

**An Exploration of Undocumented Punjabi Migrants' Experiences of
Travelling to the United Kingdom**

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ਅਵਲਿ ਅਲਹ ਨੂਰੁ ਉਪਾਇਆ ਕੁਦਰਤਿ ਕੇ ਸਭ ਬੰਦੇ ॥

ਏਕ ਨੂਰ ਤੇ ਸਭੁ ਜਗੁ ਉਪਜਿਆ ਕਉਨ ਭਲੇ ਕੇ ਮੰਦੇ ॥੧॥

Awal Allah noor upaya, kudrat ke sab bandey

Ek Noor te sab jag upja, kaun bhaley, kaun mandey?

“First of all, God created light; Mother nature created all human beings equal;

From that one light the entire world came into being; so how can we differentiate that one is better than the other?”

Bhagat Kabir Ji

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Abstract

Despite undocumented migrants receiving increasing political attention globally, they are neglected in research and clinical practice. The existing literature has uncovered some interesting findings regarding undocumented migrants more generally; however, undocumented Punjabi migrants who appear to make up one of the largest groups in the UK have not been explored prior to this study.

Therefore, taking into account the gap in the literature, the present research aimed to understand how undocumented Punjabi migrants made sense of their experiences of coming to the UK and how they communicated this through narrative storytelling. The study adopted a narrative analysis methodology to explore the undocumented Punjabi migrants' journeys to the UK. Eight undocumented Punjabi migrant men were interviewed and the storylines for each of these men were presented. Analysis at the personal level unearthed five dual narratives; the dreamers who were also escaping some form of oppression, the experience of powerlessness and resilience, feelings of helplessness and hopefulness, feeling supported and unsupported, and lastly being identified as *faujis*¹ or *freshies*² but equally trying to 'camouflage' themselves in their surroundings. Inter-personal level analysis revealed interesting feelings of wanting to be seen as worthy by the researcher, and the positional level analysis highlighted the social characteristics of the researcher and how this further shaped the narratives shared. All these levels were embedded within the wider ideological context.

¹ See Glossary for definition (Appendix 1)

² See Glossary for definition (Appendix 1)

The stories uncovered the high level of complex mental health needs of these men and their experiences of transgenerational trauma are positioned in the wider, post-colonial context. Furthermore, their lack of access to the national healthcare system raises serious public health concerns. The clinical implications and future research are also discussed.

1. Introduction

This chapter presents the context and rationale for the research aims. This section begins by outlining the current political context with regard to migration and then more specifically with regard to undocumented migrants. The history of migration is outlined followed by the impact of migration on cultural identity and later in relation to the Punjabi Sikh community. Migration and mental health are discussed which lead to an understanding of the experiences of undocumented migrants with regard to their status and mental health. A systematic literature search was undertaken to examine the qualitative literature to date around undocumented migrants in the UK. This chapter concludes by drawing on all these areas to provide a rationale for the research study.

1.1 Background

The number of undocumented migrants (UM) also known as ‘illegal immigrants’ in the United Kingdom (UK) has been estimated by the Home Office are around 430,000 and 610,000. Out of these, Indian Nationals are the largest UM group outside the European Union (EU) (Toms & Thorpe, 2012).

In the current climate, at a time when the UK has come to a decision to leave the EU, immigration is high on the political agenda (Hopkins, 2011; Wadsworth, Dhingra & Reenan, 2016). Immigrants are often confronted with highly stressful situations and are more prone to mental health difficulties due to the process of moving to a different country (Hertz, 1993). However, for those migrants that have entered or live in the UK illegally there are additional stressors of trying to remain unseen. Therefore, UMs are a vulnerable group in society whose negative life experiences impact on their mental health. The impact level and severity often rely on the attitudes of the host country and the socio-political climate. Research indicates that various individual factors such as level of education also play a role in how well an individual manages in their new environment (Segal, Mayadar & Elliot, 2010). Furthermore, the level of support by the host country, such as via access to healthcare, can also influence how smooth this process is.

Asylum seekers are people who have left their own countries due to issues around their safety and freedom being threatened. These individuals often try and seek asylum in a different country in the hope of gaining status as a refugee and are known as asylum seekers until their application from the authorities has been approved. However, not all those seeking asylum are granted refugee status and therefore those whose applications

are rejected are known as refused asylum seekers. Those that have been refused have to return to their home country voluntarily or they are deported by force.

UMs, also commonly known as illegal immigrants, have usually entered the country illegally or have overstayed their visa and no longer have the right to remain in the country. It can be assumed that the presentation of difficulties for this group may be different due to post-traumatic stress mental health related issues and therefore their experiences of managing is likely to be different to UMs. Access to support services such as healthcare is different, thus experience of coping is likely to be different as well (Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009).

The categories of 'migrant' and 'refugee' have been challenged. Interviews conducted with 215 people who crossed over into Greece highlighted that the reasons for why they moved were highly complex in comparison to how they were portrayed by the media, politicians and policy makers (Zetter, 2007; Signorini, 2015). Research indicates that the use of different categories has become highly politicised in Europe. This highlights the assumptions around the dynamics of migration and questions whether a distinction between migrants and refugees is even possible.

Migration is defined as a person moving from one place of residence to another in the hope of settling (Bates, 2002). People either move alone or in groups which can range from family to friends or even with people they do not know, and some migrants move alone in the hope of being reunited with their families at a later stage. During the absence of their family, migrants experience structural stressors, such as family separation, and situational stressors such as the political climate (Leticq, Gryzywacz,

Gray & Eudave, 2014; Lam and Yeoh, 2019; Poeze, 2019). The majority of those who migrate are often from a minority ethnic background (non-white). Dependency theory offers one possible explanation as to why individuals from developing countries who are often non-white migrate to the Western countries. This theory suggests that it is not the 'internal barriers to development' which halts development, but the power held by the West which have systematically underdeveloped them and kept these nations in a state of dependency e.g. through the process of Colonialism (Simon & Ruccio, 1986). In the more recent years, this state of dependency can be seen in globalisation of white supremacism embedded in neoliberalism (Watson, 2004). 'Transnational families' is the term used to describe family members who live away and are separated from each other, but still experience a sense of connectedness and belonging across borders (Bryceson & Vuorela, 2002; Bryceson, 2019).

The British Census in 1991 was the first time that ethnic categories were used in the UK. At the time, the UK was found to have over three million people from an ethnic minority group, making up approximately 5.5% of the general population (Nazroo, 1997). In 2011, the Census for England and Wales indicates that the number of individuals born outside the UK increased to 13% of the whole population, equating to 7.5 million people. Out of the total 56 million people in England and Wales, one million were foreign born, of which the majority identified as Asian (33%). Within this, Indians were the largest non-UK born minority group identified (807,000) (Census, 2011).

The history of why people migrate is important to understand. The migration of significant numbers of people to the UK started in the nineteenth century. An Irish community began to migrate to Britain for economic and employment reasons resulting

from the Irish Potato Famine; they moved in the hope of returning to Ireland in the future. In the latter part of the nineteenth century, European Jews started to arrive in Britain around the time of World War II to escape religious persecution and poverty. In the 1940s people from the West Indies were recruited to help with employment in the urban areas of Britain. Around this era, people from India also migrated for employment and economic reasons. In the 1980s the immigration laws tightened, and the number of those migrating lessened. However, the number of people trying to migrate to the UK did not decrease and migration continued through whichever means possible and, in some cases, illegally. The reasons for using such means vary; some people migrate to escape persecution, known as 'forced migrants' (refugees or asylum seekers) (Goodman, Burke, Liebling, & Zasada, 2015), and others migrate for economic and educational reasons (Black, Collyer, Skeldon & Waddington, 2006; Ali, 2007). Forced migrants are individuals who are usually displaced due to conflict in their country or for other reasons such as a natural disaster (Scheel & Squire, 2014). However, some researchers believe the reasons why people migrate are much more complex and cannot fit into neat categories (Zetter, 2007; Signorini, 2015; Bakewell, 2008; Koser & Martin, 2011). Migration is therefore driven by push and pull factors. Push factors can be described as reasons why people leave their place of birth in comparison to pull factors which relate to what draws an individual to the specific host country (Aronowitz, 2009).

Migration has been described as occurring in three broad stages. The first stage is pre-migration which is before the individual moves and includes the decision and preparation leading up to the move. The second stage entails the actual physical relocation from one country to the other. The final stage is the post migration stage,

when the individual interacts with the host country's social and cultural framework (Berry, 2004). At each stage, different factors can make migrants more vulnerable to mental health problems, particularly at the later stages due to the process of acculturation, thus creating tension between what the individual sets out to achieve in comparison to what they actually achieve. La Barbera (2014) reports that individuals believe their life will be in some way better and only realise when arriving in the host country that the experience is quite different. However, during migration, individuals often draw on various defences as a way of coping with these difficult feelings (Kantz & Gilmore, 1990; Klein, 1952). The defence mechanism of splitting can emerge when migrants may have a negative perception of their motherland and a positive perception of the new country. This can also be a useful defence when migrants experience difficulties in the new country and may experience a reverse split where they idealise and feel nostalgic feelings and longing for their home country (Akhtar, 1995).

1.2 Cultural Identity

Identity is what makes individuals different and similar to one another (Munday, 2006). People search for meaning in order to find their place in relation to others in the wider social context (Abdelal, Herrera, Johnston & Martin, 2001; Albert, Ashforth, & Dutton, 2000). Identity is a complex phenomenon whereby individuals seek to define themselves, for example, by drawing on aspects such as personal values and group membership (Adams, 2014). However, the environment also plays a role in shaping individuality. There are three dimensions which form identity: personal, relational and social. However, the empirical evidence on these three dimensions being related is limited (Schwartz, Zamboanga, Weisskirch & Rodriguez, 2009).

How individuals manage their interpersonal roles within a social group can be defined as social or cultural identity (Bornman, 2010). Sharing similar values, norms, beliefs, rituals, values and goals within a social group is what further moulds a person's individual identity (Schwartz et al., 2009). A sense of belonging and emotional attachment is experienced when an individual is part of a social group (Phinney, 2000). Individuals cognitively place themselves with those with whom they share similar experiences with (in-groups) and as a way of distinguishing themselves from others (out-groups) (Farmer, Tierney & Kung-McIntyre, 2003).

Culture can be understood as being made up of transferable norms, beliefs and attitudes that can inform a person's behaviour and are often common within a group (Matsumoto, 1996). Changes in these features can be seen as indicators of acculturative change (Sam & Berry, 2010). The development of cultural identity is likely to change through migration and relocation (Bhugra, 2001). The beliefs and values in a system are learnt and brings people together in a community to become part of a culture (Shah, 2004). There are several components that are important in the development of cultural identity such as language and religion (Bhugra, 2001).

Acculturation is the term used to describe the cultural and psychological changes which occur during migration (David, Berry, & John, 2010). Berry (1997) categorised acculturation into two distinct areas: retention or rejection of one's own inherent cultural identity and adoption or rejection of the host culture. Four strategies which stem from this include: assimilation, integration, separation and marginalisation. When individuals adopt the cultural identity of the receiving society and leave their cultural heritage, this is known as assimilation. Integration describes when individuals are

accepting of the receiving society in an inclusive way but maintain ties with their cultural heritage. When the receiving culture is not accepting of the other culture and is quite critical, this process is known as segregation, which is a similar process to that often described as de-culturation. Marginalisation is when individuals become withdrawn and isolated from both cultures. (Berry, 1997). This may make the migrant group feel marginalised and alienated in society and has also been described as the marginal syndrome (Bochner, 1986). Moreover, hypotheses of selective migration of vulnerable individuals predicts that those who choose to migrate are often more vulnerable to depression (Simon, Goldberg, Vonkorff & Ustan, 2002). Lastly, when the two cultures have no relationship with each other, and the minority culture feels a sense of rejection, this is known as marginalisation. This process can lead to distrust among both groups and leave migrants vulnerable to depression, social isolation and low self-esteem (Bhugra & Ayonrinde, 2010).

Migrants can also be vulnerable to mental health problems, especially if they experience hardships such as employment issues, financial problems, and discrepancies between expected and actual achievement (Bhugra, 2004). Acculturation can be seen to balance out the effects of cultural bereavement as the individual may start to feel a sense of belonging in the host country and become more socially and linguistically fluent. Integrating and assimilating to the culture by forming friendships and gaining employment can reduce the negative feelings of loss and grief. Similarly, the dynamic interaction between the two cultures can lead to the host country being more accepting and understanding of the cultural needs of the individuals that have migrated (Bhugra & Becker, 2005).

Berry's (1997) model outlined the above attempts to explain the processes which occur when migrating. However, the approach is very linear and does not account for the dynamic and complex nature of individuals moving from one place to another. Berry's ontological roots are embedded in a realist stance where an objective reality exists (Williams & Arrigo, 2006). In this way, this model attempts to provide a universal understanding of acculturation and assumes that the psychological processes are the same for all cultures. Therefore, this model does not take into account the individual experiences of migration which are impacted upon by politics, history and the socio-economic climate. Power is fundamental to mental health and there are different levels of influences which are either more 'proximal' or 'distal' to the individual. 'Proximal' influences may include factors such as an individual's family and work and 'distal' influences include factors such as politics and culture (Hagan & Smail, 1997). Furthermore, the power of the majority group can also have a huge impact on acculturation. The interactive acculturation model aims to highlight the role of the dominant cultural group and how they can impact the process of marginalisation, for example, if the dominant cultural group discards the identity of the migrants (Bourhis, Moise, Perreault, & Senecal, 1997). In the current political and economic climate, where public debates have occurred following the Brexit referendum and Trump's presidential victory, the associations between the number of migrants and negative attitudes towards immigration have been perpetuated (Sides and Citrin, 2007). Judit, Vijver, and Fons (2004), found that acculturation in Turkey and Holland can be different in the public domain; in these places, there is evidence that the individual adopts the cultural practice of the dominant culture, although privately discards them. Although the cultures in these countries cannot be generalised to Punjabi Sikhs, it does highlight the complex nature of acculturation and the formation of identity.

Due to globalisation and the changes in transmigration and border crossings creating multinational citizens, a new way of understanding immigrant identity has been proposed by Hermans and Kempen (1998). Instead of thinking cultures move from point A to point B in a linear trajectory, they suggest that acculturation and identity formation involve a process of ‘mixing and moving’ (p. 1117). This has led to the development of the ‘dialogical model of acculturation’ (Bhatia, 2002). This model demonstrates the complexity of acculturation and connects to the ideas of social constructionism, linking the cultural and political issues in the migrant’s homeland with the host country. The context the individual migrants may find themselves in will impact on how the process of acculturation is shaped. Migrants have multiple forms of the ‘self’ and move between the different types of acculturation e.g. feeling assimilated, separated and marginalised at different times (Bhatia, 2002).

The process of assimilation was explored prior to the above studies and it was found that culture, structure and identity were important factors to consider in relation to how individuals from minority and majority groups adjust (Stopes-Roe and Cochrane, 1987). This was also found to be related to how migrants identified themselves in relation to their homeland and what this meant to them in terms of their ‘home identity’. This research found differences in how assimilated subcultures felt within the British South Asian community. Findings showed Punjabi Sikhs were more integrated than other British-born South Asians (Robinson, 2009). Since migrating, many Punjabi Sikhs feel they have lost their ‘anchor’ in India and in the majority of cases, individuals preferred to be identified as British Sikh (BSR, 2013). It can therefore be suggested that these Punjabi Sikhs who prefer to be identified as British Sikhs, may feel, in terms

of acculturation, more 'integrated' with the host country (Berry, 1997); this is the best possible outcome for the migrant's wellbeing. This also highlights the need to research subgroups of British South Asians independently and to not always assume heterogeneity (Johnson & Nadirshaw, 1993).

Research indicates that religion also shares key factors of culture including shared values, norms and practices. However, religion also has distinct features which make it unique, for example, a notion of sacredness (Saroglou & Cohen, 2013).

1.3 Punjabi Culture and Sikhism

1.3.1 Punjabi Sikh Spirituality

One of the main areas in India where migrants originate from is Punjab. This is an area covering parts of Northern India and Eastern Pakistan. Punjab means the 'land of five rivers' and comes from the Persian words, 'Panj', meaning the number five and 'Aab' meaning water. Sikhism is the religion practiced mostly in this area (Grewal, 1990).

Religion can play an important role in helping with distress experienced by migrants. More specifically, many Punjabi migrants follow Sikhism as their faith which encourages psychological wellbeing in various ways (Nayar, 2004). Sikhism was founded by Guru Nanak Dev Ji in 1499 AD and his most important message in his teachings was 'Human Rights for all' (Grewal, 1990). 'Sewa', the act of voluntary service and helping others in need, is what was encouraged by the second Guru, Guru Angad Dev Ji. The third, Guru Amar Das Ji, introduced 'langar' also known as community kitchens where everyone was welcome and encouraged to sit together and eat, as a way of promoting equality. The other Gurus also carried out acts promoting

concepts of equality, social justice and tolerance. This was especially seen through the acts of the ninth Guru, Guru Tegh Bahadur, who sacrificed his own life for the lives of others in society by saving the Hindu religion from persecution. The tenth, Guru Gobind Singh, abolished the caste system and social divisions by creating the Khalsa, which gave the surname Singh³ to males and Kaur⁴ to all females and brought the community together. However, despite the efforts of the Guru to eradicate the caste system this very much plays a part amongst the Sikh community today. The religion forbids idol worship and instead Sikhs today follow the Sri Guru Granth Sahib, the final Guru of Sikhism who is followed as a guide for leading a good life. This was decided by the tenth Guru, Guru Gobind Singh, who believed that all of the teaching and guidance of the ten Gurus were embodied within the Sri Guru Granth Sahib and that after his death, he would be considered the final and only Guru (Teece, 2004; Singh 2012).

Migrants from Punjab date back to when Maharaja Duleep Singh, the last Emperor of the Sikh Kingdom in 1849 was exiled to Britain by the British Raj at the age of 15; he became the first settled Punjabi Sikh in the UK. The first wave of migration occurred in 1911 when many Punjabi Sikhs were recruited by the British Raj for the British Indian Army (Singh, 2011). A few decades later in the 1950s, as mentioned above, many Punjabi migrants from India sought employment in the UK following the partition of India in 1947, when many Punjabi Sikhs were forced to leave their homes and find new homes in India, Punjab. This was a time when there was a huge shortage of labour workers and a high demand for skilled and non-skilled manual labourers in

³ See glossary for definition (see appendix 1)

⁴ See glossary for definition (see appendix 1)

the UK. The Nationality Act in 1948 gave citizens of the empire and commonwealth the right to country to live and work in the UK (Goodhart, 2013). Many men from the Punjabi community took advantage of this to financially support their families back in India who were living in a stagnated economy (Myrvold, 2011). These men were later reunited with their families when their partners and families joined them in the UK (Ballard, 1990). However, The Nationality Act 1948 was later amended, as immigration laws tightened, and the New Commonwealth Immigrants Act in 1962 was introduced (Messina, 2001; Castles & Kosack, 1973; Hansen, 2000). The significant points in history about Punjabi Sikhs has been illustrated below (Appendix 2).

To date, the Punjab region remains the same. Thus, individuals still endeavour to come to the UK for employment opportunities. However, tighter immigration laws have made migration difficult. This has resulted in individuals seeking other ways to reach the UK even if this means they use illegal routes. A report in 2014 highlighted Punjab as being one of the main places in India where UMs originate. These individuals often used creative methods to facilitate their migration to a different part of the world including the UK. High unemployment rates and issues in the agriculture sector in Punjab (Kumar, 2013) mean that youths have protested on several occasions for the prospects of employment without much success and even turned to self-immolation and hunger strikes. Turning to extreme measures such as self-immolation have meant individuals from the Punjabi community have often felt that living in the UK will allow them to earn significantly more (Smith, 2014).

1.3.2 Sikhism and Mental Health

Individuals often turn to religion when they are faced with difficult challenges in life (Hagan & Ebaugh, 2003). Historically, religion has been the dominant explanation for mental illness for Sikhs, which has often been understood as being a disease of the soul and spirit which presents itself physically. It is therefore not seen as a physical disease of the brain, which is one of the dominant explanations held in Western societies (Jhutti-Johal, 2014). This is not to say that the scientific evidence-based explanation is not recognised in other cultures and societies, as it has raised many questions, leading to debates about religious people needing to re-evaluate their own 'religious' understandings (Jhutti-Johal, 2014).

The psychiatric theory embedded in Sikhism, stems from the human body being a vessel that contains the soul also known as *atma*. The aim is for the soul to replace its individual identity and re-unite with God, where it initially belonged. The soul can achieve this after going through the cycle of re-births (Cole, 1982). One of the key beliefs of Sikhism is *Karma*. This refers to an individual's actions which determine if one's soul can be exempt from the cycle of rebirths also known as *mukti*. The human form is seen at the top of the creation hierarchy with a conscience and a level of self-awareness which allows it to appreciate God. Those who are self-centred and think only of themselves are known as *Muhnmukhs* and are not exempt from the cycle of rebirths. On the other hand, there are those who always keep the lord in mind and are known as *Gurmukhs* and are described as being incredibly joyful (Kalra, Bhui & Bhugra, 2012). There are five evils which exist in the holy scriptures: lust, anger, greed, attachment and pride which all have ego as their basis. These are seen to be the evils which lead to mental health problems (Singh, 1996). An example of this is being

attached to materialistic goods in the world which puts a strain on social relationships leading to high levels of stress, negative thoughts and low self-esteem. This is also known as a person having a spiritual imbalance which can be the trigger for mental health problems (Jhutti-Johal, 2016).

The language used in the Holy Scriptures in the Sri Guru Granth Sahib Ji describe emotions such as sadness and anger for more severe mental health difficulties such as psychosis and depression (Kalra, Bhui, & Bhugra, 2013). Furthermore, symptoms can also be described using metaphors to express the distress being experienced e.g. 'maggots in manure' (Guru Granth Sahib, 1993, p.125). Questioning and seeking help for the difficulties can sometimes be frowned upon and seen as a self-centred act. Instead one is encouraged to accept and feel the distress, as the difficulty is seen to be a result of fate or God's will, and God is the only one who can cure this (Krause, 1989).

Guidance is provided in the Holy Scriptures on how to manage suffering. There are five levels of spiritual experience also known as *khands*. These are believed to relate to an evolutionary process where one's consciousness develops and leads to the final truth which is being in harmony with God. Text in the Sri Guru Granth Sahib Ji encourages meditation in the name of God known as *nam simran* to stabilise and relieve the distress the mind is experiencing (Guru Granth Sahib, 1993, pp.249-14). This type of meditation is a process of remembering the name of God both mentally and physically through utterances (Jutti-Johal, 2016). Listening to the word of God is said to relieve all suffering and is the medicine for any mental or physical pain (Guru Granth Sahib, 1993, p.922). There is no scientific research which can evidence the advantages

of reciting the name of God (*nam simran*); however, some speakers from the Sikh television channels and internet are taking steps towards this (Jutti-Johal, 2016).

1.3.3 The Mental Health of Punjabi Sikhs

How mental health is understood by Sikhs is very much influenced by culture. Mcleod (1985) found that the understanding of mental health issues is not only outside the scientific biomedical understanding, but also outside Sikh religious explanations. Holy Sikh Scriptures indicate that individuals should not believe in witchcraft and spirit possessions; however, it is not uncommon for Sikhs to locate their mental health experiences in a social domain or in supernatural beliefs. Therefore, the Sikh religion itself cannot be solely used to understand how this community perceives mental health problems, and an understanding through a cultural lens is also paramount (Jutti-Johal, 2016). Previous research indicates that the variation in explanatory models may be explained by the differences in people's social and cultural contexts and prior experiences (Tirodkar, Baker, Makoul, Khurana, Paracha, & Kandula, 2011).

Human beings are constantly seeking to make sense of their mental health experiences and various explanations are adopted. From a biomedical perspective, the cause of depression is due to a chemical imbalance in the brain whereas many people from the Indian traditions attribute these symptoms to the 'evil eye' also known as *najjar*. Although the presentation may be similar, for example lethargy and lack of motivation, the way in which the cause is conceptualised is different. Many anthropologists, for example, Pritchards (1976) have studied the beliefs and practices of witchcraft and spirit possessions across Eastern countries such as India. However, literature amongst the Sikh community is limited. The Sikh community does, nonetheless, share common

cultural practices with the South Asian community; ways to overcome the distress of mental health problems, including carrying out rituals to remove the bad spirits, and medical support is often used as the last option (Jutti-Johal, 2016).

Although Sikhism itself promotes equality, the Sikh community itself is vastly diverse and consists of different caste and socio-economic identities, which impact the different traditions they follow. Therefore, their traditions can influence their belief systems and the way they try and make sense of mental health problems even when they follow the same religion. Factors such as age, gender, caste status and degree of religious belief can be highly influential in this sense making process. High levels of stigma and cultural expectations do not allow Sikh men to come forward and inform others about their mental health problems. Men are expected to cope with adversity and ill health, and as a result, often rely on the medical model to understand their mental health problems. In contrast, Sikh women, who are elderly and have a low educational status, are more likely to attribute their mental health problems to the religious and cultural factors previously mentioned (Jutti-Johal, 2016). Singh (2009) found that support for such difficulties should be managed within the family.

Individuals from Eastern cultures have been found to be more likely to somatise their mental health experiences leaving them under diagnosed when accessing healthcare in Western societies (Shin, 2002). Punjabi migrants also use the same words to describe physical pain to mental health problems. Research conducted by Krause (1989) suggested the difference in vocabulary did not necessarily mean the individual somatised their feelings, but instead used words which appear to be more somatic such as 'sinking heart' as both a somatic and psychological meaning for depression (Krause,

1989). Therefore, mental health is not only understood by focusing on the mind and mood but taking the whole body into account (Singh, 1993). Furthermore, somatisation is therefore a Western concept as it is based on the mind-body dualism and suggests a causal relationship between psychological distress and how this physically presents (Lipowski, 1988). This is in contrast to how other cultures make sense of this phenomena as Kleinman (1978) suggests that non-Western cultures may be less able to label their emotional state as they may be less willing or able to express their emotional distress.

Altruistic practice is highly valued in the Punjabi culture and acts which are considered disrespectful and promiscuous can bring shame to the family and impact the kinship obligation (van Dijk, 2002). The Punjabi culture also suggests that engaging in behaviours such as pre-marital sex, drinking alcohol or smoking are acts of dishonour (Krausse, 1989). Therefore, for someone who is undocumented, unmarried and lives abroad with no plans of returning to Punjab, it is not known how these values are adhered to. Further research indicated that the loss of familiar social networks and relocating means migrants are often faced with changes in gender roles depending on if they are migrating alone or with family (Foster, 1996; Gill & Vazquez, 1996). Immigrant women have been found to be subject to domestic violence due to the power shift and changes in the traditional gender roles where women may be working and potentially earning more, or when male partners feel threatened due to unemployment (Comaz-Diaz & Greene, 1994; Straussner, 2000).

1.4 Migration and Mental Health

1.4.1 Stages of Migration

Immigrant trauma is the term used to capture the psychological distress experienced by migrants. Migrants can experience trauma at different stages of the migration process. Some of these stages are less applicable to UMs as their mental health presentation may not be as traumatic as the pre-migration stage in comparison to the mental health presentation of asylum seekers (Desjarlais, Eisenberg, Good, & Kleinman, 1995). However, research indicates that during the second stage of migration, findings show that UMs are vulnerable and subjected to traumatising situations during transit such as forced labour and sexual assaults as a form of partial payment before they reach their destination (Martin, 1999; Médecins Sans Frontières, 2013; Smith & Daynes, 2016; Vogt, 2013). Therefore, the assumptions that only forced migrants experience serious trauma and that the trauma experienced in transit is not seen as serious can be challenged. Nevertheless, individuals who experience negative experiences such as traumas can also develop resilience and grow in a positive way (Burstow, 2003; Goodman, 2013; Lenette, Brough, & Cox, 2012; Smith, 2006; Michaud, 2006). Traumatic experiences not only impact individuals but can impact the whole family or even, at times, a community (Kirmayer, Gone, & Moses, 2014). For example, reoccurring traumas such as colonialism or war can have intergenerational consequences leading to adverse consequences for a person's health (Fellitii, Anda, Nordenberg, Williamson, Spitz, Edwards, & Marks, 1998). Transfer of historical trauma includes learned behaviours such as aggression and violence which can be transferred either consciously or unconsciously (Coleman, 2016).

In the final stage of migration, research implies acculturation and the possibility of what individuals believed they would attain in comparison to what was actually attained may leave migrants vulnerable to mental and physical health problems. Other factors such as the duration of stay once relocated, the level of similarity between the culture they originated from and that of the host country, level of support systems, language and how accepting the system of the host country is (Bhugra, 2001) can also lead to feelings of isolation, rejection, and consequently impact the individuals' self-esteem.

1.4.2 Uprooting, Loss and Trauma

Uprooting from one's own home to another country can cause an array of suffering including social identity, family, livelihood and support symptoms (Handlin, 1951). A grief reaction can be triggered when an individual loses their social structure and culture (Eisenbruck, 1990; Eisenbruck, 1991). Although grieving such loss can be seen as a healthy reaction, loss of such aspects such as language, attitudes and social structures can cause significant distress which, in some cases, warrant psychiatric intervention. How such bereavement is expressed is usually influenced by social, economic and cultural factors. A particular example of an Ethiopian female who felt restricted in carrying out the rituals specific to her culture due to migration led to a misdiagnosis of her difficulties due to barriers such as language and lack of cultural sensitivity by Western diagnostic services. A culturally sensitive approach with the support of psychotherapy may have provided a platform for this to be explored and would have been essential in supporting this particular client (Schreiber, 1995).

