7,000). These data show the important growth of new asylum applications, which were, in 2016, 10,300 and in 2017, 33,800 (UNHCR, 2018a).

At the beginning of the twentieth century, migrants in France comprised 3% of the country's population. In the 1930s, the French government signed migration agreements with other European countries, mostly due to a shortage of manpower. At this time, migrants were 6.6% of the population. After the World War II, the French government encouraged labor migration, but started to increase control over migration fluxes (Insee, 2005). France has

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also been a host country for refugees for years and presently is the fourth country with the highest number of new asylum claims (UNHCR, 2018b). The numbers of new asylum applications increased by 23% between 2017 and 2018. The main asylum-seekers in 2018 were of Afghan (10,300) and Albanian origin (8,300). When considering the total number of migrants, France is the fifth country of migration worldwide, with the number of foreigners remaining stable at around 3.7 million (Wihtol de Wenden, 2016).

Although geographically distant, migratory flows to countries in the global north, such as France, and to the south, such as Brazil, suffer mutual influences. For example, it is estimated that one of the reasons for a significant increase in South–South migration is the increase in the selectivity of the countries of the global North and the greater flexibility of the countries of the South in receiving new immigrants (Phelps, 2014). In order to create regulations to protect individuals suffering from persecution due to race, religion, nationality or political opinion, two distinct migratory fluxes are distinguished: forced and voluntary. International protection may be offered to forced migrants through refugee status. Voluntary fluxes, on the other hand, are regulated by national laws that vary across countries (Silva, 2011). Effectively, whereas in France, as in other European countries, migration policies are becoming stricter, in Brazil a new Migration Law was approved in 2017, guaranteeing rights for migrants in different areas (Bonjour & Block, 2013; Minchola, 2020).

The relationship between migration and mental health is complex and involves factors at different levels, including not only the individual history of the migrant, but also the collective history of their home country, the host society's and their mutual past history (Derivois, 2015). According to Papadopoulos (2007), 'becoming a refugee is not a psychological phenomenon, per se; rather, it is exclusively a socio-political and legal one, with psychological implications' (p.301). These socio-political, legal and historical factors are reflected in the literature findings about migration and mental health. Legal status is commonly used in studies for participants' recruitment, and a higher risk of common mental disorders is reported in forced migrants than in voluntary migrants (Jurado et al., 2017). However, the results regarding voluntary migrants' mental health vary according to the host country. In North America, researches have described the 'health-migrant paradox', which supports that migrants have a lower risk of mental health disorders than those born in the United States-born (Salas-Wright et al., 2018). On the other hand, studies conducted in Europe show an adverse effect of migration on mental health, even for voluntary migrants (Abebe et al., 2012; Carrer et al., 2011; Tagay et al., 2008). These results show the importance of the context of the host country on migrants' mental health. Indeed, although several studies make a direct link between the pre-migration context and the migrant mental health status, the

impact of daily stressors should not be overlooked (Miller & Rasmussen, 2010, 2016). Yet, evidence emerging from the migration and mental health field has revealed that migrants living in countries with more rigid migration policies or with low economic development may face more daily stressors, such as unemployment and irregular migration status, which is shown to lead to a poor mental health status (Carrer et al., 2011; Jurado et al., 2017; Lindert et al., 2009).

To date, substantial quantitative evidence has been produced in this field, which is extremely important in understanding generalities about the mental health of these populations and improve the elaboration of public policies. However, they may create a polarized narrative that influences the specific interventions of mental health practitioners (Papadopoulos, 1998). Refugees and asylum-seekers are often seen by mental health professionals as victims that need special psychiatric attention. This pathological view of refugees prevents not only the emergence of the nuances and complexity of their migratory experiences, but may also lead to a neglect of the suffering presented by voluntary migrants.

In the present study we employed a thematic qualitative analysis of interviews conducted with migrants with different backgrounds living in France and Brazil. Our main objective was to describe and analyze the impacts of the migratory experience on mental health. We consider as 'migratory experience' all events that the individual was exposed to before (especially those that motivated the departure), during and after migration. Considering the specificity of our method, with a data collection in two different countries, we focused our discussion on the comparison between the host countries' welcoming conditions and the impact of these contexts on mental health. Nevertheless, we also took into account in this discussion the previous experiences of the participants.