A Western construct of bereavement may not be comprehensive enough to explain how grief is expressed in other cultures. Abnormal grief reactions have been described from a psychodynamic perspective as being the ambivalent feelings the individual has towards the lost object which is an unconscious process resulting in depressive symptoms and a decline in self-esteem (Freud, 1953). The DSM-IV recognises that the duration and the presentation of 'normal' bereavement vary from culture to culture. Major depressive diagnosis is often given when symptoms appear to be present for a couple of months or more and symptoms such as hallucinations of the deceased occur. However, some non-Western cultures often describe the experience and encounters with supernatural spirits and being visited by spirits and ghosts. When these cultural differences have been ignored in the past, many have received inappropriate diagnoses of psychotic disorders and post-traumatic stress disorder leading to the potential to cause harm as the individual's treatment is not targeted in the most suitable way (Bhugra, & Becker, 2005).

1.4.3 Research in the United States

UMs in the United States (US) are highly researched in comparison to the UK. Although it may not be possible to make direct comparisons due to the differences in policy, healthcare, worker rights, and procedures in the country, much can be learned in terms of the associations between undocumented status and mental health. Findings show stressors prior to undocumented individuals migrating including: trauma, financial problems and changes in support networks which have adverse effects on adapting post migration (Chung, Bernak, Ortiz, & Sandoval-Perez, 2008). Research suggests that the high-risk profile of UMs makes them more vulnerable to emotional disturbance and mental health problems (e.g. depression) (Chung et al., 2008; Ornelas

& Perreira, 2011; Sullivan & Rehm, 2005). In a review of UMs in the US in 2016, researchers found some of the common symptoms of depression and anxiety for UMs include: loss of motivation, self-blame, low self-esteem, excessive worry, fear and hypervigilance. Some studies even found issues around substance misuse and domestic violence to be common amongst UMs (Garcini, Murray, Zhou, Klonoff, Myers & Elder, 2016). Day to day hardships for UMs in the US include 'loss of all rights', limited social networks, fear of deportation and challenges obtaining employment. There was also a common theme of experiencing specific intrapersonal stressors such as a shift in identity in gender roles in comparison to the culture in the UMs' country of origin. As most of these studies were carried out with migrants from Mexico, they found there was a change in their self-perception and their racial classification. For example, these individuals were perceived as being 'White' in their home country; however, following migration they were known as 'Latinos'. It was concluded that internalising the UM stereotype may be associated with symptoms of depression (Garcini et al., 2016). Despite these findings, this review identified many limitations of the studies used such as the limited use of standardised psychometric measures as well as the normative cultural factors such as machismo in the Latino culture which may have created a bias in the self-reporting of participants, leading to underreporting of mental health symptoms (Garcini et al., 2016). Overall, this review highlighted the lack of access to health care services which may lead to negative implications such as poor quality of life, low levels of functioning, more use of crisis services and increased risk of dying (Garcine et al., 2016).

Another review of the mental health of undocumented Mexican immigrants carried out in the US showed that failure to succeed in the country of origin was found to be one

of the common themes leading to mental health problems. This theme highlighted that the economic opportunities are just the beginning of why some individuals migrate in the first place and reasons may actually stem from the strain that they feel prior to leaving their homeland around feelings of not being able to provide for themselves and their family. The findings of the review also shed light on the risks which occur during the dangerous border crossings UMs often face, such as deprivation, rape and murder. The journeys encountered by migrants often leave them feeling marginalised and isolated which are associated with symptom of depression and suffering. Many UMs also felt marginalised from their local communities due to their status; however, this improved for some as their language skills developed and they started to network with others at their place of work. Blame/stigmatisation and guilt/shame was another theme which was found and implied the discrimination UMs experience from US citizens. They can often be portrayed as being a public nuisance and blamed for the economic problems in the country. The psychological impact of the derogatory terms used for UMs can contribute to low self-esteem, insecurity, fear and shame. In addition, another prominent theme was the risk of depression due to the high levels of stress UMs are under trying to avoid deportation by remaining hypervigilant. Despite the valuable insight which studies in the US provide on the mental health of UMs, the studies often used inconsistent definitions and assessment tools thus questioning any conclusions made (Sullivan & Rehm, 2005).

1.4.4 Immigrants in Detention Centres

UMs, when detected by authorities, are often detained and kept in detention centres until a decision has been made about what will happen to them next. The welfare of vulnerable individuals held in Immigration Removal Centres (IRC) in England was

reviewed in the Shaw Report in 2016 (Shaw Report, 2016). Following this report, one of the recommendations made included the need for a clinical assessment to take place with regard to exploring the mental wellbeing of detainees. One of the only studies in the UK on immigration detainees showed that the longer they stayed in detention, the higher the level of mental health issues such as anxiety, depression and PTSD they experienced, especially around day 30 of their stay (Robjant, Robbins & Senior, 2009). A more recent review highlighted 'depressed mood' as being one of the most common problems experienced; however, in some centres, the most severe problems reported were hallucinations and delusions, non-accidental self-harm, cognitive difficulties and aggressive behaviour. Nursing staff also deemed some individuals unfit for detention based on their assessment; however, these decisions were sometimes overruled by Immigration Enforcement. Trauma experiences such as witnessing the death of family and friends or being a victim of sex trafficking were common amongst many of the detainees; however, it was unclear from this report whether these were migrants seeking asylum or UMs who were in the country for employment reasons or both. Staff also found issues that were less noticeable such as hidden acquired head injuries, learning disabilities and difficulties and Autism Spectrum Disorders as needs which needed to be attended to. It was acknowledged that although some individuals in detention did not meet the clinical threshold for their difficulties, their experiences were still disabling, restrictive and potentially life threatening. One could therefore argue that if this were the case, some of the quantitative outcome measures do not truly reflect how these individuals present. This report did recognise its limitations including the fact that the detainees who were interviewed were chosen by mental health care staff, and that they only used a very small sample size which may have had an impact on the extent to which these results could be generalised. However, in response, the study

aimed to use a mixed methodology, so the findings could be triangulated to increase the validity of any conclusions made (Durcan, Stubbs & Boardman, 2017).

1.4.5 Racism and Mental Health

Racism can be defined as a global hierarchy of human superiority and inferiority which has been produced and reproduced politically, culturally and economically through the capitalist /patriarchal western centric/Christian centric modern colonial world systems (Grosfoguel, 2013). A common myth which exists following the colonial administration is that we are now living in a 'post-colonial', 'post-imperial' world (Grosfoguel, 2003). During the past 450 years (1492-1945) of Western colonial administrations one may think that the global hierarchies of power which were created between the European/Euro-American metropolises and non-European peripheries have not been eradicated with the end of the colonial administrations (Grosfoguel, Oso & Christou (2014). Quijani (2000) a Peruvian sociologist coined the term 'coloniality of power'. This term helps to explain that power structures at global and national levels are still shaped by power structures from several centuries ago. These levels include racist and sexist colonial ideologies and discourses. Therefore, the racism that derived from the history of colonialism has not ended even though colonialism has. When migrants arrive in metropolitan places, they are not in a neutral space but instead in a space 'polluted' by racial power relations which have been informed and created by coloniality (Grosfoguel *et al.*, 2014).

The concept of intersectionality was introduced by Crenshaw (1991) to understand the intersection mainly between race and gender. She rejects the idea that race, class and ethnicity are separate disadvantaged categories and views these as being

interconnected, interdependent and 'interlocking' (Brah & Phoenix, 2004; Burman, 2003). The approach of intersectionality aims to study how different forms of disadvantage intersect and could then be used to help explain the experience of certain groups. Studies indicate that when immigration is added to the complexity of intersections further issues are raised. For instance, research indicates that immigrants in the US are more likely to experience discrimination than their US-born co-ethnics (Laurerdale, Wen, Jacobs & Kandula, 2006).

1.4.6 Poverty and Mental Health

Poverty is one of the extreme sufferings which has a high impact on health. There are both direct and indirect effects of poverty to one's development and maintenance of emotional, behavioural and psychiatric problems (WHO, 1995). Poverty is when consumption or income level is below the minimum level to meet basic needs. Research shows that poverty and social inequality are closely linked and impact the social, mental and physical wellbeing of an individual. Inequality in income has been found to produce psychosocial stress which have an impact on health and higher mortality rate over time (Wilkinson, 1997). Those who live in poverty are likely to be exposed to dangerous environments, and if employed are often in stressful and unrewarding situations. These individuals will often lack the amenities, information and support from mainstream society. These individuals have been found to be more likely to engage in risk behaviours and use unhelpful coping behaviours to gain a sense of relief or comfort (Murali & Oyebode, 2004).

1.5 Migration and Healthcare Access

Grenfell Tower where 80 people died during a fire block in 2017 brought to attention a noticeable divide in the UK (McKee, 2017). The safety concerns raised by some of the poorest of residents, many of whom were migrants, were ignored by some of the councillors in the wealthiest parts of the UK (Royal Borough of Kensington and Chelsea, 2017). Due to the fear of deportation, some of these migrants declined health care (Gordon, 2017). Changes in the extension of using the National Health Service (NHS) (Steele et al., 2014) as well as the Memorandum of Understanding (MoU) which allowed digitally held information about patients to be shared with the Home Office, was, most likely, a factor inducing fear. Although an announcement was made by the Prime Minister Theresa May, regarding a yearlong amnesty for UMs, this did not reduce their level of fear. Charities in London responded by supporting UMs by setting up temporary health care clinics which were safe from the immigration authorities (Adamson, 2017; Doctors of the World, 2017).

The current policy for visitors outside the UK is complicated within the NHS. Up until April 2015, 'ordinarily resident' individuals in the UK had access to free treatment under the NHS. Since then, the cost of immigration health charges increased for those from the non-European Economic Area (EEA) applying for a visa to stay in the country longer than 6 months. Furthermore, individuals who are not 'ordinarily resident' which means not living in the UK lawfully, on a settled and voluntary basis, at the point of care are not eligible for free healthcare. They are liable to pay for non-urgent secondary care, mental health and community care. From October 2017, charities and other non-NHS providers that provide NHS care will also be obliged to charge for such care. An upfront charge will also be necessary, unless emergency care is required (NHS, 2017).

NHS professionals now need to check the status of all patients that attend the service and have flags on their IT systems to indicate where charges are necessary. They are also obliged to inform the Home Office if they incur debts (Department of Health, 2012) and if the outstanding debt is a sum of £500 or more which is now a basis for refusal of right to remain in the UK and can lead to deportation (UK Government, 2016; Home Office, Department of Health, NHS Digital, 2017). The outcome of providing such data has proved to be burdensome for services and raised many ethical dilemmas surrounding disclosure of non-clinical information (Haim, Steele, McKee, 2018).

It has been noted that attempts have been made by the Government to justify sharing data with the Home Office in the interests of supporting suspected immigration offenders by either regularising their status or starting the process of deportation (Gordon, 2017). However, the government has recognised the potential pitfalls of data sharing (Department of Health 2015), as concerns about sharing confidential information runs the risk of creating a barrier for engagement with services (Public Health England, 2017).

Research in the US has highlighted the concerns about such barriers to health care and how it can heighten fear among UMs which leads to a reduction or delay in health seeking behaviours for serious diseases such as tuberculosis (Asch, Leake & Gelberg, 1994; Martinez, Wu, Sandfort, Dodge, Carballo-Dieguez, Pinto, Rhodes, Moya and Chavez-Baray, 2015). Further findings show that the fear of deportation also has a huge impact on testing for communicable diseases such as HIV (Dodds, Hickson, Weatherburn, et al., 2008; Thomas et al., 2010; Hacker, Anies, Folb & Zallman, 2015).

This includes some of the most vulnerable groups in society including victims of human trafficking who also worry about disclosing personal information, despite being offered legal protections (Kings College London, 2017). Reports taken by volunteers after the Grenfell Tower Fire also highlight cases of individuals refusing treatment for head injuries due to similar fears (Gentleman, 2017a). Furthermore, pregnant UM women across the country are afraid to receive medical attention despite the severity of need (Gentleman 2017a, 2017b).

A few charity organisations in the UK are open to UMs to freely access services for their health and wellbeing. Some of these services provide workshops for migrants to help improve their wellbeing and health (Doctors of the World, 2014). However, whether these services are known to many UMs is unknown.

1.6 Literature Review

1.6.1 Search Strategy

A literature review was carried out to understand the experiences of UMs in the UK to gauge the usefulness of the intended study and to evaluate the qualitative methodologies of similar studies. The focus of this review was on the mental health of UMs from a psychological perspective.

Databases searched included CINAHL Complete, MEDLINE with Full Text, PsychArticles and Psych Info for journal articles available in February 2018. The following search terms were used after breaking down the research question: undocumented, migrant and United Kingdom. As there was a limited number of journal

articles that were relevant, the search was widened, and articles were hand searched to obtain further empirical studies. The search provided two additional articles.

The search was systematic, and each component was searched individually and then strings were merged together to narrow down the search using the Boolean operand 'AND'. The first search string was 'undocumented' as this was the immigration status the research focused on. The term 'migrant' was the related tenant which was the population group the research was interested in and the last string was 'United Kingdom' as this is the host country the research was interested in. Migrant was truncated using an asterix (*) to *migra *, to be the root for capturing other ways this word is usually expressed such as immigrant and migration. Undocumented is also commonly described by the terms 'illegal', 'alien' or 'foreign', which were the alternative words searched under this string. United Kingdom was also broken down to other ways the country is often identified such as 'Britain', 'UK' and also, the different regions such as 'England', 'Scotland', 'Wales' and 'Northern Ireland' were added (Table 1).

Table 1 - Search Strategy

Databases searched	CINAHL Complete, MEDLINE with Full Text, PsychArticles and Psych Info	
Dates Searched	All years (January 1877 – February 2018)	
Search no.	Search Term	Results
1	undocumented or illegal or alien or foreign	95,964
2	United Kingdom or UK or England or Britain or Wales or Northern Ireland or Scotland	261,825
3	*migra *	331,993
4	#1 AND #2 AND #3	117
	Duplicates removed	91
	Limit English Language, Articles, Adults, Humans	88

There were 88 studies remaining after the duplicates were removed. Then 53 were removed at the title level and then a further 31 removed at the abstract/full text level as they did not meet criteria. There were only 4 studies from the database that appeared to be relevant. Therefore, two additional studies were obtained through a hand search, giving a total figure of 6 (Figure 1).

1.6.2 Inclusion and Exclusion Criteria

All the terms used interchangeably such as undocumented, alien, foreign or illegal were included. However, studies that included refugee or the term asylum seekers were excluded as it was deemed that their profile in relation to prevalence rate of trauma is likely to differ in comparison to UMs. Studies were also excluded if they did not focus on UMs in the UK, or if they were a review, report, dissertation or commentary on literature.

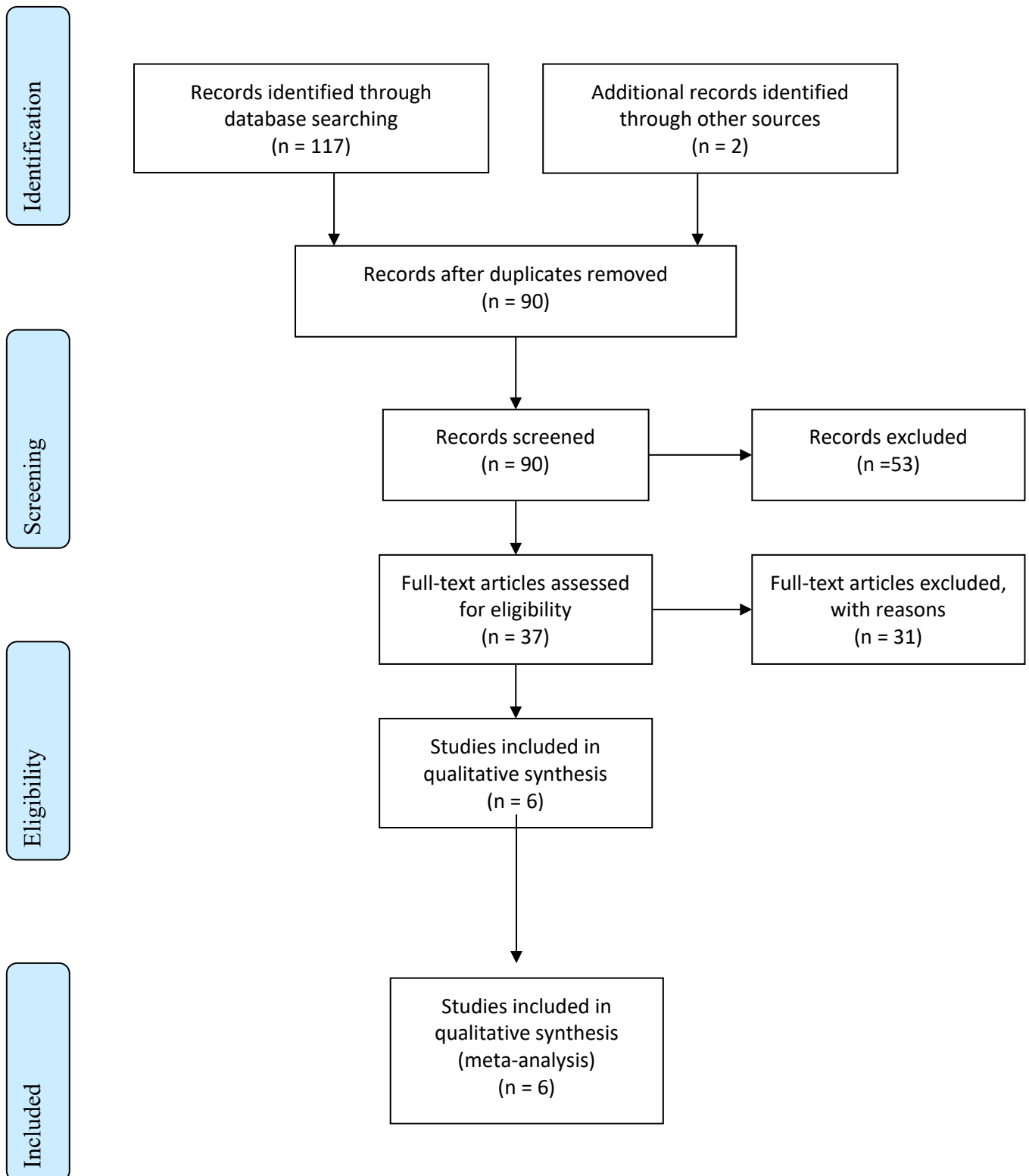


Figure 1 - Flowchart of Included and Excluded Criteria

1.6.3 Summary and Brief Critical Evaluation of Each Study

1.6.3.1 Poduval et al., 2015

The study by Poduval and colleagues was conducted to explore the experiences of UMs trying to access free healthcare in the UK. Sixteen UMs were interviewed using semi structured interviews. Specific methodology was not stated for this study. It was clear that the UMs struggled to access primary care services and would need to wait until they were quite unwell to be seen in the accident and emergency department. Limitations include the study being conducted at one clinic in London with a small number of participants. Strengths include the issue of access to healthcare for UMs being highlighted.

1.6.3.2 Ahmad, 2008

The study by Ahmad (2008) was conducted to explore the consequences of human smuggling of London's Pakistani immigrant economy. Findings revealed Pakistanis were working in poor conditions and experienced psychological problems. Limitations of this study include this study only being limited to one specific location in the UK. Strengths include the language in which the interviews were carried out were in Urdu, thus reducing the chances of the nuances being missed.

1.6.3.3 Bloch, 2013

The study by Bloch (2013) was conducted to gain an understanding of the working lives and decision making of UMs. Findings uncovered the poor conditions these individuals worked in and the challenges they experienced in their social networks.

Limitations include the specific methodology was not stated. Strengths include the number of participants from different countries were included in the study.

1.6.3.4 Sigona, 2012

The study by Sigona, 2012 was conducted to explore how ‘illegality’ permeates migrants’ everyday lives. The findings highlight the challenged UMs face in navigating their social world due to their status which intersects with their place of residence, gender and various experiences. Limitations of this study include the findings being based on interviews conducted by Bloch and colleagues (2009) and there for it is possible that the meanings and nuances may have been missed after re-analysing the data. Strengths include the UMs interviewed originated from different countries providing a broad spectrum of experiences.

1.6.3.5 Whyte, Whyte & Hires, 2015

The study by Whyte and colleagues (2015) was conducted to determine the social processes that guide HIV positive African UMs efforts to gain healthcare in the UK. Findings uncovered UMs experiences of struggle due to lack of resources and poverty. Weaknesses of this study include the relatively small number of participants however one of the strengths include reporting the methodology of grounded theory approach being used to analyse the data.

1.6.3.6 Duvell, 2004

The study by Duvell (2004) was carried out to analyse migration patterns, strategies and identity processes. Findings revealed the social networks UMs for advice and support and reported the changes in identity the Polish UMs experienced. Limitations

include the interviews were all carried out within one small geographical location in the UK therefore limiting the generalising the findings. Strengths include the number of participants interviewed in their native language adding to the validity of the findings.

1.6.4 Method of Critical Appraisal

The search terms yielded a total of four published studies and a further two were identified through hand searching, bringing this to a total of six. The six studies were assessed in detail for quality using the Critical Appraisal Skills Programme guidelines for qualitative research known as the CASP tool (CASP; Public Health Resource, 2013). As there was a small and limited number of studies which met the inclusion criteria and the heterogeneity in the sample methods used, none of the studies were excluded. Table 2 represents the higher quality studies towards the top and the ones which scored more poorly based on the CASP tool towards the bottom.

Table 2 - Study Characteristics

Author and date	Country of origin	No: of participants, gender & age	Methods used
Poduval et al., 2015	Afghanistan, Bangladesh, Brazil, China, India, the Philippines, Romania, Sri Lanka, and Uganda	16 migrant males and females, ages not specified	Qualitative: semi-structured interviews
Ahmad, 2008	Pakistan	21 migrants. All males aged 20-50.	Qualitative: semi-structured interviews
Bloch, 2013	Brazil, China, Kurds from Turkey, Ukraine and Zimbabwe	75 migrants; 45 males and 35 females aged 18 – 31.	Qualitative: in-depth interviews
Sigona, 2012	China, Brazil, Turkey (Kurdish people), Ukraine or Zimbabwe	75 migrants aged 18–30, genders not specified.	Qualitative: in-depth interviews
Whyte, Whyte & Hires, 2015	Africa	16 migrants, age and gender not specified	Qualitative: grounded theory approach
Duvell, 2004	Poland	35 migrants, age and gender not specified	Qualitative interviews

1.6.5 Data Extraction and Synthesis

A meta-thematic analysis was used to analyse the data, which is based on the principles of thematic approach described by Braun and Clarke (2019). The steps include: familiarisation with the data (reading and re-reading material), initial coding (labelling for the features of the data) which is then synthesised using a comparative method where themes are derived (themes which capture something important in relation to the research question). Sandelowski and Barroso (2003) highlight that the themes generated from secondary data are based on the judgments and interpretations of reviewers.

1.6.6 Results

The potential pitfall of researcher reflexivity listed in the critical appraisal tool was noticed in the majority of the studies (Whyte, et al., 2015; Poduval et al., 2015; Bloch, 2013; Sigona, 2012; Duvell, 2004). The researchers position through the process of reflexivity is key to understanding the hidden contextual information and improving the quality of the research. This process also allows transparency of the subjectivity found throughout the research process (Primeau, 2003). Although not a comprehensive reflective account, Ahmad (2008) made reference to his gender and his marital status and the potential impact of this on recruitment. However, in Sigona's (2012) study the interviewers added a reflective note about the interview process itself. It was unclear from most of the studies whether the authors themselves facilitated the interviews and conducted the analysis, leaving them open to researcher bias, thus questioning the credibility of the research (e.g. Whyte et al., 2015).

The terms ‘credibility’, ‘transferability’, ‘dependability’ and ‘confirmability’ are used to describe the reliability and validity of qualitative research. Although this can be difficult to address, Poduval and colleagues (2015) compared the themes they found with one another also known as inter-rater reliability to increase the validity (Armstrong, Gosling Weinman, Marteau, 1997). One of the other studies also made notes of the key themes and then reflected on this in the final stage. However, for the majority of the studies, rigour and credibility can be questioned as they did not make it apparent if this process was implemented or not (Whyte et al., 2015; Bloch, 2013; Duvell, 2004; Ahmad, 2008).

Three of the studies had more male participants in comparison to females (Poduval et al., 2015; Ahmad, 2008; Sigona, 2012). The remaining studies either had an equal number (Duvell, 2004) or did not clearly state the gender composition (Whyte et al., 2015; Bloch, 2013). Although, the difficulty in recruitment of equal numbers of males and females with this population group is understandable, not stating the gender composition reduces transparency and the credibility of any conclusions made. Research has found that there are many differences in the experiences of male and female migrants (Pessar, 2005) and this, therefore, should be acknowledged by researchers in this area.

The majority of the studies used purposive sampling and three studies (Sigona, 2012; Bloch, 2013; Duvell, 2004) out of the six used a specific type of purposive sampling, known as snowball sampling. This type of sampling can be useful for hard to reach population groups such as UMs. For example, the migrants’ anxieties about the researchers’ intentions and the fear of deportation meant researchers spent longer

building trust before carrying out the interviews (Sigona, 2012). Although the limitations of this sampling method include selection bias which could question the validity of the research, this can be overcome by having a larger sample to generalise findings specific to the population group studied (Atkinson & Flint, 2001).

The language of the interviewer may have had an impact on the findings. Most of the studies were conducted in the language of the migrants (Sigona, 2012; Ahmad, 2008; Duvell, 2004; Block, 2013). However, one study was in English and relied on participants who spoke English or had someone to translate for them, thus excluding those who were unable to communicate in English (Poduval et al., 2015). However, this study did acknowledge and recognise that those who could not communicate in English were possibly more vulnerable. One of the studies did not make it clear which language was used (Whyte et al., 2015). It was not clear what language these studies were translated into, as translating into the native language can help ensure the nuances of expression are less likely to be missed (Van Nes, Abma, Jonsson, & Deeg, 2010).

Using meta-thematic analysis, six themes were established, these were: barriers to health care, poor conditions, trust in social networks, horizontal mobility, fear of deportation and the race against time.

1.6.6.1 Barriers to Health Care

Accessing health services was a great concern in two out of six of the studies (Poduval et al., 2015; Whyte et al., 2015). One study, for example, found UMs reported they would be unable to afford services if there was a payment involved and would wait

until their health deteriorated further to get admitted to Accident and Emergency (A&E) (Poduval et al., 2015).

The second study found UMs who did manage to get access to a GP could not get specific treatment for physical health problems such as HIV (Whyte et al., 2015).

1.6.6.2 Poor Conditions

All but one of the studies mentioned living in poor conditions (Poduval et al., 2015; Bloch, 2013; Sigona, 2012; Duvell, 2004; Ahmad, 2008). Some of the studies spoke about the poor working conditions of working long hours and expressed a feeling of powerlessness in challenging the low pay they were receiving (Bloch, 2013; Ahmad, 2008). One study also mentioned issues where UMs were expected to stand for many hours in extreme temperatures and how they would often sustain injuries from the work they were doing.

‘Working conditions, health and safety are generally poor... stood for hours on end ... felt constantly cold due to the refrigerators, or in the kitchens of restaurants and takeaways, ... punishing heat of ovens, stoves and grills. It was not unusual for them to burn themselves while cooking, or cut themselves while chopping vegetables, ... need to go to hospital and have their wounds stitched up (Ahmad, 2008, p.309).

One of the studies shares in detail the issues of UMs living beneath the poverty line by living in confined spaces with many people in one room and eating unhealthy foods.

‘...reported as living below the U.K. poverty line’ (Poduval et al., 2015, p. 325)

‘...eat nothing but greasy, salty fast food’ (Ahmad, 2008, p.310)

‘...cramped and unsanitary’ (Ahmad, 2008, p.311)

1.6.6.3 The Struggles of Building Social Networks

A real concern of who the UMs could trust was a theme across some of the studies (Sigona, 2009; 2012; Poduval, 2015; Bloch, 2013; Ahmad, 2008; Duvell, 2004). UMs shared the challenges they faced of weighing up how much they can trust someone compared to how much risk they can take.

'two main concerns: on the one hand, the risk of being stigmatised or even reported to the police as a concrete threat; on the other, the importance of building a network of contacts and friends who can provide advice, support and help in case of need.' (Sigona, 2012, p. 54)

Their social networks were invaluable and needed for advice and support especially in times of need (Sigona, 2009). One study mentioned how important friends were when finding affordable accommodation (Poduval, 2015).

'...relied on friends or associates for accommodation.' (Poduval et al, 2015, p.325)

Participants also shared the importance of language in making relationships and having a feeling of connectedness (Sigona, 2009). However, some participants also expressed the negative impact of their undocumented status and the impact this had on their personal relationships (Sigona, 2012).

1.6.6.4 Horizontal and Downward Mobility

Five out of the six papers (Sigona, 2009; Poduval et al., 2015; Ahmad 2008; Duvell, 2004; Bloch, 2013), shared a theme of progression being horizontal and downwards. They spoke of this in terms of not having the chances that someone who is documented has in moving upwards in their life in areas such as relationships and employment. They spoke of the paradox of trying to remain hidden in society due to the fear of deportation and trying not to integrate by staying in one place; however, on the other hand, they reported experiencing the issues of having to move from one house or job to another.

‘Much of the time, changing jobs amounts to little other than a kind of horizontal (rather than upwardly mobile)’ (Ahmad, 2008, p.312).

One particular study reported that instead of moving horizontally, they felt they were moving downwards in society (Duvell, 2004).

‘...humiliating conditions, their rank in the social hierarchy and admitted to themselves that they socially moved downwards, “I am a person who graduated from university. I cannot keep hovering all my life...”’ (Duvell, 2004, p.20)

1.6.6.5 Ontological (in) Security

Ontological security is the experience of everyday actions that gives an individual purpose, routine and social practices that protect one against anxiety and fear. However, individuals who are continuously at risk and face profound uncertainty about their future experience anxiety due to the constant scanning for threat (Giddens 1990; 1991). More than half of the papers (Ahmad, 2008; Sigona, 2009; Bloch, 2013; Duvell,

2004; Poduval et al., 2015), commented on the fear of deportation and hypervigilance needed to feel safe.

'such individuals live a kind of ontological insecurity due to the constant possibility of being discovered and deported' (Ahmad, 2008, p310).

This means UMs were unsure of who they could trust at work and in their social networks meaning they are constantly living a double life where they often lie to others around them to protect their immigration status. This can lead to the avoidance of social networks, health care and continuously having to escape detection by authorities.

For some Ums, this meant relying on fake documentation and huge sums of financial payment to obtain these (Duvell, 2004).

'...respondents had bought or paid to borrow National Insurance numbers'
(Duvell, 2004, p.11)

1.6.7 Conclusion

A meta-thematic analysis has revealed an understanding of the different experiences UMs have whilst living in the UK. When synthesised together, there were five themes: barriers to healthcare, poor conditions, the struggles of building social networks, horizontal and downward mobility, and ontological insecurity. The quality of the papers was brought under the spotlight and scrutinised. This highlighted that some methodology was stronger than others such as commenting on the relationship between researcher and participants (e.g. Poduval et al., 2015). Therefore, it can be inferred that this study is more credible in comparison to the others which do not make it clear if

this process was reflected on (e.g. Whyte et al., 2015). This review, therefore, highlights the need for high quality research to understand the experiences of UMs in the UK.

1.7 Aims of the Present Study

The review of the existing literature highlights an understanding of some of the experiences of UMs to a certain extent, although it also emphasises limitations which could be addressed in the future. Research has indicated that Punjabi migrants from India appear to be one of the largest sub-groups to migrate to the UK and reside undocumented. To date, there have been no studies on this, to the researcher's knowledge, and no systematic review of the literature that attempts to gain an understanding of this specific cultural experience of being a UM in the UK. With this in mind, the researcher aims to:

- Firstly, explore the narratives of UPMs living in the UK
- Secondly, understand how UPMs make sense of their experiences with regard to their physical and mental health problems
- Lastly, understand how these experiences fit with how they make sense of their cultural identity

2. Methodology

The methodology has been designed around the research questions. This chapter discusses details of the design followed by discussion on the ontological and epistemological stance. A critical realist epistemological position and justification for the stance in relation to the literature above is outlined. This was then used to analyse the experience of living as a UPM. Following on from this, further details of the methodology used in the study are described.

2.1 Rationale for a Qualitative Methodology

The aim of qualitative research is to allow an in-depth insight into individuals' experiences as UPMs. It was decided that the study aims were to understand how participants made sense of their experiences and how they communicated this through narrative storytelling. This would enable some access to the in-depth narratives that can reveal something of the complexity of their experiences (Denzin & Lincoln, 2005).

2.2 Data Collection

A narrative interview was used by the researcher who was the interviewer for the current research. The technique of narrative derives from the Latin word *narrare* which means, to report, to tell a story. This allows communities from various social groups and subcultures to tell their stories using words and meaning which are specific to them (Jovchelovitch & Bauer, 2000). Furthermore, this approach has been found to be useful in understanding experiences where a power imbalance is likely and can be reduced through the interviewee having more control over what is being said (Holstein and Gubrium, 1995).

2.3 Design

A Narrative Analysis (NA) research methodology was used in the present study to explore the research questions. A discussion of the justifications for this decision follows. NA explores the lived experiences of individuals whilst taking into account their cultural and social context. This was achieved by focusing on the content and the structure of the stories. The term ‘dialogic-performative’ was included to analyse the data and was further developed by taking into account the sociocultural context and co-construction of the narrative (Frank, 2012; Riessman, 2008). This analysis also allowed the researcher to pay attention to the linguistic and cultural aspects the teller was trying to convey to the researcher, as individuals shape their stories according to the audience (Riessman, 1993). A key component of performance in the act of narrating is where the individual is actively doing something e.g. justifying or remembering (Riessman, 2004).

In line with the third aim of this research, NA allowed the narrative identity of individuals to be understood through the telling of their stories and how their identities have been constructed through their journeys as undocumented Punjabi migrants. As mentioned in the introduction, making sense of one’s own life and how one narrates one’s story are all inherently essential in how we construct our self-identity (McAdams, 1993; Ricoeur, 1987).

This analysis allowed the researcher to gain some understanding of the influence the status of being undocumented has on the cultural identity of individuals. This methodology also allowed the stories of these individuals to be preserved and provided a voice to this marginalised group by weaving together threads of events in their lives

(Murray, 2007). When individuals tell their stories, the process of storying provides order and clarity to the many experiences one has encountered. To share the multiple voices which were shared via the individual narratives the study was also informed by dialogical narrative analysis (Frank, 2012). Furthermore, this process of analysis allowed the researcher to gain insight into how the narrative works to give voice to some individuals and disempower others (Langellier & Peterson, 2004).

2.4 Ontological and Epistemological Position

There are many different ontological and epistemological positions within qualitative research (Willig, 2012) which have an impact on the researcher's approach to the study and how they reflect on processes such as power and culture. However, it should be acknowledged that the complex nature of knowledge and qualitative methodology often results in changes in the researcher's position (Willig & Stainton-Rogers, 2008).

Ontology can be defined as the study of being and is interested in focusing on is the nature of reality (Crotty, 1998). For this study, the researcher took the ontological position that there is a world that exists independent of an individual's perception. However, in addition, she subscribes to the idea that how one makes sense of 'reality' is influenced by one's own perspective.

Following on from this ontological position is the epistemological question of how one can go about knowing reality. The researcher felt a critical realist stance would be most suitable as it positions itself somewhere between a reality which exists which can be directly observed, against a social reality which is based on values and dependent on individual interpretation (Harper, 2012). This stance claims that an

objective reality does exist but contact with this reality is not possible (Willig, 2008). Instead, the knowledge is constructed through each individual's subjective interpretations about the world and any interpretations made are often influenced by a person's own beliefs, expectations and the cultural context they live in (Finlay, 2006).

This ontological and epistemological position felt appropriate for the current study as it is based on the idea that an individual's 'reality' does exist and what happens to them is 'real' and has a 'real' effect on the physical body. It is acknowledged, however, that this is also influenced by subjective experiences and specific to the context the individual is in.

Within a critical realist framework and through the use of a narrative approach, UPMs' relationship to distress with regard to how they talk about it and how they make sense of it can be explored. This epistemological stance allowed the researcher to be aware of their own social and cultural context and the way they perceive UPMs during the dynamic research process of co-constructing a shared reality. This allowed the researcher to not take the 'expert' position, which is often assumed as residing with the person who holds the most professional knowledge and allowed for flexibility and transparency with regard to the researcher's personal biases.

The epistemological position gave a space for generating rich data through dialogue to enhance understanding of the UPMs' stories instead of merely gathering facts. The researcher took the opinion that the narratives of UPMs, with regard to how the participants made sense of their experiences, would uncover their subjective 'truth'.

2.5 Qualitative Framework

The rationale for using the qualitative framework of NA, as opposed to the other possible methods of analysis, is discussed below.

A critical realist approach was taken for the present study due to the view that the knowledge of the participants of UPMs will be bound to their historical, cultural experiences in addition to language and context. Other qualitative methodologies were considered which were in line with the epistemological stance of the researcher such as Interpretive Phenomenological Analysis (IPA) and Discourse Analysis (DA), amongst a few others.

IPA was considered in the present study as it also focuses on the narratives people share and aims to understand and interpret by taking an interest in the language used as well (Crossley, 2007). This approach attempts to focus on the inner world and aims to get close to the subjective experience of the individual through its methodology (Smith, Flowers & Larking, 2009). However, a narrative approach allows the exploration of how participants makes sense of the world they live in (Frost, Nolas, Brooks-Gordon, Esin, Holt, Mehdizadeh, & Shinebourne, 2010). Therefore, this approach allowed participants to share their experiences of the journeys they took, thus being closer to the aims of the research questions.

Discourse analysis was also considered; however, as the approach placed most emphasis on language or mechanisms of power and less on the experience of 'self' (Augoustinos & Walker, 1995) the researcher decided NA would be more beneficial as it considers both, as well as maintaining the participants' experiences (Crossley, 2007).

NA was the preferred method over others such as Grounded Theory and Thematic Analysis. These latter approaches often break the data into pieces which is not what NA aims to do. In NA, the flow of the data and context remains intact and preserved (Reismann, 1993) which was key for the current research. In the present research, the stories that the marginalised individual shared, if fragmented, would only bring to the surface commonalities and contrasting themes of managing with distress and lose the nuance of the thread which keeps together the depth of the narrative and the richness in the telling. Therefore, NA was deemed most appropriate for the current research.

2.6 Research Participants

Following ethical approval from the University of Essex, the researcher visited a charity organisation and a Sikh temple and handed out leaflets to advertise the present study. Participants who had an interest in the study were encouraged to contact the researcher for further information. Following this, a convenient location was arranged, and the interviews were carried out.

Eight male individuals, who had undocumented status at the time of the research or had been undocumented previously for more than six months, participated in the research. All were Punjabi and originated from the Punjab region in India; they were aged 35–47 years old. All of the participants had been in the UK for at least six months and attended either the charity or a Sikh temple which allowed transferability to the findings to be specific to this population group. The researcher interviewed in either English or the native Punjabi language of the participants depending on what language they felt most comfortable communicating in. An interpreter was not required for this study

which was useful, because that made it less likely for the nuances to be missed in interpretation, thus, hopefully, increasing the validity of the conclusions made. The researcher adopted a stance of openness to the narratives shared and was willing to be affected by these stories and shaped by the related experiences too, also known as ‘radical empathy’ (Ratcliffe, 2012).

2.7 Inclusion / Exclusion Criteria

The focus of the present study was not on seeing if the participants had mental health problems or diagnoses but on seeing how they narrated their stories and made sense of their experiences and their relationships to distress whilst living as undocumented Punjabi migrants. The following inclusion and exclusion criteria were considered when recruiting for participants.

- All the participants were over the age of 18 and had an experience of being an undocumented migrant in the UK for at least six months. Adler (1975) found that the months prior to six months were known as the ‘contact’ phase which was usually when migrants are optimistic and eager to learn about the new possibilities in the host country. Therefore, the presentation of their experiences was likely to differ to those who had been living longer as UMs.
- All the participants were from the Punjabi community.
- Participants seeking asylum or refugee status were excluded since previous research has indicated that the presentation and experiences of this group in society may differ from those who have had experience of or are, at present, undocumented.

2.8 Terminology

Previous research and discussions with members from the Punjabi community informed the researcher of the need to be aware of the terminology used in the interview. In Punjabi culture, mental health difficulties are often somatised (Schouler-Ocak, Reiske, Rapp & Heinz, 2008) and therefore, when describing distress, individuals from Punjabi culture often use physical descriptions such as ‘tension in the brain’ or ‘sinking heart’ (Krause, 1989) which were adopted in the interview to illustrate what was being said. However, as mentioned before somatising distress is a Western concept as the description of distress may be due to the lack of language to label the emotional state leaving some cultures to use somatic descriptions to verbalise the distress experienced (Lipowski, 1988; Kleinman, 1978).

Furthermore, the researcher decided to avoid the term ‘interview’ as this is often perceived by those from the Punjabi community as being a structured interview as understood in the context of Western culture. It was preferred to refer to ‘story of your experiences’ as this invited more open-ended answers similar to questions from a semi-structured interview as opposed to closed answers without much detail.

2.9 Language and Translation

When interpreters are used to assist in translating data from one language to another, they choose from a range of words to reconstruct meaning which then becomes part of the context of data production. Therefore, when the researcher reaches the data analysis stage, the data and meaning have also been reconstructed through the process of initial translation (Venuti, 1998). The researcher being multi-lingual was able to translate the

data from the Punjabi language into English. This was helpful as the researcher was able to be close to the subjective experiences of the participants without having to rely on an interpreter. Polkinghorne (2005) found that merely translating from one language to another in any piece of qualitative research loses the richness in the meaning which in most languages is embedded within the narrative and the use of metaphors. As language is a social construction, the perception of the world can often be perceived differently using different languages (Chapman, 2006). Therefore, the risk of the meaning being lost is higher if using an interpreter. Therefore, this was reduced as the researcher interpreted the data, which allowed the viewpoint and reality shared by these individuals to be better understood and translated into English.

As the process of qualitative research relies on interpretation, even when the research is conducted without a translation needed, the mere process of another person interpreting brings about the risk of nuances being missed. Therefore, it was very important to consider the recommendations made from previous research which highlighted that to minimise this risk from occurring, it was important to stay in the original language for as long as possible. Other suggestions included avoiding the use of one-word translations and instead allowing the use of fluid descriptions to allow interpretations to stay as close as possible to the meaning being conveyed by the participant (Van Nes, Abma, Jonsson, & Deeg, 2010).

2.10 Procedure

The study was advertised using leaflets (appendix 4) in the local charity organisation and the local Sikh temples as they have attendees from the Punjabi community who are or have been undocumented. The research had to be thought out in a careful manner which was clear and accessible. The leaflets, consent form (appendix 5) and information sheets (appendix 6) were provided in both English and Punjabi.

Participants who met the criteria who had an experience of being undocumented in the UK for at least six months were invited to participate in the study. Those interested were encouraged to contact the researcher by telephone or to ask the centre staff to inform me to contact them instead, at which point more information was provided to the potential participant. If they were interested, a time and place of where the interview would be carried out was arranged. At this point, a consent form and an information sheet were provided which outlined the details of the study including the aims and the procedure.

Face-to-face in-depth interviews which were guided by a topic guide (appendix 7) were carried out for 45-60 minutes between the author of the present study and each participant. The interview was carried out in the organisation itself for safety reasons but also as it was a comfortable and quiet environment where the participant could speak freely about their experiences. The participants were briefed about the study and then reminded that they were free to withdraw at any point and this would not affect them in any way. They were also reminded of the anonymity and confidentiality before being invited to ask questions for clarification about anything they were unsure about.

Following the completion of all the interviews, each individual was given an optional £10 in cash as a token of appreciation for taking part in the research.

All of the participants who took part in the study were asked if they wanted a copy of the findings once completed, and if they were happy for me to speak to them over the telephone to verbally translate the findings into the Punjabi language.

The data were transcribed from Punjabi to phonetic English alongside conducting the interviews. These data were then analysed and presented as part of the study. The coding followed the following structure; participants pseudonym, page number, bullet point number & number of lines.

2.11 Ethical Considerations

The participants in the present study can be considered to be ‘doubly vulnerable’ as they are migrants but also undocumented. This is a term used to describe individuals who have more than one factor that lessens their autonomy (Moore & Miller, 1999). Research indicates that undocumented status makes someone ‘doubly vulnerable’ because of their status as well as their risk of exploitation e.g. sexual exploitation (e.g. Datta, 2005). Therefore, it is crucial the ethical considerations are noted (Moore & Miller, 1999). One of the issues which had to be considered by the researcher was whether the research questions could only be answered by the undocumented migrants themselves. It became apparent that even though viewpoints of others such as faith leaders or charity organisers could have been considered, the first-hand experience of the phenomena under research would not have been captured in the same light. It was important that instead of others speaking on behalf of these individuals, they spoke for

themselves and their voices were not silenced even further. Therefore, the researcher felt that the subjective accounts could only be derived from the participants themselves. As Polit and Hungler (1995) suggest, the benefits of the clinical implications need to outweigh any potential risks to justify the research. The researcher believed that avoiding the difficulties this group in society experiences only further marginalises them. Therefore, approaching this subject and bringing these experiences to the surface would enable them to be recognised by the wider community.

Gaining access to this participant group was one of the difficulties initially encountered. Gatekeepers of the organisations when approached became vigilant as to what the researcher was doing and her real intentions. Building a rapport with the organisations was therefore crucial and important as well as clearly stating the aims of the research. The researcher had to make sure that the organisations were aware of the steps that were taken to anonymise all participant data, so they too were comfortable with the research being carried out. As the patients were 'doubly vulnerable', recruiting through the usual means such as through the use of posters proved challenging and, in most cases, unsuccessful (Moore & Miller, 1999). It appeared that using more creative methods such as handing out leaflets and when possible talking to those given leaflets about the topic made it easier to recruit.

UMs actively try and keep themselves invisible in society and furthermore have not had much choice but to keep their experiences, whether positive or negative, hidden. Their situations often mean that they are vulnerable to exploitation from most of society that they become part of. Many of these migrants have had experiences of forced labour and many other horrific encounters. Therefore, it was extremely important to allow

participants to take ownership of their narratives by allowing them to feel comfortable in the surroundings they preferred to be interviewed in. For example, participants were offered a choice of rooms, although at the same time, keeping this within limits of the researcher's own safety. It was also important to note that due to their vulnerability, previous research had found that participants can often feel that if they participate the researcher will be able to provide them with assistance in some form (Pittaway, Bartolomei, Hugman, 2010). It was, therefore, important that the researcher stressed the point that by participating in the research this would not in any way help their status or situation. The researcher was honest and transparent about the outcomes and benefits of the research to ensure not to cloud their understanding of what this process meant for them.

The exploitation, as mentioned above, means a power imbalance between research professionals and these marginalised individuals. Therefore, it was important for the participants to be invited to take ownership of what was written by checking the interpretations made if possible. The researcher also made use of a reflective account to ensure transparency and a place where their own assumptions and beliefs were made known to achieve methodological rigour (appendix 8).

UMs' experiences often lead them to feel a sense of mistrust in others and, therefore, informing them regularly of the confidentiality and anonymity of this study was important. Participants were encouraged to choose their own pseudonyms which were used in the final write up. Participants were reminded that if, at any point, they wanted to withdraw, they should report their pseudonym to help the researcher identify which transcript belonged to them.

Participants were reassured that all the information would be anonymised and at the end of the interview, this was reiterated so the participant had the chance to ask for the research to remove any information they wanted to from the interview so it would not be transcribed. Time was taken towards the end of the interview for the participant to reflect on what was shared as an opportunity for debriefing and the space to bring the potentially emotional and difficult journey shared to an end. This was helpful for the participants, enabling them to transition into the normality of their everyday life at the end of the interview.

Nevertheless, it was recognised that there was a potential risk of individuals becoming distressed or requiring support due to the nature of the questions bringing to the surface some difficult memories. Therefore, participants were provided with details of services which would be open to seeing them depending on the support they required. For example, if in the unlikely event they required emergency support, then they would be advised to contact the emergency services with the support of the organisation or the researcher. However, it may be more likely that participants would access appropriate health or legal support services such as The Healthy Living Project, Doctors of the World or RAMFEL. The researcher was able to use their clinical judgment to ensure that the participants had capacity throughout the research and if at any point, it was deemed that the participant no longer did, the interview would terminate immediately.

One of the other ethical challenges that arose was whether the findings of the research heighten the prejudices that exist against undocumented migrants. Previous researchers have been faced with the ethical dilemmas of reporting certain findings due to the fear

of the potential consequences. However, after much debate, it was found that it would be just as unethical not to disclose the findings as to disclose them (Achkar & Macklin, 2009). It was, therefore, important for the researcher to keep this in mind when reporting the findings in order to empower these vulnerable migrants and not confirm the stereotypes and potentially make their situation worse (Hilsen, 2006).

Ethical approval was gained from the University of Essex Ethics Committee. All the participating organisations were provided with a copy of the approval letter and this was sufficient for them to allow the researcher to carry out the interviews.

Participants who were undocumented at present may have felt more vulnerable about participating in comparison to those who had a history of being undocumented. The researcher made contact with a sociologist, Dr Nando Sigona at The University of Oxford Centre of Migration, Policy and Society (COMPAS), to better understand the ethical issues which needed to be taken into consideration. The researcher was informed that there was no obligation to report the participants to any authority organisation (Bloch, Sigona, & Zetter, 2009). Similar research with undocumented migrants has been previously carried out (Poduval, Howard, Jones, Murwill, McKee and Legido-Quigley 2015) and the ethical guidelines around this subject have been reported (McLaughlin, & Alfaro-Velcamp, 2015).

All the data from the study were stored on a password protected computer and deleted after completion of the thesis. Any forms and documentation with identifiable information were also stored in a locked filing cabinet.

2.12 Reflexivity

Reflexivity of the researcher is required to ensure the reader can clearly see how the research outcomes have been constructed and where these choices potentially stemmed from during the study (Mruck & Breuer, 2003). This process of reflection ensures that the analysis in the current research is validated (Riessman, 1993). The conscious attempt to allow the researcher to acknowledge their values and assumptions allows transparency and any biases to be identified (Ortlipp, 2008). Research indicates that the participants' narratives are co-constructed, and it is during the dynamic interplay between what is said by the participant and how it is interpreted by the researcher that biases may be created. Therefore, reflective practice by the researcher as a tool in the current research project was imperative to make sense of the narratives.

People's experiences are built on their language, societal interaction and cultural influences. Therefore, it is paramount that the researcher considers their own and the participants' experiences based on these factors (Yardley, 2000). A reflective journal was kept throughout the research process, which is regular practice in qualitative research (Etherington, 2004). The researcher aims to make interpretations as mentioned above; however, different perspectives do exist during the research process regardless of the reflective account. The researcher, therefore, does not try to reduce and control for the bias that exists but instead opens the researcher's position to scrutiny by making these values and assumptions visible to the reader. Denzin (1994) described this as 'the interpretive crises' and the idea that researchers bring to the research their history has also been termed 'baggage' even prior to starting the study.

My personal position is that I am a Clinical Psychologist in training, and I have had exposure to many critical approaches to understanding an individual's difficulties. My role in the current climate in healthcare has highlighted the emphasis on treatment outcomes as a means of monitoring success. These unreasonable demands placed on organisations have often been put in place by those in powerful positions in society. The dominant discourse around outcomes as a hallmark of treatment success often pushes marginalised groups to the extreme corners of society. Due to these experiences, I may be more attuned to certain responses and potentially miss the opportunity to follow up potential narratives due to my own preconceptions, which thus impact on the conclusions made.

Being a Punjabi Sikh, I am a member of the same community and therefore I feel close to the experiences the participants described, to some degree. However, being a British Punjabi I am aware that my nationality may impact on how the participants viewed me. It is possible that the participants felt that I could not truly understand their experiences as they may perceive me as belonging to the dominant culture.

Furthermore, coming from a Sikh family one of the important acts one must try to engage in is acts of selfless service ("*seva*"). This choice of research most likely stemmed from a place of giving something back to my community. One of my first encounters of UMs was during my previous role as a Police Constable. This is what initially drew my attention to this marginalised group and brought me to tears knowing some of those who were homeless would have to use the address of public toilets to be located.

My parents migrated from India during the 1960s and throughout their journey, they have been part of a marginalised group in society. Being a second-generation Punjabi may mean that the struggle identifying myself as part of a minority culture in society or the dominant culture exists. I feel the positives of being part of two cultures which makes we feel fortunate in some respects as I feel I can take advantage of the two cultures I am part of. This is something I tried to stay consciously aware of during the research process, particularly which facet of my own identity was having an influence at different times. The current dominant discourses about immigration have put UMs under the spotlight in the media. Coming from the Punjabi community and following Sikhism as my faith, this has had its own influence on me as part of my history before carrying out this project. Many Punjabis, throughout the history of Sikhism, have continuously fought for justice, equality and rights. Following these values from a young age may have meant my values are voiced through my topic choice, in terms of providing a voice for this invisible community and using my clinical research to capture their distress and how this disadvantaged group manages.

The reflective journal contained my feelings and thoughts throughout. When meeting with research staff, gatekeepers of the organisations and the participants themselves, my views related to the interpretations and conclusions made. Researcher bias would inevitably exist; therefore, I made sure all my reactions and impressions were recorded to ensure I could be openly scrutinised by the reader and be open to making my conscious processes as transparent as possible.

2.13 Data Analysis

There are many different ways of carrying out NA and the broad guidance on the methodology means researchers often adopt and take elements from the approach and implement this according to their research questions. Each method carries its different strengths and weaknesses; however, the current researcher chose to use NA based on the research questions and the epistemological stance of the current study.

NA varies from using a standard thematic approach (McAdams, 1993) through to taking a more structural, linguistic framework (e.g. Labov, 1997, cited in Atkinson & Delamont, 2006a) to an even more narratology-focused study (e.g. Barry, 2002, cited in Atkinson & Delamont, 2006b; Hiles and Cermak, 2008). The present researcher chose to begin with a phenomenological reading of the interview transcripts, then moved to using a contextually constructionist reading focusing on the thematic to performative aspects of the narrative. The analytic steps suggested by Crossley (2000) were used as a way of analysing the content and thematic structure of the narratives. The steps included:

1. Transcribing the data verbatim
2. Reading and familiarising
3. Assessing the 'narrative tone' by focusing on the content and structure
4. Assessing the dominant themes (identities, cultural and personal origins)
5. Bringing together a coherent story
6. Then, writing the report

The NA guide in health psychology (Wong & Breheny, 2018) is based on the ideas of Murray (2000) and was used to assess the ‘narrative tone’ with regard to the content and structure of the present study. Murray (2000) suggests focusing on different levels of a narrative simultaneously. The four levels of analysis include: personal, interpersonal, positional and ideological. The personal level refers to the participants’ evaluation of their social environment and their behaviour within this. The interpersonal level incorporates understanding the interpersonal processes which occur between the participant and the researcher within a specific situation. Lastly, the positional level attends to the social characteristics and the social position of both the participant and the researcher prior to their interaction. All the levels stem from the ideological narrative where interpersonal interactions occur. This level was further developed by being informed by dialogical performative analysis. This type of analysis aims to look at stories as being representations of people’s lives. Therefore, a single narrative which is shared is not the story of one person but instead holds multiple voices which are heard through one voice. This study attempted to bring these diffuse voices together and into contact with each other (Frank, 2012).

Being a woman from a Punjabi Sikh background and also being a researcher sometimes brought about competing positions. Although literature on Punjabi Sikh woman suggests equality between men and women (Dhanjal, 1976), there were times when the gender differences meant the researcher changed the dynamics and shaped what the participant would say. It is possible that these differences may have silenced some narratives such as stories around intimacy however equally encouraged others such as portraying themselves as ‘worthy’.

The analysis was evaluated against a four-part criterion offered by Lieblich and colleagues (1998, p.173).

1. *Width: focuses on how comprehensive the evidence is*
2. *Coherence: how the different parts create a complete and meaningful picture*
3. *Insightfulness: the sense of originality in the presentation of the story and how it has been analysed.*
4. *Parsimony: the ability to provide an analysis based on the small number of concepts, elegance or aesthetic appeal.*

3. Results

The narrative analysis allowed the unique stories of the participants to be shared and heard without reducing and fragmenting the experiences from the context, unlike other qualitative approaches such as thematic analysis (Lyons & Coyle, 2007). Therefore, a summary of the individual stories was preserved in order to give voice, coherence and context to the narratives however also weaves in the voices of others in the narrative. The levels of analysis included the interpersonal, positional and the overall societal/wider context were also weaved within.

3.1 The Individual Narratives

3.1.1 Amrit - Age 35

Amrit is from a wealthy home in Punjab who left school after college and became a car mechanic. At this early point in his narrative, I felt it was important for Amrit to share that he was from a wealthy household as he possibly wanted to be seen as worthy by the researcher.

He then decided to go abroad and applied for a visa which was initially refused. Other men from his village had gone abroad and he too wanted to go so he grew a beard and applied for a special visitor's visa which is for religious workers; he then came to the UK. He initially had a visa for a short period of time which he extended. Around this time, he was about to get his indefinite leave to remain in the UK; however, the authorities found out that the agent who supported him to the UK was a fraud. The agent was incarcerated and his indefinite leave to remain was refused. This highlights the voice of the agents and how people in Punjab have been trying to take advantage of those individuals used this as a business opportunity to exploit those trying to leave the country for better opportunities. He is, therefore, now overstaying but will try to fight to gain a visa to stay. Around this time, he also decided to cut his beard.

“God forgive me, I kept a beard, then I came here by air.” (Amrit, page 1, number 5, line 1-2)

Amrit lost thousands of pounds because of this. He asked the local Gurudwara⁵ to support him, but they refused to support his application. He feels his whole life has been ruined because of this agent. This is the voice in Amrit's narrative of members of the Gurudwara may find it difficult to help as they fear what the community and how other systems may make sense of this if they did.

Amrit is married in India and has a young daughter. However, due to the length of time he has been away, his wife wants to divorce him. This part of the narrative shares the

⁵ See glossary for definition (appendix ...)

voice of his spouse. This particular partner no longer wants to maintain her relationship and as she has a child, she may have concerns about how she will raise her daughter alone or even wonder if she will be able to have another relationship. He worries about his parents' health as his dad has had two heart attacks and his mum has physical health problems. This is the voice of the parents who are left to look after themselves as their children often migrate or are married. Amrit says it is because of all these worries that he drinks alcohol and has stopped working. He said he was very good at his job here in the UK as a builder and only goes when his mood improves. He has lost many relatives including his uncle, cousin and sister but he could not go to Punjab. He wishes he had never come to the UK without proper documentation. He believes he is no good to anyone here or in Punjab and is not sure where he belongs. He believes if he returns to Punjab now without any money, people will question why he has not earned more money. His brothers ask him for money, but he says he is struggling to find work especially in the winter. When he is offered work, he does not feel like going. This part of the narrative shares the voices of members of the community who are left in Punjab. They are often expecting and reliant on the money sent from those who have migrated.