Method

Participants and procedures

Participants were taking part in a larger quantitative study about migration and mental health in France and Brazil. They were recruited by convenience in migrant support centers in Porto Alegre, Brazil and Dijon, France. For the present qualitative study, we conducted 13 semi-structured interviews, with six in France and seven in Brazil. Table 1 describes participants' socio-demographic characteristics.

The interviews consisted of recollecting the migration history, and began with the following statement: 'I am a psychologist and I am interested in the life of migrants in France and Brazil. Could you please tell me your migration story? How was your life in your country of origin, your travel to (France or Brazil) and your life here?'. The interviews were conducted by one psychologist and one psychology student fluent in French and Portuguese.

Table 1. Sociodemographic characteristics of the sample.

Participant	Host country	Birth country	Age	Gender	Migration status	Interview language
1	France	Angola	19	F	Family reunification	Portuguese
2	France	Libya	29	M	Refugee	French
3	France	Somalia	37	F	Health visa	French
4	France	Sudan	24	M	Refugee	French
5	France	Libya	24	M	Asylum seeker	Arabic/French
6	France	Chad	43	M	Refugee	French
7	Brazil	Gambia	44	M	Work visa	Portuguese
8	Brazil	Venezuela	28	F	Temporary residence	Portuguese/Spanish
9	Brazil	Cuba	33	F	Asylum seeker	Portuguese/Spanish
10	Brazil	Venezuela	30	F	Temporary residence	Portuguese/Spanish
11	Brazil	Haiti	32	M	Humanitarian visa	French
12	Brazil	Dominican Republic	52	F	Work visa	Portuguese
13	Brazil	Haiti	50	F	Humanitarian visa	French

Interpreters participated in interviews conducted in Arabic (Arabic to French) and Spanish (Spanish to Portuguese). Interviews lasted between 20 and 80 minutes. This study received ethical approval from the Ethics and Research Committee (protocol no 2.810.599). Participants provided written informed consent before being interviewed and did not receive any compensation for participation.

Data analysis

All interviews were transcribed in their original language, with the exception of the interview in Arabic, which was transcribed in French only (the language spoken between the interviewer and the translator). A thematic analysis was conducted using ATLAS.TI software.

As suggested by Braun and Clarke (2006), the thematic analysis was conducted in the following phases: (1) transcription and familiarization with data; (2) generating codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; and (6) producing the report. All phases were conducted by two researchers fluent in Portuguese and French and with a good understanding of Spanish. Initially, codes were generated separately by both researchers who then compared and decided which codes were most suitable. After coding all transcripts, three initial themes were proposed: before migration, during migration and after migration.

All codes of these three bigger themes were then organized into subthemes. At this moment of analysis, the analysis was conducted separately for participants in France and Brazil, in order to generate two separated ‘thematic maps’ for further comparison (See Tables 2 and 3).

Results

In this section we present the themes and subthemes that emerged from each time of analysis (before, during and after migration). Taking into consideration that our main

objective was to understand the impact of social aspects on the mental health of migrants living in two different countries, we added a results section to better describe the subtheme ‘Acculturation and mental health’. We also presented this analysis separated by host country. Tables 2 and 3 illustrate the main themes evoked by participants living in Brazil and in France.

Migration experience: Before, during and after

Before migration. Participants living in Brazil described difficult life conditions in their home country, mostly due to unemployment, as explained by Participant 11:

Haiti . . . Haiti . . . life in Haiti is a little difficult. There is not much work. There are many people who go to school, who finish school . . . who do not find anything to do and . . . it's a country in crisis. In crisis, war (. . .) Someone leaves Haiti, he comes to look for ways to improve problems. You understand? (Participant 11, Haiti)

These impressions regarding the home country have an impact on the migration decision, which was, for most of the participants living in Brazil, described as voluntary and planned in advance. However, whereas some of them see migration as a way to improve life quality, or to follow a dream of knowing a new country with a different culture, others see migration as the only opportunity to have access to basic needs. The following quotations illustrate these different motivations for migration.

My life in Venezuela was hard. I have four children; we had to make the decision to leave Venezuela because my daughter, my second daughter, got sick and she became skinny, skinny, nobody wanted to help me (. . .) I had to sell my house, I had to give my daughter to my parents [to look after], I had to do it . . . (Participant 10, Venezuela)

Haiti . . . well . . . I was working. And also, I went to school, to learn. Afterward, I had another perspective, I had a dream

Table 2. Main themes and sub-themes for each time of analysis for participants in Brazil.