Amrit described the difficulties in sustaining a long-distance relationship and stressed the importance of intimacy. He had an affair with a married woman who also wanted to divorce her partner. He reported that they are quite argumentative and therefore he avoids seeing her, so he does not end up in trouble with the police. Amrit was undergoing various tests for a neurological problem, which made him very anxious. He was only seen by the doctors as he collapsed at work and was seen by the emergency services. He also recognises he is alcohol dependant and was advised by the doctor to reduce his alcohol consumption. This part of the narrative merges the voices of

healthcare professionals who may struggle to support individuals who do not have documentation due to the guidelines and provisions about supporting individuals with no formal status. He spoke of medication and that some medicines, such as paracetamol he has taken, does not have as much of an impact and that he has to order some medicines from India. Amrit also spoke about being tested for AIDS as he was having a sexual relationship with his girlfriend in the UK. He was tested for AIDS as he had some knowledge of sexually transmitted diseases through witnessing the effects of the disease on someone he knew from India. He was supported to do this by the local charity.

“...I tested myself for AIDS because I lived with a woman for around two years and it’s possible she was sleeping with someone else without a condom, but they said I didn’t have it.” (Amrit, page 10, number 217, lines 2-4)

When Amrit shared his experiences of having an intimate relationship he was hesitant and worried if it was socially appropriate to give further details to me. He may have felt it was inappropriate as I was a Punjabi female from the same religious background as him.

Amrit spoke highly of the health service and said the police also only interfere if they have reason to believe you have broken the law. Similarly, to the voices of healthcare professionals, police officials may also struggle with the policies surrounding individuals who are undocumented.

“The police here (UK) is better than India” (Amrit, page 6, number 152, line 1).

He felt the police in the UK were better than in India as they often use bribery and take advantage of society.

“In India first you’re having problems and instead of helping they will take bribes” (Amrit, page 6, number 154, line 1).

He also spoke about the freedom of citizens to vote in the UK and how this compared to how people vote in India. He said there is a lot of corruption within the government organisations in India and how the people of India are often deceived. This shared the voices of the individuals in Punjab who struggle with the corruption in the country and the lack of power they have to initiate change.

“...the system in India isn’t good, the government. Here (UK) look you can vote electronically, they don’t come to your house... there you vote, drink alcohol, fight, argue and the leader wins...” (Amrit, page 6, number 159, line 1).

Although, he spoke of noticing how others could see they were different just by looking at them.

“It’s like if you are undocumented here you can tell that someone has come from abroad. The police from here can just tell by just looking at us walking past that you are a freshie” (Amrit, page 10, number 252-3, lines 1).

“Indian, Asian people walk differently. I mean if you were walking, I am a hundred percent sure they won’t stop you. Here Indians dress sense is different”

(Amrit, page 10, number 257, lines 1-2).

“I have a silver Sikh bangle and a Sikh symbol on me.” (Amrit, page 10, number 259, line 259)

“The people here wear different trousers up to here and they look different.”
(Amrit, page 10, number 261, line 1)

In the future, Amrit hopes he can reunite with his wife and re-establish their relationship, otherwise he will save some money to buy a property and marry someone else.

3.1.2 Bhupinder - Age 41

Bhupinder travelled to the UK using an agent in Punjab. He was guided through a few countries, where he and other migrants had to pass through a few jungles where it was cold and raining. The situation was so terrible it would make him tearful. He had to travel for around twelve hours in the back of a lorry. When they were made to walk, there would be an agent in front and behind. Those who slowed down were hit by the agents and those who could no longer walk were killed. Bhupinder saw human remains during the walk through the jungle. This portrayed the voices of those who died, these were stories of others who also passed through the same paths however never made it. Although they never made it their bodies which lay still echo powerful stories to those

who pass by. Bhupinder and the others stopped for a short while in a ditch to hide; they were made to defecate here and were only provided with a very small amount to eat. After ten days, they continued their journey and were caught and questioned by the police. The agents managed to release them, and they continued their journey through a few more countries using various means of transport. The level of detail provided may have been important for Bhupinder to share the extremely traumatic journey he had experienced. Furthermore, this was likely shared as a way for me as the researcher to hear that this was not an easy decision to migrate and one that puts lives at risk. Once Bhupinder reached the UK, he got a taxi to where he had been told to go and went to the Gurudwara; here he had a proper meal. Bhupinder said not everyone made it as some of the people he knew died in transit through ill health as it was very cold, or they were killed by the agents. There were times they would have to pass through fast flowing rivers which he struggled with as he did not know how to swim. Bhupinder jumped into one of the rivers and had to be saved by one of the others travelling. They used planks of wood to support him over the river. He prayed for no one else ever to experience what he had. He hoped others would spend more but come to the UK using legal routes.

Bhupinder came to the UK for a better future as he believed there were no job prospects in Punjab, as he did not profit from the farming industry.

“There is no work there (Punjab). We did farm but would never make anything; there are no profits. To make my life worthwhile, so I got an agent.” (Bhupinder, page 2, number 63, lines 1-2).

He left Punjab in 1984, around the time of the Sikh massacre in India. Bhupinder described the huge riots in Delhi when the government wanted to kill all Sikhs. The Sikhs went through a very rough time as the government and people of India were against Sikhs after the assassination of Indira Gandhi (Third Prime Minister of India) by her Sikh bodyguards. Bhupinder's reasons for leaving the UK were embedded in the stories of thousands of Sikhs who were trying to save themselves from the government. Bhupinder felt that if he left Punjab, he would not have to experience the continual fear of being tortured. The police and terrorists would come around his house and demand food and drink. They would have to provide this out of fear as they had various weapons to hurt them with if they did not. He was deported to the previous country about ten times but believed he finally made it to the UK with the Guru's grace.

Bhupinder shared his friend's experience of being arrested by the police and placed in a detention centre. He spoke about the basic food they received and the lack of adequate heating despite them complaining on several occasions. He said the guards would beat those who complained. He said everyone who is there is under a lot of pressure. Staying there puts pressure on the mind as the walls are very thick and you cannot see the outside world, cities or villages. He said you are placed in the middle of the sea and cannot see anything other than water around you. The situation was so poor, his friend requested to be deported and gave all his details. He described the authoritative figures in the prison as uncaring and if you needed prescribed medication, they would give you an appointment after a week. Bhupinder's story had the voices of those behind bars. He shared how these UMs who were caught had very little rights and no one really knows what happens to them. They are often overpowered by those in authority and stripped of basic human rights. I also wondered the reasons behind Bhupinder sharing

this experience and whether he felt safe to do so as I was from the same community as him. He may also have believed I could help make changes on a wider systemic level as I was British and held a professional status.

Bhupinder described how he and his friends support each other to know who is or is not a reliable employer. This part of Bhupinder's narrative highlights the inner network which the UMs provide for each other as a means of support for one another. He described how the whole reason he is here is to earn money and if he cannot do this then what is the point of being here. The money is to support his children to have a better life in the future and build a home in Punjab. He described not being able to attend his daughter's wedding and having watched this over a video call on the internet. Watching this made him extremely happy but also upset and sad that he had to miss his daughter's wedding. The last time he saw his daughter was when she was not even a teenager, but he managed to support her education by being in the UK. He even had to manage the arranged marriage over the telephone and speak to his son-in-law's parents over the phone regarding the proposal. He said his son was also due to get married and will join his wife in another European country. Bhupinder has been funding his future daughter-in-law's student loan so she can study and then sponsor his son to go to the country she lives in. He said he felt sad knowing he would not be able to attend his son's wedding but that he is hoping to watch this on a video call. This part of Bhupinder's story shares the voices of the children of the UMs who live in Punjab. They are often relying on income from the men in their family who migrated to send money to support them in their lives. Bhupinder also may have shared this experience as a way of showing the sacrifices he has made and that he is a worthy being.

Bhupinder did try to maintain who he was by keeping his uncut hair and turban.

“Our Sardari is alive here as well and will remain.” (Bhupinder, page 5, number 177, line 1).

“Like I was born in a Sikh household, so I have been blessed by the Gurus. I will remain a Sikh.” (Bhupinder, page 5, number 179, line 1)

3.1.3 Gurpreet - Age 40

Gurpreet felt he had to come to the UK, to earn money and for the future of his children in Punjab. This part of Gurpreet’s narrative has the voices of his children who rely on their father for financial support for a better future. He spoke about wanting to return to Punjab in six months as he felt he has worked as much as he can. Everyone from Punjab is doing well and he has accomplished what he wanted to earn. Others he knows just spend their money on drinking alcohol and sleep for many hours. Here Gurpreet’s narrative draws on the stories of other UMs who spend their money on alcohol and are not fulfilling what they may have hoped to achieve. It is possible that Gurpreet did not want me as the researcher to see him as hardworking and having a justified reason to live in the UK. He has built a grand home in Punjab and wants to earn as he does not want to die here in the UK. He has a good wife in Punjab who looks after his money and she has married the children into good homes. This part of Gurpreet’s story weaves through the voice of his wife who is waiting for her husband to return. As she waits she tries to make good use of her husband’s money and raised the children the best she can.

“I hope I don’t die here. I want to go back to my family, I’ve been here for many years; it’s been fifteen, sixteen years. I’ve earned a lot here; now I want to go back to my kids” (Gurpreet, page 1, number 9, lines 1-3).

He told his parents when he was young that he wanted to go abroad and self-funded his journey. This part of Gurpreet’s story gives the voice of the father who tries his best to fulfil the dreams of his son and does what he can to fund his journey to the UK. He went to a different country first where there was no work and then came to the UK in the back of a lorry. He described having no problems with the authorities and he has a good relationship with his friends. He always gives them money when they ask but he has never asked for money from anyone. This part of Gurpreet’s story has the voices of his friends who help each other in times of need. This may have also been a way of Gurpreet showing me that he is a good man and thinks of others. However, currently, Gurpreet wants to return to Punjab but, as he has no documentation, it is proving difficult to return. He described the difficult process he is going through and said the Gurudwara also support UMPs by offering a small amount of money to help people return. This part of Gurpreet’s story shares the voices of members of the Gurudwara who are trying to support the local UMs where possible.

Gurpreet described how he has always stood on his own two feet and has always been self-reliant but feels his future is in the Guru’s hands. If he has been unwell in the past, he has recovered quickly and has never needed a doctor. He said no one feeds anyone here; even the Sikh temple will tell you to go if you are unkempt and not showered. This part of Gurpreet’s story entails the voices of those members of the Gurudwara

who may see those who are under the influence of alcohol or have poor personal care as being disrespectful to the Gurus and turn them away.

“No one gives food to anyone here. No one asks you after work. If you go to the Sikh temple if you haven’t showered, they will tell you to leave. They also have a problem...” (Gurpreet, page 2, number 26, lines 1-2)

Some people go there to eat and take food away for later. He feels grateful that the Gurus has given him a lot and he spoke about the charity night shelter over the winter months. However, this part of Gurpreet’s story gives voice to those members in the community who try to take into the consideration the needs of those who are marginalised in society. Gurpreet also may have felt free to share his religious experiences as I was also shared the same religious background.

The first time Gurpreet realised he wanted to come to the UK was when he saw people coming from abroad and building big houses in Punjab. This part of Gurpreet’s narrative draws on the voices of the first-generation migrants who returned from the UK and invested their financial gains into building larger houses to mark their success. That is when he got a tourist visa for a different country and as there were no jobs there, he came to the UK instead. He said no one supports anyone here in the UK and even relatives who live here want nothing to do with you. This part of Gurpreet’s story highlights the voices of family who have documented status in the UK and do not want to support their undocumented family members. Two of his homeless friends died because of drinking excessive amounts of alcohol. He described the people here in the UK being good to them and blamed some of the other UMs for causing problems for

themselves by drinking excessively. This part of Gurpreet's story draws on other UMs who also came on a similar journey but turned to alcohol and as a result eventually passed away. He also may have spoken positively about individuals from the host country as he was aware, I too was from the UK. He described being able to get clothes, shower and shelter from the homeless charity in the area. His motto in life is to earn money and go back to India. Gurpreet described how some people wanted to stay here legally but he just wants to return to India. He believes those living on the road have no life and they use their money on alcohol, whereas he is happy to work seven days a week. If he does not have work, he goes to the Sikh temple or the library to read a book.

“Around two-two thirty, I go to the library to read a book if I don't have work.”

(Gurpreet, page 2, number 45, lines 2-3).

He described some not going to work for around eight years but used a metaphor of all five fingers not being the same and explained how everyone thinks differently.

As before, he may have found it useful to provide this metaphor as a way of helping me see individuals and their needs different as oppose to pooling UMs as the same.

Everyone has treated him well whilst he has been in the UK and he is very grateful to be here; however, he feels he is in a country where he is an outsider as he has no relations here. He believes he has learnt many transferable skills that he will be able to use in Punjab.

“I have learnt a lot about business here, which I wouldn't have got if I was over there (in India). I can take these ideas and implement them over there.” (Gurpreet,

page 3, number 78, line 1)

Gurpreet described how his thinking has changed with regards to his role as a husband and how he will make changes when he returns to Punjab.

“Everything has changed by coming here. When I go to Punjab, I will make tea; I won’t just ask my wife to do it and then get her to wash the dishes. I will wash them as well. That’s what happens here; no one washes anything for anyone.”

(Gurpreet, page 4, number 86, lines 1-2)

3.1.4 Harjeet - Age 35

Harjeet came to the UK illegally and married a British Indian woman. Harjeet, his wife and his children went to India to reapply for their visa after it was refused in the UK. Harjeet’s narrative shares the voices of his wife and his children who were hoping he would get a visa so they could continue to have a life inside the UK. The UK Embassy in India questioned his wife and children and later issued a visa to him. Before they left for the UK, they went to Harjeet’s village in Punjab, where his mother said now that he had been issued with a visa, he would soon leave them. This is when he became tearful and expressed how much he missed his mother. His mother’s voice in this part of Harjeet’s narrative expressed her sadness of her son leaving. As her had returned after such a long time she is most likely worried that this will reoccur and she him after a long time.

Harjeet was a farmer in Punjab and used the metaphor of having a bug in his mind to describe the dream of coming to the UK.

“I got a bug in my head. What I mean to say, you know how they say when you haven’t seen something, like they say in Punjabi, that a sweet look more tempting when it’s in the hand of another” (Harjeet, page 2, number 37, lines 1-3).

He then used another metaphor of feeling tempted by something which is in the hand of another to describe the feeling of wanting to share the experience of coming to the UK. He described the people who came from the UK to visit Punjab looking beautiful and smart, wearing their ties and golden rings. This part of Harjeet’s narrative expressed the voices of the first-generation migrants who had come from the UK with materialistic goods as a sign of their success and hard work. He told his parents that they too needed to send him abroad; even though they were from a poor family, they sold what they had and sent him to the UK. This shares the voices of Harjeet’s family who comes from a poor family home.

“People used to come from abroad. They looked well groomed, suited and booted. I thought I too want to go” (Harjeet, page 2, number 37, lines 3-4).

Harjeet was sent by his agent to a country where a war was taking place. This is when he started to think he was going to die. After a few difficult days, he was advised to go to a nearby hotel where they told him not to leave the building for his own safety. This part of Harjeet’s narrative shares the story of war and the political situation in that particular part of the world. He was worried about his family in Punjab as they must be worried about his whereabouts. He managed to find the courage to leave the hotel and find others in a similar situation to him. He saw others who had been there for years with white beards and started to cry. They had little to eat and only had some naan

bread and sauce. This section of Harjeet's story shares the voices of others who have been waiting and suffering for a long time. He managed to call home and reassure his family and his father who called a contact of his who came to help. This is the part of the story which shares the voice of his father and other family members who are worried about Harjeet's welfare. His father's friend gave him some money and then the agent came to take him to a ship where he spent fifteen days. He struggled to sleep in the ship because of the motion.

They were then transferred over to a little boat. Everyone was in a bad way and unrecognisable. This part of Harjeet's narrative shares the voice of others travelling through this horrific journey all of which are risking their life hoping to migrate for a better future. The boat was very unstable and rocking as they were reaching the next country where they were getting off. They were startled by lights flashing and thought they were going to get caught. They used an instrument to gauge how deep the water was at this point to see if they could touch the ground and reach land. The agents got panicked and started to beat them off the boat into the water but Harjeet and the others with him could not swim. This part of Harjeet's story shares the panic felt by the agents who are herding the migrants from one place to another. The water was deep and two of the others travelling with them got caught in the waves, started to scream and drowned.

“we had to get off (the boat). Oh, fucking hell, when the lights were flashing on us, I was sat down like I'm sitting on this chair. They (the agents) kicked us in the sides, into the water” (Harjeet, page 4, number 56, lines 2-4)

“... I couldn't even swim” (Harjeet, page 4, number 58, line 3)

“...two boys that were with us drowned. There was too much water...”
(Harjeet, page 4, number 59, lines 1-2)

“...they screamed, I said what can we do? If we go, we too will drown. Two of our companions died.” (Harjeet, page 4, number 61, lines 1-2).

When they reached land, they were all bleeding heavily and managed to run to a building which they thought was a Gurudwara Temple, but in actual fact it was a police station. There were about fifteen of them in a group and the police came with their guns and took them to the station. Here they were interrogated by the police with electric shocks to their necks. They ordered them to leave the country and that is exactly what Harjeet did.

“Then they gave us electric shocks in our necks.” (Harjeet, page 4, number 67, lines 3-4).

Harjeet said he did not drink any alcohol when he lived in Punjab. He said he only wanted to do well by coming to the UK and earn money for his family in Punjab. He returned to the story of meeting his wife in the UK at a place where he used to work in East London. There were many difficulties with his relationship as his wife's parents would not have agreed to the wedding, so she eloped with him. They experienced a lot of hardship which led to Harjeet finding out that she was having an affair with another man. He confronted her when he returned home after seeing her driving around with

another man, but she denied this. In return, she accused him of hitting her and called the police. This part of Harjeet's story shares the voices of the families of his partner in the UK and her family. It brings to the surface the stories of family honour. I also wondered whether it felt easier for Harjeet to share his story about his ex-wife because I am a female.

Harjeet then separated from his wife and lived with a distant relative of his. He contributed to the rent; however, shortly after, he lost his job where he earned very little and he became homeless.

"...worked for eighteen pounds a day..." (Harjeet, page 2, number 33, line 1).

He said he tried to control his overwhelming stress by calling family and friends in Punjab and sharing his difficulties with them. This shares the voices in Harjeet's story of family and friends who are abroad listening the experiences and journeys of loved ones who have left to a part of the world many desires to see. He also goes to the Gurudwara, a place where he can eat and drink. His thoughts about his life include leaving his future in the Gurus hands but he is willing to work hard. He went on to tell me he had lost two of his friends who were also UPMs who were homeless. He shared the story of how one of his friends, who he used to share a sleeping space with, went in the early hours of the morning but never returned. He later found out from the local police that he was found dead in someone's garage which was locked from the outside. This is the voice in Harjeet's narrative of one his companions who had a difficult journey of migrating and living as UM. He described his heart feeling bad and he tries

to avoid thinking about these things by passing time with other activities. Drinking alcohol helps him numb the pain.

3.1.5 Jas - Age 38

Jas had good government jobs in India and was forced to leave these due to the anti-Sikh riots.

“There were some political issues in Punjab which meant I had to leave my public sector job. Can you see the wounds on my leg? This was around the time of Operation Blue Star” (Jas, page 1, number 2, lines 1-3).

He also had complications with the police in India where they came around and arrested many family members and had also shot him in the leg. He explained that, at the time, in Punjab there were many political issues and he was made to resign, and this is part of the reason he wanted to come to the UK. This is the longstanding voices in Jas’s story of the thousands of Punjabi individuals who suffered during Operation Blue Star. He described being from a well-educated family and spoke proudly of his children who were working in professional jobs. This may have been Jas’s way of expressing to me that his family are well-educated and therefore he is from a respected household.

“I’m quite educated, my children are well educated in my home. My daughter is currently doing her PhD...my eldest daughter is a...” (Jas, page 1, number 9, lines 1-2)

He was encouraged by a family member to go abroad and managed to get a short-term visa for a country outside the UK. From here he travelled to the UK.

The ‘donkers’, another name used for the agents who move the migrants from one place to another, made Jas and other migrants walk through the jungle for two to three nights. Water was scarce and only the ‘donkers’ had a couple of bottles. One of the women broke her leg during the journey and had to be carried. This is the voice in Jas’s narrative of a woman who also left her place of birth to migrate to somewhere for a better future hoping not to die during her journey. During their walk through the jungle, Jas noticed the reflection of the moon on the ground and worked out that there was a pool of water. He and the others were pleased and stopped to freshen up and drink.

Jas said that living in the UK without documentation was difficult and he said he missed his children. His parents back in Punjab want him to return; however, he said he will try once more to gain the right to remain in the UK. This is the voices in Jas’s story of the children longing for their father to return and his parents hoping their son is okay. He told me how, some time ago, he was arrested by the police and then released with the condition of him returning on a regular basis to sign in. Although Jas does not go to sign in anymore, he now wants to return to India if things do not work out and support his son in going abroad. Jas felt, in some ways, that working in Punjab was easier as he worked on his own farm. Here in the UK, working for others means he is faced with a different set of challenges including not getting paid. This shares the voices of those in Jas’s story who are in a position of power and exploit vulnerable UMs.

“I used to work on the farm, and I used to work in my public sector job. Then I came here and learnt the work here, now I know how to do all kinds of work here but lots of builders have not paid me...” (Jas, page 1, number 3, lines 1-2).

Jas spoke about socialising and drinking with his friends as a way of coping with some of the stresses he experiences. He felt he had friends who care but said relatives are there for you for a few days and after that they are no longer to be seen. One of his friends offered to pay part of his rent until he could find a job and earn money, but he refused. He said to his friend that he should put that money to better use by sending it to his family in Punjab. This is the voice in Jas's narrative of friends who share a brotherhood with one another and rely on each for support. Jas believed he would rely on the charity organisation for a short while and then save some money if he finds some work and return to rented accommodation. Jas explained the increase in rent has made affordability more difficult.

Since Jas has become homeless, he is relying on a charity organisation for support. He was grateful for the support the charity provided the homeless from food to clothing. They even supported him to register with the doctor who provided him with medication when he was unwell; however, sometimes they were not helpful, and he would have to get medication from elsewhere. When he was not registered at a GP surgery, he would have to ask people he knew for medication or get advice from the pharmacist. In this part of Jas's story, the voices of members of the charity organisation is shared. They are one of the few organisations who try to advocate and fighting where possible for the basic human rights of these marginalised individuals.

Jas spent some days sleeping rough on the bus during the night and going to the Gurudwara in the morning. The Gurudwara is a place Jas goes to eat and pray. He gives an offering when possible and his friends often give their offerings to him to take to

the Gurudwara if they themselves cannot attend. When Jas goes to the temple, he thanks Waheguru⁶ for what he has in life and he says he feels relaxed after visiting. He felt all his prayers have always been answered at some point in time. He said he visits other temples of different religions. He believed that god is one and there is no difference between the religions. Whatever money he puts in the offerings he explained is spent on the free food which is served to all. He said that by going to the temple, he feels at peace and this keeps him away from meat and alcohol.

Jas described spending time at the local community library to read books in Punjabi. He likes reading about the history of Punjab, as this allows him to stay in touch with his culture and the Guru's words through the books. Jas shared some of his childhood experiences of coming home to his mother making traditional home cooked food and how times have changed. In Punjab, he felt he could eat without doing much but he has to be independent here. When people from the UK would go to India he would be impressed by their Western outfits and dreamed of a similar life but felt things were very different once he had arrived. This part of Jas's narrative shares the voices of the people of Punjab including friends, family and members of the community who see the expensive outfits and jewellery as a sign of wealth and success. These are the first-generation migrants who worked hard to make a life in the UK and as a result dressed well as a way of expressing this.

⁶ See glossary for definition (appendix 1)

3.1.6 Raja - Age 47

Raja began telling me that he was asked by his parents and sister to go to the airport to pick up his brother-in-law. At the same time, his family had planned for him to go abroad and had his passport, ticket and luggage ready.

“They (father and his sister) brought me to the airport. We got there around ten, nine o’clock and the flight was at eleven thirty. My sister said here is your ticket, your suitcase, passport and you’re going to xxxx (name of country). My brain was so fed up, I thought what can I do?” (Raja, page 1, number 3, lines 1-4).

Raja’s dad asked him to take his watch, so he could tell what time it was in the air; however, Raja was reluctant to go and said he did not want to take the watch. His father asked him when he would be back, and he said as his father decided when he was going, he would be the one to decide when he would return. This is the voice in Raj’s story of the father and aunty who really want him to go to the UK and bring to life the expectations and fantasies they have of going abroad.

Prior to the departure, Raja had an arranged marriage which he felt obliged to agree to out of honour as he did not want to bring shame on his father. This is the voice in Raj’s story of family honour and not being allowed to find a relationship themselves but to have an arranged marriage.

“My parents got me engaged and I had to agree as not to bring shame to my father...” (Raja, page 1, number 7, lines 1-2).

However, Raja was in a relationship with someone else at the time. He described how he was still in contact with her and that she too got married and he recently heard that her husband died last year. When he spoke to his ex-girlfriend, she asked him to return to India. Raja was in a dilemma as he felt that if he returned to his wife, his ex-girlfriend's home would be broken and if he left his wife for his ex-girlfriend then the same would happen to her. This is the voice in Raj's story of the lovers whose paths had to separate due to cultural reasons.

When he arrived in the first country after departing from India, his cousin who lived there insisted he worked in one of his shops for a while before going to his final destination: the UK. He shared his experience of staying in a lorry for three nights and then getting caught by immigration officers which has led to a case which has been open since his arrival. He arrived here in 1995 and tried to get support from solicitors with the little money he had; however, they took his money and left. He used to go and sign at the immigration office weekly but could no longer afford the bus fare there so stopped quite some time ago.

Raja has been coping by speaking to his friends in the UK and sharing his problems with them. This is the voice in Raj's story of family members who are worried about him and provide support via the telephone. He is confused about where to go in his life now. He feels he no longer has a life in Punjab or in the UK. He also copes by drinking alcohol and feels he will be dead and long gone in a few years' time. He then said he feels he is already dead as he cannot do anything in his life. His friends are like family to him now and when he has needed the hospital on a few occasions they have gone

with him. He has six or seven friends who are homeless like him and sometimes one or two of them get work and share the money and buy him alcohol as well.

Raja recently heard from his brother who now lives outside of Punjab. He spoke to him after twenty-four years. This part of Raja's story shares the voice of his long-lost brother who he had lost contact with him over time who was also most likely wondering about the whereabouts of his brother. He described the time things went downhill for him. He was working in the UK when he first arrived but then stopped when he found out via his cousin that his parents had passed away. When they were alive, he said he sent them money to cover the costs of them sending him to the UK. However, after they passed away and stopped working, he had no more money to support his immediate family back in Punjab. This part of Raj's story shares the voices of his parents who longed to see their son and sadly passed away.

"I didn't experience any problems on the journey here; when I got here, I worked. Things went wrong when my mum and dad died; that's when I started to drink." (Raja, page 3, number 66, lines 1-2)

His wife now relies on money from the farm he has in Punjab. This part of Raj's narrative shares the voice of his wife who awaits in Punjab for her husband to send money so she and the rest of the immediate family can survive.

Raja shared that he has received a lot of support from the charity organisation, more so than the Gurudwara. They supported him to get his own GP and support him in many other ways such as with clothes. He believes the Gurudwara only support when it suits

them and felt they keep themselves to themselves. This part of Raja's narrative shares the support the charity members try to provide for these individuals but also shares the voice of members of the Gurudwara who do not want to get involved in supporting this marginalised group to avoid bringing any negative light on them. As Raja was aware, I was from the same religious background as him, I wondered whether he shared this part of his narrative as a way of enlightening me to the negative side of the religious institution.

Raja does not see much of a future and holds little hope. He does think that if he had stayed in India things would have been different and he would have had a better life. He said he is no good to anyone now as he cannot even help himself. As he has no documentation, he cannot prove who he is and cannot return to Punjab even if he wanted to. He feels he is stuck in the UK and never realised this would be the outcome of his life. This may have been a way Raja attempted to show me that he is a worthy and trustworthy person by saying he is here now without a choice despite being undocumented.

"I'm stuck, if I had my passport, I could have the chance to go back. I don't even have a photocopy, where can I go?" (Raja, page 2, number 52, lines 1-2).

In the earlier days, when he first arrived, they did not really make phone calls and instead would communicate via letters. He said even though he has said he is fine on several occasions; he knows how he feels on the inside. In terms of his identity, he feels he is just a name, and this is the only thing that exists now.

“I was someone before, now my name isn’t even on a ration card (in Punjab).

I am just a name now and nothing else.” (Raja, page 2, lines 1-2)

3.1.7 Satveer - Age 36

Satveer is settled in the UK with his immediate family whilst his extended family including his parents live in India, Punjab. His older brother was the first to go abroad and then his family loaned more money to send him abroad as well. He wanted to study a little more but wanted to leave his home due to his childhood experiences of poverty. Here Satveer possibly wanted me to see he too had the view of studying which he may have perceived as being a sign of being worthy but required the immediate gratification of work to help him and his family survive. Satveer believed nothing was possible without money and believed he would not be able to be a success and provide a good life for his family by living in Punjab. He felt that by taking the relatively quicker and cheaper option of reaching the UK, he would start earning an income. He knew the risks and hardship the journey would bring because of the experiences he had heard about from his brother; however, he said he had experienced such difficulties growing up anyway. This part of Satveer’s narrative highlights the stories of his family unit being grown up in poverty and survival. As a family they were always trying to find ways to gain immediate gratification as a way of managing their poor standard of life.

In the 1990s, the political situation stemming from 1984 in Punjab (Operation Blue Start) caused terror in the local communities. Satveer and his family were asleep at night when terrorists with guns came and kept them hostage in one room. These terrorists would demand money and took his father away until they paid in full. The rest of the family were left worried thinking the terrorists must have killed the father.

The whole system was corrupt, so they feared going to the police to report anything. Satveer described how that feeling has not left him and he still feels to this day that the system is corrupt. This part of Satveer's narrative speaks of the stories of hundreds of Punjabis who went through a period of bloodshed and significant trauma. He had heard from others who lived abroad that the rules and regulations were much better and the prospects of building a better life for his family were also possible. He therefore dreamt of this life from the beginning.