Before	During	After
Financial problems Political/economical crises Few work opportunities	Undefined destination	Family Financial support Separation
Poor quality of life Poor health access Lack of food Urban violence	Dangerous and expansive travel Lack of shelter Violence	Financial problems Low-paid/irregular jobs Unemployment Expansive rent Expansive transport
Positive impressions about home country		Habitation problems Social support Lack of support from institutions Social support from other migrants Migration polices Work authorization Fast process Language Integration/work Mental health Preoccupations with family in the host country Acculturation

Table 3. Main themes and sub-themes for each time of analysis for participants in France.

Before	During	After
Violence War Political persecution Torture Sexual violence Life threat	Fleeing home country – urgent migration	Migration polices Not allowed to work Papers take time Asylum seeking process
Quality of life Good quality of life before war depending on the region/social class	Stay in other countries, long trip	Habitation problems Homeless Irregular housing No choice of hometown
	Dangerous and expansive travel Irregular traveling Lack of shelter Violence Life threat	Social support Lack of social support Social support from other migrants Institutions (NGO)
		Language Integration/work Difficulties learning new language
		Mental health Psychiatric hospitalization Substance abuse

to realize . . . and through the structure of Haiti I could not continue my studies. . . (Participant 11, Haiti)

In France, the participants' narratives regarding their home country followed a similar schema that included a 'normal life' that was profoundly shaken by one or several

violent situations, such as war, political persecution and other violations of human rights.

At first, yes, it was good. I was working and there was no problem. But afterwards the situation became serious. Seriously grave. Until completely serious. If you work and

then you ask for your money, they say "no." There is no money. There is no law. . . the armed people who make the laws. . . (Participant 4, Sudan)

These situations were the main motivator for the migration of the participants living in France. They describe an unplanned and unwanted migration:

So he came out of prison, he escaped, he went to his aunt, in the same neighborhood as his parents. He stayed 1 month, then he was told to go to Europe, that he should not stay there. He did not want to, he did not want to come to Europe. (Translator, Participant 5, Libya)

During migration. Participants living in France and Brazil described difficult journeys to the host country, mostly for those traveling irregularly. When traveling irregularly, participants were confronted with violence, threats to life, and uncertainty about arriving at their final destination. The following extracts illustrate these difficulties:

The trip was quite difficult (. . .) [we] were exposed to a lot of things because it is difficult sometimes to get a visa, because it is difficult to get an employment contract that justifies leaving the country because at least with an employment contract you can come, work. . . (Participant 9, Cuba)

(. . .) it was hard . . . in the boat . . . the sea . . . we tried twice . . . we spent one night . . . and we left the next day . . . we spent two days and one night on the sea . . . in a small boat . . . after . . . a boat from one non-governmental organization (NGO) brought us to Italy . . . (Participant 6, Chad)

For most participants, the final destination of their trip was uncertain. Some of them had lived in another country before arriving in the host country and others intended to live in another country but decided to stay in France or Brazil.

I wanted to leave for England, (. . .), but did not have enough money. So, it did not work, and I was tired, I was sick. (Participant 2, Libya)

After migration. Arriving in the host country, the ‘acculturation journey’ begins, either to apply for residence papers, enter the labor market or start learning the new language. This new stage is deeply affected by the migration policies of each country, as witnessed by a participant in France: *When you have papers, it's like you win a key for a door, it opens a lot of things* (Participant 2, Libya).

The code ‘work’ was most cited by the participants of this study, for several reasons. For some participants, working means meeting the pre-migration goal and improving the family’s quality of life. For others, working means keeping the mind busy so as not to think about past traumatic situations. Work was also described as a form of integration into the host society, based on living with local

people. In the excerpt below, a participant living in France explains the importance of work for her mental health:

I was always thinking about my country and what happened . . . it was not good for me all that (. . .) I was looking for work . . . but it was hard. . . working is better . . . because I'm always busy, so I do not think about my country . . . the past (. . .) it helps me a lot, I interact with others . . . I try . . . because I'm alone . . . I have many friends that encourage me (Participant 3, Somalia)