Satveer described his journey as travelling from one country to the other. At the beginning of his journey, he stayed in a building with thirty other men where they had the same basic meal every day. The agents only allowed them to make this as they did not want people to become suspicious of their whereabouts from the smell. In the fear of being deported, they listened to the agents as being deported would bring shame to the family and the community would gossip and say they did not have enough funds and that is why that person has returned. This part of Satveer's story shares the narratives of other men who also left their homes to find a better life. It also shares the voices of the agents who are continuously hypervigilant to remain undetected.

On one occasion, they were being transported in a van and the driver believed they were being followed by the police. He stopped the vehicle and told them all to run. They were unsure what was going on. There was deep snow everywhere which they struggled to pass through. They could not find the border they thought they were going to cross, but the police guards threatened to fire their guns if they did not stop. When they were caught, the police got them to lay down on the ground where they were beaten for some time.

“...the police told all the guys from the van to lie down and beat us in the snow. They hit us in the snow wherever possible.” (Satveer, page 2, number 47, lines 1-3).

They took them back to the police station and strip searched them. They searched their belongings for money and if they could not find any, they would beat them until they gave in. They were then released after a month and went to a different country and stayed in another building where the conditions were very poor. It smelt like the gutters and there was not even a proper toilet to use. They were given a small amount of bread and soup to eat.

One night, they were transported by the agent in a lorry where they could not breathe properly, and they thought they were going die. Some of the people in the van banged on the sides to say to the driver that they could not breathe properly. They then stopped and let them out for some air and pointed guns to their heads and forced them back into the lorry. Satveer believes he was travelling for about two nights until he reached the next destination. They all had to walk through a jungle, but one of their companions could not walk any longer so the others took it in turns to carry him.

“There was one guy who broke his leg; they (the agents) would have shot him there and then, but we asked them to walk ahead while we carried him, otherwise they would have shot him and left.” (Satveer, page 4, number 102, lines 1-3).

The agents did not let them have many breaks and kept them moving. Some of the people looked like they were going to die as there was not much food or water.

They stayed in the next country for a month. Here the agents kept them like animals in a barn-like building until they were ready to transport them. They were sold on to different agents by the mafia organisations. The agents would sometimes beat them if they did not receive payment from someone in Punjab in time. They did not tell their families in Punjab of their situation and just ask them to pay otherwise they would get beaten. Even though Satveer's brother had explained to him what the journey would be like and he felt mentally prepared, it was a whole different experience when he was actually going through it. It was the worst experience of his life, but at the time he thought it would come to an end and things would improve. This part of Satveer's narrative shares the voice of his brother who has also been through a similar journey and attempts to provide some guidance and support to his brother.

Satveer described that he could not even go to the doctors if he became unwell and would have to ask friends what they thought was the best over-the-counter medication to take. They would rely on each other for support and guidance by phone or to meet up. He described a time when he hurt his hand and he had to manage this at home himself. When Satveer's grandmother passed away in Punjab he could not go to see her. This part of Satveer's narrative shares the voice of the dying grandmother who waited eagerly to her grandson again but never managed to.

"...my grandma passed away a while back, and I couldn't go. I was so angry with myself that I can't even see my own grandma and thought what am I doing here?"
(Satveer, page 5, number 135, lines 3).

This made him angry towards himself and he had to phone his family and friends to manage his stress. This part of Satveer's narrative shares the voices of his other friends who are in similar situations all trying to support one another. He said nowadays, with advanced technology, people can video call and see loved ones but back then you could not. Satveer may have believed that due to my age and status I was most likely aware of the advances in technology and wanted me to know that the generation of UMs he belonged to suffered more than those who came much later. He would often go the Gurudwara and pray and felt much more relaxed. Sometimes the worry has been so bad at night that alcohol and listening to music are the only solutions he has.

“I would pray, please Waheguru hears me too. When I had tension, sometimes when I would be lying down, I start to drink or listen to music...” (Satveer, page 5, number 144, lines 1-2).

Satveer spoke about his identity changing as he had to cut and shave his hair and the agents said he would have better chance leaving Punjab with a clean-shaven face on his passport, as otherwise people would think he was a terrorist. This part of Satveer's story shares the voices of the acts of violence, hate and discrimination around the world towards Muslims.

“When I was in India, I had long hair (Sardar) but all the boys in Punjab know that you had to be clean shaven and you should have short hair so they would not mistake you for a terrorist...this is what we thought.” (Satveer, page 6, pages 148-9, lines1-3)

He is from a religious family who do not cut their hair, but he never returned to growing his hair again. People from the UK, especially British-born Asians, call migrants from Punjab freshies and faujis. This part of Satveer's story highlights the voices of British-born Asians and how they categorise UMs and have created the narrative that they are not only different to them but in the social hierarchy; below them.

"They call us either freshie or Fauji. Meaning we are newcomers into the country, and they don't know much yet." (Satveer, page 6, number 155, lines 1-2).

Satveer felt this is the identity they had given them, but he would think, at least he did not have the everyday worries that the documented had as they were known to the system. He would think to himself that he has not done anything wrong as the British colonised India and did wrong to them. At the part of the story Satveer draws on a historical narrative which is embedded deep within history. This echoes the injustices experienced of those under colonial rule. He said he was here but has not done wrong to anyone but is here earning to provide for his family in Punjab and his future generations.

Satveer believed the laws and regulations in the UK were much better and when visiting Punjab, it feels odd as they have not got any proper systems in place. He felt there is a high rate of corruption in India and it is difficult to get a good education if you are not from a wealthy household. People from poor households commit suicide because of the huge debts they are in. This part of Satveer's narrative shares the voices of the people of Punjab who experience the government as corrupted and how the people struggle living within such an unjust state, Satveer described how it is all this that has

brought him to the UK and he then got married and had children here and has a better life than he can ever imagine having in Punjab. He described how others coming over illegally now do not work as hard and get into drugs and alcohol. They are more interested in the world of social media and dating. This part of Satveer's narrative shares the stories of more recent struggles and experiences of UMs who live in era where social media broadens the way in which they network with others. Back then, Satveer said he and his friends would meet in person but now everyone has relationships via phone. He heard from the newspapers that girls from Punjab have also come over on student visas and gone into prostitution to earn money for their families in Punjab. They will then lie to their parents that they have a good job here and are earning well when that is not the case. This part of Satveer's narrative shares the voices of undocumented Punjabi migrant women who have to lie to their parents and turn to prostitution sheer desperation to support their loved ones.

3.1.8 Sunny - Age 39

Sunny travelled to a European country by air and was advised by his agent to stay at a particular hotel. However, on his arrival he found there was no hotel and he had to pay to stay at a different hotel. One of his close friends advised him to go to a different country close by which he did. He travelled by train but when he went to meet him, he was fooled into giving him money and luckily advised by one of the people from the Gurudwara that this particular guy was a thief. They said he would just try to get him drunk and then rob him of his money. He then returned to the country he first came to. This part of Sunny's story shares the voices of those who take advantage of UMs due to their lack of knowledge and status which makes them vulnerable.

Sunny then met one of his friends on the train on his route back and told him what had happened. He told him to look out for work for him as his children were starving back home in Punjab. He then sent some of the money he already had back home and was left with a very small amount. This part of Sunny's narrative shares the story of a supportive friend who tries to help him but also shares the voice of his children who depend on their father's income. He then was advised to travel to another city where there was a job opportunity. When he arrived, he was staying in very poor conditions where fifteen men were sharing one room and had headlice. He was then waiting to be transported by the agents to a nearby country and would go and wait daily for the opportunity to go. Every time he would go, he would get caught and have to try again. He managed to get onto one lorry which got checked on the side of the country they wanted to arrive in, so he had to run. The lorry driver had called the police and they went roaming looking for him and the others who were travelling alongside him. He approached a man and his wife in their car at a nearby petrol station. He had a small amount of money on him and was given a lift to the place he wanted to reach in the UK. He did not have any belongings on him as he had to send his passport and mobile back via his friends to Punjab. This was because the scanner would have picked this up during transit on the lorry to the other neighbouring country. This part of Sunny's narrative shares the stories of those working at the borders of the country who come across many desperate UM's trying to get across the border.

Sunny managed to call his brother from the driver's phone. He was then met at the local Gurudwara and taken to his home address. His brother told him to rest for a couple of days and then sent him to work. The first time he went, no one explained the safety measures and he was working in the loft and fell through as he was unsure what parts

he could stand on. He became unconscious and the other workers ran away. He was then taken to the hospital when found by the homeowner. His injury required stitches and he was out of work for a while. He would have to cook for himself with one hand. He would also prepare the chapattis for the other housemates before they came home single handed. As Sunny was not making any money for three months, he asked his friends whether he could return and do something one handed like paint the walls. He was then able to send money back home to his family in Punjab. The motivation and drive to continue working may have been important for Sunny to express how important it was for him to continue working and that he would not be here otherwise and for me to see him as a worthy person. At one point his housemates did not let him in and he became homeless and he was found by the police.

“When I got home in the evening, I saw my things outside the front door. They didn’t open the door I knocked but they never answered, and it was raining.” (Sunny, page 4, number 76, lines 1-2).

“I went and sat in a phone booth with a blanket. A police car pulled up and said what’s the problem? I said they didn’t let me in where should I go?” (Sunny, page 4, number 77, lines 1-2).

“They said we can drop you to the Gurudwara and that’s where they took me” (Sunny, page 4, number 78, line 1).

From there, he went to the charity for support as someone told him he could get food and shelter in the winter too. He had to spend nine months in a detention centre, where

he found out his mother had passed away. This part of Sunny's story shares the pain and grief his waiting mother experienced hoping her son would one day return. He wanted to return to Punjab, but they released him instead. He described how people are helpless inside and either want to be released or return to their country of origin.

“They took me for nine months and kept me there (detention centre). XXXX called and they said your mum has died. I told them I want to go to India, but they released me after nine months.” (Sunny page 4, number 90, lines 4).

When Sunny was in Punjab, his dad said that the work tractor had become old and that there would be better opportunities if he went abroad. This part of Sunny's narrative shares the voice of his father who dreamt of his son to go abroad as he believed he would have a better life. Since he arrived in the UK, his wife contacted him asking for money to support the cost of his two daughters' weddings. He was very upset that he could only see pictures of the wedding on social media but has asked his daughters to send the wedding videos through the post. He described his heart sinking that he had to stay to support the wedding fund instead of taking out a loan. This part of Sunny's story shares the voice of the beloved daughter who hoped her father would give her away when getting married.

Sunny is hoping to hear back from one of his close friends and is hoping to file a case to see if he can remain in the UK. If it is refused, he will return home.

3.2 Personal Level

3.2.1 Storylines/Plots

Five main storylines were identified across all eight participant transcripts. They are the overall ‘meta-narratives’ of the UPM participants’ experience, the main thread holding the stories together which guide the participants’ actions. What was inherent was how the participants delivered narratives oscillating between two positions which were parallel to one another to capture how they were feeling to provide an understanding of their actions. The dominant storylines, dual narratives, with sub-themes are summarised below (Table 3).

Table 3 - The Dominant Storylines, Dual Narratives, with Sub-Narratives

<i>Storylines</i>	<i>Dual Narratives</i>	<i>Sub-Narratives</i>
The reasons I came to the UK	Dreamers – escaping oppression	Earn money for family, family honour, splitting, societal / political issues, corruption, lack of opportunities
What I went through	Powerlessness – resilience	Fear of deportation (wish to remain vs wish to return), trauma, torture, exploitation, inhumane treatment, homelessness, survival, sacrifice/altruistic, support from others
My ‘tension’ and physical health	Helpless – hopeful	Worry, self-esteem, hopelessness, motivation, loss/grief, health issues, lack of access to services, use of language, use of alcohol, karma, denial, acceptance.
How I try to keep going	Supported – unsupported	Family and friends, network of UMs, charities, faith in Sikhism / Gurudwara, library, music.
Who I am?	Fauji/freshie – camouflage	Sacrifice, act of resistance to change, connectedness, relationships, roles.

The themes identified have been examined in relation to the context the stories were told to stay in line with the overall narrative approach. As indicated by Murray (2000), there are many levels to narrative analysis which all interact with each other. The dual narratives incorporate the sub-themes which were weaved throughout the stories for analysis. The inter-relations between the different levels of analysis as proposed by Murray (2000) guided the representation of the experiences (Figure 2). The interviews provided a space for participants to share the experiences of their journeys to the UK.

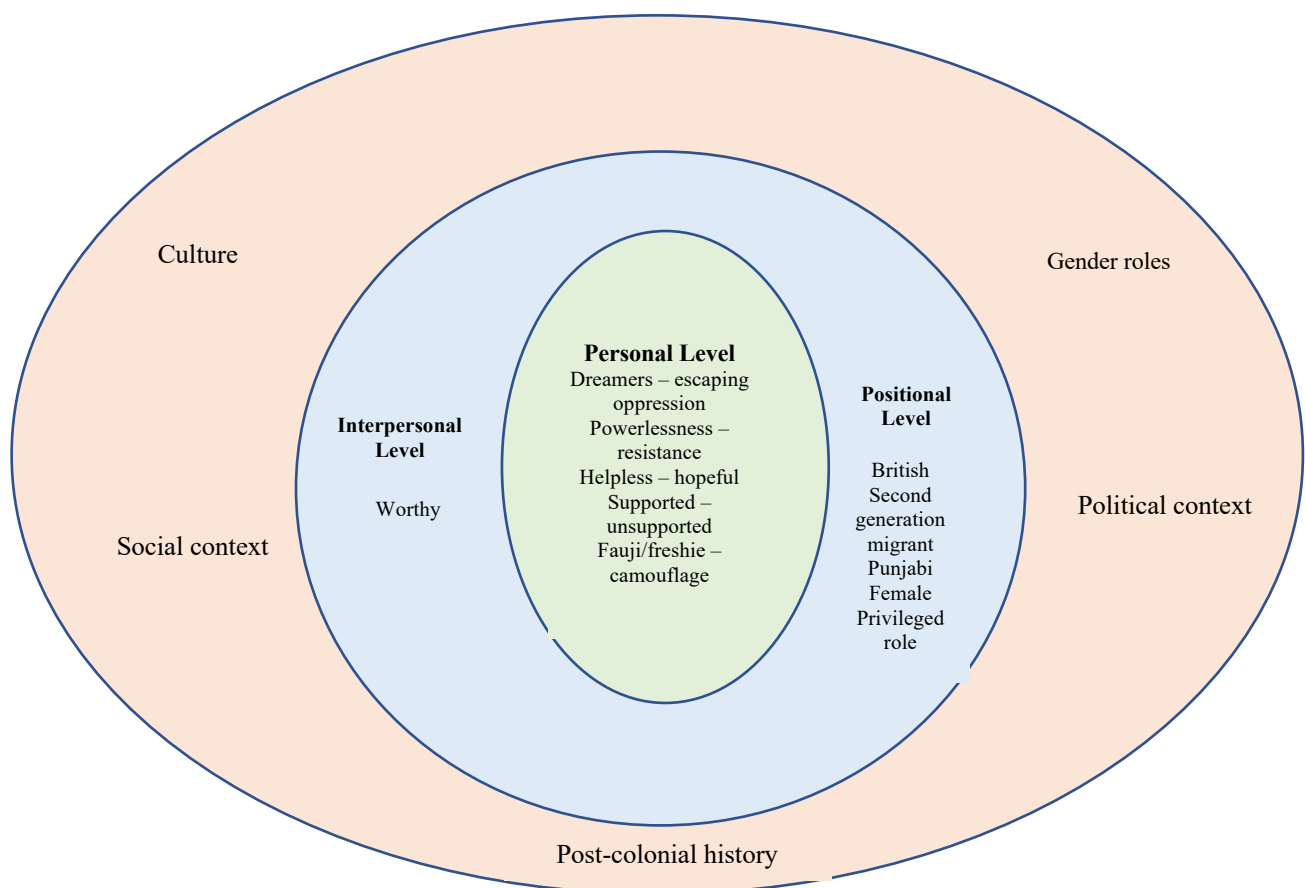


Figure 2 - Constructions of the UPMs' Personal, Interpersonal and Positional Level within the Wider/Ideological Context

The present study sought to explore UPMs' experiences of travelling to the UK. More specifically, the present study wanted to know how these experiences impacted the way in which the UPMs manage their physical and mental health problems. Furthermore, the study sought to understand how these experiences have had an impact on how UPMs make sense of their cultural identity. This chapter will provide a summary of the findings and discuss these in line with existing research. Unique findings which emerged from this study are discussed and guide the clinical implications made. This chapter will end with a review of the strengths and limitations of the current study and ideas for future research as well as the author's personal reflections on the research process.

4.1 Dreamers – Escaping Oppression

“The reasons I came to the UK”

The majority of the participants (Amrit, Bhupinder, Gurpreet, Harjeet, Jas, Satveer & Sunny) were keen to see the UK as they held this strong belief that the opportunities *to earn money and have a better quality of life* would be greater. Some spoke about seeing well-dressed first-generation Punjabi migrants coming to India to visit and this made them curious about the UK. They were not alone in envisaging this, as some shared how this was the family's dream. For all the participants, there was a sacrifice between their own dreams, the family's dream and the wider dream of the community they lived in.

Participants dreamt of coming to the UK for a better life, which was predominantly for economic reasons, which links to a finding in previous research (Black et al., 2006).

Participants made reference to seeing successful first-generation Punjabi migrants, visiting Punjab, creating a vision of possibilities and opportunities. These individuals who were visiting were those who had entered the UK after the introduction of the Nationality Act in 1948 in response to the labour shortage after WWII (Goodhart, 2013; Goodman et al., 2015). However, as the needs of the UK changed, the immigration laws tightened creating a barrier for those individuals in Punjab who also wanted this opportunity. There are many ideas about why the British government made these changes to the New Commonwealth Immigrants Act in 1962. The idea that people from New Commonwealth immigration were not making a positive contribution to the economy and facilitating growth was rejected (Messina, 2001). In fact, some argued this opinion has been unhelpful and economically harmful (Castles & Kosack, 1973). Alternatively, one of the other views was that New Commonwealth immigration was a response to racial hostility (Hansen, 2000). These changes in immigration rules give a clearer insight into what may have contributed to the UPM dreamer narrative. This further reflects how racialisation of citizen and immigration laws in the globalised British Empire was necessary to maintain imperialism (Sharma, 2006).

Although changes in the immigration system may have contributed to a system which made it challenging for individuals from the commonwealth to migrate, participants often idealised either the UK or Punjab when telling their stories. Despite individuals having some awareness of the dangers of migration, their imagined view from the knowledge they had of other migrants left them keen to go abroad. However, the majority of the men spoke of the hardships they experienced even in the initial stages of migration. These findings are, therefore, inconsistent with the findings of Adler (1975) who suggested that migrants often feel excited during the first six months (the

‘contact’ period) of migrating to the host country. The current findings suggest that the contact period is, therefore, dependent on the status of the migrant.

Paradoxically, participants (Amrit, Bhupinder, Gurpreet, Jas, Satveer & Sunny) would describe the UK in idyllic terms even though their narratives described the poor conditions they would often live in and the exploitation experienced. Some participants (Raja, Jas & Sunny) were ambivalent about where they wanted to live in the foreseeable future. Gurpreet spoke about wanting to return to Punjab after making some more money, and some (Amrit, Bhupinder & Harjeet) spoke about attempting to gain settlement here.

As previously noted, the present study supports that migrants often live between a state of idealisation and disillusionment (La Barbera, 2014). Despite some of the participants being homeless, they continued to idealise the UK. This could potentially be described by the psychoanalytic phenomenon ‘splitting’. When individuals experience conflicting feelings, doubt and anxiety they may separate positive and negative feelings as a way of coping (Krantz & Gilmore, 1990). When this process occurs, individuals separate a ‘whole’ object into ‘parts’; the ‘good’ part is what the individual idealises and the ‘bad’ part can potentially be harmful (Klein, 1952). In a heightened state of anxiety and stress, this may be a defence used to temporarily relieve the negative symptoms. The ambivalent nature of their narratives with regard to which country they preferred supports previous findings which found that Punjabi Sikhs felt more integrated with other non-Sikh British people (Robinson, 2009). This may have been because of the oppression Sikhs faced in Punjab and their continued fight for a state of their own.

In parallel to the narrative of the dreamers, most participants (Amrit, Bhupinder, Jas, Satveer & Sunny) had experienced some form of oppression which led to their choice to come to the UK. The *lack of opportunities* in Punjab and political *corruption* made them lose trust in the system. Their sense of belonging to India was diminished; instead they referred to wanting a state of their own. The trauma experienced during Operation Blue Star⁷ meant some (Bhupinder, Jas & Satveer) of the participants and their families were terrorised and as a consequence some had to make changes to their lives.

The findings from the present study support research in the US which found UMs do not migrate simply for economic reasons but to escape the economic and financial strains they experience in their homeland (Sullivan & Rehm, 2005). Previous research suggests that the stresses experienced by UMs who have experienced previous stressors prior to migration may have a negative impact on their ability to adapt post migration (Chung et al., 2008). Conversely, some of the UPMs in the present study revealed that their reasons for migrating were partly motivated by the oppression they experienced in Punjab. As a consequence, they may have felt determined to escape this by coming to the UK to achieve a better quality of life for themselves and their families. However, such experiences prior to migration, although they motivated their decisions to leave Punjab, may still leave them prone to emotional disturbance and mental health problems as suggested by previous research (Chung et al., 2008; Ornelas & Perreira, 2011; Sullivan & Rehm, 2005).

⁷ See glossary for definition (appendix 1)

The men in the present study spoke about leaving because of the poor economic situation and lack of opportunities in Punjab. References to leaving in response to the Sikh massacre also known as Operation Blue Star in 1984 were made. Around this time, human rights organisations state that more than 10,000 Punjabi Sikhs were tortured and illegally cremated by the Indian security forces (Rasmussen, Rosenfeld, Reeves, & Keller, 2007). Participants spoke about the torture they experienced and the changes they had to make in response. This meant that some either continued or had to return to farming which did not provide them with an adequate wage to fulfil their needs. Therefore, the men in the present study resisted the oppression by taking action in the form of leaving the country and their families in the hope of earning more and having a better quality of life. These findings dovetail with previous literature which found that people in Punjab protested against the lack of employment opportunities in the form of hunger strikes and self-immolations (Smith, 2014). The inadequate employment opportunities became a ‘push’ factor alongside the political and economic opportunities to move to a country which had the ‘pull’ of promises of a better future (Aronowitz, 2009), further boosted by the stories of returning migrants.

Interestingly, the present findings and experiences were similar to the reasons ‘forced migrants’ leave their home country (Scheel & Squire, 2014). Although, the previous findings (Zetter, 2007; Signorini, 2015) debating the categorisation of different migrant groups cannot be directly representative of the participants in the present study, they do raise some key issues. For example, that these distinct categories may be unable to capture the complexities and experiences of why people migrate, thus questioning the decisions made by policy makers and the conclusions made based on these categories (Bakewell, 2008). Differentiating UPMs to other migrant groups rehumanises these

people by giving them an individual identity. Understanding the motivations for why people migrate has been a highly debated topic, where some suggest that people may fit simultaneously into two or more pre-existing categories and furthermore can also change status during their journey (Koser & Martin, 2011). The current findings support questioning a 'cookie cutter' approach and oversimplifying the motivations of someone who is an UM or a forced migrant is questioned (Varhola & Varhola, 2006). Although, some of the men wanted to leave the country for economic reasons, another driver behind this was a resistance to some form of oppression they were experiencing. Furthermore, the evidence supports the 'migration-smuggling trafficking nexus' that even though people have voluntarily left the country, this may have been fuelled by issues such as the agrarian crises (Kumar, 2013), and does not mean they will be safe from being victims of trafficking or exploitation (Aronowitz, 2009; Martin, 1999; Médecins Sans Frontières, 2013; Smith & Daynes, 2016; Vogt, 2013). From a wider systemic lens

The importance of travelling to the UK for the family highlighted that for some of the UPMs, taking the risk of travelling to the UK was a way of supporting their family. Although this created conflict between their own needs and the needs of the family and community, they believed it was the right choice to make at the time. Singh (2009) reports that Punjabi Sikhs have strong family networks and are closely knit. The Sikh Life-Stress Model can be helpful in offering an understanding of the motivations for fulfilling human needs. Sandhu's (2005) model is based on the idea that human beings are motivated by the ego's drive to achieve four core human needs which are achieved concurrently: security (*surakhia*), love (*prem*), respect (*izzat*), and freedom (*azaadi*). Security is the need to feel protected and safe emotionally, physiologically and

materialistically. Love is the need to form relationships with others and be intimate. Respect is the need to recognise one's own self-worth and to be treated with dignity. Lastly, freedom is the need to feel able to dream and pursue ambitions. It is emphasised that these four core human needs are achieved on a group level: through the involvement of the family and wider community. Research with the Tamil community similarly found coping and resilience occurs on a group level and therapeutic interventions should also be on a group level (Dharmaindra, 2016). Research suggests that migrants may feel a sense of family obligation to contribute to their family's welfare (van Dijk, 2002). These findings from the present study are in conflict with other models such as Maslow's hierarchy of needs (1943) which suggests that it is essential that the lower needs are met before the higher needs. Although the current findings are more consistent with the Sikh Life-Stress model, they still fail to capture the internal conflicts, struggles and complexities of the UPMs' motivations for coming to the UK. UPMs may have left Punjab to meet the 'physiological' and 'security' needs of the family but also to live up to social pressures in the community. This is also intertwined and sometimes in conflict with the individuals' own needs such as wanting to build a better life for oneself.

4.2 Powerlessness – Resilience

“What I went through”

A sense of *powerlessness* was apparent during all of the participants' narratives. Some (Bhupinder, Gurpreet, Jas, Raja & Sunny) did not want to leave but felt they would have to sacrifice their own needs for the needs of the family. They (Bhupinder, Harjeet, Jas & Satveer) received *inhumane treatment* at the hands of the agents and had to stay in very poor conditions. Physical and mental abuse was not uncommon; however, despite the adversities, they persevered and managed to make it to the UK. Some of the

participants (Gurpreet, Amrit, Jas & Raja) are in limbo as they want to return home; however, due to the lack of documentation, the authorities in India would not accept them as belonging to India and the UK want them to return. Some (Amrit, Bhupinder & Harjeet), on contrast, were living in constant *fear of deportation*. This uncertain state of mind has left them feeling helpless.

The experiences of the men in the present study showed some form of oppression in the pre-migration stage which motivated migrants to move. Many of the UPMs spoke of the trauma they experienced related to Operation Blue Star but also made reference to historical points in history such as when the British colonised India or the struggles experienced by the Sikh faith itself. This is in contrast to the findings of previous research which proposed that UPMs' pre-migration experiences are different to those of 'forced migrants' (Desjarlais, Eisenberg, Good, & Kleinman, 1995). However, findings did support research which suggested that the men experienced many traumatic experiences and torture in transit (Martin, 1999; Médecins Sans Frontières, 2013; Smith & Daynes, 2016) and also encountered life threatening conditions during their journeys (Vogt, 2013). Paradoxically, despite knowing the potential risk to life involved in reaching the UK and knowing that they would have to leave everything behind, they still decided to go in the hope of a better quality of life. One could hypothesise, based on previous research (Gilligan, 2003), that avoiding shame and humiliation may have been factors motivating UPMs in starting this journey. This is not necessarily individual shame and humiliation but instead the collective shame and humiliation of Punjabi Sikhs. Holding this warrior like an identity and being willing to give up everything may give the men a sense and feeling of pride, dignity and respect from their community in Punjab.

Whilst living in the UK, during the final stage of migration, the participants experienced exploitation and had to live in poor conditions with a large number of people occupying rooms and working in environments where there was no or minimal health and safety precautions in place. Many of the men, as previous studies found, felt powerless to challenge their employers about the conditions they worked in and the pay they were or were not receiving (Bloch, 2013; Ahmad, 2008).

The men also felt a sense of ontological insecurity as they feared being deported. The mere sound of sirens would induce fear that they would be caught and taken away, similar to previous research (Ahmad, 2008; Sigona, 2009; Bloch, 2013; Duvell, 2004; Poduval et al., 2015). On the other hand, not everyone was fearful of being caught, as some wanted to return but remained in limbo as they lacked adequate identification documentation, delaying their return to Punjab, India. Many of the men were homeless or had experienced homelessness at some point in their lives whilst being undocumented. Previous research has stressed the issues of not being able to access any support via the welfare system and being heavily reliant on emergency and low threshold services (services which ask no or few questions of those seeking to use them and which are open to anyone) such as charity services for support (Pleace, 2010).

Surviving through the horrific trauma and torture experienced by many was a joint effort. Not all the people travelling together made it to the UK and some (Bhupinder, Gurpreet & Harjeet) mentioned how they had witnessed the deaths of others. Altruistic acts through the care given to others on their journeys was evident. Regardless of how little they knew each other, their situation and shared goal brought them together.

Although the dominant narrative carried a feeling of powerlessness, the subjugated story was of the participants' psychological ability to be resilient to the negative experiences. All the participants managed to achieve the goal of reaching the UK. It is this resilience which allowed them to find a way to manage the difficult emotions when life became overwhelming. All the participants managed to earn money to send money to their families in Punjab. They adopted the skills needed to work in the building sector and found work through their connections. As some people would exploit the participants by not paying them due to their lack of documentation, they relied on the network of people they knew to see who was trustworthy enough to work with.

Traumatic experiences can also help individuals to develop a unique strength and develop resilience (Burstow, 2003; Goodman, 2013; Lenette, Brough, & Cox, 2012) like the men in the present study. Resilience is the competence shown by an individual in response to exposure to risk (Smith, 2006). It was clear from the narratives that despite the adversities the participants experienced, they made it to the destination of their choice even though it was not entirely how they expected. Research shows that this ability to get through and overcome significant adversities leads to personal growth (Michaud, 2006). Although, some regretted their decisions, the majority of the men managed to accomplish, to some extent, what they hoped for. Previous research suggests individuals can rely on external and internal strategies to get them through (Goodman, Vesely, Letiecq & Cleaveland, 2017). External strategies for the men in the present study included seeking support by speaking to family / friends and charity organisations, and internal strategies including their faith and positively held beliefs about the future. Although their material resources were scarce, they were still able to draw on their psychological resources to resist the oppression they were experiencing.

Furthermore, Sikhism may have contributed to resilience through the values and altruistic acts of 'sewa' as advocated by Guru Angad Dev Ji (Teece, 2004) by helping each other through the journey. Sacrifice and justice are key principles which have been shown by the Sikh Gurus and promoted as a way of life (Teece, 2004). There are also strong pressures for individuals from the Punjabi Sikh community to be resilient and not be seen to have mental health problems (Bhat, 2015) which may have had an impact on the way in which these stories were shaped. To some degree, the current findings support previous research which suggests that Sikh men struggle to come forward about their mental health problems due to stigma (Jutti-Johal, 2016). However, it is possible that the way mental health issues are constructed by these men may be different. Therefore, some may describe these men as being left misdiagnosed as they use words which somatise their difficulties but equally this may be a biased view from a Western lens which assumes people should 'come forward' about their difficulties. So, despite the fact that the language used by the men to describe their difficulties supports previous research (Krause, 1989), the assumption that this leads to misdiagnosis (Shin, 2002) or the idea that Punjabi men feel reluctant to come forward to seek help (Jutti-Johal, 2016) can be questioned. This does not mean to say support is not needed but the way in which these men find support may be constructed differently. For example, the men in the present study may see these struggles as a part of life. They may feel they just need to get through their difficulties with support from the community and may not be aware that support for such experiences of distress is even possible. There was no indication that these men attributed their experiences to a traditional Indian perspective that the causes of their distress were attributed to supernatural beliefs (McLeod, 1985; Jutti-Johal, 2016). However, participants did attribute their distress to the social situation they were experiencing at the time and previous experiences.

4.3 Hopeful – Helpless

“My tension and physical health”

The men described various mental health issues that they experienced at different stages of their journey. The structural and situational stressors that the men experienced have been found to make individuals more vulnerable to poor mental health (Leticq et al., 2014). Some of the structural issues included poverty and their undocumented status which led to difficulty in accessing important resources such as legal or health care support, and the issues of finding employment opportunities. Being separated from their family members and being unsure about when they would be reunited was another structural stressor.

Some of the men experienced many traumas on their journey to the UK. At several points in time, there was a sense of helplessness and powerlessness experienced (Amrit, Raja & Sunny). There were always times when the feeling of doubt about successfully reaching the UK would cross their minds. Some even witnessed seeing other companions on their journey suffer or die. When the participants spoke about the future, some (Gurpreet, Harjeet & Jas) believed their future is in the hands of the Gurus and they had faith that whatever they have planned for them would be the best outcome. However, Raja did not feel he had hope for the future and felt he had already died. He felt he was no use to anyone and could not see a way out either, due to the lack of documentation.

Many of the men experienced worry related to their situation, family and the future. They had often experienced and witnessed horrific traumas during their journeys to the

UK. They were often left fearing for their lives but held onto hope to get through, further supporting the findings from previous research (Garcini et al., 2016). This study supported previous research which suggests that a grief reaction is caused when a person loses their social structure and culture (Eisenbruck, 1990; 1991). Interestingly, the men in the present study were from a community where they had contact with other Punjabi men in similar situations and access to local facilities such as the charity and Gurudwara which provided a protective factor in terms of these changes. In the local community, they were still able to access information in Punjabi in libraries or communicate in Punjabi to others from their community which possibly acted as a buffer for managing the potential grief reaction.

However, it was not uncommon that the men missed family members in Punjab which led to feelings of anger and stress. This often led to a loss of motivation to work and earn money thus leading them to become homeless. Findings supported research based in the US that these men experience complex stressors leaving them vulnerable to mental health problems (Chung et al., 2008; Ornelas & Perreira, 2011; Sullivan & Rehm, 2005). The use of alcohol, as previous research suggested (Garcini et al., 2016), was common as a means of managing stressors. The men would often spend or even ask their friends to buy alcohol as a means of numbing the mental distress (Triffleman, Marmar, Delucchi, & Ronfeldt, 1995). One of the participants spoke of misusing alcohol to the point he was informed it was most likely impacting his neurological functioning. The men felt helpless when there was no other means of support and used the little money they had to buy alcohol. This caused secondary problems such as finding shelter, as most people were not prepared to house people who were abusing alcohol.

On the other hand, one of the men, Gurpreet, was particularly grateful for his time in the UK as he believed he had learnt so many skills and different ways of relating to others which he could now take back to Punjab. He idealised the UK and despite being homeless at the time of meeting, he believed that the other UPMs were to blame for their own misfortune by drinking *alcohol*. He also believed that it was the doing of *karma* and that what was meant to be will be, as what comes around goes around. Some (Gurpreet & Raja) appeared to be in *denial* and believed they were not experiencing any adversity or the opposite where they had given up and felt completely helpless (Amrit, Raja & Sunny). The men made sense of their experiences by referring to karma. This is a belief held by many following the Sikh faith. These beliefs stem from the ideas that every action has a reaction (Labun & Emblen, 2007) and therefore, some of the men did not question but accepted life as it was. Some on the other hand were in denial of some of the experiences they had and did not feel there were any negative impacts. This can be seen as a helpful defence mechanism known as ‘denial’; a reluctance to accept the implications of an event (Baumeister, Dale, Sommer, 2002).

The men spoke about their experiences of other physical and mental health problems once they had arrived. For example, Amrit spoke about being tested for sexually transmitted diseases as he was worried after getting into a relationship with another woman in the UK. Others (Satveer, Harjeet, Bhupinder, Raja, Gurpreet & Sunny) spoke about the *worry* and *tensions* when thinking about loved ones in Punjab and feeling angry and upset that they were unable to see them. Physical health issues, as raised in previous research (Dodds et al., 2008; Thomas et al., 2010; Weatherburn et al., 2008) were also common amongst the migrants which raised issues of communicable diseases

such as AIDS. Some had access to health care provision such as a GP with the support of the charity organisations whereas others spoke of not being able to access health care due to a lack of documentation. This finding links to reports by victims of the Grenfell Tower fire in 2017 who did not access offered healthcare due to the fear of deportation (Gordon, 2017). They managed to rely on advice from others about what medication was needed and the pharmacist for over the counter medication but struggled when they required prescribed medication. Taking medication without professional medical advice could potentially lead to more serious health concerns which could lead to the need for emergency hospital care. In addition, other research reports that restricting healthcare is a risk to the wider public's health (Hacker et al., 2015). Further research in the US shows that a delay in seeking support can lead to serious health issues (Asch et al., 1994; Martinez et al., 2015). Therefore, being undocumented leaves people feeling unable to access mainstream healthcare, placing them outside the public healthcare systems which has implications for both their individual health and the health of the wider population. Consequently, it is important for undocumented migrants to be granted access to public healthcare on ethical and public health grounds.

4.4 Supported – Unsupported

“How I try to keep going”

The extent to which these men felt supported varied. Some (Amrit, Gurpreet, Jas & Sunny) felt supported by external organisations whereas others also (Amrit, Gurpreet, Harjeet, Jas, Raja, Satveer & Sunny) drew on other means of getting through including the use of substances to numb the pain. The charity organisation managed to get healthcare access for some of the individuals although the level of care varied from one

person to another. Those (Bhupinder & Satveer) who did not have access spoke of the challenges of getting prescribed medication, whilst others (Satveer, Harjeet, Jas, Bhupinder & Sunny) relied on advice from friends. The lack of access meant individuals were reliant on pre-existing knowledge, their network of friends or asking a pharmacist.

Alongside feeling supported, there was the parallel narrative (Gurpreet, Jas & Raja) of feeling unsupported by relatives and not being able to rely on others. Gurpreet felt everyone is responsible for their own destiny and each person is accountable for their own problems. Participants felt that even the places that were supposed to be supportive like the Gurudwara and the charities had unreasonable expectations and judged them.

The research suggests that the needs of the family are seen as greater than the individual's own needs within the sample. Other research suggests that Punjabi community values arise from a collectivist culture, which promotes the idea that families should manage difficulties privately without seeking external, public support (Singh, 2009). This research suggests that deviation from the community centric values is seen as disloyal and if the men needed to resort to external support, they kept this private from family members. Living away and being separated from family members across borders, whilst still feeling a sense of connectedness, has led to the term 'transnational families' (Bryceson and Vuorela, 2002). Relationships are reliant, as mentioned by the men in this study, on contact through various means which in recent years have expanded due to the advancement of technology (Faist, 2000; Mazzucato, Schans, Caarls and Beuchemin, 2015). Initially, the men struggled to communicate with loved ones abroad through writing letters and expensive phone calls. However,

things have become much easier as family members can even have face-to-face contact using digital technology such as Facetime. Research has shown that the advances in the digital world act as a 'social glue' to connect migrants across the world (Horst, 2006; Dekker & Engbersen, 2014) thus acting as a social support which can help when they are feeling distressed. Some of the men spoke about the importance of maintaining contact with family back in Punjab to avoid rejection. However, research indicates that even when there is regular contact, the absence of fathers can still lead to children feeling alienated (Bryceson, 2019). Findings from research with undocumented Ghanaian fathers found they were worried that due to the lack of face-to-face contact they had with their children they were not fulfilling their social role as a father. This created a tension between the fathers wanting to financially support their children to have a better education at the expense of this becoming an emotional barrier to having an intimate relationship with their children (Lam and Yeoh, 2019; Poeze, 2019). However, in the present study, one of the men spoke of adapting and continuing to fulfil his social role of organising his adult children's arranged marriages over the telephone, although he also spoke of the emotional impact of not being physically present.

A salient and recurrent narrative throughout the interviews (Bhupinder, Gurpreet, Harjeet, Jas & Satveer) comprised the belief in the support from the Gurus. They referred to the belief that the Waheguru would support them and would get them through the challenges they experience. Some (Harjeet, Bhupinder, Gurpreet, Jas, Satveer & Sunny) found the Gurudwara to be a place where they could pray and feel calm as well as a place where they could eat and drink. However, some (Amrit & Raja) felt that the Gurudwara members were unhelpful and did not provide them with the

support they wanted. A strong belief held by many (Harjeet & Gurpreet) was the idea of leaving the future in Waheguru's hands. Having faith in the Gurus as a Sikh gave most of the men hope that their situation would improve. Similarly, previous research highlights the key role of religion in the migration process from the point of the decision to leave their home country to the psychological effects of this on the individual's commitment to go through the challenges of migration. It was hypothesised that individuals rely more strongly on religion when the risk is high and when an individual feels little control (Hagan & Ebaugh, 2003) mirroring the experiences of the UPMs in the present study. The men made reference to feeling supported by God and believed that through worship and chanting the name Waheguru they could overcome all distress, also known as *nam simran* (Guru Granth Sahib, 1993, pp. 992, 249-14). Singh (1993), suggests that the Sikh world view with regard to one's mental health is tailored around the mind, body and mood. Therefore, healing would require a holistic framework, which encompasses all three areas. The men reported a strong connection to religion and engaging in different ways to feel connected to Sikhism and as a way of managing the distress experienced. The practice of bringing one's complete attention to a particular moment, in this case with Waheguru, is similar to the concepts of mindfulness (Kabat-Zinn, 1994). Conversely, some of the men did not feel supported by the religious organisations and felt they could have done more for them. There were differences in the extent to which the sample felt supported by their faith – with evidence that beliefs could give a sense of connection to a higher truth, while others felt let down by the institutions of religion.

Raja & Satveer); however, it was evident from Satveer's narrative that not everyone fully shared their experiences to avoid bringing shame or worry to the family. When

this was the case, friends took the role of the family and would often be relied upon for immediate support. This varied from sitting with friends and sharing how they were feeling to relying on each other for advice around employment or financial support. The charity organisation was also a great support for individuals (Amrit, Gurpreet, Jas, Raja & Sunny) and met basic needs where possible including providing a winter shelter, food, group activities and clothes.

The common goal of supporting their family in Punjab was shared amongst all participants. A culture of collectivism was shared amongst the individuals as no one questioned supporting family members overseas even when they had little support to meet their individual basic needs here. Instead Jas said that he did not want to take money he was offered from a friend despite being homeless and that he preferred him to send the money to his friends' family in Punjab. As discussed in the introduction, being connected with others was crucial to surviving. However, there were struggles in building networks (Sigona, 2009; 2012; Poduval, 2015; Bloch, 2013; Ahmad, 2008; Duvell, 2004). The men reported supporting one another and building their own social network of individuals who could support them depending on their needs. For example, as previous literature showed (Sigona, 2009; 2012; Poduval, 2015; Bloch, 2013; Ahmad, 2008; Duvell, 2004), they had to rely on each other to find work or accommodation and even seek advice regarding medication. Especially, in the absence of family, they described their friends/compatriots as their new extended family. This study supports findings by Sigona (2012), which found that UMs were worried about extending their social networks to those outside their linguistic community. This is due to language barriers and a difference in topics of conversations. This may offer an understanding of why the UPM community stays closely connected.

Although friends provided an extensive amount of support, continuing a long-distance spousal relationship for some was a challenge. Some had relationships in the UK and issues around domestic violence accusations were made. The men did not raise issues related to threat per se (Comaz-Diaz & Greene, 1994; Straussner, 2000) and instead spoke of avoiding difficulties in relationships to avoid being under the spotlight of authority organisations.

4.5 Fauji/Freshie – Camouflage

“Who I am?”

A story of identifying as being different was apparent. Amrit and Satveer shared the language used to describe those who are undocumented migrants. Names used included *freshie* meaning newcomer and *fauji* meaning military personnel / soldier. They believed this is what made them distinct to others in the community. Amrit held a strong belief that others could identify that they were migrants by the way they dress and walk. They even share common slang words to remain discrete amongst those who are documented.

Sacrificing one’s own happiness for the happiness of the family was a common narrative. Some had to make changes to their physical appearance to avoid being caught. These changes were made as a form of adaptation for camouflage and in order to blend into their surroundings. This can be seen as being similar to what army personnel do in order to increase their chances of survival. This was most likely a response to the negative associations the media made between Muslims and terrorism. Previous literature found that many Sikhs with turbans were mistaken for Muslims. For

example, a Sikh, Balbir Singh Sodhi, in America was gunned down as he was mistaken for a Muslim (McLeod, 2008). Although, physical changes were made to their cultural identity, participants spoke of maintaining their *Sardari*. Therefore, although participants had to make superficial changes, internally they recognised themselves as followers of the Sikh faith (McLeod, 2008). This supports the Dialogical Model of Acculturation proposed by Bhatia (2002) and the level of complexity involved in the process of acculturation. The UPMs may appear to be assimilated due to their physical appearance for camouflage although they are not assimilated internally.

The genre of most of the narratives entailed the UPMs seeing and describing themselves as Punjabi warriors. Their identity of being a *sardar* from the Sikh faith promoted strength and resilience as well as fostering a sense of justice and equality. Some of the men had to go through horrific, traumatic experiences to get to the UK and fought to confront their challenges. This strength and determination may have stemmed from the negative experiences Punjabi Sikhs have experienced through history.

Trauma which has been passed down from generation to generation is known as transgenerational trauma (Dass-Brailsford, 2007). This can impact on people and cause distress to an individual, family or have repercussions on a community level (Evans-Campbell, 2008). Research on the impact of systemic oppression indicates that experiences of discrimination and racism can be the root to traumatic stress for individuals and communities (Carter, 2007; Paradies, 2006). Through the theoretical lens of transgenerational trauma, it is possible that the trauma experienced by Sikhs at different points in history may have influenced the lives of these UPMs. It is possible that experiences of colonisation and injustices Sikhs have experienced through history

may leave UPMs with exaggerated negative beliefs about society and their perspective of the world. For example, they may believe that ‘others cannot be trusted’. These experiences of historical trauma may consciously or unconsciously (Coleman, 2016) be transferred and add to the Punjabi warrior narrative. These findings raise concerns regarding the complex trauma experienced by this marginalised group. The transgenerational framework also suggests that not only can trauma be passed down through generations but so can resilience (Duran, Firehammer & Gonzalez, 2008). It is possible that the concept of *sardari* represents the resilience and strength that has been passed down through the generations as a way of responding to the injustices experienced.

Many changes in physical appearance were necessary to blend in and be camouflage in their surroundings like military personnel to avoid being caught (Amrit & Satveer). These appeared to be more changes in appearance to blend in as opposed to internal changes in terms of identifying as a Sikh which they named Sardari. This is a word given to describe someone who is a leader, who holds a high place in society, is highly confident, highly respected and stands out from the crowd. This appeared as one of the *acts of resistance* to the dominant narrative of being identified as UMs, freshies and faujis. However, Raja felt he had been stripped of most of his identity and described that the only thing left was his name.

In the present study, participants were described as being identified as *freshies* or *faujis* and therefore, they see themselves as different. By othering themselves, they have thus created a unique identity for themselves. The term *freshie* is used as a way of describing someone new and ‘fresh’ to the country and alternatively stems from the phrase ‘fresh

off the boat' (Qureshi et al., 2012). Previous research suggests that 'freshies' are often seen as the underclass and people born in the UK have a tendency to look down on them (Qureshi et al., 2012) highlighting the hierarchical nature of transnational space. They are often associated with having a lack of fluency in the language of the host country and a lack of cultural awareness of acceptable dress sense and behaviour (McAuliffe, 2008). This strengthens findings from research carried out with migrants from Pakistan which discusses the intra-ethnic discrimination taking place and the weak position they hold within these structures of socioeconomic and symbolic power (Charsley & Bolognani, 2016). Thus, the correlations found between discrimination and the negative impact on an individual's mental and physical health (Coleman, 2016) raises concerns for UPMs who have internalised the *freshie* identity.

On the other hand, the men in the present study, alongside the term *freshie*, are also known as *faujis* meaning soldier. The men in the present study were on a mission to complete a task and as mentioned before they considered it to be similar to that of a soldier going to war. As previously mentioned, Sikhs have encountered many situations where they have needed to defend their religion. In 1699, in response to the oppression Sikhs were facing, the ninth Guru's son, Gobind Singh, who was the last human Guru, established the Khalsa. The Khalsa is a spiritual-military collective which he created as a way of defending the Sikh faith. This was the beginning of the identity of a Sikh warrior. Consequently, to be seen as part of the collective, one would be expected to follow the specific code of conduct (Singh, 2012). Therefore, the term *fauji*, which carries the theme of a Sikh warrior, may be a positive reframing of the label *freshie*.

The Five Ks are items which are all part of a Sikh's appearance which include *Kes* (uncut hair), a *Kangha* (comb), *Kirpan* (short sword), a *Kara* (wrist ring) and *Kachera* (shorts). Individuals who want to be selected as members of the Khalsa take part in a ceremony and promise to wear all Five Ks. These individuals are known as Amrit-dhari Sikhs. However, not all Sikhs follow this completely and still identify themselves as informal members of the Khalsa (McLeod, 2008). Therefore, the narratives of these men are embedded in the historical context of Sikhism around being a warrior and fighting oppression. Being considered warriors made the participants proud and may link them to feelings as descendants of the Guru who also carry the warrior status. Therefore, despite their individual differences, most of the participants felt connected to their faith which helped the men develop a psychological understanding of who they were.

This distinctiveness in the participants' narratives as mentioned before resembles the identity of army personnel. A soldier's role requires them to undergo a wide variety of challenging tasks such as enduring physical and psychological hardship as well as risking their lives and having to face constant danger (Robillard, 2017). This is similar to the narratives of the UPMs and the experiences they face. Research suggests that humans have a need to be useful; therefore, like soldiers, being a migrant who is willing to sacrifice and migrate despite the challenges may be seen in a positive light by their family and community in Punjab. Soldiers have been identified as being in a paradoxical state of mind where they want peace and may not want to do what they have been trained to do, but secondly, they may feel the desire to be useful, which would require them to go to war. This paradox of a soldier's identity is similar to how UPMs may perceive themselves: heroic and warrior-like as they leave for the UK knowing the possible challenges they may encounter versus having the undocumented

status which leaves them labelled by the host country as illegal. This also supports the ideas of Abdel-Malek Sayad (2016) who suggests that the better an individual is in providing for their family, the more absent they must be from those they are supporting. This notion of a 'double absence' is needed to be seen as a good son, a good brother or a good father.

Some (Gurpreet, Amrit & Satveer) believed they had learnt many skills and values that they hope to continue to use even if they were to return to Punjab. Gurpreet spoke about learning the differences in gender roles which were linked to the social and cultural expectations he grew up in; he now feels his attitude towards these roles has evolved. Some (Jas) made reference to the library as being another community place of support where they could read books and feel connected to their Sikh heritage. Findings did support the shift in gender role identity as suggested by Garcini and colleagues (2016). However, instead of a negative change which may be associated with depression, the men in this study described learning about taking on roles that may traditionally be carried out by women in the aim of establishing equality. For some, this was a role they hoped to adopt and implement when they returned to Punjab. This change in beliefs can potentially be explained by the process of acculturation (David, Berry & John, 2010).

4.6 Worthiness.

From my perspective, a sense of wanting to be perceived as *worthy* was noticed during the production of the narrative. It appeared that most participants (Amrit, Bhupinder, Harjeet, Jas, Satveer, Gurpreet & Sunny) believed I had a particular view of them and

judged them in a negative way and for that reason, may have compensated by making certain comments so as to be seen in a more deserving light.

This may have been in response to the powerful societal discourses held by society in the UK and how the media positions immigrants as posing a ‘threat’ (Black et al., 2006) and being unwanted. Therefore, it is possible that the men wanted to be seen in a different light, and as mentioned above, have a need to feel useful. Research recognises that it is often assumed that the main reason why UMs come to the UK is for economic reasons and fails to recognise the other subjugated reasons which may motivate them to migrate and live in the UK without documentation (Black et al., 2006).

Furthermore, this research took place in the midst of Brexit, which is a clear illustration of the culture of fear which has been created in response to migration and the UK government’s position of trying to keep people out (Burck & Hughes, 2018). Although the men did not make direct links to Brexit, it is likely the political climate had an impact on the way the men conveyed their stories to be seen as worthy.

4.7 Wider Ideological Context

Throughout each of the narratives there were multiple voices which merged. One of the salient issues raised was the exploitation experienced by many other UPMs which sometimes led to death. This connects to previous points in history when formal slavery ended however was replaced by a more powerful and controlling system. As seen as Indians were seen to be a “disciplined culture” who were willing to work which links to the dependency theory (Simon & Ruccio, 1986), the Indian population provided an inexhaustible reservoir of manpower. These individuals were willing to migrate for a period of hard labour in a distant location at a low wage as an alternative to starving in

their home country. This is similar to the American/Euro dream notion that those who work hard can achieve a good lifestyle despite the economic or societal barriers (LeBel, Richie & Maruna, 2017).

Furthermore, the multiple voices shared in the narrative express the fantasies of the UK dream which was interpreted through material wealth and class ascendancy. This myth is similar to that of the American dream which reinforces the protestant work ethic reflecting capitalist values (Weber, 1958). This ultimately protects the government system and the existing class structure however provides false hope to those marginalised in society. Giving the impression that everyone can be successful regardless of their origin ignoring issues of social inequalities (Wyatt-Nichol, 2011).

As previously mentioned, the highly interconnected intersection of the various disadvantaged categories the UMs fall into leave them vulnerable to exploitation and discrimination (Crenshaw, 1991; Laurerdale, Wen, Jacobs & Kandula, 2006).

4.8 Critical Review

The present study has uncovered new findings by focusing on a specific group in society which has not previously been researched. These findings have supported some of the previous findings but also challenged previous literature. This study has strengths but also has some limitations of its own which are discussed below.

4.8.1 Sample

The participants in the present study were recruited from East London, UK. Therefore, findings from the study cannot be generalised to all the UPMs outside this area.

However, readers and users of the research may be able to ‘transfer’ the findings in a meaningful way instead of accounting for all experiences of UPMs. This concept is commonly known as transferability (Lincoln and Guba, 1985).

The present study focused on a particular participant group in society; however, individual differences between the participants were still apparent. The participants were all from Punjab, and spoke Punjabi as their first language; however, differences such as cast (class) were not specifically explored. Despite the caste system contradicting one of the main principles in Sikhism, it is possible that the different casts may have had an impact on the experiences and perspectives of the men. Furthermore, whether someone was still undocumented or not was also not explored. It is possible that their experiences may have shaped their stories differently depending on their current status. However, this was a conscious decision made by the researcher to aid recruitment of this hard to reach group. Moreover, employing a narrative analysis within this research allowed important nuances of the UPMs’ experiences to be captured.

The sample from the present study were recruited from the local charity organisation and the Gurudwara. Therefore, it is not possible to make inferences about individuals who do not use these organisations. It is possible that UPMs who do not use these organisations may have used other alternatives to manage their stress. In addition, this research cannot provide insight into the experiences of UPM females. Although, the present study did not intentionally exclude females, no females came forward to participate. Previous research in the USA indicates that experiences of migrants can differ according to gender (Waldinger, & Gilbertson, 1994). Therefore, in one sense,

this makes the present study more homogenous; however, it also neglects female UPMs' perspectives.

A strength of the present study was that the researcher managed to recruit participants from this marginalised group in society despite its challenges. The research was, therefore, able to provide insight into the experiences of these men and their journeys to the UK.

4.8.2 Interviews

Some of the interviews in the charity organisation were held in the local church building which was also overseen by the charity. Although this was helpful as the majority of the participants would have felt a sense of familiarity, this may have also been a barrier. Participants may have felt uncomfortable sharing anything negative about the organisation and felt obliged to give a positive perspective. A strength of the current study was that the researcher allowed participants the opportunity to choose where they wanted to be seen. The local church building may have felt more comfortable for the participants to share their experiences more openly without judgement. This may have also helped with minimising the power imbalance between the researcher and participant. A further strength of the current study was that the interview was participant-led as the researcher decided to use a topic guide instead of an interview guide. The topic guide was used to prompt participants about areas to cover instead of indicating specific questions. Consultation with a UPM who now has documented status in the UK helped shape the topic guide so the researcher could cover areas they had not initially considered. A pilot interview was also carried out to further

develop the topic guide and to get the researcher to think about their questioning style and the language used, in order to remain as neutral as possible.

4.8.3 Language

The researcher thought carefully about each stage of the recruitment process. She ensured all materials were clearly presented in Punjabi and English. The researcher of the present study carried out the interviews in the UPMs' first language, Punjabi. Carrying out the research in Punjabi allowed the participants to feel more comfortable as they were more confident expressing themselves in their first language. This also allowed for a nuanced account of their experiences of being a UPM in the UK. Participants were given the opportunity to speak in either English or Punjabi. Previously research has indicated that language can be a potential barrier for individuals taking part in research. Therefore, giving the participants an option of conducting the interviews in Punjabi helped reduce the chances of further marginalising this participant group (Squires, 2008). Research stresses the importance of giving individuals the opportunity to voice their experiences without language being a barrier (Lee, Sulaiman-Hill & Thompson, 2014).

The researcher made a decision to transcribe data from Punjabi to phonetic English in order to stay as close to the meaning being conveyed by the participant (Van Nes, Abma, Jonsson & Deeg, 2010). The researcher allowed for a description to ensure that nuances were not missed (Van Nes et al., 2010). During the interview, if something ambiguous was said, the researcher checked back with the participant to ensure that what the participant was trying to convey had been captured. Not all the words used were translatable and therefore, the researcher avoided using one-word translations.

For example, the word *sardari* can only be described using more than one word. The researcher was initially going to get part of the transcripts checked; however, after much thought, she decided against this. Through the epistemological stance of the researcher, the analysis was a co-construction between the participants and the researcher. Therefore, it is possible, that the essence of this unique perspective would be lost in translation. Hence, the subjective interpretation by the researcher shaped what was ultimately translated. As previous research suggests, the person translating should have a high level of language competence, a high level of socio-cultural competence and significant background knowledge about the Punjabi community; this was the case for the researcher.

It is recognised that research also advocates that an independent person is required to validate the accuracy of the translation (Squires 2008; 2009). However, it is possible that someone with a high level of language competence checking part of the data would not necessarily have the other skills specific to the Punjabi community.

4.8.4 Analysis

The use of the current methodology was a real strength of the current study. Taking a narrative approach gave this marginalised group in society a voice to share their experiences. All the participants were very thankful at the end of the study for having had the opportunity to tell their story. It also allowed the participants to frame their stories in the historical context the stories relied on to make sense of their journeys. This approach also allowed the participants the opportunity to shed light on and challenge some of the dominant discourses surrounding this highly political issue around illegal migration in our society.

In line with the four-part evaluation offered by Lieblich and colleagues (1998, p.173) the reflections included provided a good level of *width* to the study as there was a good amount of evidence which allows the reader to make an informed judgement on the evidence provided and the interpretations made. With regards to coherence, the researcher provided an adequate level of coherence by comparing the present research with previous research and theories. The researcher believes that although the research does not provide direct insight into individuals own lives this research may move the reader to think about their own life and histories to some extent. Finally, with regards to *parsimony*, the researcher believes by keeping the stories within the main text provided good presentation of the narrative.

4.8 Clinical Implications

Exploring the UPMs' experiences of travelling to the UK has provided important insights. The current findings support previous literature in providing an understanding of why UPMs come to the UK and their experiences during their journeys here. However, this research has also provided an understanding of their experiences within a social and political context. The unique stories from the present research highlighted the need to understand the Punjabi community as being qualitatively different to other groups within the wider South Asian community. Without focusing on a specific community, the culturally specific understandings can be missed, thus having an impact on how one makes sense of the individuals' experiences and interventions recommended.