While in France the biggest difficulty in finding formal employment appears to be the absence of papers attesting to a regular migratory situation, in Brazil, even with permission to work, participants report having difficulty finding stable and formal employment:

I arrived here in Brazil and I took a job in a store, they didn't sign my work card [informal job] . . . it lasted 2 months . . . And then, I got this other job, they signed the work card [formal job]. . . but they did not pay me (. . .) and then I took a job in a restaurant and it lasted only 3 days (. . .) (Participant 12, Dominican Republic)

In addition to work, participants from both countries mentioned housing as an important factor in the process of resettlement and adaptation to the new environment. Participants from both countries described difficulties in finding an adequate home. In France, asylum-seekers are entitled to accommodation, however, they are referred to specialized centers that are sometimes located in small towns or in the suburbs. One participant described his experience in a center located in a countryside town:

(Participant)- I can't stand it anymore. . . . Because it is a little town there, I don't like little towns like that. . . (Translator)- It's the town he doesn't like, otherwise he sleeps well, he eats well, but there is nothing to do there. (Participant 5, Libya)

Acculturation and mental health

The code Mental health was mentioned most by the participants in France. Two participants went through a period of psychiatric hospitalization, and three had used psychotropics in the past. In France, there is a long waiting period between arrival and obtaining residence permission. Various participants in France described the feeling of boredom during this period, accompanied by important preoccupations regarding the future, as well as recollections about the traumatic past.

In Brazil, the major source of psychological distress of the participants was the suffering of family members who stayed in the country of origin, whether directly linked to their survival, or with better material conditions, as described by the excerpt below:

I'm eating a chicken here, what will they be eating? Maybe an arepa, but what are they eating with it? (..) All that makes me sad. But I can't let myself fall either because that's why there are people who get sick too, from depression . . . from many things, we start off with sadness, then, that's one thing that if I fall, what will I do? I will not be of any help, but if I am standing (. . .) that is what keeps me standing, my three babies. (Participant 8, Venezuela)

Another important issue related to mental health is the acculturation process. In both countries, participants reported difficulties in the process of adapting to the new environment: cultural differences, learning a new language and discrimination. As described in the two excerpts below, participants from both countries define learning the new language as both a difficulty and a personal enrichment.

I had a goal . . . before having my permission to stay in France I wanted to learn French Because speaking French is very important to me . . . even if I have no papers and if I have to return to my country . . . at least I learned French . . . (Participant 6, Chad)

Because I have already seen that here in Brazil it is . . . I think it is completely normal this obligation to learn the Portuguese language to live better. Because if I don't speak the Portuguese language, it's very difficult to find a job. . . (Participant 11, Haiti)

The acculturation process also comprises the encounter between the migrant's and the host society's cultures. In both countries, participants have mentioned situations of racism and xenophobia. Participant 7 described a situation of religious intolerance at work:

I can't pray at work, they (co-workers) take pictures or talk to me. And when I pray I can't talk until it's over. Some also do not know why I take a lot of showers . . . because when we finish, we have to wash. Here they don't understand, that's the problem. . . (Participant 7, Gambia)

In France, participants also described the differences between their collective culture and France's individual culture, as illustrated by Participant 4:

Because we have a collective life, we live together, we eat together, go out together, we do things together. So, when you go to a bar for, I don't know, to drink something, you don't do your own thing or all of us go. This is how we share. But it's a bit difficult here.

Discussion

The main objective of the present study was to investigate the impact of the migration experience on the mental health of individuals living in Brazil and in France. Employing a qualitative method with samples living in

two geographically, socially, and economically distinct countries allowed us to identify some key factors that may add to the knowledge provided by quantitative studies.

The participants' narratives about their motivation to migrate confirm the assertion made by Wihtol de Wenden (2016) that the boundaries between forced and voluntary migration are not always clear. In our sample, the economic discourse was present in interviews with refugees and the traumatic discourse was present in interviews with economic migrants (e.g. urban violence and natural disasters). In France, however, participants described a more linear narrative, providing specific events that led them to escape from the country of origin and to define their migration as forced. In Brazil, on the other hand, participants provided a more nuanced narrative, bringing up the controversies of the decision to leave home, and showing that economic migration is not always voluntary: some participants had to leave their country to provide for the basic needs of their family.