The current research provides an understanding of why UPMs may come to the UK. Although the dominant discourse suggests migrants come for economic reasons, it excludes the subjugated reasons of escaping oppression and having an overall better quality of life. Therefore, power in discourse can be used to problematise, marginalise and limit the human rights of ethnic minority groups. These findings could be seen to support previous research which indicates that by othering illegal migrants or migrants in general through the means of discourse, discriminatory practices can be implemented and justified (Wodak, 2008). In the current political climate, the media has a huge impact on shaping public opinion towards immigration (Blinder and Allen, 2016), thus contributing to the negative attitudes held by the public. However, as this study suggests, highlighting the subjugated reasons can provide the public with a greater understanding to support levels of integration within society.

More specifically, UPMs are trying to survive the system created by the historical context of the British Empire. Therefore, from a social justice perspective, the UK may be accountable at the least for these injustices and providing UPMs the right to healthcare. Thus, the need for policymakers to be more focused on socially just solutions to historical abuses could help in producing more inclusive policies and guidelines. By restricting UPMs' access to healthcare services, this could be less cost-effective in the long term as they may end up needing secondary health services. Therefore, policymakers may want to reconsider the greater financial burden which is being created by the current guidelines. From the current research it is clear that access to healthcare was not consistent. Some managed to gain access with the support of charity organisations and some did not. Therefore, policy and guidelines should be clearer and more consistent.

It was apparent that even though some did manage their physical and mental health problems through the healthcare system, religious or charity organisations, not everyone found them helpful. Taking a community psychology approach, it may be helpful for a community member with a psychology background to meet with faith leaders and religious organisations to provide psychological consultation. Although, Punjabi Sikhs have faced many attempts to be colonised, it is important that clinical psychologists and other health professionals are careful not to impose their ideas by taking the expert position. Furthermore, this support could be provided in the form of well-being workshops that are encouraged to use passages from the Guru Granth Sahib that focus on mental health. For other nonreligious organisations like healthcare or charity organisations, staff training could be considered. As UPMs have less access to provisions which safeguard people from harm due to their status, there is a higher chance of them becoming victims of exploitation. Consequently, it is imperative that organisations take more time to reflect in teams and in supervision when working with this population.

From a systemic perspective, it is important to take into account the wider political and social issues which have an impact on UPMs. Clinicians may find it useful to use an eco-map such as Bronfenbrenner's Ecological Model (Bronfenbrenner, 1986) as a way of thinking about these issues. Clinicians should consider the social inequalities an individual has experienced when working with them (Fox, Prilleltensky, Austin, 2009). It is recognised that changes to the wider systemic issues can be a challenge for clinicians in practice; however, Martin-Baro (1994) suggests it is important that clinicians remain curious and aware of these power imbalances.

Clinicians may feel that they cannot make any changes at the distal level of power as suggested by the framework by Hagan and Smail's (1997); however, it may still be possible to acknowledge the narrative and the impact of these social and political issues on the well-being of the individual. By analysing the data on a personal and professional level, the importance of listening to the UPMs' experiences was found to be powerful in itself. Research indicates that witnessing and acknowledging injustices people have experienced can help them not only reconnect with the positive version of their identity but also their cultural histories (Burck & Hughes, 2018).

From a Liberation Psychology perspective, injustice experienced by trauma and other systems of oppression can be acted on by clinicians. Afuape (2011) argues that therapy alone is ineffective without taking into account structural issues. She encourages that where social injustice has taken place, ideas of liberation should be introduced. Although, the UPMs have shown resilience and psychological acts of resistance in order to survive, coming together as a collective voice would have a stronger impact for change to occur. Therefore, from a clinical perspective, it may be important for the clinician to join this collective voice by connecting people and supporting social action (Afuape & Hughes, 2016).

The majority of the participants relied on alcohol as a way of coping with their mental health difficulties. This once again highlights the need for access to healthcare and for healthcare professionals to be aware of the high risk of alcohol abuse amongst UPMs. Therefore, routinely screening for details concerning alcohol consumption should be considered. This also highlights the need for mental health and addiction services for

traumatised UPMs. Due to the severity of trauma experienced by these individuals, it is paramount that organisations are providing trauma informed care.

4.9 Reflexive Account

4.9.1 Personal Reflections

Prior to interviewing, I did not realise how shocking these stories would be. The experiences all these men shared brought up a lot of difficult feelings. Hearing the chronic endangerment these men were experiencing and not being able to make a direct impact on the experiences made me, at times, feel helpless. Making use of supervision and writing process notes by talking about these uncomfortable experiences was key to looking after myself as a researcher.

Many of the stories shared made reference to my own historical and cultural heritage. I initially went into the study assuming that I knew much more than I actually did. Although I was passionate to learn more about my own history and culture, what I was hearing was actually quite painful. Knowing I too was connected with the social injustices experienced in my own community made me curious to understand how these connected with my own family scripts. The overall experience of this research has been helpful in my own understanding and meaning making in terms of my desire to work for social justice.

As Mishler suggests, the interpreter in this case me the researcher is also a storyteller who attempts to make sense of the participants answers and questions during the interview. However, not merely as a passive responder but engaging in dialogue which in turn also has an impact on my 'self-narrative' (Mishler, 1986). As mentioned above

some of the injustices I had witnessed as a Police Constable made me want to gain a better understanding of the experiences of UMs in the wider systemic context. As I started my research the challenges and complexity of the system within UMs live in became clearer. This was reflected in my own experience of choosing this research topic and the challenges and questions I had to face to justify its importance. This research was possibly another way my values of wanting to help the community as mentioned above a key principle our Sikh Guru put forward of selfless service (“*seva*”) was achieved. This is a value I hope to continue to practice in both my clinical and research role.

By carrying out research, I feel more inclined to help this group in society post-training. It was sometimes a challenge when carrying out this research to separate my therapist role as a clinical psychologist from my role as a researcher. I learnt that without building a rapport with these men, it would have been difficult for them to trust me. I feel privileged that these men gave me an insight into the stories of their life.

Listening to the distressing stories, and the feelings I was left with, made me think about others working with this group in society. I often felt humbled seeing the staff members from the charity organisation providing support. This left me wondering that if these organisations were not around what would this mean for these vulnerable individuals. It was also difficult hearing that organisations such as the Gurdwara were not always helpful.

4.9.2 Process Reflections

My choice of methodology and levels of narrative analysis allowed me to take an active role in thinking about my position in relation to the participant. This section of my research includes the discussion on and the positional level of the analysis.

My characteristics as a second-generation female Sikh Punjabi had an impact on the way the participants (Gurpreet, Amrit, Bhupinder, Harjeet & Satveer) may have delivered their narrative. For example, Amrit was tentative about the level of detail he shared when talking about his intimate relationships and had to be given permission to share what he felt comfortable with.

Furthermore, participants may have seen me as a researcher and in a position of power and therefore, may have felt the need to emphasise the difficulties they had to demonstrate their need to come to the UK. For example, Bhupinder spoke about the lack of opportunities in Punjab and how he had to leave to have a better quality of life.

As a Punjabi Sikh woman, I thought about my position and how this would impact upon what was shared by the participants. Previous research argues that it is extremely effective when researchers share the same cultural framework as participants (Grewal & Ritchie, 2006). Researchers and participants who share similar cultural, linguistic, national and religious heritage are known as 'insiders' (Ganga & Scott, 2006). I found that sharing a common linguistic platform allowed the narrative to be shared without the use of an interpreter which reduced the chances of important nuances being missed. Furthermore, sharing the same cultural background enabled me as a researcher to grasp the historical or cultural concepts these narratives were embedded within. With regard

to recruitment, it is felt that, by sharing the same ethnic backgrounds, this familiarity allowed the participants to feel safer.

Although one would imagine that by being close to one's own culture community as an insider would offer a degree of social proximity that cannot be offered by somebody outside this framework, the social proximity also amplifies the social divisions between the two parties. 'Diversity in proximity' is the term used when an insider is able to identify the ties that bind the researcher and participant, although it equally brings into focus the social fissures that divide them (Ganga & Scott, 2006). As covered in the analysis stage, these social fissures include class, age, gender and generation. For example, it was clear from the interviews that my gender had an impact on what was shared by one of the participants and what they felt comfortable in sharing. From this experience, I have learnt that naming these potential assumptions could be useful.

The participant and the researcher both bring certain social characteristics to the social discussion taking place (Murray, 2000). As the researcher, I felt in a more advantaged position in comparison to the men being interviewed. The starkest difference in comparison to most of the men was that I had the right to be in the UK in comparison to their undocumented status. These differences usually led to participants having to justify their social position (Murray, 2000). This may help to explain why the participants felt it was important to justify their worthiness to me.

As this participant group is so vulnerable in society, I found myself being extremely careful when writing this research not to collude with the negative dominant narrative around undocumented migration. Equally, as a researcher, I wanted to provide useful

insights into the lives of these individuals without further marginalising them. However, the researcher's epistemological position is that it is impossible for the researcher to separate themselves from the research process. Therefore, it will inevitably impact the shape and form of the overall conclusions made.

4.10 Future Research

The unique findings from the present study can be further explored in future research. The researcher was only able to recruit male participants. One of the key limitations of the study was that no female participants came forward. Based on one of the narratives from the present study, female UPMs do exist and often get involved in prostitution. Therefore, research focusing on undocumented Punjabi female migrants would be interesting, in order to understand their unique experiences which may be different to males. However, it is recognised that recruiting this population is challenging. Therefore, although not ideal, the possibility of using snowball sampling could be considered.

It is possible that the UPMs did not feel fully comfortable sharing certain aspects of their journey with the researcher for reasons such as shame or fear. Taking a systemic approach, it may be useful to conduct qualitative interviews from a different perspective. Carrying out research with staff members working with undocumented migrants would be insightful and provide a different perspective. It is likely that staff members of charity organisations have unique relationships with these individuals and could highlight other areas of need. As stated in my personal reflections, it is possible that individuals working with these individuals also experience distress. Therefore, asking specific questions around vicarious trauma in their work would also be

imperative. Research with the staff and others working with undocumented migrants may add to their collective voice which is encouraged in Liberation Psychology.

The heterogeneity of the UPMs was not fully taken into account and considered. As mentioned previously in the limitations section, exploring aspects such as cast may broaden our understanding of these vulnerable individuals. It is also possible that the UPMs outside East London have a very different experience. Therefore, exploring different geographical areas could also be considered.

4.11 Conclusion

The aim of the present study was to contribute to the limited understanding of UPMs' experiences of travelling to the UK. The study supported previous literature but also provided novel findings. Insight into the lives of eight UPMs, at different stages of their journeys, were explored. Each of the stories contained a dual narrative similar to that of a double-edged sword. It was clear that each dominant story had a subjugated story in its shadow. All of the men, at some point in their journey, experienced some form of suffering. Before these men even left their place of birth in Punjab, their choice to come to the UK were influenced by historical transgenerational experiences of trauma. They also all grew up in a highly oppressive system. The majority of the participants' traumatic journeys to the UK were similar to those of forced migrants. To a degree, their Sikh warrior identity provided them with some resilience to survive their negative experiences. However, this does not discount the fact that the majority of the participants were homeless at the time of interview. The men make daily attempts to remain undetected; however, they rely on religious and charity organisations for support. This level of support is not always sufficient, and the majority of the men often

turn to alcohol as a way of managing their distress. The lack of support and access to healthcare also raises concerns around public health.

This research attempts to give these men a voice but also attempts to amplify the subjugated stories as a way of challenging the dominant discourses in society to enable positive change. It is often these dominant stories which impact upon policymakers' decisions and the guidelines made. Therefore, by shedding light on these narratives, the author hopes the clinical implications can be considered and implemented. If these implications are responded to in practice, this would not only help support this marginalised group in society but also help systems be more reflective in the decisions they make.

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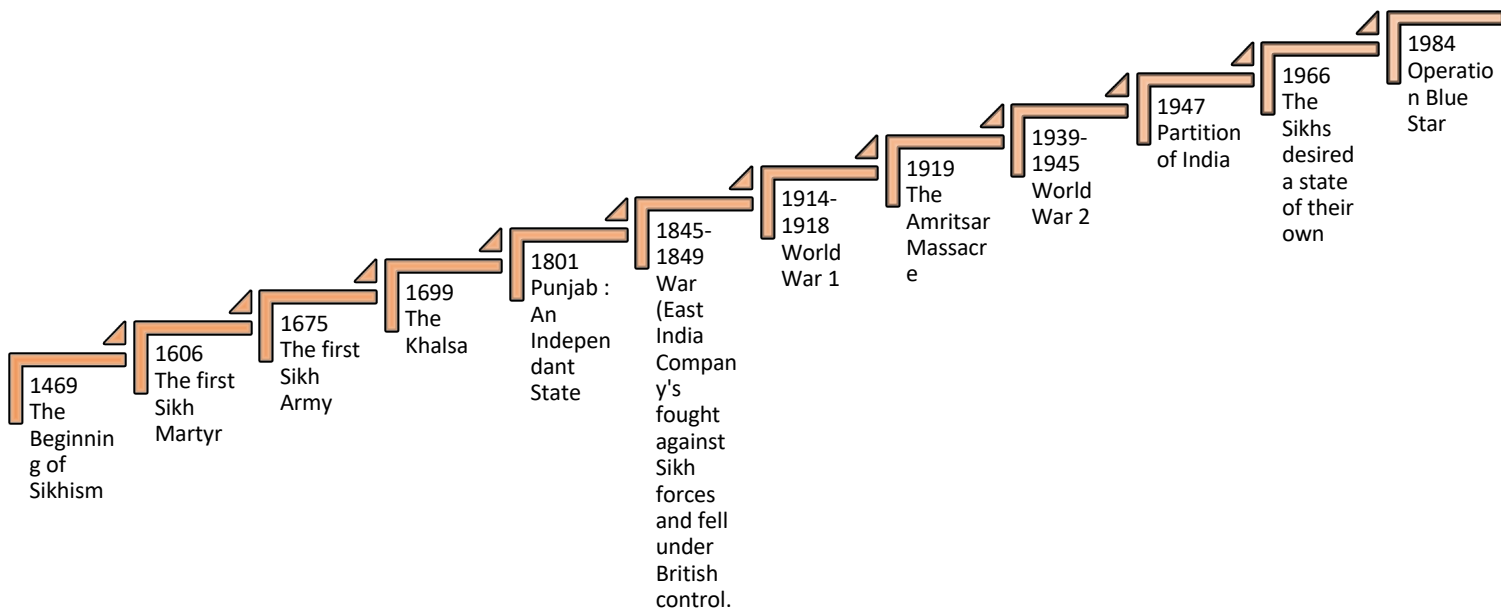
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Appendix 1 - Glossary

Fauji:	Soldier
Freshie:	Slang term used to describe someone new into the country.
Singh:	Surname given to Sikh males
Kaur:	Surname given to Sikh females
Waheguru:	Almighty God
Gurudwara:	Sikh temple
Blue Star Operation:	This was the code name given to the Indian military action taken to remove the religious militant leader Jarnail Singh Bhindranwale and his supporters from the Golden Temple in Amritsar Punjab in 1 st -8 th June 1984.

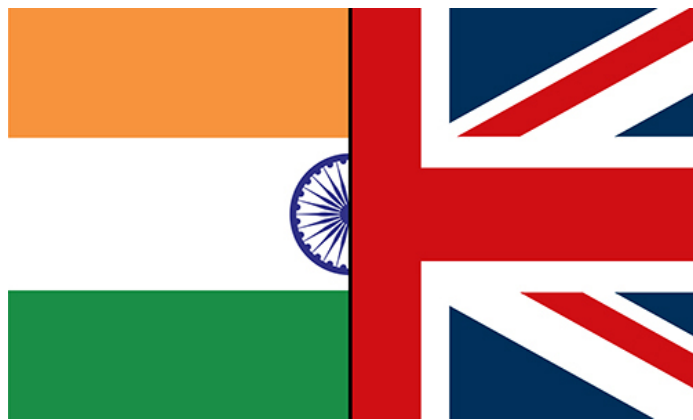
Appendix 2 – Timeline of Punjabi Sikh History



Appendix 3 - Recruitment Leaflet in English and Punjabi

PUNJABI MIGRANT EXPERIENCES OF DISTRESS WHILST UNDOCUMENTED

Research participants needed...



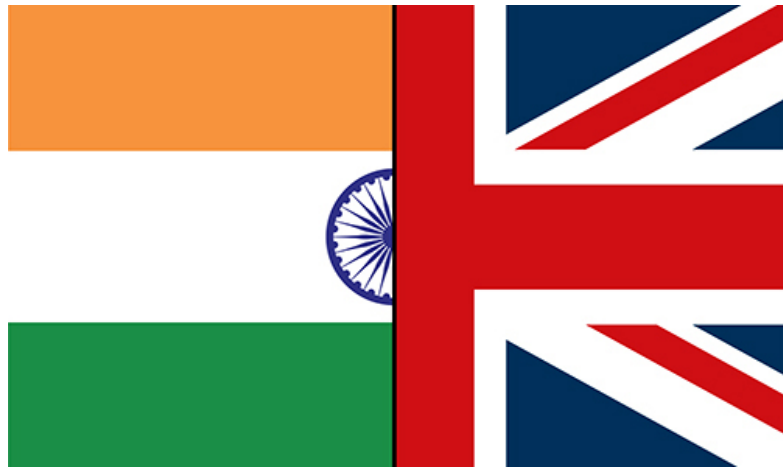
I am currently conducting a psychological study related to the experiences of undocumented Punjabi migrants and how they manage with distress. I will be conducting a face to face interview for around 45-60 minutes. The information shared will be completely confidential and there will be NO RISK of being reported to any authority organizations. The current research is interested in understanding undocumented Punjabi migrant's experiences of distress and the clinical implications.

So, if you are or have been and undocumented Punjabi migrant now or in the past for at least six months please contact me for more information. You will not be obliged to take part in the research after our initial telephone call and you are free to leave the research at any time and omit any information during the interview. You do not have to answer anything you feel too uncomfortable to share. As a gesture of appreciation, you will receive an optional £10 in cash for participating. Please contact me Sona Kaur if you are interested in participating on 07577706087.

University logo redacted

ਪੰਜਾਬੀ ਪ੍ਰਵਾਸੀਆਂ ਦੇ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਦੌਰਾਨ ਤਣਾਅਪੂਰਨ ਤਜਰਬਿਆਂ ਦਾ ਅਨੁਭਵ

ਖੋਜ ਭਾਗੀਦਾਰਾਂ ਦੀ ਲੋੜ ਹੈ



ਮੈਂ ਇਸ ਸਮੇਂ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪ੍ਰਵਾਸੀਆਂ ਦੇ ਤਜਰਬੇ ਅਤੇ ਉਹ ਤਣਾਅ ਨੂੰ ਕਿਵੇਂ ਸੰਭਾਲਦੇ ਹਨ, ਨਾਲ ਸਬੰਧਿਤ ਇਕ ਮਨੋਵਿਗਿਆਨਕ ਅਧਿਐਨ ਕਰ ਰਿਹਾ ਹਾਂ। ਮੈਂ ਲਗਭਗ 45-60 ਮਿੰਟ ਲਈ ਇੱਕ ਦੂਸਰੇ ਨਾਲ ਇੰਟਰਵਿਊ ਆਯੋਜਿਤ ਕਰਾਂਗੀ। ਦੱਸੀ ਜਾਣ ਵਾਲੀ ਜਾਣਕਾਰੀ ਪੂਰੀ ਤਰ੍ਹਾਂ ਗੁਪਤ ਹੋਵੇਗੀ ਅਤੇ ਕਿਸੇ ਅਧਿਕਾਰਿਤ ਸੰਸਥਾ ਨੂੰ ਰਿਪੋਰਟ ਕੀਤੇ ਜਾਣ ਦੀ ਕੋਈ ਸੰਭਾਵਨਾ ਨਹੀਂ ਹੋਵੇਗੀ। ਮੌਜੂਦਾ ਖੋਜ ਦੀ ਦਿਲਚਸਪੀ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪ੍ਰਵਾਸੀ ਦੇ ਤਣਾਅ ਅਤੇ ਕਲੀਨਿਕਲ ਪ੍ਰਭਾਵਾਂ ਦੇ ਅਨੁਭਵਾਂ ਨੂੰ ਸਮਝਣ ਵਿਚ ਹੈ।

ਇਸ ਲਈ, ਜੇ ਤੁਸੀਂ ਹੁਣ ਜਾਂ ਫਿਰ ਪਹਿਲਾਂ ਕਰੀਬ ਛੇ ਮਹੀਨਿਆਂ ਲਈ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪ੍ਰਵਾਸੀ ਸੀ, ਤਾਂ ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਲਈ ਮੇਰੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਸਾਡੇ ਸ਼ੁਰੂਆਤੀ ਟੈਲੀਫੋਨ ਕਾਲ ਤੋਂ ਬਾਅਦ ਤੁਹਾਨੂੰ ਖੋਜ ਵਿਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਮਜਬੂਰ ਨਹੀਂ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਤੁਸੀਂ ਕਿਸੇ ਵੀ ਸਮੇਂ ਖੋਜ ਨੂੰ ਛੱਡਣ ਲਈ ਅਜ਼ਾਦ ਹੋ ਅਤੇ ਇੰਟਰਵਿਊ ਦੇ ਦੌਰਾਨ ਕਿਸੇ ਵੀ ਜਾਣਕਾਰੀ ਨੂੰ ਮਿਟਾ ਸਕਦੇ ਹੋ। ਤੁਹਾਨੂੰ ਬਹੁਤ ਜ਼ਿਆਦਾ ਬੇਅਰਾਮੀ ਮਹਿਸੂਸ ਕਰਨ ਵਾਲੀ ਕਿਸੇ ਵੀ ਚੀਜ਼ ਦਾ ਜਵਾਬ ਦੇਣ ਦੀ ਲੋੜ ਨਹੀਂ ਹੈ। ਧੰਨਵਾਦ ਦੀ ਭਾਵਨਾ ਵਜੋਂ, ਤੁਸੀਂ ਭਾਗ ਲੈਣ ਲਈ ਇੱਕ ਵਿਕਲਪਿਕ £10 ਨਕਦ ਪ੍ਰਾਪਤ ਕਰੋਗੇ। ਜੇ ਤੁਸੀਂ ਹਿੱਸਾ ਲੈਣ ਵਿਚ ਦਿਲਚਸਪੀ ਰੱਖਦੇ ਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੋਨਾ ਕੌਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ Contact number redacted

University logo redacted

Appendix 4 - Ethics Approval Letter

06 July 2017

Address redacted

Dear Sona,

Re: Ethical Approval Application (Ref 16076)

Further to your application for ethical approval, please find enclosed a copy of your application which has now been approved by the School Ethics Representative on behalf of the Faculty Ethics Committee.

Yours sincerely,



Lisa McKee
Ethics Administrator
School of Health and Human Sciences

cc. Research Governance and Planning Manager, REO
Supervisor

Appendix 5 - Participant Consent Form in English and Punjabi

Undocumented Punjabi migrants' experiences of distress and how they manage with this in the United Kingdom

I, confirm that (please initial box as appropriate):

1.	I have read and understood the information about the study, as provided in the Information Sheet.	<input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the study.	<input type="checkbox"/>
3.	I voluntarily agree to participate in the study.	<input type="checkbox"/>
4.	I understand I can withdraw at any time without giving reasons and that I will not be penalized for withdrawing nor will I be questioned as to why I have withdrawn.	<input type="checkbox"/>
5.	The procedures regarding confidentiality have been clearly explained (e.g. use of names, pseudonyms, anonymization of data, etc.) to me.	<input type="checkbox"/>
6.	The procedures regarding audio recording of the interviews have been explained and provided to me.	<input type="checkbox"/>
7.	The use of the data in research, publications, sharing and archiving has been explained to me.	<input type="checkbox"/>
8.	I understand that other researchers will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.	<input type="checkbox"/>
9.	I hereby confirm that I have received an optional, £10 (pound sterling) as a gesture of appreciation for taking part in this research.	

Participant:

Name of Participant

Signature

Date

Researcher:

Name of Researcher

Signature

Date

ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪੰਜਾਬੀ ਪ੍ਰਵਾਸੀਆਂ ਦੇ ਦਿੱਕਤਾਂ ਦੇ ਅਨੁਭਵ ਅਤੇ ਉਹ ਯੁਨਾਇਟਿਡ ਕਿੰਗਡਮ ਵਿੱਚ ਕਿਸ ਤਰ੍ਹਾਂ ਉਹਨਾਂ ਨੂੰ ਨਿਯੰਤਰਣ ਕਰਦੇ ਹਨ

ਮੈਂ, ਪੁਸ਼ਟੀ ਕਰਦਾ ਹਾਂ ਕਿ (ਕਿਰਪਾ ਕਰਕੇ ਬਕਸੇ ਨੂੰ ਦਸਤਖਤ ਕਰੋ ਜਿੱਥੇ ਸਹੀ ਹੋਵੇ):

1.	ਮੈਂ ਜਾਣਕਾਰੀ ਸੀਟ ਵਿੱਚ ਦਿੱਤੇ ਅਨੁਸਾਰ, ਅਧਿਐਨ ਬਾਰੇ ਜਾਣਕਾਰੀ ਨੂੰ ਪੱਤ ਅਤੇ ਸਮਝ ਲਿਆ ਹੈ।	<input type="checkbox"/>
2.	ਮੈਨੂੰ ਅਧਿਐਨ ਬਾਰੇ ਪ੍ਰਸ਼ਨ ਪੁੱਛਣ ਦਾ ਮੋਕਾ ਦਿੱਤਾ ਗਿਆ ਹੈ।	<input type="checkbox"/>
3.	ਮੈਂ ਆਪਣੀ ਇੱਛਾ ਅਨੁਸਾਰ ਅਧਿਐਨ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਸਹਿਮਤ ਹਾਂ।	<input type="checkbox"/>
4.	ਮੈਂ ਜਾਣਦਾ ਹਾਂ ਕਿ ਮੈਂ ਕਿਸੇ ਵੇਲੇ ਵੀ ਬਿਨਾਂ ਕਿਸੇ ਕਾਰਨ ਛੱਡ ਸਕਦਾ ਹਾਂ ਅਤੇ ਮੈਨੂੰ ਛੱਡਣ ਲਈ ਕੋਈ ਜੁਰਮਾਨਾ ਨਹੀਂ ਪਵੇਗਾ ਨਾਂ ਹੀ ਮੈਨੂੰ ਪੁੱਛਿਆ ਜਾਵੇਗਾ ਕਿ ਮੈਂ ਕਿਉਂ ਛੱਡਿਆ ਹੈ।	<input type="checkbox"/>
5.	ਗੁਪਤਤਾ ਪ੍ਰਤੀ ਵਿਧੀ ਬਾਰੇ ਮੈਨੂੰ ਸਾਫ਼ ਤੌਰ ਤੇ ਦੱਸਿਆ ਗਿਆ ਹੈ (ਉਦਾਹਰਨ ਵਜੋਂ, ਨਾਮਾਂ ਦੀ ਵਰਤੋਂ, ਉਪਨਾਮ, ਜਾਣਕਾਰੀ ਦੀ ਗੁਪਤਤਾ ਵਗੈਰਾ)।	<input type="checkbox"/>
6.	ਇੰਟਰਵਿਊ ਦੀ ਆਡੀਓ ਰਿਕਾਰਡਿੰਗ ਦੀ ਵਿਧੀ ਮੈਨੂੰ ਸਮਝਾਈ ਅਤੇ ਦਿੱਤੀ ਗਈ ਹੈ।	<input type="checkbox"/>
7.	ਜਾਣਕਾਰੀ ਨੂੰ ਖੋਜ, ਪਬਲੀਕੇਸ਼ਨਾਂ, ਸੇਰਿੰਗ ਅਤੇ ਸੰਯੁਕਤ ਕਰਨ ਬਾਰੇ ਮੈਨੂੰ ਸਮਝਾਇਆ ਗਿਆ ਹੈ।	<input type="checkbox"/>
8.	ਮੈਂ ਇਹ ਜਾਣਦਾ ਹਾਂ ਕਿ ਹੋਰ ਖੋਜਕਾਰਾਂ ਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਦੀ ਪਹੁੰਚ ਹੋਵੇਗੀ ਜੇਕਰ ਉਹ ਜਾਣਕਾਰੀ ਨੂੰ ਗੁਪਤ ਰੱਖਣ ਲਈ ਮੰਨਦੇ ਹਨ ਅਤੇ ਜੇਕਰ ਉਹ ਮੇਰੇ ਇਸ ਫਾਰਮ ਵਿੱਚ ਦਿੱਤੀਆਂ ਸ਼ਰਤਾਂ ਨੂੰ ਮੰਨਦੇ ਹਨ।	<input type="checkbox"/>
9.	ਮੈਂ ਇਸ ਗੱਲ ਦੀ ਪੁਸ਼ਟੀ ਕਰਦਾ ਹਾਂ ਕਿ ਮੈਂ ਇਸ ਖੋਜ ਵਿੱਚ ਭਾਗ ਲੈਣ ਲਈ ਇੱਕ ਵਿਕਲਪਿਕ, £ 10 (ਪਾਉਂਡ ਸਟਰਲਿੰਗ) ਪ੍ਰਾਪਤ ਕੀਤੇ ਹਨ।	<input type="checkbox"/>

ਸਹਿਭਾਗੀ:

ਸਹਿਭਾਗੀ ਦਾ ਨਾਮ

ਦਸਤਖਤ

ਮਿਤੀ

ਖੋਜਕਾਰ:

ਖੋਜਕਾਰ ਦਾ ਨਾਮ

ਦਸਤਖਤ

ਮਿਤ

Appendix 6 - Participant Information Sheet in English and Punjabi

Undocumented Punjabi migrants' experiences of distress and how they manage with this in the United Kingdom

What are the aims of the current study?