We developed two hypotheses to explain these differences between participants' narratives in France and Brazil. The first one is that those participants who were exposed to traumatic events in the home country present an avoidant narrative (Puvimanasinghe et al., 2015), providing a less detailed discourse because their memories are very marked by traumatic situations. The second point is that, in France, to have access to refugee status, asylum-seekers need to pass an interview in which they are asked about their life story to prove why they need refugee status. We hypothesize that the preparation for these interviews puts refugees in the role of victims, leading then to emphasize the traumatic event as the only cause for migration, and oversimplifying their trajectory (Zucca, 2015).

A common point in participants' narratives in both countries was that mental health issues and emotions were rarely shared spontaneously. Their discourse generally involved very practical issues, such as work, money and housing. However, in both countries we identified psychological suffering related to difficulties faced during the settlement in the new country. This process is indeed difficult, and it involves not only the migrant's efforts to integrate into the new society (e.g. learning the new language or finding a job) but also how the host community receives them. Several quantitative studies associate mental health with post-migration difficulties, showing negative impacts on mental health of factors such as difficulties in learning the new language, dealing with the culture of the host country and unemployment (Jurado et al., 2017; Kartal & Alkemade, 2019; Kartal & Kiroopoulos, 2016). In this research we asked the following question: How do these post-migratory difficulties affect the mental health of migrants? In our sample, these difficulties affected each participant differently. Individual characteristics, such as personality, mental health status and previous exposure to traumatic events, influenced this process, but contextual factors also played an important role. In France, the wait for the regularization of migratory status can be long and difficult. While waiting

or if the regularization is not granted, participants described a heavy reliance on institutions, particularly NGOs and social services. All participants in France were exposed to important conflict-related traumas before migration and the exposure to daily stressors in France may have contributed to increasing the previous stress levels and undermined the coping strategies (Miller & Rasmussen, 2016). In our sample, the relationships developed during the settlement period were essential for the resilience process of the participants. Significant relationships were developed with volunteers from NGOs, language teachers and social workers. This support network, which was present for some of the participants, enabled the reduction of daily stressors and a consequent increase of security perception in the new country. These results corroborate the findings from Pannetier et al. (2017), in which social and emotional support from family and friends were associated with lower levels of anxiety and depression in migrants living in Paris (Pannetier et al., 2017).

In Brazil, migrants reported different kinds of daily stressors, and they were mainly focused on work: difficulties in finding a job, bad job conditions or poor salary. Participants living in Brazil reported low support from institutions and described themselves as an important support for their family. Their discourse showed that this role was a source of stress for participants, who in many cases preferred to live in bad conditions in Brazil to be able to support their families. Other qualitative studies developed in Brazil also reported important distress related to post-migration living difficulties, such as unemployment, discrimination and distance from family (Barros & Martins-Borges, 2018; Hoefel et al., 2019; Melo & Romani, 2019). Hoefel et al. (2019) described work as a structural component in the life of migrants living in Brazil, being directly linked with migrants' health and inclusion in the society (Hoefel et al., 2019).

In summary, the present research showed important aspects of the impact of the migration experience on mental health. In both countries, participants reported significant levels of post-migratory difficulties. However, these difficulties were qualitatively different: while in France participants reported difficulties related to the regularization of their migration status, in Brazil the difficulties were in general related to work and family distance. Yet, participants in France described an important exposure to traumatic events before and during migration. On the other hand, for those in Brazil, the migration experiences were multiple, in some cases presenting a traumatic history, but mostly seeing migration as an opportunity to have access to better life conditions, and then relying on receptive migration policies in the host country.

In the present study, we collected migration histories from individuals of different cultural backgrounds and living in different countries, and interviewing participants in four different languages is one of its strengths. However, not all participants were able to speak their native language and the

data were analyzed by researchers who did not have the same native language as the participants, which may bias our analysis. Also, the format of the interview protocol, which asked participants to describe their story before, during and after arriving in the host country, may have led participants to a migration-centered discourse. Despite these limitations, our study provides important elements for interventions with these populations. Multidisciplinary interventions, with a focus on skills development (e.g. language and work-related skills) and on access to basic needs (e.g. housing), are essential for both voluntary and involuntary migrants. In addition to these interventions, some individuals may need specialized mental health intervention, focusing on past traumatic exposure and on the current acculturation process.

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