The proposed study aims to explore the mental health of Undocumented Punjabi migrants', with emphasis on exploring how they manage these difficulties. The study will aim to provide clinical recommendations to charity organisations to inform their voluntary work as well as informing potential policies.

Why have you been chosen?

Research has found that migrants are more vulnerable to mental health difficulties and the current research is interested to understand how the mental health difficulties my undocumented migrants is managed. Furthermore, Punjabi migrants are the interest of the present research as they have been found to be one of the largest undocumented migrant populations in the UK.

How will my information be stored?

The information you provided will be anonymised so that no identifiable information will be shared. A Pseudonym will be used instead of your real names to help ensure confidentiality. The data will be kept secure on a password protected computer and deleted after 12 months.

Do you have ethical approval?

Ethical approval for this study has been gained from the University of Essex Ethics Committee to ensure that the study is safe to carry out.

Who is the researcher?

My name is Sona Kaur and I am a Trainee Clinical Psychologist at the University of Essex. I am carrying out this research as part of Doctorate in Clinical Psychology. I am being supervised by one of the academic staff members and we are happy for you to contact them for further information about the research study or about me the researcher.

What will the study entail?

Consent will be required to take part in the study, which will highlight that your information will be kept confidential and changes will be made to any identifiable information and replaced with a Pseudonym. You will also be informed about your right to withdrawn at any time and remove any part of the information you have spoken about from the recorded interview.

The study itself will require around 45 to 60 minutes of your time which will most likely be conducted at the place you had seen this study advertised. The interview will be recorded onto a password protected device and later transcribed verbatim. This data will be stored on a password protected computer to be analysed. You will be provided with your pseudonym and if you would like your data to be removed at any point please provide us with this name so you can be identified.

What will happen to my data?

Your data will hopefully be published in an academic journal and help provide an insight into the mental health needs of undocumented Punjabi migrants and how they manage with any difficulties experienced. Clinical recommendations will be made to help inform charity organisations but also inform policy holders of the difficulties experienced.

Please do not hesitate to contact me should you have any further questions about the study.

Email and university address
redacted

Sona Kaur

ਅੰਤਿਕਾ 1- ਜਾਣਕਾਰੀ ਸ਼ੀਟ

ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪੰਜਾਬੀ ਪਰਵਾਸੀਆਂ ਦੇ ਤਣਾਅ ਦੇ ਅਨੁਭਵ ਅਤੇ ਉਹ ਯੁਨਾਈਟਿਡ ਕਿੰਗਡਮ ਵਿੱਚ ਕਿਸ ਤਰ੍ਹਾਂ ਇਸ ਨੂੰ ਨਿਯੰਤਰਣ ਕਰਦੇ ਹਨ।

ਮੌਜੂਦਾ ਅਧਿਐਨ ਦਾ ਉਦੇਸ਼ ਕੀ ਹੈ?

ਪ੍ਰਸਤਾਵਿਤ ਅਧਿਐਨ ਦਾ ਉਦੇਸ਼ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪੰਜਾਬੀ ਪ੍ਰਵਾਸੀਆਂ ਦੀ ਦਿਮਾਗੀ ਸਿਹਤ ਜਿਸ ਵਿੱਚ ਵਿਸ਼ੇਸ਼ ਧਿਆਨ ਦਿੱਤਾ ਗਿਆ ਹੈ ਕਿ ਉਹ ਕਿਸ ਤਰ੍ਹਾਂ ਇਹਨਾਂ ਦਿੱਕਤਾਂ ਨੂੰ ਨਿਯੰਤਰਣ ਕਰਦੇ ਹਨ, ਨੂੰ ਜਾਣਨਾ ਹੈ। ਇਸ ਅਧਿਐਨ ਦਾ ਉਦੇਸ਼ ਦਾਨ-ਸੰਸਥਾਵਾਂ ਨੂੰ ਠੋਸ ਸਿਫਰਸਾਂ ਪ੍ਰਦਾਨ ਕਰਨੀਆਂ ਤਾਂ ਜੋ ਉਹਨਾਂ ਨੂੰ ਸਵੈ-ਇੱਛਤ ਕੰਮ ਅਤੇ ਨਾਲ ਦੇ ਨਾਲ ਸੰਭਾਵਿਤ ਨੀਤੀਆਂ ਲਈ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਜਾਵੇ।

ਤੁਸੀਂ ਕਿਉਂ ਚੁਣੇ ਗਏ ਹੋ?

ਖੋਜ ਤੋਂ ਪਤਾ ਲੱਗਾ ਹੈ ਕਿ ਪ੍ਰਵਾਸੀ ਦਿਮਾਗੀ ਸਿਹਤ ਦਿੱਕਤਾਂ ਪੱਖੋਂ ਜਿਆਦਾ ਕਮਜ਼ੋਰ ਹਨ ਅਤੇ ਮੌਜੂਦਾ ਖੋਜ ਇਹ ਦੇਖਣਾ ਚਾਹੁੰਦੀ ਹੈ ਕਿ ਕਿਸ ਤਰ੍ਹਾਂ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪ੍ਰਵਾਸੀਆਂ ਦੁਆਰਾ ਦਿਮਾਗੀ ਸਿਹਤ ਦਿੱਕਤਾਂ ਨਿਯੰਤਰਣ ਕੀਤੀਆਂ ਜਾਂਦੀਆਂ ਹਨ। ਇਸ ਤੋਂ ਇਲਾਵਾ, ਪੰਜਾਬੀ ਪਰਵਾਸੀਆਂ ਵਿੱਚ ਮੌਜੂਦਾ ਖੋਜ ਦੀ ਦਿਲਚਸਪੀ ਹੈ ਕਿਉਂਕਿ ਉਹ ਯੂ.ਕੇ. ਵਿੱਚ ਪਾਏ ਜਾਣ ਵਾਲੀ ਸੱਭ ਤੋਂ ਵੱਡੀ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਜਨਸੰਖਿਆ ਹੈ।

ਮੇਰੀ ਜਾਣਕਾਰੀ ਨੂੰ ਕਿਸ ਤਰ੍ਹਾਂ ਰੱਖਿਆ ਜਾਵੇਗਾ?

ਤੁਹਾਡੇ ਦੁਆਰਾ ਦਿੱਤੀ ਜਾਣਕਾਰੀ ਨੂੰ ਅਗਿਆਤ ਰੱਖਿਆ ਜਾਵੇਗਾ ਤਾਂ ਜੋ ਕੋਈ ਵੀ ਪਹਿਚਾਣਨ ਯੋਗ ਜਾਣਕਾਰੀ ਨੂੰ ਸ਼ੇਅਰ ਨਾ ਕੀਤਾ ਜਾਵੇ। ਗੁਪਤਤਾ ਯਕੀਨੀ ਬਣਾਉਣ ਲਈ ਅਸਲ ਨਾਮਾਂ ਦੀ ਜਗਾਂ ਉਪਨਾਮ ਵਰਤੋਂ ਜਾਣਗੇ। ਜਾਣਕਾਰੀ ਇੱਕ ਪਾਸਵਰਡ ਪ੍ਰੋਟੈਕਟਿਡ ਕੰਪਿਊਟਰ ਵਿੱਚ ਸੁਰੱਖਿਅਤ ਰੱਖੀ ਜਾਵੇਗੀ ਅਤੇ 12 ਮਹੀਨੇ ਬਾਅਦ ਮਿਟਾ ਦਿੱਤੀ ਜਾਵੇਗੀ।

ਕੀ ਤੁਹਾਡੇ ਕੋਲ ਨੈਤਿਕ ਮੰਜੂਰੀ ਹੈ?

ਇਸ ਅਧਿਐਨ ਲਈ ਨੈਤਿਕ ਮੰਜੂਰੀ ਯੂਨਿਵਰਸਿਟੀ ਆਫ ਐਸੇਕਸ ਐਥਿਕਸ ਕਮੇਟੀ ਤੋਂ ਲਈ ਗਈ ਹੈ, ਤਾਂ ਜੋ ਯਕੀਨੀ ਬਣਾਇਆ ਜਾਵੇ ਕਿ ਅਧਿਐਨ ਜਾਰੀ ਰੱਖਣ ਲਈ ਸੁਰੱਖਿਅਤ ਹੈ।

ਖੋਜਕਾਰ ਕੌਣ ਹੈ?

ਮੇਰਾ ਨਾਮ ਸੋਨਾ ਕੋਰ ਹੈ ਅਤੇ ਮੈਂ ਯੂਨਿਵਰਸਿਟੀ ਆਫ ਐਸੋਕਸ ਵਿੱਚ ਕਲਿਨੀਕਲ ਸਾਈਕੋਲੋਜਿਸਟ ਦੀ ਟ੍ਰੇਨੀ ਹਾਂ। ਮੈਂ ਇਹ ਖੋਜ ਕਲਿਨੀਕਲ ਸਾਈਕੋਲੋਜੀ ਦੀ ਡੋਕਟਰੇਟ ਦੇ ਹਿੱਸੇ ਵਜੋਂ ਕਰ ਰਹੀ ਹਾਂ। ਐਕੋਡਮੀ ਦੇ ਸਟਾਫ ਮੈਂਬਰਾਂ ਵਿੱਚੋਂ ਇੱਕ ਮੇਰੇ ਤੇ ਨਿਗਰਾਨੀ ਰੱਖ ਰਿਹਾ ਹੈ ਅਤੇ ਅਸੀਂ ਖੁੱਬ ਹਾਂ ਜੇਕਰ ਤੁਸੀਂ ਉਹਨਾਂ ਨੂੰ ਖੋਜ ਅਧਿਐਨ ਬਾਰੇ ਹੋਰ ਜਾਣਕਾਰੀ ਲੈਣ ਜਾਂ ਮੇਰੇ ਖੋਜਕਾਰ ਬਾਰੇ ਜਾਣਨ ਲਈ ਸੰਪਰਕ ਕਰੋ।

ਅਧਿਐਨ ਕੀ ਲਾਗੂ ਕਰੇਗਾ?

ਅਧਿਐਨ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣ ਲਈ ਸਹਿਮਤੀ ਲਈ ਜਾਵੇਗੀ ਅਤੇ ਤੁਸੀਂ ਉਪਨਾਮ ਵਰਤ ਸਕਦੇ ਹੋ, ਜੋ ਕਿ ਦਰਸਾਏਗੀ ਕਿ ਤੁਹਾਡੀ ਜਾਣਕਾਰੀ ਨੂੰ ਗੁਪਤ ਰੱਖਿਆ ਜਾਵੇਗਾ ਅਤੇ ਕਿਸੇ ਵੀ ਪਹਿਚਾਣਨ ਵਾਲੀ ਜਾਣਕਾਰੀ ਨੂੰ ਬਦਲਿਆ ਜਾਵੇਗਾ ਅਤੇ ਉਪਨਾਮ ਨਾਲ ਬਦਲਿਆ ਜਾਵੇਗਾ। ਤੁਹਾਨੂੰ ਤੁਹਾਡੇ ਕਿਸੇ ਵੇਲੇ ਵੀ ਛੱਡਣ ਦੇ ਹੱਕ ਬਾਰੇ ਤੁਹਾਨੂੰ ਦੱਸਿਆ ਜਾਵੇਗਾ ਅਤੇ ਰਿਕਾਰਡ ਕੀਤੇ ਇੰਟਰਵਿਊ ਵਿੱਚ ਕਿਸੇ ਵੀ ਜਾਣਕਾਰੀ ਦੇ ਹਿੱਸੇ ਜੋ ਤੁਸੀਂ ਕਹੀ ਹੈ, ਨੂੰ ਹਟਾਇ ਜਾਵੇਗਾ।

ਅਧਿਐਨ ਤੁਹਾਡੇ ਸਮੇਂ ਦੇ ਕਰੀਬ 45 ਤੋਂ 60 ਮਿੰਟ ਲਵੇਗਾ ਜੋ ਕਿ ਉਸ ਜਗਾ ਤੇ ਲਿਆ ਜਾਵੇਗਾ ਜਿੱਥੇ ਤੁਸੀਂ ਇਸ ਅਧਿਐਨ ਦਾ ਇਸਤਿਹਾਰ ਦੇਖਿਆ ਹੈ। ਇੰਟਰਵਿਊ ਇੱਕ ਪਾਸਵਰਡ ਸੁਰੱਖਿਅਤ ਯੰਤਰ ਵਿੱਚ ਰਿਕਾਰਡ ਕੀਤਾ ਜਾਵੇਗਾ ਅਤੇ ਬਾਅਦ ਵਿੱਚ ਭਾਸ਼ਾ ਨੂੰ ਬਦਲਿਆ ਜਾਵੇਗਾ। ਇਹ ਜਾਣਕਾਰੀ ਇੱਕ ਪਾਸਵਰਡ ਸੁਰੱਖਿਅਤ ਕੰਪਿਊਟਰ ਵਿੱਚ ਦਰਜ ਕੀਤੀ ਜਾਵੇਗੀ ਤਾਂ ਜੋ ਅਧਿਐਨ ਕੀਤਾ ਜਾਵੇ। ਤੁਹਾਨੂੰ ਤੁਹਾਡਾ ਉਪਨਾਮ ਦਿੱਤਾ ਜਾਵੇਗਾ ਅਤੇ ਜੇਕਰ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਕਿ ਤੁਹਾਡੀ ਜਾਣਕਾਰੀ ਮਿਟਾ ਦਿੱਤੀ ਜਾਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਆਪਣਾ ਨਾਮ ਦੱਸਣਾ ਤਾਂ ਜੋ ਤੁਹਾਨੂੰ ਪਹਿਚਾਣਿਆ ਜਾਵੇ।

ਮੇਰੀ ਜਾਣਕਾਰੀ ਨੂੰ ਕੀ ਹੋਵੇਗਾ?

ਤੁਹਾਡੀ ਜਾਣਕਾਰੀ ਉਮੀਦ ਹੈ ਕਿ ਐਕੈਡੇਮਿਕ ਜਰਨਲ ਵਿੱਚ ਛੱਪੇ ਤੇ ਮੱਦਦ ਕਰੇ ਕਿ ਗੈਰ-ਦਸਤਾਵੇਜ਼ੀ ਪੰਜਾਬੀ ਪ੍ਰਵਾਸੀਆਂ ਦੀ ਦਿਮਾਗੀ ਸਿਹਤ ਦੀਆਂ ਜਰੂਰਤਾਂ ਅਤੇ ਉਹ ਕਿਸ ਤਰ੍ਹਾਂ ਕਿਸੇ ਵੀ ਦਿੱਕਤ ਨੂੰ ਨਿਯੰਤਰਣ ਕਰਦੇ

ਹਨ। ਠੋਸ ਸਿਫਾਰਿਸ਼ਾਂ ਕੀਤੀਆਂ ਜਾਣਗੀਆਂ ਤਾਂ ਜੋ ਦਾਨ ਸੰਸਥਾਵਾਂ ਨੂੰ ਮੱਦਦ ਮਿਲੇ ਪਰ ਨੀਤੀ ਧਾਰਕਾ ਨੂੰ ਦਿੱਕਤਾਂ ਬਾਰੇ ਵੀ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਜਾਵੇਗੀ।

ਜੇਕਰ ਹੋਰ ਪ੍ਰਸ਼ਨ ਇਸ ਅਧਿਐਨ ਬਾਰੇ ਹਨ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮੈਨੂੰ ਬਿਨਾਂ ਬਿੱਜਕ ਸੰਪਰਕ ਕਰੋ।

Email and university address
redacted

ਸੋਨਾ ਕੋਰ

Appendix 7 - Topic Guide

I would like to thank you for attending today to take part in this research. This research is an area of interest to me and is about exploring undocumented Punjabi migrants' experiences of distress and how they manage whilst living in the UK.

The interview will take approximately 45 to 60 minutes and if at any point, you no longer wish to continue, or you would like to have a break please let me know and we will stop.

I will be recording our sessions as we have discussed prior to starting in the consent form which I will later use to transcribe and analyse. Do you have any questions?

Opening of interview

Explore their current situation in general

Journey to the UK

- Conversations around their journey to the UK and their experiences of this
- Explore their hopes / concerns at the time

Coping with stress

- Explore if there were any challenges / difficulties / stressful situations experienced before, during and after their arrival in the UK
- Explore how these situations were managed and if this way of managing was helpful.
- Gain an understanding of where these ways of managing came from / were learnt.
- Explore how they anticipate managing stressful situations in the future (prompts: use of drugs, alcohol, social support etc.)
- Explore if religion or culture influences how they manage with stress

End of interview

- Explore hope *Appendix - Ethics Approval Letter*ard to self, family
a *Appendix 4 - Participant Consent Form in English and Punjabi*ring
the interview
- Give oppo *Appendix 6 - Recruitment leaflet in English and Punjabi*s
should be covered in the interview when trying to explore undocumented
Punjabi migrants' experiences of di *Appendix 7 - Participant
Information Sheet in English and Punjabi*icipants would like to add
which they see as relevant for me to know in terms of t *Appendix 9 -
Interview transcript with initial codes and Punjabi translations*he
research question

Appendix 8 - Reflective Diary

On 11.12.2017 I felt both excited and worried before the interview with participant 3. I felt excited to carry out the interview given the opportunity to speak to a hard to reach population. However, due to this same reason, I felt worried about whether the participant may withdraw or not turn up to the interview which would delay the study plan and thesis completion date. While driving to the venue I was experiencing, even more, worry being stuck in traffic. This made me feel anxious because I did not want to disappoint the participant by being late. Once I arrived at the venue, I was told that the participant had not arrived as yet. This made me feel frustrated and let down. However, I was determined to complete the interview and decided to wait. The wait lasted for 25 minutes. During this time, I felt as though I would not be able to obtain findings to answer the thesis question and that I was unsuccessful in my objective for the day. Once the participant had arrived and apologised for being late, I felt thankful for the participant to have taken the time out to speak to me. This highlighted the idea of time and how my understanding of time differed to those that were homeless. Whilst in the interview, I felt engaged in the conversation especially when the participant drew on concepts such as Sikhism and the Indian culture. From which I felt enlightened about and was able to connect with the participant on a personal level. On completion of the interview, the emotions I felt included feeling drained and worn-out from the extensive responses given.

Appendix 9 - Interview Transcript with Initial Codes and Punjabi Translations

20. I: oh ke hondha?
 21. R: Scooterie, bundria jeya
 22. I: acha
 23. R: Othe betaya meh othe, thi chal ji othe legaye. Othe ehne kismet lucky, jandea doctor poria thale utharda se. The phir kendha kithe jarea meh keya immigration valea ne pejea docterie karan lai. Oh kendha mere thi aj chutee. Meh akhia meh Jalandher jana, kendha chal aja ethe. Pehle pashap da test leya, tha leya akher dekhai k oh akher das kea?
 24. I: Tekh ah, phir ke hoya se?
 25. Osthoh badh chalgaya, ph bhondria wala bahr karha se. Phir meh thale gaya se jite x-ray kardea, x-ray karea sareer de. X-ray gaya othe ve kismet lucky, doje vare agai, x-ray sahe ayea? Doja banda kendha saheya. Kendha Mr XXXXX done. Oh kendhe ase immigration nu eh pejdavange. Meh keya tekha.
 26. Otho gahe asi phir, bus phari Delhi tho. Wife mere oh born etho de, chalo asi thi Punjabi. Oh Punjab road tho jerhe bus nahi jandhe? Tuthe jahe, odhe ch bete na oh. Oh kendhe eche behna nahi. Meh keya doje de wait kardea, doje thi janea rath nu, gyara vaje, ethe beja. Teri binthia beja. Batalai meh hunna, nayane ve batalai meh. Chalo behgahe. Chalo nikhalgahe. Jalandhar tho gahe...bohoth nahera se jada, Jalandhar tho uthera bhondria wale ve suthe. Bus kargahe, oh kendhe doh kainthe badh Amritsar nu bus jane. Meh keya fucking hell, doh kainthe phir ethe?! Enhe the menu shadai kardena. Oh kichde bohoth jada se. Meh keya na, oh kendhe hun ke? Meh keya koi nahi meh karda kuch. Meh bhondia kol geya, oh uthe na. Phir meh ohnu uthaleya. Uthake meh keya, teri minthea, vet u jine paise lenea, oh kendha kithe jana, meh keya pind XXXXXXX. Oh kendhe XXXXX da menu pata bara mashooria hunna. Meh keya tere minthea nayane mere nalea ladhe, kendha meh soh poundm nahi soh ruppeya lena. Meh keya meh dedhso daho. Panja rupee hor daonga tu la minthea.
 27. Chalo bhondri ch bethe, rath da ina hinera. Jida doh sida the dharak jai, dar lage. Koi bondri koi kerlave odhe ch koi safety thi haionai hunna. Mera tha koi nahi nayane ah mere nal hunna, mera tha koi gal nahi.
 28. Phir othe gahe laya, oh kendha charak thi karea, meh keya charak tho nahe menu ghar de more lekeja mere nal nayane ah. Charak thi menu kale nu lale koi gal nahi, meh keya nayania de nal menu ghar de more la. Menu ghar de more lake aya, asi gahe andher.
 29. Mummy daddy mere pehle wait karde se, meh dastha se na meh keya visa lag gaya. Visa ve lageya odher, good luck if hor hoya. Ik visa lagea, tha ik mathlab jeda plot leya se ase odhe ajusty hoi. Mathlab paise dekhe hunna kreediya. Odher oh ve hogaya odher oh ve hogaya.
 30. Mera panuja, mere pehn da prona, ohne menu phone kita, oh kendha hello paji meh keya hanji, kendha good luck, meh keya ke, kendha ajustry hogai apne, meh keya edhar ve visa lag gaya. Balle kendha paji. Kendha kine vaje ahna tuse? Meh keya arahea. Gade thi hagai se oh tha hun ve hegaya. Gadhe scorio, India ch Scorio. Meh sochia ine Delhi de vot kerhe chalke lekhe jayega hunna, bus de najare ch javange.
 31. Oh kendha paji, kithea es vele, meh keya ethe, kendha ethu tu aja aj meh ethe he sohna aj, XXXX (place name), mera pind XXXXXXX na. Kendha meh XXXXX he sovanaga aj. Meh keya koi nai meh agaya. Asi gahe othe, othe jagde se sare, meh gate kolia. Thi kendhe agai, oh vadaya vadaya hunna, meh keya good luck hunna.
 32. Mata meri lag pahe hor tara karn. Kendhe tu chaljana hun. Meh keya jana thi pehnaea. Thi bete kadha pita prona se beta nal (starts crying) mata nahi pulde.
 33. Ethe kam bara kita. Ethe jis din aya, jido aya meh atara (18) pounda ch kam kitha. Atara pounda ch kam karke, kadha pita kraya v dita, ghardea nu ve pahe.
 34. I: Badh ch jedo aye se ja pehlo de gal?

sona

Kismet wala se (He is a fortunate and lucky man)

sona

Kismet wala se [he is fortunate and lucky again].

sona

UK de kuri nal relationship se (He was in a relationship with a woman from the UK).

sona

Sara parvar kush hoya se visa lageya sirf oh nahi sare kush hoye se k kam bangaya (He got his visa everyone. Happiness was not just located in him but the community).

sona

Odhe ma pyo rohn lag paya, socde sads puth ni chale jana pata nahi murkhe kidho ahna (parents became upset and wondered when they would see there son again).

sona

Kam bare kita (worked hard in the UK).

sona

Thore paisea ch minth kiti chahe thore paise milde se amandarhi rendhe se (he worked for a small amount of money but still lived in an honest way by paying for his rent, sent money to family, bills etc)

sona

Paisee Punjab apne parvar nu paye se (the importance of sending back to Punjab to support family)

35. P: pehlo de. Atara pounda ch kam kita meh. Atara pound dyari milde se. kam karna, bus da ve kraya lana, othe janda se meh XXXXX (place name) kam thi. Bohoth kita banay kea kuj nahi.
36. I: India ke horaya se jedo, tuse dasea se na badh ch tuse kidha aye se dubara apne wife thi bachaya nal, pehle kidha aye se?
37. Pehle doh number ch meh aya. Kethi vari karde se. Dimaag ch kera pegaya se na dimak ch. Edha methlaba, jida kehndhea kisse ni cheez na dekhi hove, jeda kendhe nahi Punjabi vich, K dooje thale ch laddoo vada lagda hunna oh cheez se. Sade dimmag ch kera largaya se. Lokhi baro andhea niker niker k, tie-ya laya, shapa upa laya, k apa v jaye.
38. Mummy daddy tuyee dunda dita, ke sanu ve pij asi ke kithe karna ethe. Oh kendhe ke karie. Hai thi gareeb se. Ohna ni picharia ni jo ve karna karkra ke. Sade age ik plot paya se, vich tha. Oh vich k menu char tha.
39. Meh phir gaya othe Delhi charea, Delhi tho charke meh aya XXXXXX (place name outside of India) XXXXX tho agent ni chakia, chak k sutia XXXXXX. XXXXXX sutha une. Othe kuthe kahne se. Thi XXX suthia meh keya hun ke karie? Kithe marie? Othe kar kra ke.
40. I: Othe ke horaya se?
41. Othe larai lage se othe. XXXXXX ch jedo sutiya othe larai lage se odho ve bomb suthde se ik dooje thi. Meh hotel walia nu pochia, hotel ve tutia jeya. Bekar jeyo darvaja othe darvaje pahe se. Kahe darvaje ve hai nahi. Meh pochia, what happened? Ke horaya ethe? Kendha shush okay. Shush the mouth. Meh keya katho. Meh dooje vare pochia gal kea? Sade hege se munde othe, asi badh ch ayea. Oh kendha ethe larai lagea. Meh ohnu Punjab ch akhia, yaar othe tha mare nahi se hun marange. Kyo ke jai ethe sut tha kisse ne apa thi urange hunna. Kenhda nahi nahi tu tension na le.
42. Phir sanu thore dina badh pata laga ikh hotel se mathlab, panj (5) ko mint de walk se, othe sanu hotel wale kendhe se etho bar nahi nikhal sakde thanu far lena far lena. Oh kendhe bar na nikaleyo. Menu dosra munda kendha kidha? Kendha kida pa? Meh keya tekh ah. Oh kendha ah ke gal eya, na asi koi phone karsakdea hunna, sade pichlea nu hun pata nahi ke asi mar gaye ya hegea hunna. Meh keya yar etho changa marna changa. Kendha phir ke? Meh keya chal bar dekhi jaho, jinne marne goli marendo. Asi gahe, othe hor munde ture phiran. Doje banhe hotel hor se, othe munde ni dastha othe munde bohoth paye, ethe munde bohoth jada fase pahe. Meh keya asi thi margahe.
43. Asi othe gahe, othe bandhe sare siyane chitia darea ohnadeya. Ohna nu dekh k rohn aya, roti ve kithe dehn, lambhe lambhe nan nahi honde, thi ik choti jahe bread, oh doje ke kendhe ohnu? Hunna sause jeya lahn nu othe hunna.
44. Munde nal gula kitea jake. Munde kendhe asi thi bohoth chir de fase ethe. Meh keya yar menu thi hune hoyea thore din meh tha tang hogaya. Kendha hun? Meh keya meh wapaa jan nu thayara. Meh ethe thora marna. Jai marna thi othe jake maroo. Kendha nahi nahi kendha tu tension na le asi bohoth chr de fasea. Menu phone na karn dhen, meh phir phone kita otho, STD ch lagea se meh phone kita ghar nu. Kendhe kida tu tekhia? Sanu thi lagea tu labda nahi. Meh keya nahi meh sahea. Kendhe wapaa aja. Meh keya wapaa thi nahi ahna meh hun. Kere chakra ch pegeya hun meh wapaa nahi ahna. Oh kendhe nahi nahi tu wapaa ah. Mere daddy kendha tu wapaa ah, kush nahi sanu chayda. Meh keya nahi nahi, wapaa nahi ohna hun meh. Jite fas gaya fas gaya.
45. Phir chalo kudhrati ohna ni daddy mere ni kita find out, ose sher de vich, XXXXX de vich, sada ristedari se. Ohne ohnu phone kita, ke edha eh gal. Oh kendha kere hotelchea oh hun? Oh kendha edha hotelea.
46. Meh lama peya se thale. Jameen thi paya se thale. Oh kendha apne, meh thi ohnu janda nahi se, kendha hello, sare bete se parea peya se, kendha hello, hello, kendha ethe XXXX (name) konea XXXXX (village name)? Meh he se, meh he othia meh keya hanji paji daso. Kendha XXX (name) tua? Meh keya hanji daso. Odha XXXX (short name) odha XXXXX XXXXX (full name). kendha XXXX. Meh keya meh paji. Kendha kidha tekh takh? Meh keya tekha chali janda. \$

sona

Changi tara samjan dea se k galth femi na hoje k kam thore paisea ch kita (emphasised the fact he worked for a small amount of money)

sona

Karche kinne se bus da v kraya parna peya se (there were several outgoing like paying for travel when going to work)

sona

Ina kam kita bohoth kuch chadke thi badh vich kuch v nahi banea (He has done so much and sacrificed so much and has made nothing in his life)

sona

Family business farmich ch karda se (He used to work in the agriculture sector, a family business)

sona

Lokha de gala vich khe sochda se meh v bar jana (A metaphor was used to describe why he wanted to come to the UK. He says a bug went into his mind. Here he is referring to listening to what others in the community were doing and ended up following them)

sona

Dubara samjan de koshish lkarda (He then chose to use a different metaphor to illustrate his point. He gives the example that a sweet looks more enticing in the hands of others, in comparison to if you had it already).

sona

Bar de lokha de tareef karda se k kinne shone lagde se thi ameer (He refers to people coming from the UK; the first generation migrants looking fresh and wealthy with their jewellery on)

sona

Ohna nu shonk se bar jan da thi apne ma pyo nu kendhe asi v jana bar (After seeing people come from abroad the two started to pressure their parents about going to the UK.

sona

Chahe gareebi se phir v bar jana bohoth Jaroori se (Going abroad was very important and they were willing to do what it took even though they were very poor).

